

A MINNESOTA ASSOCIATION FOR RETARDED CHILDREN REPORT
ON A VISITATION TO THE FARIBAUT STATE SCHOOL AND HOSPITAL

December 29, 1959

Association representatives: Mel Heckt, Legislative Chairman; John Holahan, Research Chairman; Mrs. Irene Leibel, Frank Monden, Mrs. Hugh Johnston, Institutions Chairman; Gerald Walsh, Executive Director.

Faribault Representatives: Dr. Ryberg, Superintendent; Dr. Smith, Clinical Director; Mr. Krave, Administrative Director; Miss Boyes, Dietician; Mr. Neck, School Superintendent.

I. Purpose of the Visit

Since its incorporation in 1930, the Minnesota Association for Retarded Children has worked closely with the Department of Public Welfare, with the various institutions ~~which~~ which care for retarded people and with various legislative committees. The objectives of these groups has been the same, to provide training and an adequate level of care for the retarded who must spend their lives in our institutions as well as for those who after a period of training can return to the community.

The 1959 Minnesota Legislature appointed an Interim Commission to study the problems of the Mentally Retarded, Handicapped and Gifted Children.

Representatives of the Minnesota Association for Retarded Children (Gerald Walsh and John Holahan) were privileged to appear before this commission on December 9, 1959, to suggest areas of study for the commission to consider.

The association suggested a study of our present institutions, especially Faribault, and commented specifically on such problems as:

1. Adequate Staffing
2. Overcrowding
3. A Long Term Building program
4. Food preparation and handling
5. A "Needs" budget as contrasted with a "Fiscal" budget.

The commission was most attentive, and indicated a desire to visit Faribault and Cambridge. They asked the Association to submit a list of specific items which we would like to have them observe when they visit the institutions.

The purpose of the December 29th visitation, therefore, was to meet with the Faribault Administration, and discuss the problems which all of us want to have brought to the critical attention of the interim commission.

- II. Our present institutions such as Faribault, are a fact in being. The State of Minnesota has the equivalent replacement cost of \$52,000,000 invested in Faribault. This hard fact alone demands that we must look at Faribault for what it is today, and what must be done with it tomorrow. This grand old institution will be in business for many years to come.

Today the institution is a heterogeneous mixture of the old and the new, the good and the bad. Like most human institutions, it is in a continual state of change. It is a difficult place to describe or talk about. It cannot be reduced to a few simple statements or sweeping generalities. It is a complicated organization comprised of 3,200 patients, 684 employees, 100 buildings, and 1,100 acres of ground.

The best we can do is to classify its needs on the basis of "Short Term" needs and "Long Term" needs. The short term needs are those which must be met in the very near future, hopefully during the next legislative session. The long term needs are those which can await the results of a study program and an orderly, in time, plan of action for meeting the needs.

Obviously, there is a relation between the two.

III. Recommendations:

SHORT TERM NEEDS

1. Adequate Staffing

At the present time, this is the single, most serious need existing in the Faribault institution.

Considerable discussion and documentation of this condition is given in the body of the report, and in Appendix B.

2. A comprehensive study of the many problems relating to food preparation and food distribution.

The fact that there are serious problems in these areas is well known to the institution and the Department of Welfare. Unfortunately, neither the institution or the Department of Welfare has a staff person technically competent to resolve the problems.

An independent study is clearly indicated, and funds for this study must be forthcoming. The study should be directed towards supplying the following information:

a. A detailed plan and cost estimate for modernizing existing facilities.

b. A detailed plan and cost estimate for new facilities.

3. Two new 125 bed dormitories to replace old buildings. These will cost approximately \$1,100,000 each. They should be of the single story construction type.

4. A consideration of the school program.

The school program at Faribault has shown much revised progress since 1956. The new school building and the standards for teachers has done wonders for the program. The number of children in school has risen from 120 to 210. Another 60-80 children could

be accommodated in school if there was room, and teachers.

