

Duplicated by the Minnesota ARC for distribution to:

M.R.-M.I. Committee
Residential Facilities Study Committee
Clayton Kick - NARC
James Gavenda - NARC

LEGISLATIVE BUILDING COMMISSION
203 State Capitol
Saint Paul, Minnesota 55101

The Legislative Building Commission held a two-day meeting on September 10 and 11, 1965, in Faribault at the Faribault State School and Hospital, the Braille and Sight Saving School, and the Minnesota School for the Deaf.

Commission members present were: Senators Wm. C.F. Heuser, F. J. Holand, Lew W. Larson, John L. Olson, Harold R. Topp and Representatives Sam R. Barr, Everett Battles, W. G. Kitchner, Harvin C. Schwann, and Roy L. Vorland. Also present were Commission Executive Secretary Roland E. Olson and Recording Secretary Dorothy Hawant.

The September 10, 1965 meeting held at the Faribault State School and Hospital was called to order by Chairman Popp. Present in addition to Commission members and staff were: From the Department of Administration - Assistant Commissioner William E. Stevenson, Assistant State Architects Rex E. Fowler and Paul F. Cummings; From the Department of Public Welfare: Assistant Commissioner Ove H. Vangenstein, Medical Director David J. Vail, Director of Children's Mental Health Services, Richard L. Bartson, Institutions Administrative Supervisor Kent D. Hawkins, Institutional Plans Supervisor J. R. Burkholder; From the Faribault State School and Hospital: Superintendent E. J. Engberg, Assistant Superintendent Melville E. Kræve, Business Manager C. H. Thumber, Clinical Director Thorsten Smith, Chief Engineer Matthew DeRozier, Building Foreman Melvin L. Sanders, Groundsman Bert Larson; From the Minnesota Association for Retarded Children: Governmental Affairs Chairman Mrs. William Wehrli, Program Analyst Sheldon R. Schneider, Board member Mrs. David Donnelly; From the Faribault Daily News: Area Editor H. Woody Bailey. Also in attendance were State Senator Sundet and Representative Kucera.

The Chairman then recognized Dr. Engberg. Brochures were distributed to the members and are on file in the Commission office. Dr. Engberg quoted from the brochure the history and functions and development of the institution. Population characteristics were reviewed together with admitting districts which presentation is included in the brochure.

The 1967 building requests for the school and hospital are as follows:

September 10, 1965

Faribault State School & Hospital

1. Two replacement dormitories for male patients	\$2,000,000
2. Dining facilities	102,000
3. New wing - existing hospital	600,000
4. Clean and paint water tower	7,500
5. Ventilation, humidity control and ceiling construction - hospital	6,800
6. Power plant building repairs	38,000
7. Replace roofs - pines, fern and rose cottages	18,120
8. Farm improvements	28,100
9. Air conditioning - Rogers Memorial Center (Cost estimate to be furnished by State Architect)	
10. Repair and waterproof hospital building	25,000
11. Service roads and parking areas	29,650
12. Toilet and water facilities - patients' playground	18,000
13. Plumbing improvements	10,000
14. Rewiring and replacing of electrical lighting	25,000
Total for 1967	\$2,908,170

Dr. Engberg called attention to two federal hospital grants in which they are participating; one a hospital improvements project grant in the amount of \$97,461 for the development of improved diagnostic and evaluation procedures and a second grant of \$24,312 for in-service training. He said that with these programs they anticipate expansion of treatment programs for patients, training and competitive services for the staff and research opportunities for both staff and students in training. At this point they do not have a director, however the equipment has been installed and it is hoped the program will soon be under way.

Rep. Barry: Dr. Engberg or Mr. Krafczyk, of the new staff that you were allocated, (184 I believe) - how many of these have been employed?

