STATE OF MINNESOTA

Division of Public Institutions

BIENNIAL REPORT

FOR THE

Period Ended June 30, 1950

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was initiated which resulted in obtaining employees in practically all of the necessary classifications. A nation wide interest in the Governor's mental health program and an increase in the salary scale were potent factors in interesting people to seek employment in the Division. Psychiatrists, doctors, nurses, psychologists, recreational and occupational therapists and psychiatric aides have all been added to the staffs, but we failed to make adequate provisions for additional help in certain parts of the institutions, consequently greater burdens have been placed upon the laundries, the food service departments as well as the clerical staffs. We hope this situation can be corrected during this coming biennium.

The orientation and in-service training programs have developed rapidly in all the hospitals during this period. These training programs have been stimulated through the training team that has gone out from the central office to work with the aides and nurses in an endeavor to improve the ward service.

The Anoka State Hospital has been used as a continuation center where the staffs from all of the hospitals are brought in at least once a month to indoctrinate them with concepts in treatments and the improvements we hope to facilitate.

One of the important factors in a mental health program is a good social service program. Although progress has been made in this field there is still a great deal to be done. Fourteen social workers, which includes the psychiatric social workers, are now employed, but that is not enough to build the kind of a placement program the Division should have. Every effort should be made to promote this program during the next biennium.

An out-patient clinic for the northern part of the state is in operation at Fergus Falls. A rehabilitation and follow-up clinic for the Anoka and Rochester State Hospitals has been established in Minneapolis to provide increased services to the large group of patients from these hospitals who have been returned to their homes in the twin city area and plans are well under way to open an out-patient clinic for the southern part of the state.

The 1949 Legislature appropriated $50,000 for each of the two years of the biennium to carry on a research program. A laboratory has been established at Hastings and several projects are under way.

A new unit at the Anoka State Hospital with a capacity of 250 beds for the care and treatment of the mentally ill tuberculous patients has been completed and is in operation. This will relieve the several mental hos-

pitals of this group of patients and will provide a single thoroughly modern specialized hospital where these patients may receive the specialized intensive treatment they require.

Other specialized services, on a state wide basis, are provided in the neurological, pathological and cardiac centers at the Anoka State Hospital and in the center for emotionally disturbed children at the Hastings State Hospital. The geriatric buildings at Fergus Falls, Moose Lake, St. Peter and Rochester have been completed. A number of staff houses which were so badly needed, have either been erected or are under construction at the various hospitals.

A new service building at the St. Peter State Hospital has been completed; also a new auditorium and occupational therapy department at the Moose Lake State Hospital. A new kitchen at Fergus Falls is in the process of building and the kitchen at the Minnesota School and Colony is being enlarged.

Receiving hospitals at Willmar, Hastings, Rochester and Anoka are also being built. A new medical and surgical unit is under construction at the Rochester State Hospital.

The total building program was approximately $17,000,000.

During the past two years a Chaplaincy Committee has been established. The clergy membership consists of the Reverend Oswald Volz, Chairman, the Reverend John M. Wilson, Secretary, the Reverend R. M. Henrich, the Reverend Frederic Norstad, the Reverend Val Klimeck, Rabbi Herman Cohen, the Reverend Russell E. Meyers. With the advice and cooperation of this committee a resident chaplain has been appointed for each of the mental hospitals. A Jewish chaplain has been appointed to visit all the institutions involved in the program.

The Public Administration Service was employed to make a study of the operations in the Division of Public Institutions. These studies included a review of the statutes governing present operations and evaluation of the organization structure and the administrative procedures of both the central office and the individual institutions administered by the Division. The relationship of the Division with other state agencies was also considered.

The mental health bill provided for a Commissioner of Mental Health. Doctor Ralph Rossen, the superintendent of the Hastings State Hospital, was appointed to the position February 1, 1950.

Each of the individual biennial reports speak of the splendid work done in the various institutions by the volunteer workers, Red Cross, church

groups, clubs, et cetera; entertainers who have traveled long distances many times to bring entertainment to the patients in the mental hospitals. We are most appreciative of these altruistic services; they were of inestimable value to the patients.

The Mentally Deficient and the Epileptic

The problem of caring for the mentally deficient continues to be serious. This is the first sentence in the last two biennial reports on the subject for this Division. I wish it were possible to change it, but we still have a waiting list of approximately eight hundred cases and nothing but an additional institution will alleviate the situation.

Many cases on the waiting list are emergency ones, the type that really demands immediate institutionalization for homes are being disrupted, parents are having nervous breakdowns and communities are being demoralized through fear of these unfortunate individuals. Recently a program has been worked out to relieve some of the worst home situations. Vacations are given the parents of some of the hyperactive mentally deficient children by removing them from their homes and housing them in one of the cottages at Hastings State Hospital for a period not to exceed three months at any one time. This is but a temporary solution but it is working out very satisfactorily.

At the present time the Cambridge State School and Hospital has a waiting list of about thirty. If another institution is provided for the mentally deficient this waiting list and over-crowding at Cambridge can be relieved by removing low grade epileptics to that facility.

Mr. C. M. Henderson was appointed superintendent of the State School at Owatonna to fill the vacancy created by the death of Mr. Mendus Vevle. According to law, this school is designed to educate and train the high grade mentally deficient children so they can be released and become self supporting. One hundred four were placed out during the biennium ended June 30, 1950. This fine record should justify the need for such an institution.