The Association is not prepared to make specific recommendations on the school program. Such recommendations undoubtedly could come from a study of the matter by the Minnesota Department of Education and the University of Minnesota School of Education assisted by the staff of the institution. Teacher members of the interim commission will also have ideas. Civil service standards for special teachers in the institutions should be reviewed with the idea of determining whether these are adequate and whether salaries are commensurate with the salaries of teachers of retarded in the community. This recommendation would effect all institutions for the retarded.

5. A system whereby the actual budgets prepared by the institutions are given formal legislative appraisal.

As matters now stand, the institutions budgets are funneled through the Department of Welfare, then to the Department of Administration, and finally to the legislators as part of the so-called governor's budget. The present system makes sense from an administrative point of view, but has the inherent weakness of tending to perpetuate inequities. This practice tends to reduce the budgets to more of an exercise in mathematics than to a serious consideration of the actual needs of each institution. Each institution's budget, as reviewed by the session's budget, adjusted by some standard and inevitable cost of living percentage, and increased staffing required by the addition of new buildings.

LONG TERM NEEDS

1. A study of long term building needs.

Today, Faribault is housing some 700 patients in inadequate buildings. This is one of the reasons why Faribault lost its standing as an "Accredited Hospital" in December, 1958.

Even though the Association has brought this matter to the attention of the ~~Governor~~ Governor, the Department of Welfare, and the Legislature, neither the 1957 or 1959 legislature included these buildings in their 10 year building programs.

The Association ~~has~~ pointed out that these buildings were fire hazards. One of them caught fire in the summer of 1959, and had to be evacuated in the dead of night. Fortunately, none of the patients were injured or killed.

The Association asked the 1959 legislators for funds to make a study of this situation. The legislators indicated an interest in providing \$50,000 for such a study. The Commissioner of the Department of Public Welfare agreed that such a study was needed.

later on the legislators were told by the state architects office that such a study was not needed, so the funds were not appropriated.

The Association and the Faribault Administrators still feel that such a study is urgently needed, and that without it, it will be extremely difficult to decide what to do about the inadequate buildings at Faribault.

It is also important to bear in mind that the overcrowding at Faribault is occurring in the older buildings.

Included in the body of this report is a new ~~1944~~ priority schedule for a Faribault building program as seen by the Faribault staff.

2. The long term building plans for Faribault must also be coordinated with an overall plan which embraces all state institutions for the mentally retarded.

At present, there is no such overall plan in existence. The need for it is urgent, that with Brainard in a state of partial completion, with talk of another institution "Up on the range" being widely circulated, and with the plans for Faribault still to be considered.

5. During the past ten years, considerable interest in mental retardation has been generated. Every facet of existing programs is being examined and debated. Many exciting proposals for changes and new programs are being made. The role and function of the large state institutions figure prominently in these deliberations.

In the final analysis, any plan, to bear fruition, must make its way thru the state legislature.

Therefore, it would seem that long term planning must include more than institution building plans.

- a. a recommendation to the interim commission not included in this report is consideration of state subsidy for emergency activities for the mentally retarded. Such state subsidies would definitely have an effect on the role of the institution and future space needs.

The facts would indicate the need for a long term planning unit (even one person) within some department of state government, probably the Department of Welfare.

Appendix B also contains excerpts from letters written by parents to the Association, complaining about the shortage of aides, and the effect this has on the patients in the wards.

The following paragraphs, taken from page three of the above report may shed further light on the Faribault staffing problem.

"In this section, the understaffing of the Faribault State School and Hospital will be spotlighted.

This will be done by the use of a number of tables and comparisons. This approach greatly oversimplifies the problem because the needs of 5,250 patients cannot be neatly reduced to all encompassing numbers and tables.

Indeed, the inadequate staffing problem at Faribault has been brought about by looking at its needs strictly in terms of numbers. For at least ten years now, Faribault has simply been regarded as a cost unit in the State of Minnesota total cost picture. It has been receiving its proportionate share of the governmental dollar, not according to its needs, but according to how much it received during the preceding biennium.

