

FARIBAULT
STATE
HOSPITAL



A REGIONAL
RESIDENTIAL AND REHABILITATIVE
CENTER FOR THE
MENTALLY RETARDED

OPERATED BY
THE STATE OF MINNESOTA
DEPARTMENT OF PUBLIC WELFARE

FARIBAULT STATE HOSPITAL

A. Type of Operations-Services

Faribault State Hospital is one of 10 state-owned and state-operated residential facilities. It is one of two such agencies that provide services primarily for Minnesota citizens who are developmentally disabled. Faribault State Hospital is managed by the State through the Department of Public Welfare and specifically by the Bureau of Residential Services. Faribault State Hospital services include residential (living) facilities, training programs and medical services for its clients. In addition, a number of special programs and services are provided to other state agencies in areas where Faribault State Hospital has established such abilities and can accommodate additional work loads. These include laundry, baking, heat and lights and various other supportive services.

B. Service Area

When Faribault State Hospital was established in 1881, the entire state of Minnesota was considered its service area. In the late 1950's this was reduced in size to cover one-third of the state comprised of 36 southern counties. Residents who were not returned to community-based settings were transferred to Brainerd State Hospital (if they had originally come from the northern one-third of the state) or Cambridge State Hospital (from counties in the central district). Within the past few years, residents are serviced under the regionalization concept, whereby Faribault State Hospital accepts those primarily from five counties: Hennepin, Dakota, Rice, Steele and Freeborn. However, due to inadequate room in the mentally retarded unit at Rochester State Hospital, it has been necessary for Faribault State Hospital to accommodate additional residents from the eight counties now serviced by that facility as well.

C. History

Faribault State Hospital originated in 1879 as an experimental department of the Minnesota Deaf School, and two years later was established as a separate facility for the care of the mentally retarded in Minnesota. It is of interest to note that the predominant public attitude in those early days did not support much in the way of social responsibilities. Few questioned the employment of staff at \$20 to \$30 or less per month--requiring 12 to 14 hours per day at that. The road to social reform has, even since that day, been difficult. Twenty-five children from St. Peter State Hospital who were judged to be responsive to training made up the first residents under Dr. H. M. Knight who noted, "This is an experimental school, and the law does not provide for any hospital work." Four years later he again emphasized, "Our school is for the improvement and education of the idiotic and imbecile children", and "Four hours and a half every day except the Sabbath is devoted to schoolroom work, in which children are taught rudiments according to their capacity. In addition we teach music, singing, dancing, and gymnastics for recreation as well as for physical training."

Reflecting on the years leading up to the present, one can quickly see that there is some full circle programming in Faribault State Hospital's history. It would not be wrong to assert that the major part of the institution's past was planned around the custodial concept. Many of these signs and scars remain even today in the architecture of the residential buildings built during that era. The large barrack-type halls, capable of containing 100 plus beds in neat rows and open to observation by a single staff custodian, met the specifications of this concept in caring for most of the mentally retarded at Faribault State Hospital for over 75 years.

The change in thinking began to weave its way into the actual program of the hospital in the mid and late 1950's. There is much to say for those who challenged the former program through those unfortunate times, as they were eventually successful in gaining the attention of the Governor's Office and the State Legislature of Minnesota, which has now become a leader in implementing the reforms voiced around the country. From the first efforts to return higher functioning residents to their own home communities in the late 1950's (the reduction of resident/staff ratios) to the writing of law and implementation into existence trainable mental retardation (TMR) programs in the public school in 1971, Minnesotans have witnessed the absolving of epileptic colonies, prison-type institution settings, and a more positive approach to community-oriented and community-directed services within as well as outside the state hospital system.

D. Current Philosophy and Goals of Faribault State Hospital

1. People Institutions

When the home and family or the local community become unable to meet the need of its members, it must look outside of its own resources for help and assistance. The "people institution" concept was created to serve individuals with similar needs. Businesses, schools, hospitals, etc. all seek to meet like needs of people with like dependencies.

Admission to a "people institution" involves more than just the physical placement of a person from one setting to another. It also deals with the social, emotional, spiritual, medical and psychological make-up of the individual. By the mere fact that people are complicated with these interrelated segments of their being, it follows that they may have overlapping and compounded needs as well. Dependencies do not come in neatly

wrapped, itemized little packages. Obviously this creates a more complex situation in dealing with human dependency; therefore, the "people institution" must address itself to meeting human services which go beyond the primary considerations of physical need.

2. Reduction of Dependency

Today the Faribault State Hospital program, not too unlike the original concept, seems to be headed in a more reasonable direction. The purpose, function, and role of the hospital is to reduce these dependencies through reinforcement of social and cultural values. These values must be acceptable and necessary for them to either eventually return to the community or live in as independent an atmosphere as possible.