Correctional Institutions

The Home School for Girls at Sauk Centre and the Training School for Boys at Red Wing were transferred to the Youth Conservation Commission by the last session of the Legislature.

Penal and Correctional Institutions

The three penal institutions, the State Reformatory for Women, Shakopee, the State Reformatory for Men at St. Cloud and the State Prison

at Stillwater, continue to provide adequate accommodations for the custody and training of those sentenced by the courts of our state.

Schools and Hospitals for the Physically Handicapped

The School for the Deaf has continued to carry out a well developed residential school program, preparing its students in grade and high school subjects as well as special vocational and domestic training courses. Students with outstanding ability may qualify for college training at the Gallaudet College, Washington, D.C. Our greatest need at this school is for more specially trained teachers.

The Braille and Sight Saving School is also a residential school, not only for the totally blind but also for those who have various degrees of visual dificiency. A summer school session is maintained where adults may register for short courses, either as a refresher, or to aid them in adjusting to their handicap. Both academic and vocational training are offered in these courses. We have two great needs at this school, a library to house the hundreds of braille and talking books and a gymnasium.

The Gillette State Hospital for Crippled Children continues to provide medical treatment for children in need of orthopedic care who cannot afford such treatment on a private basis. 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. Upon the death of Miss Elizabeth McGregor, who served as superintendent of the hospital for many years, Miss Jean Conklin was appointed to fill the position.

Farm Operation

Under the supervision of Mr. Ray Burkholder, 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.

We are greatly indebted to the Federal School Lunch Program and its Minnesota Director, Mr. Andrew Taylor. The commodities received have been most helpful in supplementing our food needs at the various hospitals and schools. It is estimated the market value of the commodities received for the past two years amounted to well over $500,000.

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, 1949, $551,136.51, and for the year ended June 30, 1950, $662,382.13, totaling $1,213,518.64; an increase of 20% over the previous biennium.

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

Minnesota law requires that non-resident persons in our state hospitals be returned to the states of their legal residence. These transfers are well accepted in the great majority of cases as, generally, it means that a patient is being returned to a hospital that is more convenient for his relatives to visit. The immediate result of returning a patient to his state of legal settlement is that Minnesota is relieved of the direct cost of his care and treatment. Since the patients who are returned are those who have not responded to treatment over a considerable period of time, there is a definite indication that these patients will require long-term hospitalization. Another consideration is the fact that the hospital beds released by non-resident patients can be used to care for new and possibly more acutely ill patients. To the extent of the number of non-resident patients returned to other states, the pressure for additional new hospital capacity is reduced.

During the biennial period ended June 30, 1950, eighty-seven patients were deported, of which one was an alien.

In addition, thirteen non-resident patients were permitted to remain in this state inasmuch as their condition improved sufficiently to allow their discharge to relatives. Approval has also been granted for five other patients to remain in our hospitals because of humane reasons. Seventeen patients passed away; one was transferred to the Veterans Hospital at St. Cloud, and one to the State Sanatorium at Ah-gwah-ching.

From July 1, 1948 to June 30, 1949, forty-one deportations were made at a total cost of $3,831.37. Of this amount, $2,613.46 was paid from state funds and the balance of $1,217.91 was paid by relatives and guardians of patients.

From July 1, 1949 to June 30, 1950, forty-six deportations were made at a total cost of $4,920.90. Of this amount, $2,107.26 was paid from state funds and $2,813.64 by relatives and guardians.

Applications for Return

Persons having legal settlement in Minnesota who are institutionalized in other states may be returned to Minnesota for hospitalization. During the past biennium, approval was given for the return of eighty-six residents to Minnesota for care. In fifty-five cases authorization for return was denied.

Permission was given for thirteen patients to come to Minnesota to reside with relatives while on provisional discharge from mental hospitals in other states. On thirteen other cases permission was denied as investigation revealed proper arrangements for care and supervision could not be given. Likewise, arrangements were made for fourteen Minnesota residents to go to relatives in other states while on provisional discharge from our institutions.

A number of aliens and displaced persons have been admitted to our state hospitals during the past biennium. These cases are referred to the Immigration and Naturalization Service for investigation and determination as to what action should be taken.

It has been possible to transfer each non-resident patient within a reasonable length of time after receiving authorization from the states of their legal settlement as sufficient funds were available for the deportations.

Jail and Lockup Inspection

Jails and lockups throughout the state are periodically inspected and reports are recorded in the Division office. It is our belief that this service should be placed under the supervision of the State Department of Health or possibly the Bureau of Criminal Apprehension. Therefore, we are recommending that the position be discontinued and that our Division be relieved of this responsibility.

Personnel

During the biennium the following resignations were accepted and appointments made:

Resignations:

Stanley B. Lindley, M.D., Ph. D., Superintendent, Willmar State Hospital

Retirements:

M. C. McMillan, Superintendent of Industries, State Prison, Stillwater

Thomas E. Ross Superintendent, Machinery Manufacturing, State Prison, Stillwater

L. A. Jamieson, Accounting Officer, State Reformatory for Men, St. Cloud

Appointments:

Nelson J. Bradley, M.D., Acting Supt., Hastings State Hospital
Jean D. Conklin, Supt., Gillette State Hospital for Crippled Children
Burton P. Grimes, M.D., Superintendent, St. Peter State Hospital
C. M. Henderson, Superintendent, Owatonna State School
Ralph Rossen, M.D., Commissioner of Mental Health

Necrology

Mendus R. Vevle, Superintendent, Owatonna State School ——— October 30, 1949

Elizabeth McGregor, Superintendent, Gillette State Hospital for Crippled Children ——— April 1, 1950

I wish to express my gratitude and appreciation to all employees who have served so faithfully throughout another biennium.

