

April 9, 1969

Thomas Helfter, Area Director  
Division of Vocational Rehabilitation  
709½ South Front Street  
Mankato, Minnesota 56001

Dear Mr. Helfter:

It is my feeling that a vocational program at Faribault State Hospital should emphasize the following kinds of programs. I will also indicate that some of these should be primarily a hospital function, others a DVR function, and some a third agency function.

1. Community vocational placement. The key job of any vocational program is to place residents in work situations. We currently have services of a DVR counselor two days *per* month and are reaching 30-35 residents per year. A conservative estimate would be that perhaps 150 residents per year should receive vocational services, and because of the extreme handicap and training difficulties presented by these residents I would think a counselor caseload should be no more than 50 clients per counselor. This should be included in the CVRP.
2. Hospital sheltered work. In order to adequately prepare our residents for entry into community vocational programs, we need to develop a sheltered work program at Faribault State Hospital, this could involve from 150-200 residents per year in a training program. The development of terminal sheltered work programs could conceivably involve additional numbers of residents. The possibilities of establishment of this program are legion. We can follow the Hastings model and have DVR responsible for sub-contract work; we can follow the St. Peter Security model and have a private agency responsible for this service, i.e., Project 40, etc.

We can develop vocational activity of this type under the new work activity center law passed by the Legislature. Either of these options may be followed and should be incorporated into a total CVR Program.

3. Hospital work placements. We have a need to develop the training potential of in-hospital work situations. The hospital has currently added two vocational instructors to the industrial therapist for this purpose, and it is expected that these individuals would continue as hospital staff members. However their work in developing appropriate training situations should be coordinated with a CVR Program, and in all possibility they should be under the administrative Jurisdiction of the CVR Program.

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4. Perhaps I'm proceeding in a backwards direction in terms of services, however X feel that we have a need for vocational evaluation of in-hospital residents. To do this and in what fashion to do this I'm not particularly sure. Obviously we do not need a Minneapolis Rehab. Center kind of evaluation on the grounds. Our clients can't do this; however it does seem imperative that some assessment of vocational potential be made.
5. We realize that the prime problem presented by our residents is inappropriate social behavior. Our residents are institutionally dependent, lacking in personal hygiene skills and decidedly in arrears in terms of knowledge of ways of the world. Built into any vocational program is the necessity of developing these skills in residents. Perhaps the best model for this is the vocational unit at Brainerd. It seems to me that this could be a cooperative hospital and CVR Program.

I feel that these then are the areas of concentration for a CVRP. Once we have agreement on these as needs which must be met, then X feel we can go into appropriate kinds of questions about staff requirements and financing for this program.

Sincerely yours,

Eric Errickson  
Institution Program Coordinator

EE:lb

cc. Dr. Johnson  
Mr. Berg

PROGRAM COMMITTEE

December 20 . 1967

Present: Mr. Nelson, presiding; Dr. Smith; Rev. Streufert; Mr. Madow; Mr, Knack

Excused: Mrs. Nethery

Since there have been some changes in Program Committee membership the following changes in assignment for liaison with other institution committees were made:

Girl Scouting	-	Mr. Madow
Canteen	-	Rev. Streufert
Special Events	-	Mr. Knack
Humane Practices	-	Mrs. Nethery

There will be no liaison for the library Committee as Mr. Knack will bring to the Committee matters pertaining to the library as necessary.

The minutes of the last meeting were reviewed. The last sentence on the first page should be changed to read "Dr. Smith stated that a doctor's order is not needed if the team makes the order for transfer within the unit."

Using the minutes of the last meeting as an agenda the committee continued the discussion of the use of seclusion and discipline. Mr. Nelson asked if we have a statement of policies on seclusion. The only one we have is the proposed one from Skinner now; the Committee feels we should prepare a statement of policies. Work will begin on this at the next meeting after the State Humane Practices Committee has met. They plan to have a discussion of seclusion and may draw up a statement on policies.

The matter of when it is appropriate and who will decide to transfer patients to other resources,, such as mental hospitals was discussed. It is not clear cut at this time what the procedures and channels are. Mr. Nelson stated that work has been done on writing up policies and procedures for discharge planning and he thought this could be done for transfer planning also. Mr. Nelson will draw up a rough draft on transfer planning and bring it to the Committee for discussion next month. The statement will cover transfers to both mentally ill and mentally retarded hospitals if possible.


Regarding the uses of the hospital for seclusion, this will be taken up when the preparation of the statement of policies on seclusion is discussed.

Reports were received regarding the use of seclusion and discipline in Center and Green Acres Units which were not heard last meeting.

Center

Mr. Knack reported on seclusion in Center. Medical restraints are ordered by the doctor and discussed with the director..

Seclusion is used only on a first aid basis as a last resort after the team has made the decision. When it is used, residents are in seclusion usually overnight and in rare cases three days at the most. There are seclusion rooms in Laurel and Mohawk. They also have rooms in Pine available for Osage boys.

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Restrictions are made by the team when they are needed. There seems to be no evidence of dehumanization in the use of discipline.

Mrs. Gates has indicated the need for more activities, programs and individual counseling, especially for Mohawk. There is some feeling on the part of employees that they have very limited recourse when residents are verbally and physically abusive to them. The team is working on this both with the residents and the technicians.

#### Green Acres

Mr. Nelson gave a brief report on Green Acres. The use of the medical safety devices are essentially the same as Center.

