

68-50F-110
State Inst-Faribault

STATE OF MINNESOTA

DEPARTMENT Public Welfare**Office Memorandum**TO : David J. Vail, M. D.
Medical Director

DATE: April 3, 1968

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

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	<u>400</u>
Remaining Population	1895
Remaining bed capacity at 80 sq. ft. per bed	<u>1823 (This includes all buildings at Faribault State Hospital)</u>
	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 CVRP 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	<u>91</u>
	380

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

1823	Current rated bed capacity at 80 sq. ft. per bed
Less <u>380</u>	(Loss by removing bed capacity as indicated above)
1443	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:

	1	2	3	4	5A	5B	6	Total
10/67	138	196	92	258	517	1041	375	2617
2/68	133	196	87	248	507	891	325	2385
Transfers to Hastings and St. Peter					<u>-150</u>	<u>-390</u>		
Numbers left	133	196	87	248	357	501		1845

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

PROGRAM	1	2	3	4	5A	5B	6	Total
	153	205	96	248	355	443	290	1790

(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:

PROGRAM	1	2	2	4	5A	5B	6	Total
	27	40	23	66	102	225	75	468

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.

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