

*Minn. School & Colony  
Fairbank  
file*SUPERINTENDENTS' BUDGET MEETING  
July 9, 1954117 University Avenue  
St. Paul, Minnesota

All Superintendents and Business Managers were present with the exception of Dr. Rossen and Dr. Douglas.

1. Opening Remarks

Dr. Cameron mentioned that Dr. Douglas had been taken ill the night before and was at a hospital in Duluth for observation. He also indicated that Mr. Leirfallom was ill and would have to undergo spinal surgery.

It was announced that the 16 mm. movie camera, formerly on loan to the Hastings State Hospital, is now housed in the Central Office in the Library with the other audiovisual aids of the Department of Public Welfare. The Hospital Superintendents are free to borrow this camera whenever they would like to record any of the happenings in their hospitals.

2. Schedule for Budget Preparation

Mr. Chapado reviewed the schedule for budget preparations. Repairs and replacements requests will be reviewed between July 1 and July 15 by Mr. Holtan. In the same period the general staffing pattern is to be reviewed and established. This is the principal purpose of today's meeting. In the period from July 15 to August 1, time will be devoted to the preparation of the first draft of the institution budgets. This draft, which should contain a fairly detailed breakdown of all requests for items over and above the current appropriation together with at least an outline of the narrative justification, will be reviewed between August 1 and 14. After the tentative budgets are examined, the "final" preparation will be completed by the Institutions between August 1 - 14. All budgets should be submitted to the Central Office by September 1st. During the two weeks following a final review will be made and any necessary last minute changes made in consultation with the submitting hospital. A conference with the Governor and the Commissioner of Administration to obtain the overall picture of the State's financial structure will be held during this same period. Finally, Mr. Chapado will integrate the several hospital budgets into the overall Departmental request between September 15 and October 1 on which date the budget is due in the Department of Administration. It was suggested that between September 15 and October 1, each Business Manager bring a typist and come into Central Office to assist with any minor changes that have to be made. Notice will be sent to the hospitals should this be necessary.

The "grey book", which is the narrative report of the budget requests presented to the Legislature by the Department of Administration, is completed between October 1 and the Legislative Session.

In the discussion that followed Mr. Chapado's presentation, the following points were brought out:

- a. Each state institution should present a typed roster of personnel with the budget request together with a line item explanation and justification of each new or substituted position.
- b. The permanent roster should be based on the 6th quarter. A manual of

instructions has been sent to all hospitals.

- c. Jobs that had to be dropped in the present fiscal year due to absorbing ESA and which are requested in the next biennium should be justified. The fact that they were dropped due to ESA should be brought out. They should, however, be listed in the "permanent base".
- d. The base will be the appropriation for the fiscal year of 1954-55.
- e. The organization chart should accompany the budget.
- f. Permanent substitutes should be shown on the organization chart by x-ing out the replaced job and inserting the new one. Temporary substitutes should not be so shown.
- g. It is extremely important to give the reasons for all requests over the current base.

Mr. Holtan said that the repairs and replacements requests have been sent in and appear to be reasonable.

In the matter of preparation of Current Expense items, the Superintendents and Business Managers were asked to use as a base the 1953-54 appropriation which would be a guide as well as the present fiscal year. If the Current Expense for 1954-55, 55-56 is increased a justification should be shown.

There was discussion as to the question of who would pay for glasses and dentures for the patients in the mental hospitals. It was stated that a previously issued directive indicated that the county welfare boards were not responsible for any appliances for patients committed to the mental hospitals. This item should therefore be carried in Current Expenses with appropriate justification.

Dr. Cameron said that he hoped that no requests would be made for new construction or major remodeling in this biennial request. He felt that there would be a better chance to obtain funds for such items in the following biennium after the proposed survey of the mental hospitals is completed. This survey will be of assistance in developing a long range building program, an almost essential prerequisite to the justification of major construction items. It is possible that one or two such items may have to be included in the coming biennial request.