3. The Mentally Retarded Can Learn

The primary basis on which Faribault State Hospital's philosophy and program is built is that people handicapped with mental retardation CAN learn. Some can learn much, others to a lesser degree, but all have the potential to learn something. This learning will ultimately lead to a better, more fruitful life when their dependency is replaced by the ability to function with greater reliance on themselves. The all-too-often contention that the mentally retarded CANNOT learn, in itself, aids in reducing their chances to become more independent.

4. Individual Achievement

As a guiding philosophy, Faribault State Hospital attempts to practice the Normalization Concept. This simply means that an attempt is made to

prepare residents of the hospital for as normal or natural and socially acceptable life as possible, by providing them with experiences which are as closely aligned with those found in the community and family setting. The normal setting will, among other things, include the following, which should be made available to hospital residents:

- a. Toilets in a private setting as opposed to open rows of stools, urinals and sinks.
- b. Separate rooms accommodating one to four individuals instead of military style rows of beds in barracks or ward style.
- c. Family style eating areas versus gang feeding cafeteria halls.
- d. Individual wardrobes and dressers for personal items in one's own room, not community clothing rooms.
- e. Community services such as recreational and civic events, shopping privileges, etc. available within the natural setting, in place of a complete dual system developed and packaged for the hospital for special distribution.

Faribault has its share of problems in reaching for normalization.

These include: motivation of residents and staff versus complacency; physical plant's relationship to programming goals; attracting skilled personnel; placement of residents in the community; management tools; and budget limitations.

The Developmental Model takes an optimistic view of the modifiability of behavior, and usually it does not invest the differentness of the retardate with strong negative value. Retardates, even if severely retarded, are capable of growth, development and learning. The develop-

mental model is characterized by architecture designed to: facilitate and encourage the resident's interaction with the environment; maximize interaction between staff and residents; foster individuality, dignity, privacy, and personal responsibility; and furnish residents with living conditions which do not only permit but encourage functioning similar to that of nonhandicapped community age peers. In other words, the developmental model provides an atmosphere as similar as possible to that of a typical home, while introducing some additional features which either compensate for handicaps, and/or maximize the likelihood of developmental growth. Administratively, the developmental model will naturally tend to be a decentralized one, in contrast to the medical model, as a resident-oriented atmosphere demands that staff in immediate contact with residents must possess flexibility and freedom to make rapid decisions.

"The developmental model implies less of a perception of the retardate as a deviant, while striving optimistically to minimize, or compensate for, what deviance there may be. In terms of the old cliché, the retarded are seen as more like, than unlike, others. Although particularly appropriate for children, the developmental model is equally meaningful when applied to adults. O.R. Lindsley once said that our society is willing to spend money on the design of environments that maintain life, but not on those that maintain dignified behavior. Of all management models, the developmental one is probably most likely to provide the framework for a cathedral of human dignity." (W. Wolfensberger--Changing Patterns in Residential Services for the Mentally Retarded, 81-83. Published by PCMR, January, 1969.)

Intermediate Care Facilities for the Mentally Retarded (ICF/MR) regulations require that meaningful Individualized Program Plan be made available to each person requiring services. The most beneficial advantage to the training module over the custodial concept is revealed when the program is effective in reducing the incidence of dependency among residents. By creating programs and facilities geared to individual needs, the odds of not obtaining independent function will be reduced.

In order to respond to the specific needs of the mentally retarded, Faribault State Hospital must be able to identify with, as well as respond to, rehabilitative requirements of its clients. Each individual resident comes to Faribault State Hospital with personal problems. No two are exactly alike. Many have a number of needs which compound their mental retardation handicaps, and even though a singular approach can be applied to many at one time, the fact remains that an individual plan is essential in reducing individualized dependencies. This approach is not foreign to Faribault State Hospital; rather, it has currently progressed well enough along to have established its value in the institutional setting, and in the efforts to return retarded persons to a normalized way of life as we know it in our society today.

Faribault State Hospital's individualized program plan calls for additional resources in the areas of adequate staffing and facility as well as training aids to meet specialized needs, not now possible in a number of areas.

E. Present Delivery System

1. Organizational Structure

Direction of a residential facility is determined by various factors. Some are based on political and economic trends, along with the basic dependencies of the people being served. The only stable and legitimate factor is the basic dependencies of those who are being served.