Mr. Krafczyk: We've recruited 50 by the first of July and 49 of those reported for duty; that was the first wave of the 200 employees that were allocated. I don't have the exact figures of those that are on call but we're starting another group of 15 on the 20th of September, and we have been able to keep up pretty reasonably with the equipment and the nursing care--- Mr. chairman, members of the commission, one of the important new things -- out of the appropriations that have been made in past sessions, there are a few items that have not been completed as yet. One of them is the appropriation of 1961 to renew the plumbing in the women employees' building; we have been responsible for delay in this, inasmuch as we have converted the women employees' building to a school annex and training center. Therefore there has been some delay in renewing the project because we want the plumbing to fit the purpose for which the building is now used. Another small item in the '61 appropriation that is not completed is related to the sewage problem down at the dairy. This is still in the hands of the department of administration. There was also a small appropriation in '61 to renew the plumbing in Sioux cottage. This is being held up temporarily

September 10, 1965

Faribault State School & Hospital

because in our recommendations for new facilities we are recommending that this building be replaced. Another item in the '61 appropriation is in crulking the west portion of Dakota building. This work is in progress but has been delayed because of slowness in getting materials - especially the glazed tile that is needed for the facility. Another item in the '61 appropriation that is open - sharing the cost of enlarging the sewer system - is contingent upon action taken by the city of Faribault.

In the 1963 appropriation all items have been taken care of and the new kitchen and cottage eating facilities are now in progress. There has been some slight delay on this project because of weather, because of a strike in certain areas; and I think that we can expect there will be some delay in completion of the central kitchen.

We have submitted to the Department of Public Welfare a priority of projects for which the 1965 legislature made appropriations.

That completes the report on past projects for which appropriations have been made.

Sen. Hoyer: Mr. Krafve, on the report made by Dr. Engberg it shows that the overcrowding has been reduced from 33 to 24%. However, in the last session of the legislature we've approved another dormitory. What would the percentage be, in your estimation, of overcrowding after this dormitory is completed?

Mr. Krafve: The dormitory that was appropriated for in 1963 would eliminate Springdale cottage, the cottage at the far perimeter of the institution which at the present time is accommodating about 80 patients. This building will provide about 125 beds; in addition to the 80 patients at Springdale it will further reduce the population at Chippewa by approximately 45.

Sen. Hoyer: There's another request for two more dormitories. Is this going to, in your opinion, take care of the overcrowding -- will this eliminate the overcrowding?

Mr. Krafve: Well, it will certainly reduce the overcrowding, because if you provide for 200 beds, replacement of obsolete facilities, certainly the 200 beds would be adequate -- there would certainly be no overcrowding in the two new dormitories, provided that they would be built according to board of health specifications. The problem of reducing in other buildings - other than the two that are going to be replaced - will depend mainly upon the number of patients who may be returned, or how many will be brought in.

Rep. Kirchner: Going back to the question that Senator Kuefer asked a moment ago about cutting down on the crowding. In your information regarding the dormitories requested you say that each of the new ones would accommodate 100 each, which would be 200; and then you state that you will replace Chippewa, which has 164 patients, and two which have 67 -- I believe that works out to 231; it seems to me you would be 31 shorter than you have now. Do you feel the population is going down enough to help you, or have I missed something in the arithmetic?

Mr. Krafve: Well, I can answer this: The dormitory we are getting will have 125 beds: 80 of them are coming from Springdale, which will be razed; 45 will come from Chippewa, which will reduce the population of Chippewa cottage to 119. So, 119 plus 67 from the two is 186, which provides for taking 1/4 from another area.

Rep. Schumann: How do you arrive at your statistics of overcrowding? What is the basis for your figures? How do you determine the amount of overcrowding --?

Mr. Krafve: We use board of health standards which provides for 60, but we got a memo this morning from Dr. Vail, and apparently this is being raised now to 70.

Dr. Vail: There are two different standards -- actually, for state purposes the board of health handles it a little differently from the way it is handled for private institutions.

Dr. Engberg: I think there's one matter that we ought to mention, probably, that enters into the problem of overcrowding. The patients that we are getting now are young patients; they are most of them severely retarded patients and this is the area where we have the overcrowding. The ambulatory patients -- there the overcrowding is reduced because many of these have been transferred out to the nursing homes while others are able to go out into community placement; they have either recovered so that they may be employed, full or part time or some other arrangement can be made for their care in the local community. The new Linden building provided 125 beds. These were replacement beds for certain buildings. Not a single patient from any of those buildings replaced went into the new Linden; they were picked from all other buildings so that they would be the ones that would benefit from the special facilities that were available in that building. Now with the change, the greater amount of programming that can be given the mentally retarded in the local communities, it means that we are still going to have overcrowding in these buildings for young children.

