

STATE OF MINNESOTA

*Division of
Public Institutions*

BIENNIAL REPORT

FOR THE

Period Ended June 30, 1948

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State Public School for Dependent Children, the State Epileptic Colony, the State Hospital for Indigent, Crippled and Deformed Children, the State Hospital for Inebriates, the State Sanatorium for Consumptives, the Home School for Girls, and the State Reformatory for Women. The Director shall have power and authority to determine all matters relating to the unified and continuous development of all of the foregoing institutions and of such other institutions, the supervision of which may, from time to time, be vested in the Director. It is the intent of this Act that there be vested in the Director all of the powers, functions, and authority now vested in the State Board of Control relative to State institutions.

It shall be the duty of the several directors to actively cooperate, each with the other, in establishing an efficient working relationship relative to the care and supervision of individuals both prior to and after departure from institutions hereinabove mentioned.

Section 4. State Board abolished.—The State Board of Control is hereby abolished. The powers and duties of the State Board of Control as provided by Section 4405, Mason's Minnesota Statutes of 1927, are hereby continued and imposed upon the director of public institutions.

Social Security Board.—The directors of the divisions of the Department of Social Security shall constitute the Social Security Board, which shall be an agency of the department. The director of social welfare shall act as chairman of the board, and the director of public institutions or his designated agent shall act as secretary of the board. The board shall have the power and duty to co-ordinate the functions, activities, budgets, and expenditures of the several divisions of the department and to provide for the prompt exchange of information between divisions so as to avoid duplication and promote efficiency and economy. In all cases where the different divisions have similar or related functions, it shall be the duty of the board to provide, by rules and regulations, for the joint use by such divisions of information, services and facilities relating to the performance of such functions so far as practicable. Otherwise the board shall not have power to direct or control the acts of any member of the department except as expressly authorized by law.

The above laws amended as follows:

Chapter 570—Section 2, Laws of 1943. An act transferring all the powers and duties now vested in or imposed upon the director of public institutions with reference to the state sanatorium for consumptives to the director of social welfare by amending Mason's 1940 Supplement, Sections 3199-102, Subsection (a) and 3199-103.

Report of the Division of Public Institutions

OBSERVATIONS

It is difficult to describe, especially in a brief report, the many problems that have confronted our institutions in the war and post war years. Inability to secure many materials and supplies, in the face of ever increasing prices, has greatly hampered the services of our institutions. There have been instances when we have not had sufficient bed sheets and pillow cases for patients' beds. Kitchen equipment, furniture and furnishings have deteriorated without possibility of replacement. It has been difficult to recruit personnel because of the attractive wages and conditions presented by private business and other ventures. The demand for nurses and doctors for Veterans Rehabilitation work has cut deeply into the complements of state institutions. These are but a few of the problems.

Although the Legislature appropriated funds far in excess of the previous biennium for current expense needs we were forced to draw upon our contingent fund and practically deplete it as of June thirtieth of this year. The rapid increase in the prices of food stuffs, clothing and other materials, coupled with a severe winter that greatly affected our expenditures for fuel are the reasons for the inadequacy of the current expense budget.

The shortage of doctors, nurses, dietitians and other professional personnel has continued throughout the past year with little prospect in sight for improved recruiting unless we can raise the salaries to meet the competition of the veterans hospitals and the incomes from private practice. It is apparent that we will have to institute more adequate training programs for the non-professional personnel if we hope to keep up proper standards of service and care.

Most hospitals and institutions are operating on a shorter work week. We were compelled to meet the prevailing forty-four hour week for nurses in the Twin City area in order to keep our complement filled at the Gillette State Hospital for Crippled Children. Other institutions are requesting similar consideration. It is evident that if we are to attract desirable personnel we must be on a level with prevailing wage standards as well as conditions of employment.

We have a responsibility to fulfill in the care of our unfortunates. Failure to provide the services needed is a direct personal loss to the patient and a human and economic loss to the state.

The contemplated building program has also suffered due to increased costs. Although the Legislature considered its appropriations substantial enough to meet the costs of construction for the geriatric buildings at Fergus Falls, Moose Lake, Rochester and St. Peter, when bids were let we were far short. The state is proceeding with the building of one unit at each of the above mentioned hospitals. We are compelled to ask for supplemental appropriations in order to carry through the program. The same, no doubt, will be true for the receiving hospitals at Anoka, Hastings and Willmar. The lack of these facilities has naturally complicated our problem as we are so greatly overcrowded and senile commitments continue to remain very high.

The service buildings at the State Prison and the St. Peter State Hospital are also being held up, due to insufficient appropriations.

FARM OPERATION

Institutions operating farms have continued to obtain the maximum of supplies of food and forage crops which can be produced in the localities where the institutions are located. All crops raised are used at the institutions or in case of surpluses or shortages transfers are made among institutions as needed.

The addition of an Institutional Farm Advisor in our central office has provided better coordination and integration of all of our farm operations. Methods are carefully scrutinized and evaluated with the thought in mind of gaining the greatest efficiency from our herds and our farm lands. In several instances we are able to exchange and cooperate in the use of farm implements and equipment. Meetings are held bringing together our farm managers and dairy men for discussion of their problems. The procedure bodes well for the future as many of our institution farms comprise good farm lands that always will be of benefit to our institutions.

We are greatly indebted to the Federal School Lunch Program and its Minnesota director, Mr. Andrew Taylor. These commodities have been most helpful in supplementing our food needs at the various hospitals and schools. Large quantities of vegetables, fruits, nuts and other items have greatly added to the meals served at these institutions. It is estimated that the market value of these commodities received from the Federal School Lunch Program for the past two years totals \$654,526.34.

MENTAL HOSPITALS

Minnesota provides seven state hospitals for the care of the mentally ill. They are Anoka State Hospital, Fergus Falls State Hospital, Hastings State Hospital, Moose Lake State Hospital, Rochester State Hospital, St. Peter State Hospital and Willmar State Hospital.