CARL J. JACKSON
Director

The Minnesota Mental Health Program

To the Director, Mr. Carl J. Jackson, Division of Public Institutions:

The following is a report of the office of the Commissioner of Mental Health for 1949-50. Since this is the first report from this office and covers a rather large scope, it will be more comprehensive and detailed than in the past.

The Commissioner of Mental Health of the State of Minnesota is charged with the development and administration of the Mental Health Program of the State. The broad outlines of the Program, and some important details, were written into the law by the 1949 Legislature which created the position of the Commissioner of Mental Health. But many specific problems and operating mechanisms remain to be analysed and set forth. These will be examined here as they can be seen in the first year of the office of the Commissioner of Mental Health.

The Mental Health Program embraces all aspects from preventive hygiene to rehabilitation after hospitalization, but the most obvious and immediate problems are those of the state hospitals. In all parts of the United States, and particularly in Minnesota, the people are demanding new standards of understanding and medical care for the patients in our mental hospitals. The days of the custodial insane asylum are gone; the new day of the mental hospital, with standards equal to those of any general hospital, is rising. This is clearly the *"Will of the People" and is* a mainspring of the mental health movement.

The essential human fact is the patient; there are nearly fifteen thousand patients in the Minnesota State Hospitals, comprising a tremendous catalog of varieties of misery and medical problems. But the real issue is not a mass of patients; the vital consideration begins with "One Patient" who was born, who had a childhood, who has all the bodily and emotional needs —and more, in the most cases,—of any human being. Examine *all* the needs of care and treatment of the one patient and the necessary ramifications of the program are revealed. The development and operation of the program starts from this one patient.

The bases of the Mental Health Program, and the responsibilities of the Commissioner of Mental Health, are indicated by excerpts from the Mental Health Bill, Minnesota Mental Health Policy Act, Chapter 512, Laws of 1949:

NUMBER OF EMPLOYEES

The care and treatment of the patients in the State Hospitals is primarily dependent upon the employees in the Hospital system. In the present Statement it has been emphasized repeatedly that the progress of the Mental Health Program is limited by the number and character of the professional and senior professional personnel available. The following tabulation shows the total numbers of employees in the major categories just before the inauguration of the expanded Program (June 1, 1949), four months later (November 1, 1949), and at the time of preparation of this Statement (Aug. 31, 1950).

Class of Position	June 1, 1949	November 1, 1949	August 31, 1950
Physicians	37	54	68
Medical Residents	0	0*	2*
Dentists	9	9	8
Nurses	102	125	142
Psychiatric Aides**	1064	1374	1429
Dietitians	1	8	9
Psychologists***	0	7	10
Social Workers	9	11	14
Recreational Workers	0	20	64
Occupational Therapists†	29	3	3
Handicraft Instructors	0	26	24
Laboratory Workers	10	14	15
Research Scientists	0	1	10
Cosmetic Therapists	6	7	8
Barbers	10	12	12

* Does not include 5 Residents serving part time.

** Includes Attendent Guards at St. Peter State Hospital (A.D.I.)

*** Does not include 5 Bureau of Psychiatric Services Psychologists, those constant during 3 periods shown above.

† Reduction in this group due to reallocation of non-professional worker positions in this field to Recreational Worker or Handicraft Instructor classes.

Bureau for the Mentally Deficient and Epileptic

To the Director, Division of Public Institutions:

In presenting a report on the work of the Bureau for the Mentally Deficient and Epileptic for the biennial period from July 1, 1948 through June 30, 1950, it is hoped that it not only gives such statistics as are needed for forming some estimate of the work involved, but that it will also show the need for greater consideration of mentally deficient and epileptic persons and of their families.

General Statement

The main function of the Bureau for the Mentally Deficient and Epileptic is to act for the Director as guardian of mentally deficient and epileptic persons. This involves accepting guardianship from the probate court and planning for care either in or outside an institution. As actual planning and supervision on the local level are done by the welfare boards under the direction of the Bureau, this report is in part a report of their activities in so far as they are related to the mentally deficient and epileptic. The fact that the Bureau represents the Director in arranging for placement of wards in institutions and in removing them from institutions means that portions of the report contain figures which may also be part of an institution report. This three-way responsibility for plans for the mentally deficient and epileptic—with final responsibility for coordinating action that of the Bureau—must be understood in interpreting the facts and figures given.

In order to successfully carry out the main function of the Bureau, members of the staff must be persons who are sympathetic to the problems presented by the mentally deficient and epileptic. It is the responsibility of the professional staff to aid the local welfare boards by bringing an understanding of the mentally deficient and epileptic to new workers and indeed to the community, and also by giving direction and suggestions for methods of supervision of wards on an individual basis. This means they must be persons with a high level of special education which would not only provide them with a knowledge of the principles and methods of social work, but also of the needs and problems of the mentally deficient and epileptic. They must also have had previous experience which would prepare them for leadership in carrying out the program.