September 10, 1965

Faribault State School & Hospital

Chm. Popp: Dr. Engberg, I notice from the brochure that in 1959 you had a population of 3200 and in 1965 you had a population of 2800. Now, what has happened to that decrease? Now let's see -- 28 from 32 - that's 400.

Dr. Engberg: Yes. Part of that has been on the basis of transfers made to Brainerd. I haven't got the exact figures, but it must be about 400 altogether. The new admissions have been for the young children and there, of course there ordinarily isn't space; except that one of them for one reason or another leaves -- we can't accept an individual in that space.

Chm. Popp: Dr. Engberg, we read a great deal about overcrowding at Faribault, especially in the metropolitan press. Have you tried to limit your admissions in order to decrease your population?

Dr. Engberg: Yes.

Chm. Popp: To what extent, doctor?

Dr. Engberg: For a long time now there has been a policy of limiting admissions to emergency cases and there have not been many in the last year that have not been emergency admissions. But the interesting thing is that even with that policy in effect the number of patients we have admitted in the last biennium is just about the number that we have discharged for all reasons - death, placement or transfers.

Chm. Popp: Does there seem to be any pressure for admissions from the waiting list?

Dr. Engberg: Any patients that we've admitted as emergency patients are those that we have felt were in urgent need of the special services that we could render and that they were not available at any other place. It's been purely on that basis. There's been no pressure from the central offices that we accept someone unless we have determined that the emergency of the situation would justify our doing it.

Chm. Popp: I don't mean, Dr. Engberg you would get pressure from the central office. What I was thinking of when I mentioned pressure was from some of the county welfare boards in your particular area.

Dr. Engberg: No, so far as I am concerned, we have not had that.

Chm. Popp: Dr. Vail and Dr. Dartman, you speak of a "hard core waiting list"; how many of that hard core waiting list has been admitted? Let us say in the past two years?

Dr. Bartman: Well, I don't have exact figures - any patient who would be admitted would be admitted after considerable back and forth between the county and central offices, as things are now, as to whether they are really needed to be admitted or not. The total waiting list is about 700, and about half of it - slightly over 300 - are patients who are waiting admission to Faribault. The dilemma, in terms of reducing the population by reducing admissions, is that when the waiting list tends to grow, one way or the other there is a problem that isn't solved.

Mr. Popp: How soon do you think, Dr. Bartman, that we're going to begin to feel the effects of local centers?

Dr. Bartman: Well, in one sense we are feeling this already. Again I don't have exact figures, but we can point to a sizable number of children, for instance, in the day care centers who would otherwise be on the waiting list or in one of the institutions.

Rep. Kirchner: You stated that there were about 300 in this "hard core" waiting list. How was this after your office had done the "back-and-forth" work that you say has to be done with the county? Are there a good 300 already screened, that your office has already determined that you would like to have in, or is this 300 the list that you have not yet screened?

Dr. Bartman: Well, some of this 300 list are those patients that have been screened; but a sizeable number of these are not in their homes; they are in boarding homes - they're in alternative placements; and many of these we would much prefer that they stay in the placement that they're in rather than come to Faribault. But the problem is that it's purely an economic one; the cost to the county is so great, comparatively, for keeping them in the boarding homes or for sending them to the institution.

Rep. Kirchner: How many of that 300, if you had free action and could bring them into Faribault, would you bring in?

Dr. Bartman: The numbers are purely speculative. I think something on the order of half of these are in alternative places, such as boarding homes, and practically all of these would be better off there in the long run. Of this other group that continues to be on the list, those who are very small - infants and small children - there are again alternative placements closer to home if they developed fast enough, that would be excellent for them and again you could delay admission for three, four, five years. //

Rep. Kirchner: Apparently even less than half are really on this list, waiting for admission.

Dr. Bartman: Yes.

Rep. Kirchner: Maybe only a hundred?

Dr. Hartman: Correct. That would be a very rough figure.