There are two different types of seclusion; one is for medical reasons and one for behavioral reasons. Green Acres rarely uses seclusion but they feel they need rooms where the patients can get away from the group. There are rooms in Maple and Cedar but they have no rooms in Birch, They would like to have the capacity in Birch rated at 96 so the four private rooms can be used for ill residents or for seclusion or for quiet rooms as needed. Mr. Nelson stated there is also concern about the use of chemical restraints. Green Acres feels that because of overcrowding and limited staff they are often forced into using chemical restraints more than they would like. They feel this can be dehumanizing. Mr. Madow stated that these medications should be taken away from the patients every so often to see how they react and if they still need it\*

Green Acres is trying to get at the reasons why certain behavior of patients is occurring and what meaningful action can be taken to best help the patient. If more is learned why, more can be done to prevent disturbing and destructive behavior. The attitude of the Green Acres staff is quite good, and there is no evidence that corrective measures have been punitive.

Mr. Nelson also reported on two other matters relating to Green Acres. They are having Maple boys go to Cedar and Cedar girls go to Maple to eat with each other. This is improving the patients' manners greatly and is a very successful venture which other units should be encouraged to try.

Green Acres has asked to have the day rooms in Linden divided. This will be discussed in the future,

The next meeting of the Program Committee is tentatively set for Wednesday, January 31. The State humane Practices Committee meets January 22 and it is hoped that the minutes of that meeting will be available for discussion at the Program Committee meeting.

Recorder,

Marilyn Meese

cc: Dr. Engberg  
Mr. Krafve  
Unit Directors

PROGRAM COMMITTEE

October 22, 1968

Present : Mr. Errickson, chairman; Dr. Johnson, Mr. Madow, Chaplain Streufert, Mr. Nelson, Mr. Knack, Mrs. Blomquist, Mrs. Stabbert, Mrs. Myers, Mrs. Gates, Mrs. Finstuen, Mrs. Wangsness, Mrs. Goodwin, Mrs. Anderson

Absent : Mrs. Nethery (meeting)

Seclusion and Quiet Room Usage: The use of restraints and seclusion and the purpose of such was discussed. It is a treatment and not a punishment and the patient should be made to understand this if he can mentally do so. Who has the right to place a patient in seclusion or restraint? Since we have the Unit system it hardly seems right that personnel in charge should have to wait for the doctor to order this. If the patient is unruly and needs attention, the person in charge should have this authority. Mr. Errickson appointed Mrs. Blomquist to locate rules that Dr. Vail had sent to us in 1960 on restraint and seclusion. Copies are attached to these minutes and further discussion will be held at next weeks meeting. Revisions may be made. We shall present a policy to follow.

Off Grounds Privileges: Suggestions were made that we should be more liberal with off and on campus privileges. There are roughly 230 residents here who are capable of having these privileges. Those who treat these privileges with respect should not be restricted because of a few who have abused these privileges. There are restrictions on certain areas and these restrictions should be respected by the residents. Mrs. Goodwin and Chaplain Streufert were selected to prepare and present some guidelines to us on "Off Grounds and Off Campus Policy" to the Committee in two weeks.

Staffing: How many Techs. do we need to staff adequately? Dr. Johnson reported that in making rounds he found some buildings well staffed and others in serious need of more help. Some definite information should be available as to the number of Techs. we have and need in each building. He has asked Program Directors to send him the following information on paper:

- 1) How many Techs. are needed for each specific building for adequate staffing?
- 2) How many Techs. are now at these buildings working?
- 3) what are their working hours?

There is the problem as to what the Techs. duties should be. Should they be asked to do janitorial work after being told when hired that their work would be caring for patients? The Program Directors asked "Why aren't employees kept in the Units and buildings that have trained them?"

Program Development Committee meeting will be held next Wednesday, October 30 at Cambridge.

Next meeting Of Program Committee, October 29

Agenda:

- 1) Staffing Needs and Retention
- 2) Guidelines and Rules

Recorder  
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PROGRAM COMMITTEE

October 29, 1968

Present: Mr. Errickson, chairman; Mr. Madow, Chaplain Streufert, Mr. Nelson, Mr. Knack, Mrs. Blomquist, Mrs. Myers, Mrs. Gates, Mrs. Finstuen, Mrs. Wangsness, Mrs. Anderson, Mrs. Hethery

Absent: Dr. Johnson (meeting), Mrs. Stabbert (vacation), Mrs. Goodwin

Mr. Errickson invited Mrs. Amberg to the meeting to discuss her problems with patient helpers that work in food service. Some of the helpers are not coming to work on time or their activities keep them from their jobs altogether. These workers are counted on in work areas and when they are late for work or do not come at all this causes a great shortage in help. It is the responsibility of the worker to get to work on time as this is training. Beauty parlor appointments at Hitter Beauty School seems to be one of the major reasons why girls are absent from their work. A lengthy discussion was held on the value of this service and the possibility of working out appointments that did not conflict with working hours. Mr. Errickson asked the Program Directors, with Mrs. Myers as chairman, to meet with Miss Dobner and Mrs. Stabbert, and then with Mr. Ritter, working out some plan that would be satisfactory to all concerned. They are to present their conclusions to the Committee in one month.

Restraint and Seclusion: Veil's translation on rules of restraint and seclusion sent us in 1960 was discussed. Mrs. Nethery reminded the Committee that rules on restraints are not only standards that Dr. Vail has set but that legislature has made these rules laws, some being passed as recent as last year. The monthly reports sent to central office do not always present a true picture. We are sometime required to use our own judgement and some of the restraints used are the institutions own devices. This has caused a guilt feeling among those in charge of the more abusive patient and this should not be. Some Units have patients that require more restraint than others. Perhaps we should have a new translation from the state office. Mr. Errickson asked Mr. Nelson to chair a committee to study the problems and write up some guidelines for us to follow. Mr. Nelson will select a committee and present a report in 6 weeks.

Agenda for November 5:

- 1) Staff Utilisation
- 2) Campus Privileges
- 3) Service Workers, with Mr. Hormel as guest

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