Such a system continues to penalize a facility which has never been adequately provided for. It continues to reward any facility which has been adequately provided for. It doesn't properly adjust to changing times and conditions.

Obviously, neither the Department of Public Welfare, the Governor, nor the legislators have the time or the facilities to scrutinize in detail the needs of the hundreds of individual units which add up to our State Government. It is ^{easy} for a facility such as the Faribault State School and Hospital to get lost in the shuffle. Indeed, even the Minnesota Association for Retarded Children should be criticized for not picking up sooner than it has to this staffing problem.

We have reviewed our analysis of the Faribault staffing inadequacies with Dr. Dale Cassron, Director, Medical Division, Mr. Ray Leppagard, Deputy Commissioner of Welfare, and Dr. E. J. Ryberg, of course, has known this for years and has had to live with the problem year in and year out. These gentlemen agree that the problem has to be spotlighted, sooner or later. They feel that it is our duty to present our analysis, according to our own lights to the legislature. They will be glad to voice their own opinions to the legislature as requested.

We submit the following explanation for the present condition of inadequate staffing, and why it has never been picked up ~~by the~~ by the overall budgetary procedure of

establishing costs (and, hence, needs).

1. Faribault came into the post war era understaffed. During the war years it was not always possible to fill all authorized positions.
2. Up through 1957, seven new dormitories, housing approximately 700 patients, were added. These have not been staffed according to standards established by the Department of Welfare in 1956 and which now apply to ~~the~~ all new buildings added at other institutions. Thus Faribault fell further behind in its staffing needs.
3. Because of an increasing desire on the part of parents not to institutionalize their children if there is some other more desirable alternative, there are somewhat fewer mildly retarded patients at Faribault than formerly. These are the patients requiring the least attention. Conversely, there are more patients now in attendance who require a great deal of attention."

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As will be seen by reading the section on the long and short term building needs, the shift ~~in~~ in the population composition at Faribault is going to place even heavier demands on the Faribault staff, and make it even more mandatory that something be done to alleviate the staff shortage. Even at this time recruiting is made more difficult because of the fact that the inadequate staffing places an undue burden on the employees, especially aides. The number of children that must be assigned to each aide is so great that she cannot give the adequate level of care that is deemed necessary.

A final word on the staffing problem relates to recruiting.

At the present time, the town of Faribault has a labor shortage. This has been occasioned by a fairly significant expansion of industry in the Faribault area.

Since the town of Faribault is a nice place to live, and since employment at the institution does have some attractive aspects, the Association is offering to assist Faribault in its recruiting program.

A LONG TERM AND SHORT TERM BUILDING PROGRAM

The following paragraphs occur on page 12 of the Association report mentioned in section B above.

"In 1955, the Legislature passed a bill creating a Legislative Building Commission to study the long term building needs of the state. Behind the act was the deeply felt conviction on the part of several of the bill's sponsors that we must not allow such going concerns as the Faribault State School and Hospital to deteriorate or become antiquated. One of the

bill's authors, for example, felt that this might very well happen if building funds were used almost exclusively for new buildings and new institutions.

"The Minnesota Association now feels that these fears were well founded. It is ironical that the Long Term Building Needs of the Faribault State School and Hospital are not currently being presented to the State Legislature even though this was one of the reasons for wanting a Legislative Building Study Interim Commission.

"In 1956, Association members studied the building needs of Faribault, and inspected many of the buildings. It was concluded, with agreement from the Faribault administrators, that dormitories housing some 700 patients were badly in need of replacement. It was further concluded that this could be done on a priority basis over a ten year period. We have been negligent in assuming that this plan would be submitted to the Minnesota Legislature. We find no mention of these needs in the Long Term Building Plans now before the 1959 legislature.

"It is bad enough to inspect these ancient dormitories and know that we must put up with them for up to another decade. But it would be truly disheartening if one had to think of putting up with these dreary places far, far into the future.

