59-BPE-DPW

# AGENDA

HOSPITAL SUPERINTENDENTS' MEETING
10 a.m., September 18,1959
Gillette State Hospital
St. Paul, Minnesota

1. Consideration of Minutes of August 7, 1959 Meeting(Attached).

2. Laundry Policy.

   A memorandum under date of September 2, 1959 on this subject was sent to the superintendents. Discussion of the current policy.

3. Medical Records Committee Report.....Dr. Hutchinson

   The Committee met at Anoka on September 3, 1959. Report on progress in editing forms and instructions.

4. Building Program(11 a.m.).....Mr. Stevenson & Mr. Nelson

   A major portion of the 1959 building program must be held up pending a Supreme Court ruling on state debt limitation. At best construction can not begin on the bulk of the program until the spring of 1960. However, 1957 balances and some 1959 funds can be used at once. The projects that can be started at once will be listed and methods for getting underway discussed.

5. Public Education Program(2 p.m.)

   Attached is a revised draft of "Progress Limited or Unlimited". The major changes have been in rephrasing the "themes" for the program. Members of the State Volunteer Committee will meet with us to discuss this material and methods of working together on this program.

6. Report on Conference with Governor on Civil Service and Public Education Problems.....Mr. Hursh & Dr. Cameron

7. In-Service Training Program for Physicians.....Dr. Vail

   On August 24, 1959, Dr. Vail sent you a memorandum on this subject. Discussion of methods for implementing this program.

8. General Practitioner Training Program.....Dr. Vail

   Outline of a proposal in this area has been sent to you and several have responded. Discussion of objectives and methods.

9. Other Business

10. Selection of Next Meeting Place and Date. October 22 is suggested.

11. Adjournment.

# M I N U T E S

HOSPITAL SUPERINTENDENTS' MEETING
Gillette State Hospital
St. Paul, Minnesota
September 18,1959

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|---|---|---|
| PRESENT: | Anoka | Brainerd |
| | Fergus Falls | Cambridge |
| | Hastings | Faribault |
| | Moose Lake | Owatonna |
| | Rochester | Gillette |
| | St. Peter | State San. |
| | Willmar . . . . . | |
| DPW. | Mr. Hursh | |
| | Dr. Cameron | |
| | Dr. Vail | |
| | Mr. Chapado. . . . | |
| Guests: | Messrs. William Stevenson and James Galbraith, Dept. of Administration (morning session). | |
| | Members of the State Volunteer Council (afternoon session). | |

1. Consideration of the Minutes of the Meeting of August 7, 1959.

The minutes were accepted as written, without additions or corrections, with one exception: Mr. Henderson pointed out that Owatonna, which was not listed as present, was represented at the August 7 meeting.

Mr. Hursh, although he did not request that any specific changes be made in the Minutes as written, raised several points for futther discussion. He objected to the overall form of the Minutes, particularly the "editorial" tone. He pointed out that the Minutes have very wide circulation through other state departments and key members of the legislature. The minutes should not be written so as to inhibit free discussion at the meetings and should consist of summary rather than process recording.

2. Laundry Policy

Mr. Hursh summarized the discussions which took place with Mr. Naftalin on the subject of washing machines for housekeeping quarters. In the light of legislative restrictions in Section 46, the Department of Administration could not approve hospital purchases of this equipment. A proposed solution to the problem of hardship imposed on these employees is that a private vendor install coin-operated machines in these areas.

3. Medical Record Committee Report

Dr. Hutchinson reported on the recent meeting of the Medical Records Committee and in support of this presentation distributed a written

Report. Special attention was called to these items; Form 1043 (Social HistoryQuestionnaire), Forms 1060-65-70 (Laboratory and X-ray Reports), Form 1140 (Nurse and Aides Notes), and Form 1150 (Diabetic Record).

There was somewhat more lengthy discussion of Form 1020 (Physical Examination): Items 2,3, and 4 as summarized in the Report were accepted. There was disagreement with respect to Item 1, itemized vs. open-end form, with the majority favoring the itemized type of form. Two further suggestions made: that Form 1020 be shortened, and that it be standardized finally so that physicians would not have to keep re-learning the use of new forms.

Brief comment was made with respect to Addressograph and other semi-automatic devices for maintaining records. The general concensus at this point was that such systems are too costly and complicated. Further study will be made, including the opportunity of a demonstration workshop to be sponsored by Addressograph in the near future.