These hospitals are all seriously overcrowded, with a population of approximately 10,500. According to standards set up by the State Board of Health we have only an accepted bed capacity of 7,200. We are not only overcrowded but many of our quarters and facilities are outmoded and obsolete. This is not a new situation but one that has existed for many years. Extensive repairs are needed at practically all of these hospitals. With the exception of the Moose Lake State Hospital which was completed in 1938, most of them are forty to eighty years old. Roofs, brick work, gutters, plumbing, wiring, heating, water supply and other physical features, need attention. The state's capital investment in these hospitals represents a tremendous sum, therefore, it is important that they be kept in good repair. It is imperative that sufficient funds are supplied for upkeep. With the high cost of materials our regular repair funds have fallen far short of fulfilling the urgent needs that exist.

One of our greatest problems is that of food preparation and distribution. We have continually been adding to the capacity of our hospitals without expanding our kitchens, bakeries, dining rooms, food storage and other facilities. Much of the equipment is worn out or unsuitable for proper preparation. Very few pieces of equipment have the capacity adaptable for our needs. Careful attention must be given by the Legislature to the improvement of our foods program if we are going to provide the proper diets and meals for our patients and our staffs.

Our mental hospitals have come in for serious criticism during the past few months. Among the charges made, great stress was placed upon the food situation. It is apparent that if we are to correct this situation we must begin at the source which will require in several instances the complete renovation of our kitchens and bakeries, with the procurement of such equipment that is essential for proper preparation and distribution.

Other criticisms leveled at our hospitals include the lack of personnel. Our complements are insufficient both in the professional group as well as in the non-professional classifications. We have an inadequate number of doctors, nurses, dietitians, occupational therapists, psychologists, social workers, attendants, food service people and others. The charge is warranted as our ratio of staff to patient is exceedingly inadequate. The standards of the American Psychiatric Association recommends a ratio of at least one staff member to every six patients. Our present ratio is one to 12-14. At present, on a 48 hour basis, it takes one employee to supply relief for three others. All employees are entitled to a day off per week, two weeks vacation leave, eleven holidays, plus time for illness. Therefore, to provide round the clock care, every day of the year, it takes four people for what constitutes a one person load. Therefore, with a ratio of one to

six, one nurse or attendant will care for twenty-four patients. With our ratio today, one person on a shift must care for at least 48 patients. It is obvious that this is not sufficient, as many of these patients have to be clothed, bathed, fed, and watched continuously. Certainly we cannot provide therapeutic work with such loads.

It was decided in the 1947 session of the Legislature that a central control system for all active tuberculosis cases would be established at Anoka. Eighty-six thousand dollars were appropriated to renovate the men's building. As in other instances this amount was too low. It will take at least \$350,000 to reconvert the building and an additional \$92,000 to provide the necessary equipment and furnishings. However, it is hoped that the Legislature will carry through with this program and provide adequate staffs so effective work may be done. We have at least three hundred active cases that should be properly isolated and treated. We cannot allow the present conditions to prevail, as it will only promote the problem of infection. Absorbing this building for the tuberculosis patients will require some added facilities at the Anoka State Hospital. As a great deal of the food preparation is carried on in the men's building, as well as a great amount of food storage, it will be necessary to make other provision. Then too, we will have to provide a sewage disposal plant as the Board of Health will object strenuously to the emptying of the sewage into the Rum River without proper treatment. This point is also very important and will require the attention of the Legislature.

One more feature must also be considered and that is the laundry from the tuberculosis building. An addition should be constructed to the present laundry building so appropriate handling can be facilitated.

To reduce the amount of mechanical restraint used in some of our hospitals it is imperative that we intensify and enlarge our recreational and occupational therapy in all of our hospitals. The Legislature voted funds in its last session to erect an occupational therapy building and auditorium at the Moose Lake Hospital. We are hopeful that the funds will be adequate so this building may be started this year.

Keeping patients active is the secret to non-restraint. Progressive hospitals are placing more and more emphasis upon activity and thus are able to reduce restraint. Activated programs, with trained personnel who have adopted a philosophy that patients can be cared for without the use of mechanical restraints will do a great deal to promote greater therapeutic treatment and provide a more humane handling of the patients.

Inventories at all of our hospitals are low. Furniture and furnishings are in need of replacement. Better quarters must be provided for staff as well as patients. More intensive treatment and carefully planned pro-

longed treatment must be provided to affect a higher percentage of cures. The following list of objectives comprise the program we wish to present to the Legislature for the betterment of our mental hospitals:

1. That the professional and non-professional staffs of all of the state hospitals be substantially increased.
Our hospitals are greatly understaffed. We have only one half of the complements recommended by the American Psychiatric Association. If patients are to receive complete physical, neurological and psychiatric examinations upon admission, if patients are to receive complete medical and surgical attention, if patients are to receive the best in intensive treatment for their mental illness, and if these patients who will be in need of prolonged care are to be provided with effective continued treatment, it is imperative that we increase the staffs of all of our mental hospitals so we may administer these services.

It must be remembered that many mental patients require a great deal of attention. Many need to be clothed, bathed, fed and helped about in addition to receiving the treatment and care their illness may require.

2. To attract this personnel our state must take definite steps to increase the salaries, so Minnesota will be in a position to successfully compete and recruit competent psychiatrists, doctors, nurses and other staff.
3. It is also important that adequate housing, attractive accommodations and satisfactory conditions of employment are provided.
Too often we are unable to attract interested applicants because our housing accommodations are unsuitable or entirely lacking. Then too, Minnesota institution workers are required to work 48 hours a week when many private and city hospitals are operating on a shorter work week.
4. All hospitals should be active teaching hospitals.
Progressive doctors, nurses and hospital personnel wish to be associated with hospitals that have a fully activated program including research. Therefore, it is important that we maintain doctors, psychiatrists and nurses and other specialized staff who are qualified for teaching purposes. We wish to have our hospitals associated with the University medical school, the Mayo Clinic and our State colleges to offer opportunities in resident and interne training. Likewise we wish to have active teaching programs for our attendant and nursing personnel.