Special Activities

In addition to the main function of the Bureau—or as an aid to carrying out guardianship responsibilities—it is necessary that the Bureau do everything possible to bring about understanding of the mentally deficient by their families, by welfare boards and by the community. During the biennium some of the activities to bring about this understanding were:

1. THE INAUGURATION OF A YEARLY INSTITUTE ON MENTAL DEFICIENCY.

This given in cooperation with the Center for Continuation Study of the University of Minnesota. It is for county workers and the first one in November 1948 was also sponsored by the State Board of Health with the expenses of those attending paid from Federal Mental Health funds. Expenses of those attending the one in 1949 were paid by county welfare boards or by the individuals. The program for the institute in October 1950 was completed before July, and the basis of attendance will be the same as for 1949.

2. PREPARATION OF A MANUAL FOR WELFARE BOARDS.

This gives all of the laws and policies relating to the mentally deficient and epileptic together with some general information to bring about understanding of these groups. (Although the material was prepared during the biennium, printing was not completed until a little more than a month later.)

3. FURTHER EMPHASIS ON THE USE OF TEACH ME.

This booklet, first issued by the Director of Public Institutions in 1945, was prepared by a committee composed of representatives of the institutions, education, health and social agencies under the direction of the Bureau for the Mentally Deficient and Epileptic. It was written primarily for Minnesota parents of children who probably will never be able to enter classes for the usual academic work or even the special classes for retarded children. It is made available also for use outside of Minnesota and many thousands of copies have been sold not only to parents in other states but also to clinics and similar agencies for distribution. The favorable publicity given in several magazine articles has greatly increased its distribution outside of the state and perhaps to some extent increased its use in the state.

4. STAFF ASSISTANCE ON SPECIAL PROJECTS.

a. Participation in in-service training courses for county workers brought in by the Division of Social Welfare for intensive training.

b. Making records and material concerning a selected group of mentally deficient persons available to the Dight Institute for a follow-up study on heredity.

c. Supervision of a student in a case work project with mentally deficient children.

5. COMMUNITY COOPERATION.

a. Staff members served on committees and participated in meetings or discussions whose purpose was to bring about general understanding of social problems, especially those relating to the mentally deficient and epileptic.

b. Minnesota's program for the mentally deficient and epileptic was presented to university and college classes in social work.

c. During this period the Head of the Bureau served as President Elect and President of the Aemerican Association on Mental Deficiency. This provided many contacts with others in the field which made it possible to compare what is done in Minnesota with what is done elsewhere. In some instances this served as a basis for initiation of improved methods.

d. Special mention should be made of cooperation with The Association of Friends of the Mentally Retarded, a state organization composed chiefly of parents of mentally retarded children. It is entirely disassociated from the Bureau but the professional staff members have attended many meetings and have advised with the leaders on their activities when requested to do so.

Guardianship Responsibilities

The basic responsibility of the Bureau—acting for the Director as guardian of the mentally deficient and epileptic—has several specific and distinct parts:

1. CONSIDERATION OF SOME CASES BEFORE PETITIONS ARE FILED.

In many cases there is doubt whether a petition should be filed for commitment to guardianship. The Bureau is then called on to consider and advise on the procedure.

2. ACCEPTING COMMITMENT FROM THE PROBATE COURT.

There is the responsibility of accepting commitments from the court. A notice from the court prior to the hearing gives opportunity for investigation. This whole procedure requires careful and accurate record keeping by the secretary of the Bureau in addition to a determination in some cases of what should be the action of the Bureau.

3. CLASSIFYING THOSE COMMITTED—ESTABLISHING A WAITING LIST.

Most of those placed under guardianship are in need of institutional care and training at the time of commitment, but must be put on a "waiting list" since there is usually no possibility of providing space immediately. One of the difficult problems is trying to help counties make "temporary plans"—sometimes extending to several years—for those needing institutional space but for whom it is not available. There are some private institutions and boarding homes which provide a means of caring for a small number of this group, but both the welfare boards and the Bureau spend many hours in making plans which at best are usually not satisfactory.

4. PLANNING INSTITUTIONAL CARE.

The Bureau keeps a record of persons entering each institution during a month, a year, and a biennium. Determining who should have available space and who must be entered as an emergency is the responsibilty of the Bureau in cooperation with the institutions following reports from county welfare boards. Before an emergency placement is made all possibilities of local plans must be exhausted. Arrangements for entrance are made by the local welfare board in accordance with policies established and directed by the Bureau. These include securing a medical examination.

5. PLANS FOR RETURN FROM INSTITUTIONS.

Patients ready for community placement are removed by the Bureau in cooperation with the institutions and welfare boards. During the past nine

months there have beeen two social workers in the office in addition to the Head of the Bureau and it has thus been possible to plan for more staff discussions at the institutions. This has made it possible to arrange for some county workers to participate in discussions of plans for wards ready for placement—each worker in attendance because of discussion of plans for a person from his county.

6. COMMUNITY SUPERVISION.

Whether on the waiting list or placed in the community—usually following institutional training—the welfare boards give supervision to wards and try to help them make a satisfactory adjustment. The problems are varied and in all of them the Bureau must give guidance and direction. A high percentage of those on the waiting list are wards who will never be self-supporting, many of them infants and others requiring physical care. The problems in such cases are to a large extent created by the physical and emotional strain on members of the family. Wards classified for outside supervision are to a large extent high grade youths and adults who must have help in order that they may find satisfactory living arrangements, work suited to their ability, recreation, a church affiliation and community understanding. This means an intelligent use of all community resources. There are some on the waiting list requiring a similar type of supervision and substitute plans are very difficult to make since such persons lack the ability and stability often found in those who have had institutional training.