Sen. Olson: Do you have any figures on the number that have been admitted that were formerly members of the day care centers?

Dr. Hartman: I don't have figures on that -- we have figures, they are very easy to obtain, but I don't have them with me.

Sen. Olson: It seems that when we take care of one area we create another problem -- and that is in regard to the parking area. You say that the parking area needs to be blacktopped and about doubled in area. There are two changes each day in the shifts, where the majority of the personnel changes, is that correct? (assent) Are these changes at certain hours - the same hours each day? Is there an 8 o'clock change, something like that? Have you thought of spreading the changes in employees over half hour intervals so that you wouldn't have double the number of parking spaces exactly necessary, so that at, say 7:30, 8:00 and 8:30 the shifts would be staggered - it wouldn't require double the parking space, as would be the case when the entire force is changed at once.

Dr. Hartman: We hadn't gone into that - it certainly would be worth considering.

Chm. Popp: I would like to direct a question to Mr. Krafft in regard to No. 2 request in the brochure for 1967. Where would the dining facilities be located? You mention that if we construct the two dormitories you will need added dining facilities. Now where would they be located?

Mr. Krafft: Mr. Chairman, if you will refer to our map, possibly I can point it out there (refers to standing easel). Chippewa cottage is No. 19; Pawnee cottage is No. 20. In the "stem" between No. 19 and No. 20 is a large diningroom that accommodates Chippewa and Pawnee cottages, and these others mentioned, so that if Chippewa cottage is taken out you would also take out the diningroom that is in the center stem. It would be assumed that we could erect a diningroom to the south of No. 20 - towards No. 23 - in this area. We would be planned to serve about 325 but we would have a seating capacity -- multiple seating -- so that we would serve about 120 at a time. When the central kitchen is completed we will be serving the same dining areas we are at the present time. All of these diningrooms are being refurbished; being set up so that we can have over-ground delivery from the main kitchen area. We're planning on hot and cold food carts so that the food can be brought to the diningroom in good condition. There will be an actual reduction in the number of diningrooms. All the diningrooms will be refurbished and we hope they will be much more modern and convenient.

September 10, 1965

Faribault State School & Hospital

Chm. Popp: How do you handle it at the present time, Mr. Kraefve?

Mr. Kraefve: A number are over-ground deliveries, and a number are underground tunnels. The big problem with them is that there is nothing set up to handle the hot foods - foods going through the tunnels cool off too fast. Another problem we are correcting -- we will have standard sized containers, standard size for transportation -- so that from the time it goes into the oven until it reaches the dining-room --

Chm. Popp: Are you planning to provide dining area in these new buildings?

Mr. Kraefve: Yes. In the two buildings we recommended for 1967 - the two dormitories - we recommend the central kitchen facilities.

Sen. Hoyer: Back in 1957 we appropriated \$200,000 for dining facilities for Chippewa and Ivy; were these dining facilities by any chance within the Chippewa building that we now want to raze?

Mr. Kraefve: Yes, that was within the Chippewa building, and this would be eliminated if Chippewa was torn down.

Sen. Hoyer: Mr. chairman, this doesn't seem like very good planning, to spend almost a quarter of a million dollars just a few years back, and now we want to tear them down. May I ask, was the razing of this building taken into consideration at the time the dining facilities were established and constructed in 1957?

Mr. Kraefve: There was an amount of \$200,000 appropriated in 1957, I believe, but this covered two diningrooms -- one in Ivy cottage and one in Chippewa. These were not entirely new facilities. This was to enlarge existing facilities in both cottages to accommodate more patients in buildings adjacent to these diningrooms. Eventually, by combining the facilities of the two large diningrooms we actually reduced the number of diningrooms by about eight - this was in 1957. At that time we had not reached the program of the replacement of Chippewa cottage. I believe that these diningrooms were occupied in 1958 or 1959, and the proposed replacement won't be available until about 1969, which would be about a ten-year use of the Chippewa diningroom.

Rep. Barr: Dr. Veil, or Dr. Bartran, I know that the character of all of our schools for the retarded is going to change somewhat in the next five or ten years. Do you think that the design of the building that we are putting up, or are about to put up, will fit into the new character when we will have more severely retarded, or less ambulant patients?