4. Building Program

Messrs. Stevenson and Galbraith of the Department of Administration presented the current status of the 1959 Building Bills. The legal complexities were reviewed in some detail. The suit of Naftalin vs. King was filed in August in District Court, the loser will appeal, and hopefully the Supreme Court will hear the case sometime prior to January 1. Assuming a favorable outcome, bids could be let by Spring, 1960.

Meanwhile there are unexpended Trust Funds in the amount of $4.5 million with which to proceed on the following categories of building; unfinished work from 1957, planning and architectural studies, emergency items, and miscellaneous items. After allowance has been made for University, Y.C.C., and land-reclamation purposes, it appears that something in the neighborhood of $1 million will be available.

The Legislative Building Commission will hold local hearings and inspection trips in accordance with a schedule which was distributed to the Superintendents. It is noted that hearings for the mental institutions will be held from January to May, 1960.

Superintendents are asked to submit a list of priority projects in accordance with the above scheme (holdovers, studies, emergencies, and minor items) pending more detailed study at their own institutions. (A brief summary was given by each superintendent, the detail of which is not included here.) The Department of Administration has compiled a tentative list of recommendations to the Building Commission. It was requested of Mr. Stevenson that this list be distributed to the superintendents for their comments. A previously prepared overall priority listing is also available at D.P.W. (Conrad Peterson).

Meanwhile the superintendents are also asked to be prepared to submit to the Commission a report to contain the following information:

(1) What is the recent history of building at each institution?
To include major projects since 1955.

(2) What are plans for 1959 appropriations, and where do institutions stand with respect to unexpended funds?

(3) What are future plans?

5. Public Education Program

Members of the State Volunteer Council were present for this portion of the meeting. These men and women represent an enormous variety of organizations, women's clubs, veterans' organizations, church groups, P.T.A ., etc.

Dr. Cameron reviewed the recent history of public support of the mental health program and outlined some basic principles from "Progress Limited or Unlimited?" Questions from the floor and further comments ensued. The following is an overall summary.

The increased appropriation for Community Mental Health Centers, contrasted to general lack of improvement in other areas, was cited as an example of what wide popular support can accomplish. The absolute increase of some $2.5 million for the mental health program was more than taken up by rises in fixed costs and salary increases, thus allowing relatively no expansion or improvement of institution programs. Our problem: how to get our story across, how to inform members of the public so that they can see their way clear to an improvement, how to find ways whereby the citizens of Minnesota can make their own judgment. It was stressed repeatedly that this is not a "pressure" campaign, but an effort to educate and inform the public so that citizens can make their own decisions about what they wish to do and how much they are willing to pay.

The general proposal is that voluntary organizations are asked to establish institutes throughout the state whereby people can be informed. We will provide the faculty to communicate the information.

Taxation problems were discussed. Legislation which revises the collection system was summarized. The device used in Kansas was described, whereby institutional public information officers, among other duties, give a basic accounting of the institution stewardship directly to members of the legislature.

The "Themes" presented in "Progress: Limited or Unlimited?" were reviewed and elaborated. Dr. Cameron outlined basic areas of need:

(1) People to do the job.

(2) Tools to work with: drugs and other treatment supplies.

(3) A place in which to work, and the means to keep it in proper order.

(4) Fundamental needs: food and clothing.

Dr. Cameron presented a graphic summary of progress in Minnesota during the past ten years, showing how a significant spurt from 1949-51 has been followed by a leveling off and thereby a decline relative to other states whose mental health appropriations have continued to rise.

It was emphasized again that we do not seek recriminations or a pressure campaign, but a widespread educational program which will cultivate a real conviction on the part of the people and solid information on which to base decisions.

6. Report on Conference with Governor on Civil Service Problems

Dr. Cameron reported on a conference held with Governor Freeman in which problems on personnel were presented by Mr. Hursh and himself. The principal items discussed were:

1. The relation of operating departments (DPW) to the Civil Service Department as it pertains to operational responsibility for program.

2. The problem of adequate levels of classification of jobs and the time taken to effect needed changes.

7 and 8. In-Service Training and General Practitioner Training Programs

Dr. Vail briefly discussed these proposals, emphasizing that they were quite separate, but with some overlap in that institutional physicians could attend G. P. training sessions pending the decision of the Steering Committee which is yet to be formed.