5. To provide inviting meals and better diets, according to the needs of the patient, it is recommended that several of the kitchens be completely renovated and that proper and adequate equipment be installed for the preparation and distribution of the food.
Dietitians and sufficient supporting personnel must be provided to execute and facilitate our food programs. All hospitals are to prepare one menu so patients receive the same food as the employees.
6. Patients are to be comfortably dressed and attention given to the accommodations.
The inventories of our hospitals have suffered during the war and post war periods. Many items such as sheeting, yard goods, curtain material, bed spreads and dishes have been difficult to obtain. The same holds true for ward furniture and bedside equipment. In building our inventories and strengthening our occupational therapy and our industrial shops, we can do a great deal to add to the comfort of our patients. Canteens should be provided to permit patients to purchase confections, fruit and ice cream.
7. Active tuberculosis cases must be removed to a central control hospital where proper treatment and isolation may be provided. It is recommended that the Division of Public Institutions be given funds to provide such a facility, equipped with the medical needs to provide surgery and treatment for tuberculosis cases.
8. It is also recommended that the division be given a contingency of \$50,000 annually to conduct research. This fund may be allocated for such research and experimentation with new techniques and drugs as the director and his medical staff may direct.
9. A well organized system of social service is recommended to assist the medical staff in obtaining case histories and also to assist patients in placement and after care.
We believe that quite a number of patients could be worked up for placement if we had a sufficient number of social workers.
10. Out-patient clinics operating at each hospital shall be provided to give aid to the paroled patients and also to provide assistance to the doctors, social workers and judges who may have clients that need observation and diagnosis. Such a procedure will provide a better screening on admissions and will obviate the necessity of institutionalization in many cases. We have to be concerned about the preventive measures in this problem.
11. Additional psychiatric staff in the central office shall be provided to give assistance to the correctional institutions.

Frequently the wardens and superintendents request this service. From time to time the Board of Parole also requests the examination and observation of inmates.

12. In order to provide spiritual guidance and counseling, it is recommended that resident chaplains, who have had some clinical training, shall be appointed at all hospitals.
13. The Legislature is urged to grant additional funds so that the program of erecting geriatric buildings at St. Peter, Rochester, Moose Lake and Fergus Falls may be carried to completion. The same holds true for the receiving hospitals that were planned for Anoka, Hastings and Willmar. Funds appropriated in 1947 have not been sufficient due to the increased building costs.

THE MENTALLY DEFICIENT AND THE EPILEPTIC

The problem of caring for the mentally deficient continues to be serious. We are desperately in need of another institution. At this writing there are nearly eight hundred cases that we have not been able to admit because of the lack of space. Many of these are urgent cases that really demand immediate institutionalization. In addition we are extremely overcrowded at Faribault. That institution is equipped to take care of approximately 2,200. The population at present is 2,792.

As a temporary solution we would recommend the expansion of the Owatonna State School to care for five hundred. This can readily be done with the addition of two new double cottages to care for fifty boys or girls in each unit. Our present capacity is four hundred.

The mentally deficient and epileptic present many problems other than those related to institutional care. There are medical, psychiatric, psychological, social, and education aspects to be considered in establishing policies or procedures or in recommending the passage of laws. It seems the time may have come when all phases of the care, training, and supervision of the mentally deficient should be considered together and one integrated plan made. The same should be done for the epileptic. Research should be initiated where it appears there is still insufficient knowledge to know what may be needed.

This would mean careful consideration of legal aspects. Also, with the higher grade mentally deficient and the physically competent epileptic the question would be raised of the emphasis to be put on employment possibilities and the relation to labor and industry.

Recommendation is therefore made that a commission be established to study the problems involved and present a comprehensive and integrated plan not only involving changes in laws but necessary facilities to carry

out recommended procedures. It would appear that this should be composed not only of representatives of the several divisions or departments of the state responsible for carrying out the provisions of the law but of representatives of relevant schools or departments of the University. Also representatives of professional organizations and agencies whose knowledge of the subject and of trends in other states would make possible comprehensive discussion and the establishment of objectives for immediate and longtime fulfillment should be placed on the commission.

The Colony for Epileptics at Cambridge continues to care for all epileptics committed to its care. However, this hospital is operating at its approximate capacity. It is recommended that an additional cottage be provided, particularly for the older patients.

PENAL AND CORRECTIONAL INSTITUTIONS

The three penal and correctional institutions, the State Prison, Stillwater, the State Reformatory for Men, St. Cloud, and the State Reformatory for Women, Shakopee, continue to provide adequate accommodations for the custody and training of those sentenced by the courts of our state.

The populations of the State Prison and the State Reformatory for Men have increased some during this past biennium, but the population at Shakopee has decreased slightly.

	Capacity	Population June 30, 1948
State Prison -----	1,376	885
State Reformatory for Men -	1,150	761
		64ADD
		29YCC
State Reformatory for Women	84	36
		3YCC

The prison industries continue to function at the State Prison in a satisfactory manner providing instruction and gainful employment for the inmates and supplying a substantial amount of farm machinery and twine for the farmers of Minnesota. During the past two years a large amount of hay baling twine has been manufactured.

The operation of these industries has helped substantially in providing a part of the operating costs of the prison, thereby creating a direct saving to the residents of the state. Whether we can continue the same volume of business is open to question. Raw materials are very high and as industry readjusts, the demand for prison made goods is likely to be on the decline.

The manufacture of the state license plates was introduced at the Reformatory for Men during the past year. At present the plant is producing from 9 to 11 thousand plates daily. The men are readily adapting themselves to the various operations and are continually speeding up the production. It is anticipated that all plates will be ready for distribution by October first. This is a splendid activity for our men.

The Reformatory for Men places unusual emphasis upon its vocational training program. Many of the men become quite skilled in cabinet making, machine shop operations, garage mechanics, shoe repair, tailoring, baking and several other pursuits. Considering the age of these men—17-25—it is important that they be given comprehensive training in some trade. The institution also conducts academic training for those who desire such courses.

There is a need for modern equipment in some of the shops. The machine shop in particular is in need of lathes, milling machines, shapers and other machine tools.

Two penal camps are operated by the Reformatory for Men, one at East Grand Forks and the other at the Moose Lake State Hospital. In addition a farm colony is in operation adjoining the institution. These camps are operated without bars or enclosures. They afford an excellent opportunity for the men who can be trusted because less regimentation is required and the men learn to stand on their own.

The State Reformatory for Women at Shakopee is operated on a minimum security basis. It provides training in the domestic arts, such as sewing, cooking, baking and other household activities. Academic classes are also provided for those who desire such training.