September 10, 1965

Faribault State School & Hospital.

*How about using
M.I. facilities for these
persons?*

Dr. Hartman: Yes, I think that in their long-range plan Faribault has considered this. In their request for replacement in the next biennium, I believe it is, it would call for the cottage-type structure for certain of the patients who we anticipate would be coming in. But I think it's important to consider the likelihood that this shift doesn't represent a one-direction or a movement towards the idea that eventually there will be only one kind of patient in state institutions. We anticipate that there will tend to be two different types of patient that will continue to need state supervision here. The first of these is the kind where we see the trend more obviously now, of the bedfast, very helpless child (or sometimes adult) who needs a great deal of nursing care or supervision. But the second is the adolescent or, particularly, the person who goes through a period of time where they require a fairly complex kind of care. I think Dr. Engberg mentioned the fact of seeing a trend towards having patients coming in who are behavior problems. When we have patients like this who are ambulatory, with a reasonable high level of intelligence, then the kind of staff and the kind of programs that are required continue to be very complex and more expensive, to actually provide the most local communities can or are likely to be able to. Now, this second group will be a fairly small one, but nevertheless it will probably continue to exist and will get a little bit bigger than it is now.

Reg. Vexland: Dr. Engberg, I wonder if you might review a bit more about the federal grants you have received.

Dr. Engberg: The grant that I mentioned first - the hospital improvement project grant - is for the development of improved diagnostic and evaluation procedures. There is no provision for the employment of a full-time person who would be responsible for this particular project. We have not been able to employ such a person. There is this mechanical equipment in which we are especially interested that will aid us in obtaining important data quickly, when it is needed. We might want to know the number of mongoloid patients that were under a given age, or within a certain range. In just a matter of a few minutes we could have the number we wanted. In fact we could have a list of names if we wanted them. This equipment can serve other purposes of that type. For instance, in our medication program - suppose we desired the number of patients that had negative mantouxes, and wanted to repeat the mantouxes annually. In just a matter of a few minutes we could have all that. This would increase efficiency and be of tremendous value to us. We feel that this program, or the one who would be responsible for this program, can make the contacts with the university, the teachers' colleges, for instance, to encourage the setting up of internships and residencies and all that. I think it will elevate the standards of service very materially.

September 10, 1965

Faribault State School & Hospital

Rep. Kirchner: A while ago you spoke of adding to your staff and hiring 50 people or so. You used the term "nurses". Are these registered nurses or are they practical nurses that you are hiring?

Dr. Lagberg: Well, most of these are what we call "technician trainees"; they come in for a period of training; some of them are nurses - a few of them - and a few will be licensed practical nurses. The majority are, in fact, technician trainees that come in for five months of intensive training. A year ago they came in for about 11 months of training but we have compressed this into about a five-month period of very intensive training.

Rep. Schumann: Dr. Vail, or Dr. Bartman, are we applying for and being granted all the federal funds that we qualify for in this particular area?

Dr. Vail: We are proud of the grants that we are able to obtain. We do have a great deal of grants coming in, in different categories. For example, Rochester has a rather large research grant; Anoka also has a research grant that I believe administratively stems from the high school business procedures grant for the University, but it indirectly involves Anoka. We have very important grants coming into our central office which is involved with the implementation of program plans and evaluation of procedures, etc. at the state level. Now, the category that Dr. Fogberg referred to, two relatively new ones that I believe were made available in 1963, I believe. I remember the announcement came rather suddenly and I recall that for the first we had only a couple of months to prepare before the deadline. The plan, at the federal level, was that a third of the grant would be made over three years and the full grant would be ten years, subject to renewal. This is the so-called hospital improvement plan, or HIP, as it is sometimes called. Now at the present time, I believe that all of our institutions - all but three or four - have applied and the great majority either have received approval or are actually in business or as in the case here, they are partly in business because of recruitment problems. The two or three that have not yet applied deliberately chose to wait because of certain reorganization going on in the hospital and they want to make sure that they will be able to make maximum use of this.