In reviewing and redirecting a residential facility, such as the Faribault State Hospital, it is important to keep in the forefront the idea that dependency reduction of residents is the stated and intended purpose. Direct service is the immediately visible dependency reduction process. Obviously, indirect services are needed. With a number of physically handicapped, special diets call for indirect service staff to prepare them. This also requires a constant reevaluation of the need and balance of both direct and indirect services. At Faribault State Hospital an attempt is being made to utilize the above principles as well as the principle of normalization, Joint Council for Accreditation of Hospitals (J.C.A.H.) standards, Department of Public Welfare Rule 34 requirements, Federal Intermediate Care Facility Standards for the Mentally Retarded and appropriate Life Safety Standards in effecting planning. At the present time four major service delivery areas have been designated: Professional and Structured Program Services, Residential Program Services, Health Services, and Hospital Wide Support Services. In addition, there is the Chief Executive Service unit which also supervises the Business Office, Personnel Office, Resident Advocate, and Patient Oriented Information Services.

The substructure in each service delivery area has been developed as follows:

- a. Professional and Structured Program Services: To provide basic social, psychological, religious and developmental learning programs to each resident so that each resident's dependency will be reduced. Minimal developmental learning programs shall be reduced. Minimal developmental learning programs shall be 30 hours per week. Program Services consists of four operating departments. Contracted services are obtained from three other agencies as well as a number of individuals with specialized skills. All residents of the hospital are served by all of the departments in Program Services; contracted services are delivered on a selective basis. In addition, arrangements are made for admissions, community placements, and transfers of residents.

- b. Residential Program Services: To provide basic residential living services and to develop an individualized program plan for each resident so that it can effectively identify and reduce each resident's dependency, Residential Program Services is comprised of three major organizational segments: Adult Services; Children's Service; Physically Handicapped Service. Within these segments there are six units which are subdivided into approximately 70 households housing 16 (average) residents each. This plan is in compliance with Rule 34 and Intermediate Care Facilities for Mentally Retarded (ICF/MR) standards. The principal clientele of Residential Program Services are categorized into three groups: ambulant adults representing all levels of retardation; ambulant children free of gross physical handicap; and non-ambulant children and adults having multiple physical and emotional handicaps. In the future the projected population decline will change the organization of the Residential Program Services to the three major segments with one director each.

c. **Health Services:** To provide health maintenance and dependency reduction services so that each resident will be able to utilize other developmental services and/or maintain health more effectively, Health Services are rendered both in the dormitories and in a Central Health Services Center, as the case requires. The Health Service Division is headed by the Medical Director and is comprised of five departments:

- * Medical-Dental Staff under the Assistant Medical Director
- * Nursing Staff under the Director of Nursing
- * Acute Hospital under the Director of Nursing
- * Department of Physical Therapy
- * Ancillary Services: Pharmacy
Central Hospital and Medical Supply
Clinical and Research Laboratories
EEG and X-Ray Laboratories

d. **Hospital-Wide Support Services:** To provide those backup services needed to enable staff working directly with residents to more effectively utilize their time so that a greater degree of dependency reduction service is provided, Hospital-Wide Support Services consists of 11 operating departments--Dietary, Laundry, Housekeeping, Warehouse, Engineering, Building Maintenance, Grounds, Communications, Medical Records, Volunteer Services, Staff Development and Community Relations. In developing the total service delivery system, special measures were included to allow Faribault State Hospital to expand and/or contract the various components as the resident population varies.

2. **Resident Oriented Rehabilitation Programs**

The purpose of the Program Services Delivery System is to provide or obtain social and rehabilitative services for the residents of the hospital to reduce their dependency due to developmental, educational, vocational or socialization deficiencies, and enhance the possibility of their resuming normal ties to their families and communities.

a. **Health Services:** This includes a medical hospital, a skilled nursing facility, a dental department, a physical therapy de-

partment, a hospital clinic (institution out-patient department), and ancillary services.

b. Program Services: All residents at Faribault State Hospital receive a minimum of 30 hours per week of structured program service consisting of various combinations of day activity programs, education, vocational training, and recreation.

(1) Developmental Achievement Program - All adult residents attend developmental achievement centers for at least a portion of each week day. For physically handicapped and lower developmental level residents, these centers are located in their residences; others attend centers away from their residences. The following services are integrated into the day activity programs as the needs and interests of the residents dictate:

- * Self-care skills training
- * Adult basic education, including special classes for those with impaired hearing; arts and crafts; speech training and therapy; occupational therapy; music; physical education; industrial arts; home economics; library and recreation.

(2) Public School Education - All children, including those in special treatment programs and those with visual, hearing or physical handicaps, attend classes provided by Faribault Independent School District 656 through its Area Training & Education Center. These educational programs extend through the regular school year and for a six-week summer period. The classes and activities offered are similar to those which the hospital provides in adult developmental achievement programs. Adults, 21-25 years old, also receive services in this program if they have had less than nine years of training previously.