Concerning in-service training, it was emphasized that that would be entirely voluntary as to the participation of institutions and individual physicians. One important correction to the original plan was mentioned: that the sessions could reasonably be held at most once a week. An amended plan will be developed soon, to include not the entire group of institutions but only those who wish to participate.

9. Other Business

(a) The Symposium on the Out-patient Treatment of Schizophrenia was briefly discussed. Reactions were generally favorable.

(b) The forthcoming meeting of the L.A.C. was discussed. It was decided to concentrate in this next meeting only on the matter of positions over complement. The Agenda submitted by Mr. Hursh was distributed and reviewed.

The picture as to Current Expense for drugs and medical supplies is not yet clear. Institutions vary with respect to anticipated shortages, some reporting that they will be able to reduce expenditures from previous levels without sacrificing levels of care. Dr. Cameron stressed that orders on essential drugs should not be curtailed. It was determined that there would be no effort to present the drug situation to the L.A.C. at the September 21 meeting, but that as things now appear we plan eventually to ask the L. A. C. for any necessary funds in Item 32, to be used at such time and if the drugs and medical supplies are needed.

(c) Visit of Dr. Seager. Dr. Seager will visit Minnesota on November 16 and 17. The details have yet to be worked out, but the visit will include visits to both Anoka and St. Peter.

(d) Sandstone dental records. Institutions are asked to check their records on Sandstone transfers to see if dental records are present. Address queries to Dr. Adkins.

(e) Emergency admissions. Brief discussion was held concerning problems in this form of commitment, particularly with respect to insufficiency and inadequacy of information describing the problem and justifying the emergency admission.

(f) Surplus butter. It was brought to the attention of the group that surplus butter is no longer available.

10. Selection of Next Meeting Place and Date.

The next Superintendents' Meeting will be held at Owatonna on Thursday, October 22. The program will include scientific presentations:

(1) Drs. M. Petersen and Woltmann: neurological problems of interest.

(2) Drs. Patterson and Lazarte: management of schizophrenia.

(3) Dr. Bradley: problems of addiction.

11. Adjournment

The meeting adjourned at 5:15 P. M.

PROGRESS: LIMITED OR UNLIMITED?
(revised, Sept 1, 1959)
A Public Education Plan Concerning Minnesota
State Hospitals and Institutions for the Retarded

BACKGROUND

We recognize that hospital-community ties have been greatly strengthened in recent years through the volunteer and public education programs. We also recognize that there is still a need to further strengthen these ties. Recent events suggest that the message of the needs of our hospital patients has not been carried as forcefully to our friends in the community as it perhaps might have been. It is the purpose of this plan to outline a simple coordinated approach to a more intensive effort to educate the public regarding the needs of our patients.

This plan presumes that there will be no additional personnel in the institutions who could devote full time to public education activities. Therefore, many of the refinements that might be incorporated will not be found in this plan. It does assume that we can involve many more employes and volunteers in public education activities if we develop a clear-cut and simple program.

The plan is not meant to stifle the individuality or ingenuity of any on-going or contemplated public education effort in the institutions. It does suggest certain content that should be included, ideally, in every public presentation. And it outlines a method of expanding the number of public contacts.

EMPLOYE RELATIONS

"Our public relations outside the hospital is in direct ratio to the harmony inside the hospital."* None of this campaign will be truly effective unless every employe considers himself an ambassador of his hospital. He will not

*Willis E. Parr, administrator, Skagit Valley Hospital, Mount Vernon, Washington, in Hospitals, July 1, 1959

become one by being told he is expected to. He must be convinced that his institution is the best place to work, that it is doing a good job. If he truly believes this, he will not hesitate to say so. If he does not believe it, no amount of exhortation to go out and be an ambassador will have any effect.

Each hospital should examine its current program carefully. Are there channels for communication upward as well as from the top down? Is there a comprehensive indoctrination program for new employes? Is there a program designed for continuing orientation of the older employe? Are there "trouble spots" so far as employe morale is concerned? What can be done about these?

It is not the responsibility of the Public Education Officer to initiate any survey of employe relations or programs for improvement. These must originate at the top administrative level. However, it is suggested that the public education function of the hospital be clearly explained as part of the indoctrination program, that all employes receive information at regular intervals that will enable them to "speak for" the hospital informally, and that they be given an opportunity to participate in the formal public education program.