SCHOOLS FOR DELINQUENT GIRLS AND BOYS

The Home School for Girls continues its academic and vocational training programs for the girls who were originally committed to the school by the Probate Courts but more recently by the Youth Conservation Commission.

The school has a capacity of 320 with an average daily population of 227 for the year 1946-1947 and 210 for the year 1947-1948.

Contrary to public opinion the training course has proven successful—if success is to be judged on the basis of the large proportion of the girls who make good on their first placement when released from the school. Unfortunately the usual publicity given the school is on the ten per cent who do not make good and who must be returned to the school for further training.

The length of the training program has been criticised, especially by those who have had little or no experience with the type of misconduct that has made it necessary to commit girls to the school. The majority of the girls committed have indulged in some form of delinquency over a long period of time. The ones from the urban areas have been tried on probation, possibly have had County Home School experience. Consequently, when a girl is finally committed to the Home School it is because the home and the community have failed to make this girl a social asset. It takes time, patience and experienced supervision to help a delinquent girl find the path of right thinking which means right living.

Two and one-half miles away from the main group of buildings the school has five frame cottages on the shore of Sauk Lake known as the Fairview cottages. These cottages were in use for many years up until September, 1943, when, because of decreased population and difficulty and extra expense in operating, these buildings were closed. In consultation with, and under the direction of the Commissioner of Administration, these buildings were made available for veterans housing, in agreement and in cooperation with public spirited citizens of Sauk Centre. The rent from this property is deposited with the state treasurer in the general revenue fund.

Because of the location of these buildings and the extra expense and inconvenience to operate, we recommend that the state dispose of this property by sale, and that the money be appropriated to erect a building on the main campus to provide for proper housing for employees.

The Training School for Boys, Red Wing, with a capacity of 450, has had an average daily population of 253, with a population of 210 on June 30, 1948. There were 172 commitments to the school for the year ended June 30, 1947, and 113 commitments for the year ended June 30, 1948.

The Training School for Boys is in great need of a new school building to provide adequate academic schoolroom facilities and increased facilities for vocational and occupational training. The present ones are entirely inadequate and obsolete.

Both of these school have cooperated with the Youth Conservation Commission in establishing reception centers for their commitments. Buildings have been turned over for the purpose and the staffs of these two schools have been available to the Commission. Houseparents, teachers, psychologists, parole agents and other personnel have been assigned to help facilitate the work at the two centers.

These reception centers were established March 10, 1948. Up to June 30, 1948, thirty-one girls had been received at Sauk Centre and one hundred five boys had been received at Red Wing.

SCHOOL FOR THE DEAF

The School for the Deaf has continued to carry a well-developed boarding school program, preparing its students in grade and high school subjects as well as special vocational and domestic training courses. The school prepares students who complete the courses prescribed to qualify for graduation, receiving either a certificate of graduation for vocational training, or a high school diploma for those completing the regular academic high school course. Students with outstanding ability may qualify for college training at the Gallaudet College.

BRAILLE AND SIGHT SAVING SCHOOL

Braille and Sight Saving School is also a boarding school not only for the blind but also for those who have various degrees of visual deficiency. The number of students does not vary greatly from year to year. It is open to any child resident of Minnesota who is in need of the training and the education provided. Out-of-state attendance is permitted on a tuition basis. A summer school session is also maintained where adults may come for short courses, either as a refresher, or in the case of those becoming blind by accident, to aid them in adjusting to their new problems. Vocational training and Braille reading are offered in these courses.

GILLETTE STATE HOSPITAL FOR CRIPPLED CHILDREN

The Gillette State Hospital for Crippled Children continues to provide medical treatment for children in need of orthopedic care. Excellent correctional work has been performed for many children. A staff of doctors, specialists in their profession, perform all necessary medical and surgical services without cost to the patients or their families. Hospital care is also furnished without charge by the state. Approval for admission is based upon the need and financial inability of the family to pay for the necessary attention and care.

The new receiving and isolation unit is rapidly nearing completion. The interest manifested by private citizens and organizations in the new facility has been most gratifying. Several fine gifts and donations have been received to make this unit one of the finest.

The new out-patient unit will soon be under way and will add another splendid feature to this hospital.

The greatest need at this institution is a new laundry building. The location of the present laundry is unsatisfactory being located above the heating plant which is hot and unbearable during the summer months.

SEWAGE DISPOSAL

The Legislature appropriated over \$700,000 to provide for sewage disposal at eleven of our institutions. Little progress has been made in this direction due to the lack of interest on the part of the local communities. The appropriation was granted on the basis that our institutions join with the various cities and towns to erect such facilities. We hope that greater progress may be achieved as these communities undertake to meet this problem.

MAINTENANCE OF MENTAL PATIENTS

The amount collected during each of the two years of the biennium for maintenance of patients in our mental hospitals was, for the year ended June 30, 1947, \$469,406.90, and for the year ended June 30, 1948, \$537,880.06.

There has been criticism and confusion over who is responsible for the cost of maintenance of a mental patient when the patient has no funds and the family cannot assume the obligation. It is then the responsibility of the county of commitment to pay the charge of \$10.00 per month.

Collections are made as provided in Minnesota Statutes 1945, Section 526.01 to 526.07 on all commitments prior to April 26, 1947. On commitments subsequent to April 26, 1947, collections are made as provided in Laws of 1947, Chapter 534, Section 4.

The enforcement and the provisions of these two separate statutes are not practical. It is recommended consideration be given to the revision of the statutes relating to collections for hospital maintenance.

Chapter 525.55, relating to the appointment of a guardian, provides that notice of such petition "if he be an inmate of any hospital or asylum, notice by mail shall be given to the Superintendent thereof." It is recommended that this be amended by adding the words "and to the Director of the Division of Public Institutions."

DEPORTATION

Under Minnesota laws non-residents of the state are not entitled to state hospitalization, and when they are admitted to Minnesota institutions, every effort is made to transfer them from this state to their states of legal residence for further treatment. The expense of the transfer is, in most cases, borne by Minnesota. However, such transfers effect a great saving to the taxpayers of Minnesota and help to reduce the overcrowding in our state mental institutions.

During the biennial period ended June 30, 1948, eighty-two patients were deported, of which six were aliens. The aliens were deported by Federal authorities to England, Netherlands, Mexico, Canada, Finland and France.