Rep. Battles: I was wondering whether the federal grant that they got at Parsons, Kansas, was general throughout the U.S., and whether Minnesota qualified for it.

September 10, 1965

Faribault State School & Hospital

Dr. Vail: Yes we do. I'm not familiar with the department program but I think at Parsons the amount of grant money coming in there, let's say in relation to the regular state appropriations, would be quite disproportionately higher than the national average. I would think Minnesota certainly would compare very favorably with the national average. An institution like Parsons which starts out really with an advantage is able to receive greater advantage because they have staff there who have research capabilities who write more sophisticated applications, etc. This is one of the problems about granting which troubles the federal people a great deal, that there is this problem, sometimes, of the rich getting richer and the poor getting poorer. So I don't think that because Parsons has a special kind of research aspect to it - I don't think that this would be a valid comparison to our general service type of organization.

Rep. Schumann: Concerning the farming operation at Owatonna, I would like to inquire - if the operation is combined, is it economically feasible to operate that farm? You have a permanent crew to operate that farm - how much transportation does that involve? Do you need that farming operation?

Mr. Thorber: When the plan was made to combine the operations, it was determined on the basis of efficiency in operation. The combined operation officially went into effect July 1. However, the dairy herd from Owatonna was moved here in July of last year, so we have some appreciation of the economies that we may be able to effect. Under the combined operations we expect to be able to produce practically our total forage needs for the combined operations, and also effect economies in the staffing of the two operations. We have 15 on our farm staff and Owatonna had six. It has now been reduced to 19 and we intend to review, as we indicated in the proposal for the combination each time a vacancy occurs. We are obligated, at the present time, to the present employees to continue them on until such time it is indicated that we should reduce the staff. But as I say, we have reduced it by six people at this point. The combined operation is set up, and the size of the milking herd is set up to provide the total milk supply requirements for our institution, the Owatonna people, of course, the Braille and Sight Saving School institution and the school for the deaf. At the present time we are almost to the point where this requirement has been met by our total production. And then, as we have outlined, our total hog production - 700 butchered hogs a year - will cover the requirements of Owatonna and Faribault. Based on the valuation that you would place of \$2.50 cwt for milk, and the valuation placed on pork production varies, we expect to cover these requirements and have an operation that will be economically sound as far as covering our expenses and showing a margin of profit. This is rather hard to measure, however, because there are therapy values to the patients who are assigned to the farm operation.

September 10, 1965

Faribault State School & Hospital

Mr. Wagonatone: There is one other factor - to continue the operations at Owatonna would have required a considerable investment in new buildings. There was money available for that because the new highway goes through the Owatonna farm property and we decided against investing in excess of \$100,000 for new buildings. This was a further reason for the consolidation. I am sure that it will work out. We do have people who are located at Owatonna producing a grain crop there. This was another factor that I thought should be called to your attention.

Rep. Battler: Mr. Burkholder, I've thought several times that if you looked at the over-all economy of the dairy here, and the benefit to the state financially, we'd probably sell all of our farm land and get it back on the tax rolls and buy the milk and pork from the surrounding area. Wouldn't this be of greater benefit and less headache as far as the institution is concerned? I think you could buy it cheaper than you could produce it if you figure all your cost.

Sen. Olson: How much of this labor is patient help - do you have any idea?

Mr. Thurber: I believe we have 20 patients assigned to the dairy and some 30 patients working on the general farm.

Sen. Olson: This has a certain therapeutic value, I would assume.

77
Sen. Houck: I would like to make this statement - I have always favored the farming area in these institutions for the main purpose that Senator Olson brought out - for the therapeutic value to some of our ambulatory patients. But these are gradually being eliminated - they are going down in number. I can't help but agree with Representative Battler here that sooner or later, maybe the sooner the better, we eliminate these farms, we might be better off all around.

Sen. Larson: Mr. chairman, I just want to comment slightly on this. I think we have reached a point where many of the farms are going to be phased out, but there's one and that is Faribault, where the farming business should remain longer than any other institution. I do think you get a lot of therapeutic value from your farm work assignments. Those boys are pretty proud of their jobs. I feel that there are many institutions which should be phased out; many of them are losing money, but I do think that Faribault is one place where we are justified at the present time in operating the farm and keeping it on an economical basis.