The following techniques might be considered for incorporation into present employe relations programs if they are not already being used:

1. A Daily Bulletin distributed to all employes containing news, schedules and administrative notes. It should be attractive in appearance, informal in tone, and should provide for free communication among all employes. Any employe should be able to submit news items. The superintendent and other top personnel should use the Bulletin to commend employes for special sacrifices and accomplishments.
2. An employes' "house organ". Models which might be followed are the Fergus Falls Weekly Pulse, the St. Peter column in the local

newspaper, or the Osawatomie (Kansas) "Hospital Page".

3. A Newsletter for relatives, volunteers, interested community organizations and individuals, legislators, etc. The Brainerd State School and Hospital monthly newsletter is an excellent model to follow. (Plans have been made to select pertinent items from hospital publications to be combined in a statewide newsletter.)
4. Expanded use of the DPW Weekly Bulletin, Minnesota Welfare, Mental Health Progress, and the APA Mental Hospitals magazine to give recognition to new ideas and accomplishments of employes.
5. An attractive and interesting biennial report. This serves other purposes besides keeping employes well informed, but this is one of its important uses. There should be sufficient copies prepared so that every employe has an opportunity to read it, and it should be written so as to be easily readable by all employes. The report should be accompanied by a letter from the superintendent thanking employes for their contributions to the success of the hospital program during the report period, etc.
6. Monthly indoctrination of new employes. Included in the program should be a presentation of the hospital public information function and suggestions on how all employes can participate. Employes should also receive written material designed to answer some of their questions about the institution. Cambridge State School and Hospital has printed some good booklets for this purpose.
7. Some program for continuing orientation of the older employe.
8. Weekly meetings for department heads, administrative staff, etc., with full reports to employes under the supervision of those attending. (July 1 issue of Hospitals, page 48, reports on successful use of meetings for personnel at four different

times every Tuesday to assure participation of all employes.)

9. Standing committees of employes such as recreation, safety, etc. One idea may be an employes advisory committee, composed of representatives of all non-supervisory personnel. Each group (e. g., aides, dietary personnel, etc.) selects its own members, the number allotted on the basis of their proportion to total non-supervisory staff. It is essential that all ideas, recommendations or criticisms by these committees be given careful consideration and a full explanation if their suggestions cannot be implemented.

10. "Visiting Rounds" - a system which enables department heads and supervisors to visit the man on the job and talk informally with him. As part of a total program, this would seem a most valuable mechanism.

11. "You, the Ambassador" - the one-year employe relations program available through the Michigan Hospital Association. By itself this would be virtually worthless, but it would be valuable in reinforcing an on-going program or as the focal point for an expanded program. The kit includes posters, pamphlets, letters, etc. to be distributed or displayed throughout a year.

While a survey of employe relations and morale problems is a logical and necessary step, this plan does not advocate that we await completion of this phase before beginning an expanded public education program in the community.

Both employe and community relations should be stressed concurrently. But it is essential to recognize that community relations will be augmented by good employe relations.

THEMES

To obtain the greatest possible impact on public understanding, it has been

generally agreed that we should formulate three or four central ideas, or themes, which we feel are most important to communicate to citizens of Minnesota during the next year or two. Each hospital will want to develop additional themes stressing important points about its operation. It is not suggested that these be used verbatim, but that the general ideas be incorporated into every formal presentation to the public and made so much a part of all employes' thinking that they will be conveyed informally as well.

The following themes are proposed for the hospitals for the mentally ill:

1. This is a time in history when mentally ill people have the best chance they have ever had for substantial improvement or complete recovery <u>if</u> modern treatment methods can be made available to them. (under this can be included higher rate of admissions and discharges, more intensive treatment and related personnel and equipment needs, etc.)
2. We have good reason to believe that 20% of the patients in our mental hospitals -- mostly in the older age groups -- could be discharged if appropriate arrangements could be made in the community. Many of these people might not need to enter mental hospitals at all if we could provide help to the patient and his family while they are still trying to solve their problems at home.
3. Members of the voting public must decide whether they want their friends, relatives and themselves to have their optimum chance for recovery if they become mentally ill or whether they want a good custody program with minimal treatment. If it is the former, they must be willing to pay for it directly through taxes and other fiscal channels. If it is the latter, they must be willing to pay for it in human suffering and wasted lives.