In addition, eighteen patients were permitted to remain in this state inasmuch as their condition improved sufficiently to allow their discharge to relatives. Nine patients for whom returns were granted passed away before deportation was made, and six were transferred to the Veterans Hospital at St. Cloud for further treatment.

From July 1, 1946, to June 30, 1947, forty-two deportations were made at a total cost of \$4,469.96. Of this amount, \$2,945.35 was paid by state funds and the balance of \$1,524.61 was paid by relatives and guardians of patients and the Federal Government.

From July 1, 1947, to June 30, 1948, forty deportations were made at a total cost of \$4,881.34. Of this amount \$3,036.25 was paid by the state and \$1,845.09 by relatives, guardians and the Federal Government.

Legal residents of Minnesota who are hospitalized in other states may be returned to Minnesota for care. During the past biennium this state authorized the return of ninety cases to Minnesota. Many of these persons did not enter a Minnesota institution, but are cared for by their families or in private institutions.

Permission was given for twelve patients to enter Minnesota for supervision here while on provisional discharge from mental institutions in other states, and twenty patients were permitted to go to relatives in other states while on provisional discharge from our institutions.

PERSONNEL

During the biennium we have had the following resignations and appointments:

Resignations:

Carl H. Swanson, Director

Carl J. Jackson, Superintendent, State Training School for Boys,
Red Wing

Appointments:

Carl J. Jackson, Director

R. E. Farrell, Acting Superintendent, State Training School for Boys,
Red Wing

Anthony X. Schall, Inspector, Jails and Lockups

J. Ray Burkholder, Institutional Farm Advisor

Myrtle Stubkjaer, Supervisor of Institution Libraries

I wish to express my gratitude and appreciation to all employees who have served faithfully in the interest of those who come under our care.

CARL J. JACKSON

Director

Table I. Total Rated Capacity and Average Daily Resident Patient Population of the Seven State Hospitals, Since 1928.

Year Ended June 30	Rated Capacity of State Hospitals	Average Daily Population	Increase or Decrease in Average Daily Population
1928 -----	7,333	7,467	
1929 -----		7,623	156
1938 -----	10,337	9,730	
1939 -----		9,958	2,335
1940 -----	10,383	10,124	166
1941 -----		10,387	263
1942 -----	10,383	10,612	225
1943 -----		10,575	-37
1944 -----	10,383	10,495	-80
1945 -----		10,483	-12
1946 -----	10,383	10,561	78
1947 -----		10,501	-60
1948 -----	10,383	10,412	-89

Table II. Patients Age 65 Years and Over First Admitted to the Seven State Hospitals, Year Ended June 30, 1948.

State Hospital	First Admissions	Age 65 + Years	Percent
Anoka -----	3	0	0
Fergus Falls -----	372	141	37.9
Hastings -----	11	2	18.2
Moose Lake -----	281	115	40.9
Rochester -----	475	216	45.5
St. Peter -----	572	206	36.0
A.D.I.* -----	11	0	0
Willmar -----	1	0	0
S.I.** -----	246	11	4.5
Totals -----	1,972	691	35.0

* Asylum for Dangerous Insane.

** Section for Inebriates.

Table III. Rated Capacity, Actual Capacity, and Average Daily Resident Patient Population of the Seven State Hospitals, Year Ended June 30, 1948.

State Hospital	Rated Capacity	Average Daily Population	Dormitory Space, Sq. Feet	Square Feet per bed	Actual Capacity †
Anoka -----	1,400	1,328	46,326	34.9	772
Fergus Falls -----	1,890	1,847	67,325	36.5	1,122
Hastings -----	1,060	1,051	43,875	41.7	731
Moose Lake -----	900	996	51,606	51.8	860
Rochester -----	1,400	1,553	62,157	39.9	1,036
St. Peter -----	1,996	1,987	84,320	42.4	1,412
A.D.I.* -----	287	248			287
Willmar -----	1,450	1,308	58,798	42.1	980
S.I.** -----		89			
Totals -----	10,883	10,412			7,200

* Asylum for Dangerous Insane.

** Section for Inebriates.

† Minnesota Department of Health, Standards for Hospitals, May 1, 1944.

Bureau for the Mentally Deficient and Epileptic

To the Director, Division of Public Institutions:

A review of the biennial period from July 1, 1946 to July 1, 1948 shows a continuation of trends noted in earlier reports and a strengthening of policies which tend to emphasize the fact that the mentally deficient person of high or low grade is still an individual entitled to consideration based on his needs and the development of his abilities. Perhaps the change in the legal terminology from feeble-minded to mentally deficient has been an indication of this attitude on the part of the legislature as well as the public and the Division of Public Institutions.

COMMITMENTS

During this biennium there were 723 persons committed as mentally deficient or epileptic. Of this number 128 were epileptic though not all of this number were placed under guardianship as epileptic rather than mentally deficient. It would seem that the number of commitments for a biennial period has become practically static—unless, of course, some great change in social conditions should affect it. The high point in numbers was reached in the biennium from 1936-38 when there were 1212 commitments. There was a decrease each biennium following until the lowest figure was reached in the period from 1942-44. The figures for the last three bienniums are as follows:

1942-44	-----	696
1944-46	-----	718
1946-48	-----	723

There has been a slight increase but not sufficient to indicate a reversal of the trend.

An analysis of the commitments is of interest as it indicates to some extent problems encountered in a community. The division into high grade and low grade is roughly made with an intelligence quotient of 50 used as the dividing point. There may be some listed high grade who require custodial care because of physical handicaps. The three age ranges were roughly based on before school age, school age, and above school age. The following table shows the divisions:

	HIGH GRADE				LOW GRADE			
	Born 1942 or later	Born 1929 to 1942	Born Prior to 1929	Also Epileptic	Born 1942 or later	Born 1929 to 1942	Born Prior to 1929	Also Epileptic
Males -----	8	107	60	45	100	77	54	32
Females -----	1	73	54	32	70	60	59	19
Total -----	9	180	114	77	170	137	113	51

The division between high and low grade is roughly 42% high grade and 58% low grade—the latter requiring custodial care although many of this number also need definite group training of kindergarten or primer level.

