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STATE OF MINNESOTA
DEPARTMENT OF PUBLIC WELFARE

BRAINERD STATE SCHOOL AND HOSPITAL
BRAINERD, MINNESOTA
56401

March 10, 1965

Mr. Melvin D. Heckt, President
Minnesota Association for Retarded Children, Inc.
2742 Hennepin Avenue
Minneapolis, Minnesota 55408

Dear Mr. Heckt:

Thank you for your very kind remarks about the levels of care presentation. I agree with you that adding the number of Staff needed at the various levels would make the report more complete, but at the time, I thought it would be more politic that this should be brought out in questioning.

For the 1192 patients that we had in the Institution on the day of the presentation, the figures ran like this:

	Tech I's & Tech II's	Increase	Levels of Care: Survival Bldgs	Survival # Pts	Survival % Pts	Custodial Bldgs	Custodial # Pts	Custodial % Pts	Group Bldgs	Group # Pts	Group % Pts
Present Staff	176	0	8	704	59%	3	468	39.3%	1	20	1.7%
Number of Staff to place 1 person on a Ward at all times.	285	109	--			--			--		
Revised Governor's Budget	293	117	4	370	31.5%	7	802	66.8%	1	20	1.7%
Original Institutional Budget	326	150	0	--	--	11	1172	98.3%	1	20	1.7%

During the last three weeks of November, 1964, there were 38 hours when patients who are not able to guard themselves against common dangers were left solely in charge of other patients due to the absence of the Technicians at classes. This does not count other absences, e.g., Technicians having meals, or escorting patients to the doctor or to other activities.

Mr. Peterson is sending the Association the negatives and a copy of the booklet under separate cover.

Yours sincerely,

H. P. Bobb, M.D.
Director, Clinical Programming

BRAINERD STATE SCHOOL AND HOSPITAL

This residential facility for the mentally retarded is located in Brainerd, Minnesota, a city of approximately 13,000, about 160 miles northwest of the St. Paul - Minneapolis metropolitan area.

This facility serves a heterogeneous resident population of 1,3.72 (on-book population, January, 1966). The following table depicts the resident population under twenty years of age:

Age Group	Total	Male	Female
Under 5 years	2	1	1
5-9 years	52	41	11
10-14 years	114	68	46
15-19 years	134	77	57
TOTAL	302	187	115

There are 302 resident patients on the books of this institution under twenty years of age. There are 168 children on the books under 15 years of age.

The following table shows the distribution of these patients in terms of the degree of mental retardation:

	MALE			FEMALE			
Degree of Retardation	Under 10 years	10-14	15-19	Under 10 years	10-14	15-19	Total
Severe & Profound	24	31	29	8	24	22	138
Moderate	5	15	33	1	6	16	76
Mild	-	4	6	-	1	8	19
Borderline	-	-	2	-	-	1	3
Unclassified	12	18	5	3	15	10	63
Not mentally retarded	1	-	2	-	-	-	3

Forty-six per cent of the patients in this institution under twenty years of age have been classified as being severely or profoundly retarded, and 25 per cent have been classified as being moderately retarded. Many of the persons in this institution under twenty years of age are multiply handicapped and several are non-ambulatory, not toilet trained, and unable to feed themselves.

During the fiscal year 1963-64, 61 persons were admitted to this institution. Of this number, 39 (64%) were under twenty years of age and 24 were under 15 years of age. Twelve of these admissions were classified as severely or profoundly retarded, and 25 were classified as moderately or mildly retarded.

As of June 30, 1965, there were 344.75 persons employed at this institution. A breakdown of employed personnel is as follows:

Administrative Personnel — 32.55
Training Personnel — 2
Patient Care Personnel — 213.2
Maintenance Personnel — 97

Brainerd State School and Hospital, during the past year, has reorganized and grouped the patients of the hospital into the following six program groups:

Program 1: CHILD ACTIVATION PROGRAM

Patients in this program are children up to 12 years of age who are severely physically handicapped requiring wheelchair, help in movement, or bed care.

Program 2: CHILD DEVELOPMENT PROGRAM

Involves ambulant children up to the age of 12 and is primarily geared toward child development.

Program 3: TEENAGE PROGRAM

Involves the early teenage group up to the age of 16.

Program 4: ADULT ACTIVATION PROGRAM

Patients who are 13 years of age and older who are severely physically handicapped requiring wheelchair, help in movement, or bed care.