"Table VIII gives the Dormitory replacement schedule worked out in 1956. In the 1957 State Buildings Need study, only the three colony buildings have been scheduled for replacement...these in 1965. They are to be replaced by a single dormitory.

"In the 1959 schedule, as outlined in the Report of the Legislative Building Commission to the 1959 Legislature, even the 1957 report was drastically cut. The replacement of the colony buildings is not mentioned, and many maintenance items have also been eliminated."

TABLE VIII

NEEDED DORMITORY REPLACEMENTS FOR THE
PARIBAUT STATE SCHOOL AND HOSPITAL

<u>REPLACEMENT SCHEDULE</u>	<u>BUILDING</u>	<u>NO. INDICATED</u>
FIRST	Grandview - old men's dormitory (3 miles out - isolated - not fireproof, food trucked out - separate serving kitchen maintained.)	70 old men
SECOND	Three "Colony" buildings (very poor shape - in need of repair - not fireproof - day area and dining rooms in basement)	150 men
THIRD	Two buildings - Skinner Hall group (Daisy and Iris) - (old - very crowded, not fireproof)	120 girls
FOURTH	Hillcrest (old - not fireproof, frame building - dayroom in basement)	60 boys
FIFTH	Sunbyside (old - very crowded - very limited day space - very inadequate yard space)	100 boys and men
		<hr/> 700 Total

Also, in 1956 both the Association and the Faribault administration took the position that the building program for Faribault should be related to:

1. Plans for relieving the overcrowding which existed at Faribault, mainly in the old, inadequate buildings.
2. A decision as to what ought to be the patient capacity of Faribault.

Since 1956, some building has taken place at Faribault. The "Old Main" has been torn down, and in its place, there has been erected the new administration building, two new dormitories and the new patient activity and school building. Dining rooms have been added to Skinner Hall and Sunnyside to replace those in "Old Main". A warehouse has also been erected. c

However, no plans have been made for replacing the dormitories listed in Table VIII.

Today a new factor has entered the picture. With the Brainard institution opening up, patients are being transferred from Faribault to Brainard. 50 girls have already been transferred. These girls, for the most part, are the so-called working girls. This is to say that they are ambulatory, teenagers or older, and able to do/certain amount of useful work.

152 males and 58 more females are scheduled for transfer to Brainard in 1960. Again, these 210 individuals, are, for the most part, the ambulatory, older, working type of patients. (See table II).

Their replacements at Faribault will be drawn from the waiting list. Three fourths of these replacements will be/ children under ten. About 40 per cent will be non ambulatory, of low level mentality, and with a multiplicity of ailments.

The patients going to Brainard are those whose families live in the counties to be serviced by the Brainard institution. No patients/ ^{from the Brainard counties} on the current waiting list are being admitted to Faribault.

Presently, there are approximately 500 patients from the Brainard counties in the Faribault institution. All of these will ultimately be transferred to Brainard.

The net effect of these transfers is to cause a shift in the composition of the Faribault population. The shift is towards fewer older, ambulatory, working type of patient to the younger, non ambulatory, low level type which is characteristic of today's waiting list.

Those on the waiting list /require much more care, and contribute almost nothing toward their own care when compared to the working patient.

The change at Mohawk Cottage illustrates the point. Mohawk previously housed 72 patients and required 5 aides. Today it houses 72 patients and requires 11 aides.

The above considerations have a major bearing on what must be done immediately at Faribault.

Many of the male patients being transferred are from the Grandview and Colony buildings. These buildings, while woefully inadequate for the older, ambulatory males (See Section A), loss of Accredited Rating cannot be used for the new admission patients from the waiting list.

Thus, an immediate and critical need for Faribault are two new, 125 bed dormitory units for male patients. These will, in effect, replace the 220 bed capacity of the Grandview and Colony buildings.

This need is so urgent that it must be done regardless of any long term plan.