### 3. Specials

In reporting on the "Specials", Mr. Holtan said that he and the Department of Administration Staff had reached an agreement that the amount requested would be approximately the same as the current appropriation. He has visited all of the hospitals with the exception of Rochester State Hospital, Minnesota School and Colony and Fergus Falls State Hospital to review the "Special" requests. An effort is now being made to arrive at uniform prices for comparable equipment requested by the various hospitals. This is not only essential as far as budget justification is concerned but makes it much easier to consolidate requisitions into large orders and thus obtain benefits in purchasing. When all special requests are in they will be consolidated and reviewed with the Division of Medical Services. A copy of the "Special Requests" will be given to the Department of Administration for review and assistance in estimating costs. The Superintendents should have the consolidated reports on "Specials" at least a week before August 1 for inclusion in their total budget.

Non-Nursing Personnel -

(a) Medical Staff

There was considerable discussion on the staffing pattern in the various hospitals which ranged from two physicians in one hospital to ten in another. This includes only physicians directly providing patient care. It was decided not to adhere to a rigid staffing ratio in the biennial request but rather to ask for those needed additional positions which it seems feasible to fill in the face of recruitment difficulties. The number of present vacant positions must be taken into account in determining the number of new positions to be requested.

<u>Hospital</u>	<u>Number Physician Positions now authorized</u>	<u>1) Present Vacancies</u>	<u>New Positions Number to be requested in next biennium</u>	<u>2)</u>
Anoka			1	
Cambridge			3	
Faribault			5	
Fergus Falls			2	
Hastings			0	
Moose Lake	5		2	
Rochester	10		2	
Sandstone			1	
St. Peter			4	
Willmar	7		5	

- 1) Includes only physicians directly caring for patients. Does not include the Superintendent.
- 2) Somewhat fewer might well be requested in the first year of the biennium where the listed number is over 2 and where there are now some vacancies.

(b) Psychiatric Residency Program

There was a discussion of a proposed residency program which would be a "five year package". This "five year package" would consist of the following:

1st year of training (Approved State Hospital, University & Mayo)	Approximate \$4000-5000 per year
2nd year of training (Mayo or University)	\$4500-5500 per year
3rd year - experience (Non-approved State Hospital)	\$5000-6000 per year
4th year - experience (Non-approved State Hospital)	\$5500-6500 per year
5th year training (Mayo or University)	\$6000-7000 per year

Dr. Cameron had discussed this matter tentatively with University and Mayo Foundation personnel who were agreeable in principle to the idea and would lend their support. However, formal approval has yet to be obtained. It was proposed that about four residents could start at the level of first year training plus 3 or 4 at advanced levels. This proposal will be presented at the next meeting of the Mental Health Medical Policy Committee which is to be held July 14. If this program goes into effect a screening committee will be set up to review the candidates for residencies. The composition of the committee might well be Dr. Howard Rowe, Mayo Foundation, Dr. Donald Hastings, University of Minnesota, Dr. Magnus Petersen, Rochester State Hospital, and one other Superintendent.

(c) Dentists

All Hospitals, except Sandstone, will request a dental program, including dental hygienists where equipment is available.

(d) Laboratory Services

It was considered advisable to request at least a well trained medical technician to be in charge of the laboratory.

(e) Social Services

Dr. Cameron mentioned that Mr. Omlid, Willmar State Hospital, is working on new job specifications which will be used to establish new levels for psychiatric social workers. The three levels that are tentatively envisioned for hospital social services

Chief of Psychiatric Social Services  
Psychiatric Social Supervisor  
Psychiatric Social Work Case Worker

One position will be set up in the central office level as a consultant. It might be possible to establish a student level in addition to the three positions in the hospitals but this should be undertaken only after present departments are improved. It was felt that recruitment would be feasible if the salary ranges can be brought into line with those of other state and federal agencies.

All Superintendents were advised to put in requests for adequate social services in their institutions. Each hospital should ask for at least three social workers or one to every 500 patients, whichever is greater.

(f) Psychological Services

The top range in the State psychological series is fairly good and competitive. There should be a middle range established in this series between the psychologist and the clinical psychologist. New specifications are being drafted by Mr. Hawkinson which it is hoped will take care of this gap. The Superintendents were encouraged to enlarge modestly their psychological personnel.

