DIVISION OF
MEDICAL SERVICES

STATE OF MINNESOTA
DEPARTMENT OF PUBLIC WELFARE
ST. PAUL 1

October 27, 1960

Mr. John Holahan, President
Minnesota Association for Retarded Children
2742 Hennepin Avenue
Minneapolis, Minnesota

Dear Mr. Holahan:

I am sending this preliminary report on the mental health budget requests for our Department for the biennium 1961-63. This is quite similar to letters I have sent to the State Medical Association, the Minnesota Psychiatric Society, and the Mental Health Association. In this present letter I am expanding the section dealing with mental retardation hoping to explain reasonably well for the time being what our plans are in this connection.

I call this a preliminary report for two main reasons.

(1) This is the Departments official request to the Governor. The Governor and his administrative staff will review these requests and balance them against the demands of other departments, of course in relation to the revenue outlook as nearly as it can be determined. It is quite obvious that much of this consideration must await the outcome of the election. The final result of all these processes is presented to the legislature as the Governor's budget. I need hardly add that the Governor's budget request is predictably smaller than our own and that further trimming can usually be expected as a result of legislative action. The legislative process is the appropriate point for public interest and support to be expressed.

(2) Our request in financial terms reflects present salary levels rather than any new ones resulting from recommendations of the Civil Service Board. The latter levels will of course raise the total money figure despite the fact that the outlook for overall increases in the professional classes is not as great as we had hoped for. The Civil Service Board has as yet taken no action in the matter of medical staff salaries nor has there been agreement on the salary for superintendents in the unclassified service.

It is expected that these currently unknown quantities will have been worked into the formula by the time the Governor's budget is complete. I will, of course, keep you informed of these developments.

Bearing in mind all these contingencies I would like to tell you about the budget requests as they now stand. The bulk of our major program recommendation is included within the fabric of the budget itself.

The principal points of interest are these, listed not in order of priority but as they are developed in accordance with administrative procedures. In the

interests of brevity 1 am not making any extended attempt to indicate justification for these items. These are all spelled out in documents which we submit, and I would be *very* glad to give you any further specific details. I have used rounded figures.

1. Central Office Positions

We are asking for two new major medical positions in our central office complement, together with stenographic and other considerations.

These positions would be designated as Director of Psychiatric Training and Research, and Director of Child Psychiatric Services. They would be classified positions at the so-called Psychiatrist III level, (the top classified level) equivalent to the clinical director in the institution. They are staff jobs to be occupied by Board-certified psychiatrists with appropriate additional qualifications. This would give tœ a total top-level psychiatric staff of fours

a. Assistant or Deputy Medical Director

b. Director of Services for the Mentally Retarded

c. Director of Psychiatric Training and Research

d. Director of Child Psychiatric Services

If I end up with less than all four I will make do with what I have. The fact is, of course, that one can "get by" with none, as I have done for several months and Dr. Cameron for several years before I came. The real tragedy of this situation is not the burden on the Medical Director, but all that is being missed in the way of coordination of services and creative planning of programs.

2. Mental Health Research

1959-61 appropriation $170,000

1961-63 request $300,000

an increase of $130,000, or *75%*

3. Mental Health Training

1959-61 appropriation $180,000

1961-63 request $300,000

in increase of $120,000, or 65%. This includes a substantial enlargement of our psychiatric residency and other stipend programs.

4. Communitv Mental Health

1959-61 appropriation $770,000

1961-63 request $2,020,000

An increase of $1,250,000, or 160%. This includes an expansion of existing services in 14 marital health centers and the establishment of at least 10 new centers in the coming bienium,,

5. Contingent Fund for Institutions

Present level $200,000 for the biennium, raised to requested $500,000. This additional amount would provide greater freedom in meeting emergencies, obtaining drugs and other supplies under the heading of current expenses. The current level does not permit flexibility in planning and puts the institution on a "chronic sub-clinical malnutrition" basis

6. Ten new positions and a money increase at present salary levels of $275,000 for the psychiatric program for emotionally disturbed children, another difficult area of chronic starvation. This does not include the position of director of these services shown above (item 1) as part of our central complement.