The greatest number of low grade commitments is for the group under 6 years old. Seventy-nine of the 170 in this group were infants placed under guardianship before they had their second birthday, several as early as two or three weeks. The following table showing the county of commitment and the age at the time is of interest:

	Hennepin	Ramsey	St. Louis	Rural
Under 3 months -----	1	8	—	7
3 through 5 months -----	4	2	2	7
6 through 11 months -----	4	3	1	14
12 through 23 months -----	7	2	2	15
Total -----	16	15	5	43

In the 1942-44 biennium there were 67 infants of this age placed under guardianship and 60 in the biennium 1944-46. This increase to 79 would seem to be really significant as an indication of a more general acceptance by physicians of the policy of recommending very early commitments. Further indication of this is the fact that 23 counties are represented in the rural commitments.

It is again noted that the number of commitments of boys and girls of school age and mentality is greater than the number of older persons of higher mentality, 180 as against 114. This does not mean that total 180 children would qualify for schooling at Owatonna. During this period 156 children have entered Owatonna, but some of this number had been placed under guardianship at an earlier date. There are approximately 12 of this 180 who will enter during the summer. Others are epileptic and are placed at Cambridge, and some have additional physical or emotional handicaps making more definite custodial care necessary. There is also a small group placed under guardianship in order that there may be authority for supervision although at this time there is no need of institutional training and care.

The comparison between urban (Hennepin, Ramsey, and St. Louis) and rural counties is always of interest as again it is an indication of what

can be expected when making future plans. The figures for commitments divided in that way are as follows:

	HIGH GRADE				LOW GRADE			
	Born 1942 or later	Born 1929 to 1942	Born Prior to 1929	Also Epileptic	Born 1942 or later	Born 1929 to 1942	Born Prior to 1929	Also Epileptic
Urban -----	5	71	56	25	84	52	36	14
Rural -----	4	109	58	42	86	85	77	37

The total of 304 for the urban counties is 42% of all commitments. This is the same as for the last biennium.

Out of the 723 commitments made during this biennium, 2 have been discharged following deportation, one epileptic person for the reason guardianship was not needed and the commitment was voided for one child on the ground that no guardian ad litem had been appointed when he was placed under guardianship. There have been 30 deaths out of which 13 were infants committed before the second birthday.

WAITING LIST

The figure for the present waiting list is unfortunately greater than that for commitments during the biennium. In analyzing the waiting list of 788 the same age groups were used as for the commitments but they are roughly divided into four groups: High grade—I.Q.'s above 50, Middle grade—I.Q.'s 25 to 50, Low grade—I.Q.'s below 25. In addition, those who are epileptic are counted as a fourth group without dividing them into any sub groups other than male or female. Some of those counted high grade may, even though in an older group, need definite custodial care because of physical handicaps. The division is as follows:

	HIGH			MIDDLE			LOW			Epilep.
	Born 1942 or later	Born 1929 to 1942	Born Prior to 1929	Born 1942 or later	Born 1929 to 1942	Born Prior to 1929	Born 1942 or later	Born 1929 to 1942	Born Prior to 1929	
Males -----	5	32	52	12	74	96	50	46	52	12
Females -----	2	15	58	6	54	90	40	44	47	1
Total -----	7	47	110	18	128	186	90	90	99	13

It will be noted that 279 of the total waiting list are classified with the low group. This is 35.4% of the whole group and contains 37 infants. A number of children in this group or in the middle group are temporarily placed by their families or a public agency in private institutions or boarding homes at prices ranging from sixty to one hundred dollars a month or more. These are not permanent but emergency placements due to the severe strain in the homes. They therefore must be counted as still on the waiting list for entrance to Faribault. Older low grade persons (and some younger ones also) become absolute emergencies for institutionalization upon the death or incapacity of a parent or relative who has cared for them.

Temporary plans are usually impossible for adult low grade mentally deficient persons and the institution at Faribault is called upon to further overcrowd already overcrowded buildings.

It is noted that only 13 of those on the waiting list are epileptic and it was previously stated that 12 would probably enter Owatonna. There is no waiting list for the Annex for Defective Delinquents as men qualifying there can be placed immediately. Thus more than 750 are in need of one of the varied types of care given at Faribault.

ADMISSIONS TO INSTITUTIONS

Four new buildings have been opened at Faribault during this biennium and 645 persons have entered in addition to 26 babies born at the institution but returned to the home county when approximately three months old. It cannot be assumed, however, that these 645 admissions reduced the waiting list by that number. There are a number who were being supervised in the community and not on the waiting list but who became emergencies because of a change in local conditions. Some of this number were higher grade persons whose conduct made them a hazard to the community and also made institutionalization necessary for their own protection. There were also a limited number, as in each biennium, who were committed and immediately institutionalized because of a situation suddenly developing which could not be cared for locally. Each institution is part of an overall plan for the care and training of the mentally deficient or epileptic. Consequently, there are transfers from institution to institution, and this figure of 645 includes a number of such transfers, the largest portion of which are from Owatonna.

Owatonna accepts all children for training whom it seems might possibly come within the limits of age, mental level, physical, and emotional well-being set as necessary for successfully adjusting to the school program. Thus it is realized that a number who enter for that group must be planned for differently after a trial period. Therefore, although there were 156 new entrances to Owatonna during this biennium, in the same period there were 43 transfers to Faribault where the training program is less intensive; 5 to Cambridge because of epilepsy; and 3 older boys to the Annex for Defective Delinquents because of the need of a different type of discipline. Also there were 2 children found to be mentally ill and transferred to St. Peter State Hospital and one each to the School for the Blind and the School for the Deaf.

During this same period, 156 persons have entered Cambridge, many of them for a second or third time.

There have been 27 entrances to the Annex for Defective Delinquents. Several of these have been by transfer from Owatonna or Faribault; some long under guardianship have entered from the community after getting into difficulties indicating need for the discipline and training of the Annex for Defective Delinquents, as well as maximum protection from running away; others have been entered immediately after commitment, the initiative for commitment and institutionalization having been taken by a court of trial upon recognizing the delinquent person as one who might need special protection because of low mentality.