It is further recommended that these new buildings be of the one story type construction. This is recommended because:

1. The one story building is versatile. Over the years, it can accommodate any kind of patient. Thus it can be used for one type this year, another type five years from now. It eliminates the risk of accumulating non functional buildings.
2. It is ideal for nonambulatory patients, for wheel chair patients, and for small children. It is also suitable for ambulatory patients. In short, it is suitable for all types of patients.
3. The prototype design, already used in the latest Cambridge buildings, enables an aide to keep track of the maximum number of patients.
4. The design will not adapt to gross overcrowding.
5. The cost is about \$6,500 per bed, or \$1,062,500 per dormitory.
6. The two story, 250 bed dormitory design costs about the same amount per bed, if elevators and ramps are included. The prototype design for such buildings has been used in some of the buildings erected at Rochester and Faribault in the early 1950's.

Such buildings are perfectly suitable for ambulatory patients.

The other building needs for Faribault are tabulated in Table V and Table VI.

TABLE V

NEEDED DORMITORY REPLACEMENTS FOR THE FARIBAULT STATE
SCHOOL AND HOSPITAL
January 1960 Schedule

<u>Replacement Schedule</u>	<u>Building</u>	<u>No. Patients</u>
<u>First</u>	Grandview	70 old men
	Three colony buildings	150 ex men

It is recommended that these four buildings be replaced by two, single story, 125 bed dormitories. Because of the population shift, this must be done at once.

<u>Second</u>	Two Skinner Hall Group buildings (Daisy and Iris) These buildings are old, crowded, not fireproof.	120 girls
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It is recommended that these buildings be replaced by a single, 125 bed dormitory. Because of the population shift, the indications are that this should be authorized at least by 1961. The request for this could await the findings of a Long Term Building Study.

<u>Third</u>	Main Sunnyside (Chippewa) Old-very crowded, very limited day space, very limited yard space	300 men and boys.
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Depending on the extent of the population shift, this building could^{be} either two 125 bed single story dormitories, or one 250 bed two story dormitory. The request for this could await the findings of a Long Term Building Study.

<u>Fourth</u>	Main Skinner (Ivy) (Same comments as above)	250 men and boys.
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TABLE VI

BUILDINGS OTHER THAN INSTITUTIONS
FOR THE PARISH STATE SCHOOL AND HOSPITAL
January 1960 Schedule

No priority is given for the following buildings. A schedule for the buildings would be forthcoming from a Long Term Building and Site Study.

1. Dining areas to go with Sunnyside and Skinner Hall replacements
2. A new Hospital Wing
3. A combined facility for the dentists. Could be a part of the Hospital Wing.
4. Staff Residences (for M.D.'s
5. Laundry
6. Kitchen and Food Distribution - Either modernization or replacement.

D. FOOD PREPARATION AND FOOD HANDLING

In 1956, the Faribault institution expressed its concern over the shortcomings of its kitchen and food distribution system.

In January, 1959, at the invitation of the state dietician, the Faribault kitchen and food distribution system was inspected by a Mr. A.C. Avery, an expert on food preparation, employed by the U.S. Navy. Appendix C is a copy of his report.

The report points out many of the shortcomings of the Faribault food system without going into details of corrective measures. Avery's report recommends changes in facilities for the most part requiring appropriations of funds. The Faribault dietician feels that the solutions to the Faribault problems must be based on recommendations which would be forthcoming from a further expert study of the problem. A further study is needed in the areas of material flow in and out of the kitchen, the engineering design of the foods preparation processes, and the engineering considerations involved in food distribution.

The author of this report, John Kolahan, himself a food engineer, agrees with the dietician.

The author has the following impressions of the Faribault kitchens:

1. A satisfactory job is being done with the equipment, space, and help available.
2. No offensive odors were detected, and a superficial level of cleanliness and sanitation prevailed.
3. Because of innumerable cracks in floors, walls, and equipment, it would appear that adequate protection against insect, rodent, and bacterial contamination would be very difficult to maintain.
4. It is easy to visualize how the material flow in and out of the kitchen area constitutes a major problem. As the institution grew piece meal, so did the kitchen. When one considers that 10,500 meals per day are prepared in the kitchen, the material handling problems are staggering.