Program 5: ADULT MOTIVATION PROGRAM

All patients 16 years of age and over whose I.Q. 's are essentially below 40 and currently are not working or capable of functioning in a work setting.

Program 6: ADULT SOCIAL SKILLS PROGRAM

Our adult social skills program which deals primarily with patients who are 16 years of age and over whose I.Q. is essentially 40 and above, and who are participating to some degree either in a work training program, school, and related training programs.

For purposes of organization at Brainerd State School and Hospital, we have grouped the programs into the following team units: Program 1-4, Program 2-3, Program 5, and Program 6. For further explanation, see attachment "Organization of Treatment Plan at Brainerd State School and Hospital".

For the purposes of the Demonstration Project, we will be limiting the Foster Grandparent Program to patients within the Program 1-2-3 groupings.

The basic philosophy of Brainerd State School and Hospital is to provide the patients of this institution the best possible physical care and to provide services to help the individual reach his or her maximum potential with the hope that in reaching this potential, the individual may be able to return to the community either as an independent functioning individual or in a supervised sheltered environment. Brainerd State School and Hospital is a new and growing institution. Unfortunately, the addition of patients and buildings has far exceeded the staff available to fully reach the goals and philosophy as indicated. The grouping of the six program groups that has recently been established is the first step in the development of programs to help the individual reach his or her maximum potential. We are greatly concerned with the development of a more adequate program for the children 16 years of age and under because we are convinced that what we do not do for them today will make working with them in the future more difficult.

DEMONSTRATION PROJECT PLAN AND SUPPORTING DATA

Description of the specific problems to be addressed in the project.

The mentally retarded individuals that we find in institutions today are handicapped, not only because of their retardation, but because of associated problems. Minimal contact with adults tends to lead to an emotional deprivation. With many individuals, the loss of contact with adults or parents on an individual day-to-day basis leads to regression and associated behavior patterns and a lowering of the behavior level from what it was prior to institutionalization. We also find individuals who suffer from what might be termed "cultural deprivation" due to the fact that from birth they have lived in hospitals, nursing homes, and institutions, and their contact with the world outside of an institution is extremely limited. One of the big factors that leads to these problems is the lack of adequate staffing to provide for individual contact the individual needs. We shall be attempting to reach and meet these needs through the use of the Foster Grandparent Program. The Foster Grandparent Program also provides opportunities for the foster grandparent by providing an emotional outlet for the individuals, a constructive use of their time, and as the plan indicates, also some financial assistance to raise them from the poverty level. The biggest problem that we see the project tackling is the emotional need of the patients. Associated with this one-to-one contact, we see many side benefits such as reinforcing of the learning process; with some, the development of maners and habit training; providing experiences away from the institution; and help for those who could benefit from increased contacts with the community.

In observing the play of some of the children in the institution, we find that they have become acclimated to an institutional setting and that their play is in the form of doctor-nurse or playing at recreation of an institutional directed nature. This is not the usual "house" or "adult community" association that we so frequently find in children playing in a normal setting. We also see the lack of adult contacts. This is especially true for their contact with adult males. Many of the patients have no contact from home. Other patients have relatively little contact with their parents so that meaningful acquaintance with adults is limited. It is the intent of the program to be described to help to extend the social environment and to provide meaningful social interactior with mature adults; to provide the informal home learning type situations that children in an institutional setting very seldom get; to provide widening and broadening experiences such as trips away from their usual ward and living situation such as a trip to "grandma's house". It is our intent to build into the program a series of trips beginning with movement around the hospital grounds, trips to local parks, trips to town, and possibly extending the trips to visits to larger communities with zoo, circus, etc.

One other facet that we would like to emphasize in the project is to attempt to find more foster grandfathers than foster grandmothers. In the institutional setting, there is a predominance of female employees. This is especially true at the ward level where the patients have the bulk of their contacts with adults. We feel that this, would be very essential for the early teen group in Program 3.

In attempting to solve the problem of learning to play, we hope to attack this on several levels. If one takes a close look at the life of children, we see that learning takes place from essentially four different groups. The first group we might call the sibling and peer group. Children learn from their friends and older brothers and sisters. Unfortunately, we are dealing in the institution with a somewhat unhealthy association group, and even learning from older patients tends to breed into the individual an institutional type learning. Our current thinking on attacking this particular problem is to use young teenage children from the local community through a volunteer program. These children would function as older brothers and sisters helping the children in play.