Mr. Krafve: I would like to add a few comments as far as the therapy value of the farming is concerned. Perhaps this isn't any large accomplishment, but during the last two years we were able to place, in farm operations, two patients from the dairy and four patients from the general farm. I think as recently as a couple of years ago we were very reluctant to permit any patient to handle any power equipment of any kind and the information I have now is that we have, during the past two years, been training nine patients in the operation of power equipment, such as driving tractors.

Rep. Voxland: Mr. Krafve, these people that you train, and the ones you mention in your dairy, for placement, does that mean you put them back in the community? Is that what you mean?

Mr. Krafve: That's right.

Rep. Voxland: And they become gainfully employed?

Mr. Krafve: Yes.

At this point the chairman recognized Mrs. Jane Donnelly who spoke in behalf of the Minnesota Association for Retarded Children.

The chairman recognized Senator Sundet who addressed the meeting briefly.

Rep. Battles: Dr. Vail, if you had a good employee in the department, for instance, who would specialize in trying to get federal funds, couldn't Minnesota maybe pick up enough federal funds so that we could increase our program and still cut down on state appropriations?

Dr. Vail: You made one comment there, Mr. Battles, that always worries me in talking about federal grants - that state appropriations might be reduced. Of course we would like to see that we get federal grants and that state appropriations would also at the same time be increased. I have considered this fact also - there should be some person, or maybe more than one person, whose job it would be to spot different sources available. If we look at what is going on now - with the Economic Opportunity Act, the Medicare bill, the various types of research programs, vocational rehabilitation - and now there is a new one coming out I understand - the various kinds of health programs, like the panel on child health, the various panels for mental retardation -- really it's a fantastic proposition, just keeping track of all these different sources and learning the ins and outs of bureaucracy is in itself almost a full-time job.

One very important aspect is the importance of writing a good application in applying for a grant. This requires a skilled person who not only has ability to communicate and write clearly, but has ability to lay down what is technically referred to as the research

methodology. This is the reason why a place like Parsons, that already has pretty top research people, and universities, can write up the applications that are acceptable and sophisticated; whereas the hospitals are maybe working under disadvantageous conditions and just can't come up with anything that one would realistically be willing to make a grant to. This bothers the federal people very much - to have, for example, the hospital improvement program - they are very much concerned that at the national level out of say 300 different kinds of mental institutions for the mentally ill and retarded that are officially registered throughout the country there are many that haven't applied at all and there are many others who have applied but the applications were so badly worded or so poorly centralized - the ideas so weakly expressed - that they simply don't know what to do.

So there are two aspects then - one is somebody to keep track of the different sources of federal money which are becoming more and more involved, and also the need for someone with these special skills who can write suitable, worthwhile applications. We have given a great deal of thought to this - should it be allocated at the level of the medical services division to concentrate on the mental health area, or should it be an office or staff person working at the level of the department of welfare, or might it be someone working at even a higher level, say the governor's office?

Senator Popp: Dr. Hartman, a short time ago you made the statement that keeping the mentally retarded in the community - the homes, becomes quite expensive. I wonder if we would analyze this if maybe it isn't as expensive as we think it is?

Dr. Hartman: What I meant when I said that the cost of ~~keeping them in the home is~~ expensive, I meant that the cost to the county is expensive. It may cost the county \$140 a month to maintain a person in a boarding home but it costs only \$10 a month to maintain him in an institution. The actual cost of caring for a person is the same, whether they're in the institution or in the community. Now, I think our per diem has reached a little over \$5 per day, with the recent increase in the staff. For \$150 a month a reasonably high level of care can be bought; and it can be bought without capital investment.]?

Sen. Popp: Dr. Hartman, your \$5 per diem is only part of the cost, if you figure amortization of your buildings and interest on your investment, and probably the legislature is at fault in not helping the counties with their local patients more than we are doing.

Dr. Hartman: Yes. I think if the same amount of money that is spent could be spent in a different way, more could be done with it.

With the consent of the Commission the chairman declared the meeting recessed.

The conducted tour of the institution then followed.