The following themes are proposed for the mentally retarded:

1. Most mentally retarded persons live in our communities, and much time, effort and money are involved in helping them reach their maximum potential. (normal physical appearance; ability to work, etc.)
2. Hundreds of Minnesota families are forced to wait three or four years for space in our institutions. Most of these patients are seriously retarded and require intensive care and training, either in the community or in the institution. (included here may be the fact we have fewer "work" patients and hence greater need for personnel, etc.)
3. Unless we institute intensive education and training programs in our institutions, we have nothing to look forward to but more and more buildings. Such intensive programs may seem more expensive than custodial care, but they will be less expensive in the long run

In developing additional themes, both types of institutions will probably want to stress "this is your hospital", and tell what the patients are like and what the hospital is trying to do for them. They will probably want to emphasize closer hospital-community relations and the part volunteers have played in accomplishing this.

Each of these themes lends itself to explanation of human needs: What does it mean if a mentally ill patient cannot get the medical care and other services he needs? What sort of person will he become? What is it like to care for a severely retarded child while awaiting institutional space? What does the changing scene in both types of institutions mean as far as employes are concerned (they're human too!)?

They also lend themselves to incorporating current problems: Can we give modern psychiatric hospital treatment on less than $5 a day when it costs

$20-$30 a day for good general hospital treatment? Can we continue to progress in offering the best treatment with fewer employes and supplies? What opportunities for training are being missed by the hundreds of mentally retarded on the waiting list?

While we don't want to wage a negative campaign, berating the legislature and the public, we would be derelict in our duty if we didn't attack the current misconception that Minnesota is on top of the heap, lavishing $20 a day on each patient!

Staff shortages should not be explained in terms of ratios. This becomes far too complicated. The following examples suggest ways of dramatizing such shortages in simple terms:

"A patient in our hospital today must share his doctor's time with 200 other sick people. This works out to an average of only about 10 minutes a week."

"It takes a well-trained aide  minutes to feed a helpless retarded patient,  minutes to bathe and dress him,  minutes to change his bedding. In some of our wards, an aide must perform these services for  patients every day."

PUBLIC EDUCATION

With the themes as a basis for our public education efforts, how do we reach the citizens of Minnesota? We recognize that the "public" is not a single group, but is composed of a number of groups - usually with overlapping membership - and many unaffiliated individuals. The suggestion has been made that we begin by making a careful analysis of the various "publics" we wish to reach and the best approach to each. This is a highly desirable approach, but difficult with our existing staff. Realistically, our problem is to reach the greatest number of people, reserving our more intensive efforts for groups who have demonstrated an interest in mental health and a willingness to help. We

should continue and, wherever possible, expand our contacts with the "general public" through newspaper, radio, television and other means.

Four simultaneous programs are included in this plan. All of them are based on the assumption that our citizens want the state to offer the best treatment possible in our institutions, and if they are aware this is not being done and are told how they can help, they will do everything they can to change the situation.

The four programs are:

1. A system of REGIONAL INSTITUTES sponsored in cooperation with the State Volunteer Council.
2. An expansion of contacts with LOCAL GROUPS.
3. Expansion of the EDUCATIONAL VISITS program.
4. Greater use of RADIO AND TV.

REGIONAL INSTITUTES.

This series of programs was suggested by members of the State Volunteer Council as a means of bringing current information on the state's mental health program to interested groups in areas more remote from the institutions and of establishing a continuing relationship with them. Twelve Council members are serving on a planning committee to establish the objectives, content and organization of this series of programs. The plan set forth here was formulated with their assistance and has been approved by the Volunteer Advisory Committee.

Participants. Local chapters of all organizations on the State Volunteer Council which indicate their interest (it is estimated there will be at least 20). The original plan was to try to reach every part of the state in the next year or two, but a subsequent recommendation was made by the Advisory Committee that we concentrate on more populated areas of the state, extending the programs to more sparsely settled areas later. However this is handled, several organizations in each area will be asked by their state representative on the SVC

(or other appropriate person) to cooperate in joint sponsorship of a one-day meeting on mental illness, mental retardation and the state program. They will handle local arrangements and publicity. Although only three or four organizations may actually sponsor the meeting, it will be open to the general public and every effort should be made to have members of all community organizations attending.