7. PETITIONING THE COURT FOR DISCHARGE OF GUARDIANSHIP.

There are some persons for whom guardianship is not needed after maturity is reached and others who leave the state permanently. The law provides that in such cases the probate court may upon the petition of the Director relieve him of guardianship. There are also some cases where a ward after treatment and training proves not to be mentally deficient and who must therefore be restored to capacity. The Bureau is responsible for determining for whom the Director should file petitions for discharge with or without restoration and for preparing them for court.

COMMITMENTS

The total number placed under guardianship in the past biennum is shown below in comparison with the number in the previous biennium.

Commitments 1946-48 723
Commitments 1948-50 712

The difference in the number placed under guardianship in the two periods is slight. This may indicate that the number is somewhat static since differences between the figures in the last several reports have been small. However, there has been an average of almost one person a day committed during the biennium.

Using an intelligence quotient of 50 as a rough measure of division between high and low grade persons we have the following division of persons committed between July 1, 1948 and July 1, 1950:

	Male	Female	Total
High Grade	113	99	212
Low Grade	212	197	409
Epileptic (high and low)	44	47	91
Total	369	343	712

It will be noted that the number of low grade mentally deficient persons committed is nearly twice that of the higher grade. Many of these are small children.

In order to follow trends throughout the state a division of the commitments into those made in rural counties and those in urban counties is of interest as is a comparison between the previous biennial period and this one. Urban counties are Hennepin, Ramsey and St. Louis.

TOTAL COMMITMENTS

	1946-48	1948-50
Urban	304	309
Rural	419	403
Total	723	712

The trend—started some years ago—of placing infants under guardianship has continued and grown greater. Of the 409 lower grade persons placed under guardianship, 117 were infants committed before their second birthday, some when only a few weeks of age. The figure for the biennial period of 1946-48 was only 79. There is thus an increase of 48%. It is of interest to also compare these on the basis of rural and urban action.

INFANT COMMITMENTS

	1946-48	1948-50
Urban	36	57
Rural	43	60
Total	79	117

Although both urban and rural counties have increased the number of infants committed in this biennium, the increase in the urban has been greater than in the rural in spite of the fact that during 1946-48 there were 5 commitments from St. Louis County and none during the past two years. Of the 84 counties considered rural 39 were represented in the 60 commitments. In the previous biennium only 23 counties were represented in the 43 commitments.

The status on July 1, 1950 of the 117 infants committed as mentally deficient during the past two years was as follows:

	In own home	In boarding home, private institution or hospital	In Faribault	Dead	Total
Urban	21	17	2	17	57
Rural	20	18	6	16	60
Total	41	35	8	33	117

Although 33 deaths seem high, this number is only 28% of the total while the 13 deaths during the previous biennium constituted 30% of the total.

Waiting List

Presentation of problem

Many besides infants are cared for outside their own homes. Most of those in boarding homes are there because there is not space for them in the appropriate institution—usually the Minnesota School and Colony—and it is considered imperative that they be removed from their own homes. The problem of planning for those who need institutional care and for whom it is not available is even more acute for older children than for infants. Many are active—indeed hyperactive—or have become very heavy to lift and boarding homes are expensive and difficult to find. Many of those—infants, older children and adults—in their own homes would be in boarding homes if arrangements could be made. Until institutional space is more adequate, greater boarding home facilities would be used if available.

As of July 1, 1950 the monthly report of the Bureau shows there were 767 children and adults awaiting institutional space, but it also shows 244 wards committed as mentally deficient who were in non-state institutions—large boarding homes, private schools, hospitals or county farms. Of this latter number 114 needed care in a state institution, so that the real waiting list as of that date was 881. Of this number at least 400 are so critical as to constitute extreme emergencies.

Type cases showing human cost

The following brief statements show "emergency" situations that are typical of others of the 400 emergencies and to some extent of many of those not considered so urgently in need of placement.

1. Mary, a four and a half year old child of idiot mentality, has laughing and crying spells all night long. Her crying sometimes keeps the family awake all night. She must be watched constantly to prevent her from striking and mauling her little brother, and during her frequent temper tantrums she will break dishes or anything within reach. She has not been toilet trained and will eat her defecation if not watched. Her parents have recently purchased a half interest in a resort and so in addition to the physical and emotional strain on the family, her presence in the home is bad for business.

2. Twenty-year-old Ronald must be cared for like a helpless infant. His spine, ribs, feet, hands and skull are badly deformed. He cannot talk nor hear. His mother lifts him from bed to couch once a day. He is a dead weight except when he becomes upset and throws himself about. Frequently he holds his head as though in pain, and his one ear is always draining. Ronald shares a bedroom with a brother. He has 5 younger brothers and sisters all normal. They are ashamed to bring their friends home.

3. Johnnie, age 9 is a spastic child of idiot mentality. He lives in a small trailer with his mother, stepfather and baby sister. Johnnie cannot talk but squeaks and screams instead. He walks quickly but with a staggering gait. He grasps everything in sight to break or tear and pulls over radios, tables and chairs. He sleeps restlessly and for short periods only. The only way his mother can keep him quiet is to tie him into a chair or to the bed, but he increasingly resists this and she can now hardly restrain him to tie him up.