OUTSIDE SUPERVISION

On July 1, 1948 there were 2427 wards under supervision by the welfare boards for whom institutional care was not desired. Of this group 2061 were of sufficiently high intelligence to be capable of entire or partial self-support, and 366 were persons requiring definite custodial care but for whom the family wished to provide as long as possible. This latter group does not include those placed in private institutions or boarding homes because institutional space was not available.

A large percentage of the group counted for outside supervision has had institutional training for a greater or less period of time and many have been under supervision for some years. There are some who have never been in an institution but for whom local supervision was sufficient to make adjustment possible.

A partial analysis of those placed from the institutions during this biennium will roughly indicate adjustment in the groups of which this 2427 is composed. The figures given will not include those who ran away from the institutions and were discharged from the records because they were not found within three months, but only those who were released through the cooperative planning of the institution, the local welfare board, and the Bureau for the Mentally Deficient and Epileptic.

During the biennium the number of persons released from the state institutions to the community for placement was as follows:

	From—Faribault	Owatonna	Cambridge	A.D.D.
Males -----	52	14	34	19
Females -----	80	16	40	
Total -----	132*	30	74	19

The problems connected with placement from the different institutions are not the same as each gives care and training to a specific group or groups. The function of the Bureau is to secure the aid of the welfare boards in helping to find the right kind of home and to cooperate with them in plans for supervision.

*This does not include the 24 babies born at the institution and returned to the counties for care.

Faribault and Cambridge however have a wide range of ages and the figures showing age at time of placement are comparable.

Age	Faribault	Cambridge
Under 16 -----	18	7
16 to 30 -----	78	44
30 to 60 -----	41	22
60 or over -----	0	1
	132	74

Of the 132 placed from Faribault 45 were of imbecile or idiot level of intelligence and so returned home because the family wished to care for them. The others were of moron intelligence or were placed because mental tests showed a sufficiently high level of intelligence to indicate that possibly a petition should be filed asking for restoration to capacity. Ability to adjust in the community in such cases had first to be demonstrated. There were 7 in this latter group. Two of these have already been restored to capacity, and the other five are making a good adjustment. Eighty-nine others returned to their own homes or to a home and work under the supervision of the welfare board because adjustment in the institution indicated success in the community was probable. Of this number 6 have been restored to capacity. All were on petition of the ward or relatives acting for the ward. Three were opposed and three unopposed. All were girls who at the time were making good adjustments, but in three cases it seemed to the Director that a longer period of supervision was advisable. It was necessary to return only 6 to the institution, and of these one entered Cambridge because of epilepsy. The adjustment of 9 is questionable at this time and there are 7 for whom there has been no recent report, some of whom may be lost. This leaves 61 who are known to be making a satisfactory community adjustment. This is 68½% of the group of 89. Some of those whose adjustment is questionable or for whom there have been no recent reports will certainly be added to this group of successfully adjusted wards.

Cambridge has persons with mentality varying from that termed superior to that of the idiot. The epileptic condition, however, is the basis for care and thus definite intelligence quotients are not always secured. Nineteen of those returned to the community had been committed as mentally deficient however, with 2 of that number also being committed as epileptic. Of the 55 committed as only epileptic 17 had also been diagnosed as mentally deficient. The other 38 are probably borderline or higher.

Of the 74 placed out only 44 were placed with the idea that they might make a satisfactory adjustment under supervision which means at least partial self-support. Two of this number have been discharged from guardianship on the petition of the Director on the ground that supervision was not needed and one was restored to capacity on his own petition unopposed by the Director. One has died. Seven have returned to Cambridge due largely to increased severity of seizures, 2 are making a questionable adjustment, and there are no reports on 12, three of whom are probably lost. This leaves 19 or 43% who are known to be satisfactorily adjusted, although without doubt some of those on whom there are no reports should be included in this group.

Children who fail to adjust at Owatonna whether for physical, conduct, or emotional reasons or who prove after trial to be mentally below the moron group are allowed to return to their families unless transfer to another institution seems necessary. Roughly speaking, the chronological age of 21 is the upper limit for schooling. This means that as a boy or girl reaches 21 or sometimes 18, 19, or 20 there must be definite consideration of plans by the institution, the county, and the Bureau. Because of this, the age at which boys and girls were removed from Owatonna is of special interest:

AGE	
16 or under	8
17	1
18	1
19	6
20	2
21	12

The fact that Owatonna has a definitely youthful population means proportionately a rather large group of adolescents who when they become adjusted to a regular routine and are happy prove to be not really mentally deficient. Of the 30 released to the community from Owatonna, 9 were not returned from vacation or were taken out by their families as they preferred to give them care at home. Another 9 were placed on trial to determine diagnosis. Of this number, petitions for restoration to capacity have been filed by the Director for 2, 1 is lost, there has been no recent report on 1, and the other 5 are making good adjustments so that consideration is being given to the early filing of petitions. The remaining 12 were placed in the community as it seemed they could adjust and become self-supporting. Of these 12 placed for supervision 2 have been re-

stored to capacity, one on the petition of the Director and one opposed by the Director. The latter was a girl making a good adjustment but for whom it seemed more supervision was advisable. Two had to be returned to the institution and, as they were 21, return was to Faribault; the adjustment of 2 is questionable probably because supervision has not been adequate; there have been no recent reports on 4 although the records would indicate 2 at least are doing well; 2 have been definitely successful.

The Annex for Defective Delinquents presents a placement problem differing from other institutions. The majority of this group have been arrested one or more times for varied types of offenses, although some have been placed there primarily because of persistent running away under conditions likely to bring about serious delinquencies. The fact of sub-normal mentality and delinquency made it difficult to get the cooperation of the welfare boards for placement in years past when they were at Faribault. Furthermore, they apparently need a stricter discipline than is true for those from other institutions and there is often greater need to break all ties with former friends or the family. Also return to the institution if difficulty ensues must be immediate. For these reasons some placements are made in a nearby county directly from the institution and supervision given by the chaplain. In others the welfare board cooperates in placement and supervision, but the chaplain keeps in touch with the ward as well as the welfare board. There have been 19 placements—of this number 1 has been discharged from guardianship on the petition of the Director; 5 have been returned to the institution because of failure to adjust although in no instance has there been serious misconduct other than drunkenness; 1 is making a questionable adjustment; 3 are only recently placed; 9 are doing well. Five of those placed were by the institution direct without welfare board cooperation; the other fourteen are or were supervised by welfare boards with the close cooperation of the chaplain of the Reformatory.