- (3) Vocational Services - A full range of vocational services are offered to assist residents to become productive in paid employment. ~~These services include:~~
- * Prevocational evaluation and training
 - * On-campus work training, providing paid employment while the resident learns specific job skills.
 - * Work activity, involving various tasks in performing contract work for private business and industry, for which residents are paid according to their productivity.
 - * Cooperative Vocational Rehabilitation Program, which is a joint program of the hospital and the State Division of Vocational Rehabilitation, provides vocational counseling, work evaluation, vocational training, and vocational placement.
- (4) Recreation - Group activities are provided to meet the varied needs and interests of all residents. Games, Sports, dances, movies, parties, scouting, community outings (circus, baseball, concerts, etc.), and special entertainment given by the residents or performed by community groups are but some of the recreational opportunities. The Rogers Memorial Center Auditorium is the site of many of these activities. The hospital operates a day camp during the summer months and also offers many playground and sports facilities. Residents attend over-night camps or extended camping facilities during the summer. The hospital also provides materials, supplies and instruction to permit residents to engage in individual recreational pursuits.
- (5) Psychological Services - Licensed psychologists conduct regular evaluations of residents' development, design programs to meet developmental needs, conduct counseling and therapy with residents, and consult with and train staff in programming skills for the many types of disabilities and behavior problems residents display.

- (6) Social Services - Social workers responsible for a specific caseload provide pre-admission and admission services, case-work and group work services, and placement followup services to residents. In addition, the social service staff maintains close communication with residents and their families; assists residents in the management of their funds and belongings; provides counseling to residents and families, maintains liaison with county welfare departments, other public and private agencies, and parent organizations; participates in resident program planning and evaluation; assists residents to obtain necessary health and program services; and provides community experiences to residents.
- (7) Chaplaincy Services - Two Protestant Chaplains, a Catholic Nun and a visiting Rabbi provide for the religious needs of residents. Weekly worship services, religious training, counseling of residents and families, visitations, attendance to the acutely and critically ill, and funeral and memorial arrangements are regular programs of this service. Volunteers participate in both the religious training and worship services.

e. The "Core Team": Human Services Specialists - In January, 1972, the Core Team concept began to take form and became a reality. Professional staff have been hired and assigned to residential buildings as Core Team members. This makes their professional expertise available to the immediate program area while at the same time strengthens their bonds with the appropriate departments. In the long run, the Core Team concept should add substantially to the program and health services, by insuring that professional expertise will be available in the development, implementation and monitoring of programs in the form of consultation to direct care staff.

3. Special Programs

a. Contracted Services

- (1) Faribault Area Training & Education Center - As a part of the Faribault Public School's program, the Center provides educational services to all school age residents up to 21 years of age. State Certified teachers and teacher-aides are employed in providing this service, which also includes a summer program. Due to a provision allowing 21-25 year old mentally retarded persons with less than nine years of formal training to receive assistance from the public school program, additional resources and staff have been added.
- (2) Cooperative Vocational Rehabilitation Program - The Hospital and the Division of Vocational Rehabilitation of the State Department of Education cooperate in providing vocational assessment, training and rehabilitative counseling to residents in need of such services.
- (3) Foster Grandparent Program - Provided by the Minnesota Association for Retarded Citizens through a grant from the United States Department of Health, Education and Welfare and a grant from the State of Minnesota, men and women over 60 years of age serve as foster grandparents, serving each such resident 10 hours per week.

- b. Special Medical Projects. This includes health surveillance programs which consist of annual physical and dental examinations, tuberculosis control, immunization programs, annual x-ray surveys of residents with scoliosis, chronic aspiration pneumonia, cardiac pathology, etc., and annual cardiology survey.
- c. Self-Injurious Behavior Project (in Cedar North). Treatment of self-injurious behavior patients use methods of behavior modification, operant conditioning and aversive stimulation (in extreme cases). This was started as a pilot project in January, 1975. The project was incorporated in the regular Faribault State Hospital

program in July of 1975.

- d. Special Treatment Project. The autistic children's treatment unit was established, as a day-program with 10 children, in Laurel Building in July, 1970. In the fall of 1972, the program was extended to 20 residents by coordinating it with the trainable mentally retarded educational program. In August, 1974, it was transferred to Cedar South as a 24-hour program. Residents having combative behavior are now being given special services in a developing program in Laurel Building.

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FARIBAULT STATE HOSPITAL

EXECUTIVE COMMITTEE

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