Partial Financial Cost

The cases so briefly summarized were all in their own homes as of July 1, 1950. A limited number of those on the waiting list however were being cared for out of their homes or had been for a part of the biennial period. Families of some of these bear the cost or a part of it often at great sacrifice of the needs of other normal children. The political unit responsible for public relief bears all or a part of the cost in some cases,

and due to a ruling of the Attorney General many years ago this is possible where a family is unable to meet the expenses although competent to care for the usual family needs. The cost of care for the mentally deficient is sometimes at a very high rate.

The counties have given information showing what has been paid during the past two years for out-of-home care for those who should be in the institution, but for whom there is no space. The figures used omit the cost to families who prefer to keep their children in a private institution and they do not include the cost of clothing, medical care or incidentals for those who are boarded. Also omitted is poor relief or any form of aid which has been necessary but is given to make adjustment possible on the same basis as it is given to many not committed as mentally deficient. Omitted also are expenses incurred for hospital care because of illness, board paid while making other plans or for vacations of children receiving training at an institution. Money spent for such purposes is a part of good case work and contributes to the fact that so many mentally deficient persons do not need institutional care but has no relationship to money spent because of the inadequacy of institutional space.

The figures given below are in some instances only approximate. They are not given as statistics and thus time was not taken to figure the amount paid for the exact number of days when less than a full month. Time less than two weeks was not counted. Most of those boarded were children. The number boarded and the approximate cost is as follows:

	Number Boarded	Total Months Boarded	Amount Paid by Relatives	Amount Paid from Taxes	Total Amount Paid
Rural Counties	113	1,483	$21,795	$56,690	$78,485
St. Louis Co.	38	466	7,360	18,217	25,577
Ramsey Co.	68	732	11,907	73,081	84,988
Hennepin Co.	43	650*	27,357	8,964	36,321
Totals	262	3,331	$68,419	$156,952	$225,371

*140 months are counted for 7 children placed in a private day school for 10 months each year.

The cost of care per month ranged from $23 to $240. This $240 is for custodial care in Ancker Hospital in St. Paul during 1949-50. In some other counties a child needing only good custodial care has occasionally been cared for on a long time basis in a hospital with the cost ranging up to $225 per month. In Ramsey County, however, the hospital was used in this way for a total of 252 months and cared for 33 persons, eight of whom were also in boarding homes for a while. During the months of 1948, however, the cost of this care was only $180 a month.

Out of a possible 24 months for the total biennium, the average length of time for boarding each person was 12½ months. Many however had been boarded for some time prior to July 1948 and many are still being boarded. Using the total for Ramsey County including the 252 months of hospital care the average board paid per month in the state was slightly over $67. Omitting those months of hospital care the average was approximately $54 a month. A number of parents kept their children in schools or in boarding homes at a monthly rate of $75 or more, but tax units also paid at this rate for a total of 34 children, exclusive of those kept in hospitals. Of this number 2 were from Hennepin, 2 from Ramsey, 8 from St. Louis and 22 from rural counties.

Hennepin County has the largest population of the three urban counties and yet it is noted that tax-paying units in that county have expended far less than either of the other counties. Could this be partially due to the fact that it is the only one of the three that is on a township basis? Hennepin County has many on the waiting list who are at home and should be described as emergencies.

There is however another expenditure in Hennepin County that should be considered here. In listing mentally deficient children for whom board has been paid during the past two years that agency listed 38 children committed as dependent but who are also mentally deficient although not so committed. Since these children are now recognized as mentally deficient it is assumed the commitment as dependent has not been changed in order that the welfare board may be in a position to make adequate plans for them. This is because funds for caring for dependent children are expended by the Hennepin County Welfare Board, not the city or township. Indeed nearly a third of the funds come from state taxes. It is assumed that most if not all of this group would be commited as mentally deficient if there were any hope of early institutional placement. These 38 children were boarded for a total of 867 months, an average of 23 months each, far higher than the county average or total average of those committed as mentally deficient. The amount paid ranged from about $41.50 per month to $186 per month. The total paid was approximately $54,904 for the two year period. This is an average of about $63.50 a month, an amount higher than for the children committed as mentally deficient in that county or than the average for the state, excluding hospital care in Ramsey County.

It is probable this same method of making certain of funds for boarding care has been used in an occasional case in other township counties but if so such instances are not shown in this report. Since, however, it further

illustrates the need for institutional space the total figure of expenditures by tax units for mentally deficient children in Hennepin County might be of interest. This would be $63,868 instead of $8,964. If this figure were also used in the total spent for out-of-home care of mentally deficient persons because of the lack of institutional space the amount would be $280,275.

Summary

When tax payers as individuals or as tax units have expended in the neighborhood of a quarter of a million dollars in 24 months for a purpose which would not exist if there were adequate institutional space it is evident that failing to provide this space is not economy even from a financial standpoint. Also it must be recognized that this amount is far from the total that this group alone—not to speak of those still in their homes—is costing and will cost the public. There is the cost of clothing and other necessary personal expenses. Also one cannot measure the present and future cost of medical and other care—perhaps due to mental illness or delinquency—for other members of the families due to the physical and emotional strain. While the cost in dollars is and will be great it is the cost of permanent damage to human personalities that causes inadequate institutional space to be so calamitous.