In the author's opinion, a study of the kitchen problems by outside experts is clearly indicated. The study should be directed towards supplying the following information:

- A. A detailed plan and cost estimate for modernizing the existing facilities.
- B. A detailed plan and cost estimate for building new facilities.

The Association will attempt to estimate how much this study might cost. If it is a modest amount of money, say under \$10,000 steps should be taken to get the money immediately from the Legislative Advisory Committee.

If appreciably greater amounts are involved, then a special legislative appropriation will be required.

The present food budget for all institutions is 63 cents per day per patient. This is compared to 60 cents per day during the 1957-58 biennium. However, a butter allowance of 4 cents surplus per day is now charged against the 63 cents, so the net comparative allowance today is 59 cents as against the former 60 cents. The difference in cost of living for food prices today, as against the 1957-58 period amounts ~~to~~ to about 4 cents per day. Thus, the Association committee was quite startled to find that the real food allowance today is appreciably less than the 1957-58 level. In our 1959 legislature appearances, we asked for a 65 cents per day food allowance, largely on the basis of a cost of living increase in food prices. The extra 1 cent, would have enabled the serving of a small amount of extra fruit.

In our appearances before the 1959 legislature, we described the diet as minimal.....dull.....uninteresting. It is a 3,000 calorie per day diet adequate to maintain life and health. It is the same fare as is served to the staff members who eat on the grounds. As in any home food is better on some days than others, therefore opinions on food should not be made on the basis of one or two meals eaten by a visitor.

The desire to upgrade the diet so that more fruits and vegetables may be included is ~~again~~ certainly justifiable, however. It is discouraging to find that it has actually been cut slightly, even under the 1957-58 level

The 63 cents plus the butter allowance would be a big help.

APPENDIX B

An analysis of the understaffing of the Faribault State School and Hospital

In Table I is listed the authorized staff for Faribault, the number of patients served per employee, and the percentage of U.S. Institutions answering a questionnaire and which ask its employees to handle a lighter patient load than obtains at Faribault.

The understaffing at Faribault is dramatically spotlighted.

At least 63 per cent of U.S. Institutions have a lighter patient load for the psychiatric aids, the employees who directly watch over the retarded patients. Faribault very keenly feels the need for more aids.

At ~~least~~ least 50.7 per cent of U.S. institutions have a lighter patient load for their doctors.

At least 25.7 per cent have a lighter patient load for their nurses.

At least 53 per cent of U.S. Institutions have a lighter patient load for their social workers.

At least 71 per cent have a lighter patient load for their psychologists.

There is no category in which Faribault comes in the first grouping.

We have no figures for comparing "the Other" employees. These are the office, supervisory, other professional, and maintenance employees.

In Table II, the understaffing of Faribault is shown another way. Here we show the number of patients handled by the designated kind of employee and compare the Faribault numbers with the U.S. average. We show the number of employees required to bring Faribault up to the U.S. averages. ~~We also~~ We also cite another set of figures, which are the number of patients which institution superintendents themselves think they ought to handle.

Table II shows that just to bring Faribault staffing up to U.S. averages for all institutions would require the addition of 531 less 419 or 119 people exclusive of "The Other" employees. This seems to be a realistic figure and agrees, in order of magnitude, with what Dr. Engberg has been requesting. Table VI shows that Dr. Engberg requested 153 new employees in 1957, and 156 in the fall of 1958. Twenty nine were granted by the 1959 legislature.

Table III spotlights the understaffing problem as it pertains to the psychiatric aids. In dealing with gross shortages, it may not be quite fair to single out one area of need and say it is the most acute. But certainly,

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Faribault suffers most keenly because of its shortage of aids.

The Department of Welfare has asked the institutions to classify the patients into three groups, according to how much staff attention each type of patient requires. Further, the department has established staffing standards for these groups.

In column A is given the number of patients in each classification. In table B is given the number of aids attending these patients. In column C. is given department standards. In column D is given the number of aids required to meet these standards. Thus we can calculate that Faribault needs 529 less 384 or 145 aids to come up to Department of Welfare Standards.