(g) Volunteer Services

Only two hospitals have full time volunteer coordinators. Each hospital with the exception of Sandstone should request a volunteer coordinator. The job specifications in this area are being rewritten. The present salary for the volunteer coordinator in the hospitals and in the Central Office are too low. It was proposed that the salary range should be close to the top of patient activity worker.

(h) Patient Activities

Each hospital Superintendent was asked to request a patient activity supervisor and staff at about the present level.

(i) Chaplains

Each hospital has a line item for a chaplain. The Chaplaincy Committee has suggested that an additional chaplain might well be placed in the requests but that this should be up to the Superintendents to decide. This decision will be made by the Superintendent and based upon the availability of part-time clergymen in their community. There is a possibility that the Lutheran Welfare Service may be able to make three or four additional chaplains available at no cost to the State.

(j) Dietary Services

All Superintendents have positions for one trained dietitian. It was suggested that the hospitals need two dietitians, an administrative dietitian and therapeutic dietitian. The need for an additional dietitian must be weighed against other hospital personnel needs.

(k) Housekeeping

It was suggested that it would be a good investment if each hospital were to have at least one employee who could serve as a consultant in all phases of housekeeping. Such an individual also might have some direct line responsibility in certain areas of the hospital.

(l) Medical Records

It was proposed that a committee be set up to review the medical records in use in the various hospitals. This committee might well consist of one or two Superintendents, several ward doctors, and a medical records librarian. A good medical records librarian is a must in all institutions.

(m) Business Office

In some hospitals an individual trained in hospital administration has been employed. However, he is not the second in "command". The Clinical Director serves as Acting Superintendent in the absence of the Superintendent. Therefore the title of Assistant Superintendent does not seem appropriate for the lay hospital administrator. It was suggested that he be known as Hospital Administrator, the designation currently accepted in the central office. A further suggestion was made that he be known as the Administrative Director, thus making his title comparable with that of the Clinical Director. It was recommended that each hospital request a position for a Hospital Administrator or Administrative Director.

(n) Ward Nursing Personnel

Each hospital had furnished information on their patients according to the classifications below, together with the number of Psychiatric Aides I & II and Psychiatric Nurses I & II involved in their care. Not all the hospitals' material was received in time to calculate the ratios in column (2) below, but that column gives the range of ratios in so far as they were available. Column (3) gives a recommended minimum ratio arrived at after substantial discussion.

(1)	(2)	(3)
TYPE	RANGE	MINIMUM RECOMMENDED
Receiving	1 to 2.0 - 4.7	1 to -2.7 $\pm$ .3
Geriatric Ambulant	13.6 -21.4	-13.6 $\pm$ 2
Feeble	5.6 -10.5	-7 $\pm$ 1
Chronic Bed Patient	2.5 - 3.5	-3 $\pm$ .5
Acute Bed Patient	2.3 - 3.6	-2.5 $\pm$ .5
Disturbed	3.0 - 7.3	-4.7 $\pm$ .5
Regressed Clean	10.0 -25.2	-18 $\pm$ 2
Regressed Untidy	7.4 -11.6	-8 $\pm$ 1.5
Continued Treatment, open	9.2 -21.8	-18 $\pm$ 3
Continued Treatment, closed	7.0 -14.8	-10 $\pm$ 2

It was noted that the recommended minimum ratios could be grouped into three broad categories as follows:

Chronic Bed Patient  
Acute Bed Patient  
Disturbed Patient  
Receiving

Ratio approximately 1 - 3

Feeble  
Regressed Untidy  
Continue treatment closed

1 to 8 or 10

Geriatric Ambulatory  
Regressed Clean  
Continued treatment open

1 to 15 or 18

The minimum ratio for the care of the tuberculosis patient falls into the range of 1 to 3 or 4. Other special categories should be determined on an individual basis. The question raised as to what should be the proportion of nurses to aides. Miss Crawford said the ratio should be about 1 to 3. Dr. Cameron said that he felt that as a more immediate goal, 25 per cent of the ward personnel should be nurses.

The meeting adjourned and the next meeting will be held July 30, 1954 at Moose Lake State Hospital.