Admissions to Institutions

The number on the waiting list for institutional care is about the same as it was two years ago. However, many have entered although during this period there have been no new buildings as there were at the Minnesota School and Colony in the previous biennium. Also the Owatonna State School has less space as one cottage was burned in September, 1948, and one was condemned as a fire hazard soon after that.

The following figures show the numbers entering each institution during the past biennium as compared with the previous biennium:

	Faribault	Cambridge	Owatonna	ADD	Total
1946-48	645*	156	156	27	984*
1948-50	371*	97	123	30	621*

*Also in the first biennium 26 babies were born at the Minnesota School and Colony and in the second biennium 13.

Entrances show not only those entering for the first time but those placed out and discharged from the institution records but later returned. Some also are transferred from other institutions.

Placements

The number returned to the community from each institution during the past two bienniums is as follows:

	Faribault	Cambridge	Owatonna	ADD	Total
1946-48	132*	74	30	19	255*
1948-50	118*	40	104	25	287*

*In addition 24 babies born at the Minnesota School and Colony were placed during the 1946-48 biennium and 19 during that of 1948-50.

These figures do not include those who ran away from the institution and were discharged because they were not returned. There were fewer placed out from both Faribault and Cambridge than during the previous biennium. This can be at least partially accounted for by the fact that both institutions have a high percentage of patients requiring custodial care and few of these are placed. The percentage of this group in the total population of these institutions has increased in the past years. Owatonna and the Annex for Defective Delinquents were both opened in the summer of 1945 and so few were trained and ready for placement within the first two years. Thus an increase in the number placed from those institutions during the second two years is natural. Furthermore, experience has shown that a large number of youths are ready for placement from Owatonna at the age of 18 or 19 and so fewer have remained until 20 or 21 as was true more often in the previous biennium.

Those placed in the community are being supervised by the welfare boards, many making excellent adjustments. Some have been restored to capacity or discharged from guardianship. There are some who have had to be returned to an institution perhaps because of delinquency or perhaps to get more training or because of health. Some are lost and there have been deaths. The number can be analyzed as follows:

COMMUNITY PLACEMENTS 1948-50

	Faribault	Cambridge	Owatonna	ADD	Total
In community	78	27	82	15	202
Returned to an Institution	14*	9**	8	6	37
Lost or out of state	20	1	5	4	30
Restored or Discharged	6	1	6	—	13
Dead	—	2	3	—	5
Total	118	40	104	25	287

* 4 private
** 1 private

Out of a total of 287 there are only 67 that have had to be returned to an institution for any reason or whose adjustment as of July 1, 1950, was not known. Some of those whose whereabouts were unknown on that date will be located and supervision assumed. However, when only about 23% are lost or have had to be reinstitutionalized the degree of successful placement has been high. Some of this group placed from Faribault and Cambridge were not of sufficiently high mentality to become fully self-

supporting and therefore are with their families who are assuming responsibility. They have all become part of the total group supervised by welfare boards.

Outside Supervision

The total number under guardianship who are in the community but not on the waiting list was 2,274 as of July 1, 1950. On July 1, 1948 it had been 2,427. The lower figure is partially accounted for by the number discharged from guardianship during this time. The figure of 2,274 includes 367 wards requiring some physical care but whose families at this time do not want them placed in an institution.

Supervision of higher grade and lower grade wards require quite different types of planning. The waiting list is predominantly of lower grades, and the report on that indicates some of the problems. Those counted for outside supervision are more predominantly high grade and so some analysis of figures is needed to indicate how successful supervision has been.

In the 1948 report there was an analysis made to show the status at the end of the biennial period of some of the wards who had been placed in the community during the two years covered by that report. These were the wards who were sufficiently old and high grade to make partial or total self-support a reasonable expectation. Therefore a further analysis of this same group will be some indication of the success of such placements. The figures for 1946-48 are repeated here:

Placements from July 1, 1946—July 1, 1948

	Faribault	Cambridge	Owatonna	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 Questionable	9	2	2	1	14
Recent Placement	—	—	—	3	3
Returned	6	7	2	5	20
Dead	—	1	—	—	1
Total	66	44	21	19	180

The status of the same group as of July 1, 1950 is shown omitting those discharged from guardianship, returned to an institution or dead. This leaves totals for Faribault 82; Cambridge 33; Owatonna 15; ADD 13. Using the same criteria as for the original placements we have the following figures:

Follow-up on 1946-48 Placements

	Faribault	Cambridge	Owatonna	A.D.D.	Total
Restored or discharged	8	3	3	1	15
Adjusted	28	16	3	4	51
Out of state or lost	11	2	1	2	16
Adjustment Questionable	10	3	3	1	17
No recent report	15	5	3	0	23
Returned	8	2	2	4	16
Dead	2	2	0	1	5
Total	82	33	15	13	143

Out of a total of 180 placed in the period from July 1, 1946 to July 1, 1948, six have died and 31 have been restored to capacity or discharged from guardianship. Twenty were returned to an institution in the first biennium and 16 in the second, making a total of 36. This leaves a total of 107 who are wards and have been out of the institution for more than 2 years, many for almost 4 years.

