Office Memorandum

STATE OF MINNESOTA

DEPARTMENT: Public Welfare

TO: David J. Vail, M. D.
    Medical Director

FROM: Ardo M. Wrobel, Director, Mental Retardation Programs
      Medical Services Division

DATE: April 3, 1968

SUBJECT: Study of Overcrowding at Faribault State Hospital, February 15, 1968

Current population 2385 (plus 200 on placement—return rate negligible)
Transfer to Hastings State Hospital 90
Transfer to St. Peter 400
Remaining Population 1895
Remaining bed capacity at 80 sq. ft. per bed 1823 (This includes all buildings at Faribault State Hospital)

72 over current bed capacity

Ideas concerning phasing out of certain buildings from use as patient residences:

Current Bed Capacity

Springdale will possibly be demolished
   (This has been discussed as a workshop.) 56
Dairy Building (Current status—Farm) 12
Rose Building—Vocational Training and GVRP Program 19
Hillcrest—prefer that it be demolished, but it could be used as a workshop 38
Chippewa—needs to be replaced as a residence, and staff must be relocated 91
Iris—probably should be demolished, but could be used for program activities 34
Daisy—probably should be demolished, but could be used for program activities 39
Ivy—probably should be demolished, but could be used for program activities 91

380
The above would, if removed as residences for patients, reduce the institution's bed capacity by 380.

\[ 1823 \text{ Current rated bed capacity at 80 sq. ft. per bed} \]
\[ \text{Less } 380 \text{ (Loss by removing bed capacity as indicated above)} \]
\[ 1443 \text{ Bed capacity at institution after removal of above} \]

It is estimated that on 7-1-69 Faribault will have 1794 patients after

1. Community placements
2. Transfers to St. Peter
3. Transfers to Hastings.

In addition to this, it is anticipated that 50 deaths to 1969 and 50 community placements in excess of admissions by 7-1-70 will result in a 1694 patient population as of July 1, 1970.

If the buildings listed above were removed as patients' residences, then the official bed capacity would be down to 1443, and this, together with the projected population for July, 1970, would be 1694 less anticipated deaths—or 1644 on that date. Therefore, Faribault would be 200 overcrowded in July, 1970, based on the 80-square-foot standard and removal of certain buildings as residences.

By Program groupings of patients:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5a</th>
<th>5b</th>
<th>6</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/67</td>
<td>138</td>
<td>196</td>
<td>92</td>
<td>258</td>
<td>517</td>
<td>1041</td>
<td>375</td>
<td>2617</td>
</tr>
<tr>
<td>2/68</td>
<td>133</td>
<td>196</td>
<td>87</td>
<td>248</td>
<td>507</td>
<td>891</td>
<td>325</td>
<td>2385</td>
</tr>
</tbody>
</table>

Transfers to Hastings and St. Peter
-150  -390

Numbers left
<table>
<thead>
<tr>
<th></th>
<th>133</th>
<th>196</th>
<th>87</th>
<th>248</th>
<th>357</th>
<th>501</th>
<th>1845</th>
</tr>
</thead>
</table>

April 3, 1968
Therefore, as of 7-1-69, the following projections can be made by program groupings: (Projections balanced by admissions and placements.)

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5A</th>
<th>5B</th>
<th>6</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>153</td>
<td>205</td>
<td>96</td>
<td>248</td>
<td>355</td>
<td>443</td>
<td>290</td>
<td>1790</td>
</tr>
</tbody>
</table>

(Does not include anticipated deaths.)

Overcrowding cannot, therefore, be eliminated with only transfers to St. Peter and Hastings if the demolition plan is carried out.

From the current population the following numbers of patients at Faribault are from the Rochester receiving district:

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>1</th>
<th>2</th>
<th>2</th>
<th>4</th>
<th>5A</th>
<th>5B</th>
<th>6</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>27</td>
<td>40</td>
<td>23</td>
<td>66</td>
<td>102</td>
<td>225</td>
<td>75</td>
<td>468</td>
</tr>
</tbody>
</table>

In the rather lengthy discussion on priority of need insofar as the Faribault staff are concerned, I recommend:

1. From Program 6, those with psychiatric problems should be transferred although this would really be only a part of the total number.

2. Patients from Program Units 1 and 4, the physically disabled and neurologically impaired.

3. Patients from Program 2, 3A and 5A.