Following is a table showing placement from the four institutions of high grade wards in the age range when there should be self-support. This includes those placed to determine diagnosis and those with intelligent quotients well within the moron range but whose adjustment at the institution indicated that the ward might become self-supporting outside and make a satisfactory adjustment with adequate supervision.

	Far.	Camb.	Ow.	A.D.D.	Total
Discharged -----	8	3	4	1	16
Adjusted -----	66	19	7	9	101
No report or lost -----	7	12	6	—	25
Adjustment -----	9	2	2	1	14
Recent placement -----	—	—	—	3	3
Returned -----	6	7	2	5	20
Dead -----	—	1	—	—	1
Total -----	96	44	21	19	180

Since 16 of these are restored to capacity or discharged and one is dead, it leaves 163 still under guardianship of which 101 or 62% are known to be getting on satisfactorily. If, however, the total figure of 180 is used as a basis for determining the percentage of those who have been successful, the successful group would include the 16 discharged or restored to capacity and there would thus be 117 or 65% known to have adjusted well. Of the 180, only 20 or approximately 11% have been returned to the institution and some of this number were returned for physical reasons. The remaining 42 wards may later be added to one or the other of these groups. At the present time there is the question of what supervision is being given them and whether or not it is or can be adequate. Certainly of the 101 who are adjusting satisfactorily there are several for whom the Director will soon petition for restoration to capacity.

DISCHARGE OF GUARDIANSHIP

During this biennium every file of a person committed as mentally deficient has been reviewed by the head of the Bureau or the social worker on the staff. Thus there has been a real effort to make certain that community plans were as adequate as possible and to aid the welfare boards in making such plans. This review also made it evident that the state must take a greater initiative in securing community placements for some persons in the institutions who might adjust outside with adequate supervision, but who have no interested relatives or friends. It also showed many who further investigation revealed were permanently lost or who were so well adjusted that supervision was no longer necessary. There were some who with more study were determined to be not mentally deficient. On the petition of the Director 605 persons have been discharged by the courts on the ground that guardianship is not needed and 19 restored to capacity on the ground that they are not mentally deficient. In addition to this number there have been 53 restorations on the petition of the ward unopposed by the Director and 4 where the Director was represented by counsel to present a case opposing restoration. Four commitments have been declared void by the court due to a decision of the Supreme Court declaring that if the parents file a petition to place a child under guardianship, a guardian ad litem should be appointed.

BETTER SUPERVISION NEEDED

A large amount of space is given in this report to the placement of higher grade persons in the community under the supervision of the welfare boards because to many social workers that is the most difficult part of the responsibility and it is certainly the most time consuming. The Bureau must

cooperate with the courts and the welfare boards in getting commitments made, with the welfare boards and the institutions in planning for placements in the institutions and for return to the community, as well as for general community education. However, after a person leaves the institution success or failure is largely dependent upon the type of supervision given. There must be interest and understanding. The report shows a high percentage of satisfactory placements. Some failures cannot be avoided, but there were failures that should not have occurred. The report does not give specific information on several in the institutions who should be placed out, but for whom local welfare boards are unable to find proper work and living conditions. This failure by the welfare boards to find homes and work is not due to failure on their part to cooperate with the institutions and the Bureau but to lack of knowledge and understanding by many social workers who have had no previous experience with the mentally deficient and epileptic. It should be possible for a social worker from the Bureau to go to a county when necessary and aid the local worker thereby helping him to get an understanding that will cause better work in the future. With the high case load and the pressure of work in the office, the head of the Bureau and the social worker must aid the counties by letter only. If there were at least three social workers in addition to the Bureau head, there is little doubt that there would be earlier return to the community for many high grade mentally deficient, and that a greater number would be helped to make a satisfactory adjustment, thereby making return to the institution unnecessary. The addition of other workers would enable the Bureau to give better service to all with whom and for whom it works, as there is much more that should be done in aiding parents to understand children who will never be self-supporting and so to care for or plan adequately for them. There is even more need of giving to the community an understanding of all the mentally deficient and epileptic.

RECOMMENDATION

It is therefore recommended that in order to give better service there be at least two additional social workers added to the staff.

APPRECIATION EXTENDED

This Bureau works closely with the Division of Social Welfare, the Probate Judges, and the Welfare Boards. To each it wishes to express appreciation for the splendid cooperation given.

Respectfully submitted,

MILDRED THOMSON

Head, Bureau for Mentally
Deficient & Epileptic

Tuberculosis Control Unit

To the Director, Division of Public Institutions:

While the program of this unit, affecting the state institutions is relatively new, its importance in protecting the health of the patients and the civilian population from whom they come and to whom they return is of more than usual significance. This is particularly true if we permit a group to become highly infected after commitment and then return to populated areas with little or no tuberculosis, the state is being allowed to defeat its general tuberculosis control effort. In previous reports these problems have been given special emphasis.

The adult population entering our institutions shows a relatively low tuberculosis-infection rate while the rate becomes very high soon after their residence in our institutions is established.

Overcrowding is one of the important factors favorable to the transfer of the "tubercle" germ from one person to another. This has been a problem which we have not been able to influence since our control work began. It is important, since we must tolerate the conditions of overcrowding and congestion, that particular effort be made to identify "open" and "carrier" cases in the shortest possible time. It is equally important that with the facilities for prompt identification we have made available space at all times for the isolation of such "open" and "carrier" cases.

In the beginning of the program, it was recommended that one of the existing sanatoria be allocated to us for such isolation. It is important to our control program that individuals with "positive" discharges be completely removed from the mental hospital group where the treatment and isolation of tuberculosis is the major factor involving hospitalization. This request has been repeated in our biennial reports and the need for changes are just as urgent now as at any time in the past.

So long as we cannot modify the danger of overcrowding in our institutions, we should immediately remove the "carrier" and "open" cases from this congested hospitalized group. After satisfactory isolation is available, a well-staffed diagnostic center should be maintained for the care of suspected cases as well as those of non-tuberculous origin. A surgical service should be established serving this group suffering with diseases of the chest. It is this plan that we have been working towards during the biennial period. The success of any tuberculosis control problem must de-