All of those placed out have been under the supervision of the welfare boards and this office has reports showing that supervision is active and that within the last six months a social worker has been in touch with all but 23 wards still in the community. However in the 23 cases showing no report there is only one where there has been no report made to the office since placement. This was an older married woman returning to live with her husband. In the other 22 cases the welfare boards have sent in reports showing the adjustment within this biennial period and in 13 cases within the last year of the period. At the time of the report 21 were making a satisfactory adjustment with only one that was questionable. In 4 of these discharge of guardianship or restoration to capacity was under consideration. It would thus seem that the counties had been most active in the supervision of those presenting the problems which were most serious.

Again the files show that in the 17 cases where the adjustment is questionable, the wards are those with physical or emotional handicaps or with quite low intelligence quotients where any adjustment in the community can only be secured by constant and patient help. It is this group which requires frequent contacts in order that they adjust sufficiently well to remain outside. Of the 16 who are shown as lost or out of the state some will probably remain out permanently and after a time will be discharged. Others however are the transient type moving from address to address and are "lost" temporarily. This is shown by the fact that at the end of the previous biennium there were 25 in this group.

Those who were returned to the institution have been those who needed a comparatively long period of care and training, some because of

a physical condition—especially with the epileptics—and some because of delinquency which could not be controlled. There has been one replacement with successful adjustment from the Minnesota School and Colony, one from the Cambridge State School and Hospital and one from the Annex for Defective Delinquents. Two others were replaced from the Annex but again had to be returned.

When one considers that after a period of from 2-4 years 51 out of 180 persons placed are known to be making a really good adjustment and another 31 have been released from guardianship partially because of good adjustment, it would seem that not only is supervision good but that persons were well selected for placement. When in this time only 16 are lost or have left the state one can realize that the welfare boards give a great amount of time to make supervision of the mentally deficient and epileptic so successful. The report shows there is of course a possibility of even greater success if more help can be given but it also shows there is interest in and some understanding of these persons for whom the state has responsibility.

Discharge and Restoration

During this biennium the policy has been continued of petitioning the court for discharge of guardianship for those who are both mature and stable and so no longer in need of supervision and for many who are lost or have been out of the state for more than two years. Petitions for restoration to capacity were filed by the Director for some whose level of intelligence and good adjustment indicated they should not be considered mentally deficient—or in the case of a person committed as epileptic if a physician made a diagnosis of non-epileptic. Some were restored to capacity by the court on their own petition or that of relatives. The figures are as follows:

Discharge of Guardianship	Restoration on Petition of Director	Restoration on Personal Petition
411	28	38 (only 2 of these were opposed)

In addition to this total of 477 no longer under guardianship, 8 commitments were decleared void by the court because no guardian ad litem had been appointed at the time of the hearing. From this it will be seen that commitment to guardianship does not produce a static situation. There were fewer discharges in this biennium than in that for 1946-48 when all records were reviewed. However, the number discharged or restored on the initiative of the Director is evidence of the fact that the staff individualizes the wards and is ready to ask for release of guardianship when it is no longer needed.

Conclusions and Recommendations

The emphasis in this report has been put on the need for facilities for caring for those needing physical or custodial care not possible in their own homes. It indicates the need for a new institution. An effort has been made to show the effect of lack of space upon the families of persons who are kept at home. The cost to health and personality is terrific. A far lesser reason for adequate space, but still one to be considered is that an undue amount of time must be given by the Bureau for the Mentally Deficient and Epileptic and by social workers in the counties to making plans that at best will not be entirely satisfactory. This is time that might otherwise be spent in better supervision of the higher grade wards who with help should make an adjustment after training in the institutions.

Since the last biennial report a second social worker has been added to the staff, beginning in October 1949. It was hoped that with two workers it would be possible for them to visit some of the counties and to give greater assistance to staffs of welfare boards than is possible by correspondence. A part of this assistance would be helping them to find homes for wards who should leave the institutions, to determine the jobs in the community which might be suitable and to show how to approach employers in order to get their interest in employing a ward. However this service has not been possible. Nevertheless, closer contacts have been established with the counties and a beginning has been made of conferences in the institutions, these participated in by county workers as a basis for community plans for wards. Much more of this is needed. It seems possible that now that a new Manual is in the hands of the welfare boards and will not have to be compiled during the coming year, the social workers may have more time for help to workers by visits to their communities.

The accomplishments of supervision are far from ideal—and even without an additional worker, which has previously been requested, it is hoped the counties can be given more adequate direction and assistance in the ensuing period, now that a better basis for help has been established.

When one considers the multiple responsibilities of staffs of welfare boards and the many mentally deficient or epileptic wards one worker must plan for it is amazing they have been able to achieve so much success with so many individuals who have limited capabilities as well as in many cases emotional difficulties. Certainly our thanks are extended to them and very real appreciation is felt for their accomplishments.

There are many others who have helped to make plans for the mentally deficient and epileptic as successful as they have been. The Division

of Social Welfare, the Youth Conservation Commission, the Department of Vocational Rehabilitation, the Parole Board, the Department of Veterans Affairs, the Board of Health and the University Hospital are state agencies to whom we wish to express thanks.

The Probate Judges, County Attorneys, clinics staffs and many private agencies have helped to make our work possible. The Attorney General's office has given fine service.

The total staff of the Division of Public Institutions has cooperated as have the superintendents and staffs of the institutions. To all thanks is extended. However, I wish to take this occasion to especially thank the Director for his never-failing understanding and backing, and to thank each member of the staff of the Bureau, professional and clerical. Without them there would be no report.

Respectfully submitted,
MILDRED THOMSON
Head, Bureau for Mentally
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Division of Public Institutions