The next group of individuals that the children tend to learn from are the parents, and here, the ward personnel tend to function in this capacity. We hope that through more adequate staffing in the not too distant future that a more realistic ratio of children to substitute parents can be achieved.

Another group of individuals that children do have contact with we might classify as the parent extension. In this grouping, we have teachers, ministers, Sunday School teachers, playground and recreation people, music teachers, dance teachers, etc., and it is through our rehabilitation program that we attempt to give to the student this type of learning situation.

The fourth grouping of adults who provide learning for children are grandparents. Grandparents provide experiences from the past, a love and "spoiling" of children, that parent-substitutes cannot give to the children. One of the classical heritages of America is "off to grandma's" for the holidays; the special little gift; the love that grandparents can provide.

One of the reasons that we would like to build the trips for the patients into this particular program is that, at the present time, we are extremely limited in the experiences away from the institution that the children currently have. The trips away are usually en masse, and while they are valuable to our program, if each one going on the trip could have an adult to add meaning to it and to increase the frequency with which they would have contact with the community, hopefully one could make the teaching process about the community more meaningful and real to the children. We are able to use pictures and talk about the people in the community — what these people do, but unless one can visit the firehouse, see stop-and-go lights on the street, and have these thoroughly explained, to see a circus and to see a clown, to visit a zoo and see the animals, to visit a farm and to see the cows, to watch a train, we are really teaching in a vacuum. Because of current staff limitations, the most time that any of the children have in class is approximately two hours a day. Some are in class for only one hour per day and others have even less. It is hoped that with increased staff and the Foster Grandparent Project, some of this will be corrected.

Factors which led to proposed project.

Probably the greatest need for all of the children is the meaningful emotional contact with one person on a day-to-day basis. We have seen the value of this kind of activity where, through the efforts of volunteers, we have been able to provide from time to time a few patients with some of this type of personal contact. We have seen patients respond, and when this contact is withdrawn because of the volunteer leaving, we see a regression in the individual. Many of the patients are so severely starved for love and attention that we see acting out behavior which has tended to increase because this is one of the ways the individual has learned that it is possible to get the attention that he or she needs. We see the relationship between the child and the foster grandparent as one that would provide someone who could love them and give them continuous undivided attention, at least for two hours a day. We would hope that through this process we could begin to redirect the behavior of some of the children. We see this also having value for the foster grandparent as providing someone for them to love and be loved in return. At the present time, we are attempting to accomplish this individual adult contact by having each of the Psychiatric Technicians in a building within the Program 2-3 Team Unit be responsible for providing this kind of attention to about eight patients while they are on duty. This kind of attention is quite limited because this must be done when the technician has a few free moments. When the technician is on duty, they are usually responsible for approximately thirty to thirty-six patients. We feel that this need is so great that we have divided the groups up in this fashion so that during a week's time, each child will get some attention of at least a more individual nature. With the inclusion of the Foster Grandparent Program, it will be possible to extend this *to* a scope that we would never be able to provide within the limitations of staffing with which the institution must work. The possible consequence, of not being able to provide increased individual attention is the continuation of regression for some of the patients, and for some of the patients it could very well mean that their true potential might never be reached.

PROJECT OBJECTIVES

The objectives of this program are many-fold. For the staff and for the institution, it would provide an opportunity for fulfilling an unmet need which, because of staff limitations, we see going unmet, thus creating a feeling of frustration. We have seen what some individual attention can provide for the children, and would like to be able to do more. This program would ease some of the frustration and also provide stimulus for tackling and solving some of the many problems that we are faced with. For the residents, we would be providing a way of meeting some of the unmet emotional needs, reducing some of the regression that we see and providing contacts with the community and a stimulus for the individual. The staff would have a chance to look more closely at what it is possible to do with the individual. For the foster grandparent, the proposed project would provide some additional income for the individual and would help to make the foster grandparent feel wanted, needed, and useful. For the community served by the Brainerd State School and Hospital, this particular project would be of help and assistance in helping them to meet some of the unmet needs that the aged in this area have. This program would also have a further ramification of helping more individuals to become aware of some of the needs of the retarded and to better understand some of the problems of the retarded, and hopefully, would make it possible to gain greater community acceptance for the retarded. This could very well become another avenue through which public education could be carried on an informal basis.