Table III also shows that the Department Standards are slightly more than met for the Group II and Group III patient classifications. One explanation for this is that Faribault, with its buildings spread over 1,200 acres, has to give each ward minimum coverage regardless of any other consideration.

Table IV establishes a cost relationship between staff salaries and total costs on a cost per year per patient basis. In the Faribault budget request, staff salaries account for approximately 75 per cent of the total expense budget. It can be seen that the Governor's budget differs largely in the reduced allowance for staff salaries.

In Table V are given the per patient per year costs prevailing at Faribault, and elsewhere, for the year 1957. It can be seen that Faribault costs fall below general Minnesota costs for all institutions for the retarded, below those for the neighboring states of Michigan and Wisconsin, and below the average U.S. cost. Since approximately 75 per cent of these costs are for staff salaries, and since the other data presented has shown the inadequacies of Faribault staffing, we concluded that understaffing is the basic reason for the lower operating costs at Faribault.

Finally we come to Table VI which shows how the Faribault requests for staffing have been handled currently and in 1957. This is typical of the ten year period we are familiar with.

This typical handling of the Faribault requests has been dictated by fiscal and budgetary considerations, not from an analysis of Faribault needs.

We strongly urge, therefore, that the actual needs of Faribault now be strongly considered.

III. EXAMPLES OF THE PRIVATION CAUSED BY UNDERSTAFFING

(Paragraphs from unsolicited letters sent to the Minnesota for Retarded Children)

"The only thing I have against the place at all is the shortage of help in the Cottages. I've been wondering since I wrote you, if all the Cottages are that short or if it just happened to Mohawk because it was converted from a working boys cottage to a school boys cottage."

"There are about 65 boys /in this cottage and only one woman on a shift to care for that many boys. About 3/4 of the boys are severely retarded, I'd say. They are not able to help with any work there. About 12 or 14 are even unable to dress themselves. Ronnie is dressing some of these and he sweeps the floor and tries to help. I don't object to his working at all, but the difference in this place and the one at Onatoma is showing on him a great deal. He used to always have a big smile and talked a lot and was always excited about everything that was going on around him. Now, he doesn't talk much, only answers what we ask, seems depressed; he is pale and has lost weight. We were there Friday afternoon and had a chance to talk to two of the matrons, the one going off at 3:00 p.m. and the one coming on duty. Both are very discouraged and ~~XXX~~ said that if they didn't need the work so badly they would quit."

"It appears now that they have less patient help and no more aids are ~~XXX~~ being put on. How can we expect to get the help they need when they are so over-burdened? In my daughter Elaine's cottage, much of the time one person is left to supervise and do the other necessary duties for 71 people. The Aids are not complaining, but simply state that they would like to do more of the necessary things, if possible. (They can't complain.)"

"The clothes are grimy, unironed, torn; the hair is cut so short it makes them look hideous, branded I would say, like convicts! This no doubt is done for convenience sake, but how can these girls take any pride in themselves? They know how they look. They all like nice looking clothes and hair. They do not get the exercise they need, most of the winter days are spent inside; no doubt for the reason that clothing them for outdoors is a chore and the shortage of help does not permit this activity."

IV. RECOMMENDATIONS

1. Through its board of Directors and Local Parents' Associations, the Minnesota Association for Retarded Children strongly recommends that the Minnesota State Legislature take immediate steps to alleviate the serious understaffing at the Faribault State School and Hospital.

2. The Minnesota Association does not presume to spell out these needs in detail. This is a professional matter which can be most competently handled by Dr. E. J. Engberg and Dr. Dale C. Cameron.

3. We strongly recommend that the Minnesota Legislature call ~~on~~ these men before them to make recommendations pertaining to the adequate staffing of the Faribault State School and Hospital.