7• Institutions for the Mentally i11

1959-61 level $35 million

1961-63 level $44 million

An increase of $9 million, or 25%. Bear in mind that this is at present salary levels. This includes a request for 612 new positions in order to bring our hospitals for the mentally ill up to staff ratio levels comparable among one another. Actually the 612 positions requested are around 1/3 of what it will really take to achieve a reasonable standard, and we would do this hopefully in a three-stage process over as many biennia.

We may have to face the decision of choosing between an increased number of people versus an increase in salary for those we have. Sooner or later this decision will have to be made—our present thinking is that we would favor an increase for those we have.

8. Institutions *for* the Mentally Retarded

1959-61 level • $18 million

1961-63 request $24 million

An increase of $6 million or 32%. This includes 385 new positions. The same general considerations applv here as in paragraph 7 above.

I have mentioned under paragraph 1 above the position of Director of Services for the Mentally Retarded, We already have such a position established but have been unable to fill it so far. I am taking the line that certainly at present salary levels we cannot expect to get someone with an established reputation. Rather I think that we must find "a young man of great expectations" who will establish his reputation here. There is no question about the need for such a person-it pains me to think of all that we could be doing that we are not doing especially in the area of community services for the retarded.

I might explain briefly the further detail of the new positions requested for the institutions for the retarded—-this is the crux of the requested increases for appropriations. These ares

Faribault	175	(New complement	902)
Cambridge	68	(" "	613)
Owatonna	10	(" "	160)
Brainerd	132	(" "	281)
Shakopee	0	("	11)

We did not make any attempt to use the same standards her© as will apply to the institutions for the mentally ill; the arguments pro and con on this issue would be too complicated to go into, and in actual fact at basic nursing levels the standards are quite similar. Our aim, rather, has been to give back what was lost last time and to raise all up to a reasonable overall level. Thus, assuming a population of 3100 for Faribault, 2000 for Cambridge, and 920 for Brainerd, the overall ratios would then be one employee for *every* 33-34 patients. Shifting populations, the rate of entry into Brainerd, etc., will obviously throw this off but I think you will see the point of a comparable ratio overall of between 1:3 and 1:3.5 for all of the hospitals. Owatonna and Shakopee are special instances, but you will observe in the former that we also want to restore the loss incurred last time.

We have permitted considerable flexibility for the individual superintendents in designing their organization picture within the complement. Thus Dr. Adkins is going in rather heavily for custodial, laundry, food and other basic service workers on the theory that this will mobilize more time and energy for aides to devote to nursing. This shift is motivated in part by the increasingly serious problem of that vanishing species, the patient-worker. Dr. Engberg, while asking for close to 100 non-professional and professional nurses, is also asking for around 35 "non-clinical" workers of one sort or another.

Frankly, the matter of standards and ratios is up in the air at the present time. The American Psychiatric Association has acknowledged that their standards of some years ago are now obsolete and impractical and is launching on a special project to overhaul them. Standards for institutions for the retarded are even more confusing, I think. There seems no question that standards now must include a consideration of non-clinical jobs, in particular basic maintenance and clerical ones. The hey-day of the patient-worker is about done. In the clerical line, administrative and medical records procedures are more thorough and methodical. And so it goes. Even more vexing is the fact that this is a trend, a "moving target" if you like. As an engineer you will appreciate the complicated cybernetics involved in establishing proper personnel ratios in behalf of a patient population whose nature and composition changes year by year.

Thus for the mental institutional program above, not counting research, training, community program, and other centrally-based operations, our request amounts to an increase of $15 million for the biennium at present salary levels, and includes a

request for almost 1000 new personnel.

While I must be prepared for disappointment and am willing to make the very best out of what we finally get, it is ray duty to the program to uphold these rather carefully worked out requests as a real statement of program needs. I do hope that I will hare your support in this position.

I apologize on the one hand for having been so verbose and on the other for inevitable omissions in this material. I will gladly answer any inquiries which you might have and will try to keep you informed. Thank you for your interest and attention.

Yours sincerely,

David J. Vail, M.D.
Medical Director

DJV/kg
ccs Gerald Walsh
Frances Coakley