RESIDENTS TO BE INCLUDED IN THE PROJECT

In discussing the foster grandparent program with the personnel of the institution, especially the team groups responsible for children 16 years of age and under, it was felt that almost all of the children in residence at the Brainerd State School and Hospital could benefit from this program. We propose to establish the foster grandparent program with 80 children which would require 40 foster grandparents.

The selection of the children for this program would be made by the Treatment Team which is responsible for children in Treatment Program 2-3 and the Team responsible for children in Treatment Program 1-4. Criteria utilized to determine inclusion in this program would be children who have little or no contact with their family; children who seem to be showing regression and whom the team would feel might be able to return to their previous level of function with this type of one-to-one contact and where emotional need indicates that more one-to-one contact would be of significant value in helping the individual to achieve maximum level of development. All children selected for this program will be under 16 years of age. In closely scrutinizing some of the patients who are currently in residence, we find that many have been in institutions all of their life. These particular individuals might develop more fully with some contacts with the community.

No specific diagnostic grouping is being emphasized in the selection criteria as when this was discussed by the staff, it was felt that the Treatment Teams should have a free hand in the selection of the patient. When certain diagnostic groupings were eliminated, such as the hyperactive child, the team usually came up with individuals who were hyperactive who might very well benefit and whose behavior might improve if someone had the time to devote to this individual.

PERSONNEL TO BE INCLUDED IN THE PROJECT

For the purposes of the Brainerd State School and Hospital functioning as a host agency, we feel that we would have need for 40 foster grandparents. The foster grandparents would be selected by the field supervisor of the project who would work in close cooperation with the County Welfare Boards from the counties previously indicated, with the Tri-County Community Action Program, Incorporated, the local Employment Security Office, and the Senior Citizen groups within the community. After the Treatment Teams have selected patients whom they feel would benefit significantly from this program, the Treatment Team would specify some of the characteristics needed to meet the needs of the individual, such as whether the grandparent should be a foster grandmother or a foster grandfather; some of the types and kinds of experiences

the individual child should have; whether or not we are looking for reinforcement of learning; and the type of person that might best meet the needs of the patient, such as, does the patient need someone who is warm, relaxed, and very accepting, or does the patient need someone who is warm and friendly but will be quite directive with the individual. With this information provided on an individual basis by the Team, it should be possible to utilize this information in the selection of the foster grandparent.

In a preliminary survey by the Teams, it was felt that there were thirty male patients and thirty female patients in the Program 2-3 who would be of great need for this foster grandparent, and approximately twenty patients in Program 1 who would benefit. For the purposes of this demonstration program, it was felt that if the child had two hours a day of contact five days a week, we would be able to begin to approach meeting many of the unmet needs of these patients. In our proposal, we see each foster grandparent working^wi.th:twochildren* ;.This would mean eighty children in the program and forty foster grandparents.

Roles and Functions of Foster Grandparents

The foster grandparent would spend two hours with one child prior to lunch and two hours with another child after lunch. This would mean an approximate working time of from 10:00 a.m. to about 2:30 p.m. The foster grandparent would not be involved in the physical care of the individual, such as feeding, bathing, discipline, etc. These would be handled by the staff of the institution. We are primarily concerned with the foster grandparent spending time individually with the patient; playing with the patient; to help the patient with self-care activities as learning to blow his own nose; helping him to learn to button his clothes, tie his shoes, etc.; take him walking; help him to become better acquainted with his environment; and for those patients who are capable of it, going on the playground, sitting on a swing, playingiin the sandbox. The foster grandparent would take the child to the Rehabilitation Center where the handicraft room, the woodworking industrial arts room, one of the kitchens in the home economics unit, and other facilities would be available for such things as baking cookies, making fudge, crafts, games, etc., and visits to other areas of the hospital, such as the power house, laundry, bakery, etc. For those capable of going into town, there would be trips to stores, to the fire department, to a farm, to see the trains, etc., to provide an ever widening scope of the world about them. Initially, it is our anticipation that the bulk of the activities would be carried on within the facilities on the institution grounds with opportunities for frequent trips into the community for those who are able. As the program develops and the foster grandparents and children become better acquainted, the program will be modified in order that foster grandparents will be present on weekends, the traditional "days of rest" when the staffing ratios are extremely unfavorable.

Resources

The resources available for this project are Day Rooms, play areas within the buildings, a large playground and field house, the Rehabilitation Center, and service facilities within the institution grounds. One other resource available from the institution is the school bus which might be used to transport foster grandparents and foster grandchildren into the community for community experiences.