TABLE I

AUTHORIZED STAFF FOR FARIBAUT (5250 PATIENTS) 1959-60

	<u>NUMBER</u>	<u>NUMBER OF PATIENTS SERVED PER EMPLOYEE</u>	<u>% OF U.S. INSTITUTIONS WITH BETTER STAFFING RATIOS**</u>
AIDS	77 384	8.4 ($\times 4.75 = 41$)*	63% 75 ***
DOCTORS	8	405	50.7% 75
NURSES	22 22	148	25.7% 70
Social WORKERS	3	1083	71% 55% 66
PSYCHOLOGISTS	2	1625	71% 69
	<u>419</u>		
OTHERS	265	123	
TOTAL	<u>684</u>		

***These figures show the number of institutions in the U.S. who reported on each job and percentages are in relation to these. However, as Minnesota figures have changed since 1958 (The statistics here gathered in 1957) it is probably national dues have also, but there are no later tables.

The range for the groups in which Faribault State School and Hospital is included are as follows:

	<u>No. patients per</u>	<u>%</u>
Aids	77 7.5 - 8.4	17.8
Doctors	400 - 499	17.3
Nurses	100 - 199	32.9
Social Workers	700 - 1,099	15.2
Psychologists	1,200 - 1,799	17.6

**The staffing of Institutions for Mental Defectives, Fact Sheet #7, September 1958, pp 6-11, Joint Information Service, American Psychiatric Association, National Association for Mental Health.

*With a 40 hour work week, vacations, paid holidays and sick leave, it requires 4.75 employees to fill one position around the clock.

TABLE II

SPECTLIGHT COMPARISONS PERTAINING TO FARIBAULT STAFFING~~1000~~ 3250 PATIENTS - 684 EMPLOYEES)

	A	B	C	D	E	F
	ACTUAL NUMBER	NUMBER OF PATIENTS PER EMPLOYER				
		At	U.S. (1)	(2)	TOTAL EMPLOYEES NEEDED	
		Faribault	Average	Recommended	To Meet (3) U.S. Average	To Meet (4) Recommended level
		8.4*	6.5*	4.8*		
		(x4.75=41)	(x4.75=31)	(x4.75=23)		
AIDS	384				494	669
DOCTORS	8	406	354	193	7	15
NURSES	22	148	149	69	19	44
SOCIAL WORKERS	3	1,083	495	207	6	6=
PSYCHOLOGISTS	2	1,625	792	344	5	10
	419					
TOTAL	378				531	744

* With a 40 hour work week, vacations, paid holidays, and sick leave, it requires 4.75 employees to fill around the clock position (aids)

- (1) The Staffing of Institutions for Mental Defectives, Fact Sheet #7, September 1958, p.p. 2, Joint Information Service, American Psychiatric Association and National Association for Mental Health. 22,274 employees, caring for 145,000 patients covered in their survey
- (2) *ibid*: These are the ratios recommended by the institutions' staff
- (3) Calculated by dividing column "C" into number of Faribault patients (3250)
- (4) Calculated by dividing column "D" into number of Faribault patients (3250)

TABLE III

SPOTLIGHT COMPARISONS PERTAINING TO FAIRBULT STAFFING

(3250 PATIENTS - 578 AIDS)				
PERSONNEL NEEDS	A TOTAL PATIENTS CLASSIFIED IN GROUP	B ACTUAL AIDS IN ATTENDANCE	C DEPT. STANDARDS PATIENTS TO AIDS (1)	D TOTAL AIDS NEEDED (2)
			X 4.75	
GROUP I	1126	149	3 (14)	575
GROUP II	538	86	9 (43)	60
GROUP III	1587	145	17 (81)	94
TOTAL	3251 3474	578 *		529

(1) Established, for reference purposes, by Dr. Dale Cameron, Department of Public Welfare.

(2) Calculated by dividing Department Standards Column C - into Patients, Column A.

Group I Chronic bed, acute bed, disturbed bed patients.

Group II Feeble, regressed, untidy, and continued treatment closed-ward patients.

Group III General ambulatory, regressed, clean, continued treatment open-ward patients

* 1958 figures The total number is now 384.