Content. This should center around the pre-determined themes, elaborated with simple statistics and down-to-earth illustrations. A demonstration program, designed to familiarize SVC members with the type of regional program contemplated, has been scheduled for Tuesday, October 6. Each interested organization will be asked to send three delegates who will serve as consultants to their local groups in developing similar programs. If the format proves satisfactory, it will be adopted, with variations, in the several regions. The demonstration program will cover the following topics:

1. General status of Minnesota's mental health program.
2. How does the program operate; how do the various agencies involved work together (hospital, county, mental health centers, etc.)
3. What is the bedgetary process? How does it work? Who makes the final decision?
4. What is a mentally ill person like? What kind of help does he need?
5. What is a mentally retarded person like? What help does he need?
6. How do hospital staff members work to give needed help?
7. How can groups represented help to improve the present program for these patients?

Faculty. Institution staff members, county welfare departments, mental health centers, central office and possibly a legislator (the latter suggestion was made by the Advisory Committee). Each region should include in its faculty someone from both an institution for the mentally ill and one for the retarded.

At one program, several representatives of one institution might be present, with only one representative from the other type; while at a subsequent meeting, this arrangement could be reversed. This is designed to give a comprehensive picture while conserving staff time as much as possible. It is probably unnecessary to stress that meeting with members of many groups simultaneously, rather than with each separately, will be an added economy. Even the greater amount of time spent (one day vs. one hour) can be viewed as a more effective use of staff time. It permits a higher ratio of speaking time to traveling time, and allows for more comprehensive discussion of pertinent subject matter.

Follow-up. A one-day educational program, without specific "follow through" is of questionable value. In line with recommendations from the superintendents, the SVC planning committee members, and the Advisory Committee, the following alternatives will be offered each regional institute sponsor and member of the audience:

1. Form a committee to keep in touch with the hospital at least four times a year, to meet with staff and discuss programs and problems.
2. Develop a community committee which would concern itself with community programs and projects.
3. Develop a legislative committee.
4. Develop mental health study groups to meet periodically during the next two years to discuss mental health, mental illness, mental retardation and the total state mental health program.

CONTACTS WITH LOCAL GROUPS

In addition to the Regional Institutes, we should expand our contacts with other groups who are not involved in the regional programs, particularly in areas nearer the hospital. To do this, many more employes and volunteers will have to be involved in speaking to groups and in doing the work and planning necessary to expansion of the program. The following system is suggested as a

means of assembling appropriate speaking aids, recruiting speakers and expanding public contacts. To be successful, it must incorporate the talents and ideas of many people. Some of the materials designed to help the less experienced speaker may also be useful in the Regional Institute programs.

1. Speakers Kit . . A committee should be formed to prepare copies of materials as a guide for speakers. A model from the central office will be provided as a guide to hospital committees. This would be a permanent committee, charged with periodic evaluation and revision of the materials.

2. Visual Aid . . . A committee should review materials now available in light of the determined points of emphasis, to select the best among these, and to prepare new materials. Thistask might be performed by the speakers kit committee.

   Subcommittees might be appointed, such as:

   a. slide committee - to compile a simple series (about 20 minutes in length) with a script, which could be used by almost anyone.

   b. poster committee - to develop posters or "flip charts" illustrating the main themes. These could be used as an aid in giving talks, for display in the hospital or for community displays.

   This would be a semi-permanent committee.

3. "Handout". . . A simple printed or mimeographed leaflet should be prepared emphasizing the hospital's themes and the general themes. This should be as inexpensive as possible to produce, so it can be distributed widely. It should include suggestions on how the reader can help.

   This would be a semi-permanent committee.

4. Speakers Recruitment and Training . . . Efforts should be made to expand the number of speakers available and to prepare them for effective work. A special committee might begin by scheduling meetings for all employe( at which the various materials developed by the above committees would be shown and their purpose and use explained. This might well be made a compulsory orientation meeting for all employes. Each employe could be given a card on which he could check various ways in which he would be willing to help, such as: contact local groups of which he is a member; help speakers with presentation of slides, charts, distribution of materials, etc.; give brief presentations as part of a panel of fellow employes and volunteers; address small groups using various aids.

Similar meetings should be scheduled for volunteers and their aid solicited.

Even if only a small percent volunteer initially, the orientation would be essential.

Training Course. . This might consist of three or four one-hour or two-hour sessions, beginning with presentation of the speakers kit and a full discussion of the contents, suggestions for other facts and ideas that might be included, etc.

Another session might be devoted to training in use of visual aids - - film projector, slide projector, posters, etc.

One or, preferably, more sessions could then be devoted to five-ten minute practice sessions before the training group. The final phase of training could be a practice presentation before the hospital Volunteer Council or other interested groups.

The speakers should be called together periodically to evaluate

the materials and to compare experiences, offer suggestions to one another and to the recruitment and training committee.

This would, of course, be a permanent committee. It should plan for presentation of programs to relatives, patient groups (e. g. Council), etc.

5. Community Contact . . . The hospital Volunteer Council or a staff committee should attempt to interest groups in scheduling hospital speakers on their programs and to help publicize these programs.
This committee might take on several tasks:

   a. A letter to groups not reached through Institute programs requesting an opportunity to speak. An attractive folder listing types of programs available with a convenient reply card or blank would be helpful. For organizations represented on the State Volunteer Council, this approach should be coordinated with publicity from their state organizations.

   b. news releases to appropriate papers both in advance of the meeting and as follow-up. This might well be coupled with visits to news editors or a meeting of editors at the hospital. Involvement of volunteers in this phase of the program would be advisable,

   c. arrangements for radio interviews in connection with out-of-town speeches. The committee could send a note well in advance to the local radio station, indicating that an employe or volunteer will be in their area to give a speech on a specific date, and asking if they would like to schedule a radio interview, either "live" or - more likely - on tape for later broadcast.
   This would be a permanent committee.

All of these committees should meet together periodically to evaluate progress of the program and for a feeling of participating in a joint effort.

EDUCATIONAL VISITS. Our institutions have made a great effort during the past three years to improve their "tours" for visiting groups so that they become truly educational visits. At this time, we should be ready to invite more groups to visit. High school and college classes and groups represented on the State Volunteer Council should be issued special invitations. This might be worked out in cooperation with the State Volunteer Council organizations, including the PTA.

One method which might facilitate a more orderly handling of a larger number of groups would be to "feature" one or more counties each month. Classes and groups from this area would be told that this is, for example, "Wright County Month" at the Anoka State Hospital. When the group visits, newspaper clippings from their county papers might be on display and any volunteer services or other interest from that area featured.

An attractive printed leaflet, plus a letter would help interest groups in making such a visit. We would also have to be prepared to send an increased volume of background literature for prior preparation for the visit, and would have to use more volunteers as guides in order not to place an intolerable burden on personnel. Meetings of local groups (PTA, AAUW, etc.) should be encouraged to take place at the hospitals.

RADIO. Expanded use of radio should be considered. A workship might be set up by the Anoka and Willmar hospitals to help others get started in this area.

CENTRAL OFFICE RESPONSIBILITIES

1. Assist in development of general themes.
2. Prepare sample speakers kit to be used by central office speakers and possibly by district representatives and county welfare department personnel. Assist hospitals in preparation of kits on request.

3. Consult on development of hospital visual aids on request, and compile from those prepared a master set for use by central office speakers. Develop other visual aids as necessary.
4. Develop sample handout material to be adapted by individual hospitals and prepare material for central office use.
5. Participate in hospital recruitment and training courses on request and conduct orientation for central office speakers and district representatives.
6. Prepare and distribute news releases on central office speeches and arrange for radio interviews of these speakers whenever possible.
7. Work with Mrs. Karlins in establishing closer relationships with organizations represented on State Volunteer Council, arranging for speakers at their statewide organization meetings, enlisting their aid in planning Institutes, obtaining endorsements of our program from the state level, encouraging volunteer services, etc.
8. Furnish hospitals with lists of statewide organizations, designating those that have expressed an interest in participating in the public education program.

TIMETABLE

It is important that this program get "off the ground" very quickly if it is to have time to have real impact on the "publics." The following timetable is suggested:

Immediately - plans for any necessary improvements in employe relations program.

By September 1 -

determination of general points of emphasis to be stressed by all speakers from hospitals and central office.

By October 1 -

hospital themes determined

development of sample materials by central office
appointment of hospital committees

By October 6 -

demonstration program for Regional Institutes

By October 15 -

orientation for district representatives and county directors scheduled
selection of communities for institute programs and initial planning underway
Community Contact Committee actively working on speaking dates
letter out to first groups inviting educational visits to hospital

By November 1 -

hospital materials ready for presentation to employes and volunteers
begin training courses for speakers

By December 1 -

training courses completed, speakers actively engaged in program, Community Contact Committee in full swing, Institutes underway