

69-RRR-DJV  
State Inst - Faribault

STATE OF MINNESOTA

DEPARTMENT Public Welfare

# Office Memorandum

TO : Dr. E. J. Engberg, Supt.  
Faribault State Hospital

DATE: Mar. 16, 1967

FROM : David J. Vail, M. D.  
Medical Director

SUBJECT: Plan for population reduction at Faribault State Hospital

As you may recall, the joint plan worked out between the Department of Public Welfare and the Mental Retardation Planning Council calls for something over a thousand patients to be released from the mental retardation facilities directly to community care and supervision or self-support during the next ten years.

I personally believe that with the development of community resources, along with a push from the state institutions, we might be able to double that figure. Mind that this does not mean getting people out simply for the sake of getting them out, but placing them in facilities and work situations where they will be closer to their homes and families, and will be at least as well off and hopefully better off than they are in the state institution.

I would surmise that the bulk of these would fall in the Program VI category, but there would no doubt be others. The criterion would be those who no longer need to remain in the institution "for their own or the public welfare."

Could you please outline your plan or timetable for population reduction at the Faribault State Hospital during the next few years? I refer to those going directly to the community and not to those who might be transferred to mental illness facilities under one or the other plans now being considered.

In plans for reduction of population, what methods do you plan to utilize such as referrals for community placement, transfers, etc.? With what groups of your population are you working most vigorously towards community placement?

I think it is possible that many of the Program VI patients are remaining through symbiotic attachments to various hospital industries. Could you comment on the effect that would result from modernization and mechanization of some of the industries? Also, I would appreciate an appraisal of the patient-labor connotations of the farm, especially the dairy, and what would be the effect of eliminating the hospital farm.

I would very much appreciate this report by April 10, 1967. If you have any questions or any problems about it, Dr. Gallese, our Faribault State Hospital liaison person, Mrs. Ames, and myself would be glad to consult with you.

Thank you very much.

DJV:rcj  
cc - Mr. Melvill Krafve  
Dr. Arthur Gallese  
Mrs. Frances Ames

MEETING HELD TO FORMULATE A REPLY TO DR. VAIL'S MEMO ON POPULATION REDUCTION.

4/10/67

Present : Dr. Engberg, Mr. Krafve, Dr. Smith, Mr. Madow, Miss Perkins, Mr. Nelson, Miss Dohner.

Dr. Engberg explained that Dr. Gallese and Mr. Wrobel were here last week and had discussed with Mr. Madow matters of population, in connection with the communication from Dr. Vail on Program VI patients and the note from Mrs. Ames on Program V patients.

Mr. Madow said that Dr. Gallese in the visit had given him more detailed information than had been implied by the memo. The memo indicates we are to outline a timetable for population reduction for the next few years, what method we plan to use, etc. Dr. Gallese said they want institutions to reduce population for 2 reasons: (1) So we can concentrate and do a better job with those individuals who will remain with us so that further reduction of population will occur, and (2) so we will become instruments for changing from an institution-bound Minnesota program to a community-bound Minnesota program. They want us to be the source of pressure upon communities to help develop facilities that are necessary. Rather than wait for these facilities, we should actively push communities to establish the necessary resources. Dr. Gallese felt we are doing a poor job of reduction and are too free in our admissions. The nature of our reply should indicate some description of population we are going to work on first, following some indication of what special efforts will be taken with the understanding that we will mention how we will call upon the state office to use their efforts when necessary, and bring in whatever other resources when necessary. Dr. Gallese felt it is the institution's responsibility to do these things in making efforts to get these people out. Mr. Madow pointed out to him that Program VI people would not be the primary source of placement.

Dr. Engberg said that community resources should be improved so that our patients would go into a situation that would be as good, and hopefully better, than the situation he has here.

Mr. Nelson said that realistically we could do more on placement if we would point out certain kinds of needs to the county. The waiting list for returning to the community may have a bearing on the planning of the county and community resources.

Mr. Madow said our reply should indicate some sequence in considering some portion of our population for placement with statements of what they are like and what their specific needs might be. Should start with Program VI but bulk will be with Program V, and even III.

What timetable can we specify with our resources?

As increased placements occur and population goes down enough where our people can do the job, there will be the interim where we will be badly in need of help because of the lack of patient help (farm, dairy, patient care areas, laundry). Mr. Krafve feels all patient help should be reduced from the kitchen and laundry; however they could continue there for training purposes.

We are in a peculiar position as far as the farm is concerned. We have taken over Owatonna's farm and requested the funds they have set aside for machinery. However Central Office won't let us have this money as it has been set aside for Owatonna only, but if we are to continue the farm operation we must have either funds and equipment or patient help.

We can reduce help in the kitchen by getting service workers starting first with the bakery, but we would not use both service workers and patients.

Dr. Gallese asked if Mr. Knack has contacts with local school systems for placing school children; could he present the fact that there is a need in that area and determine what the schools are doing in this respect?

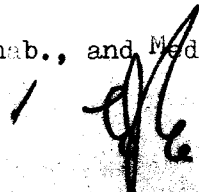
We will need an out-patient department under the proposed plan.

Mr. Nelson said there are 3 phases that should be happening simultaneously: (1) Orientation of our own staff to the idea of emphasis on placement, (2) Orientation of county welfare departments, (3) Start with a broad analysis and evaluation of our population. We then can review case by case and refer as they are ready. We would have regular conferences with the county to which we have made referrals--this would take a higher priority than other matters.

The matter of conducting tours in our institution was discussed. Tours take up much of our professional staff's time and it was suggested that an assistant to the Volunteer Coord. perhaps could take over this job. Any person assigned to this would, of course; have to be trained specifically in this area of public relations.

Mr. Madow and Miss Perkins will take the responsibility of formulating a reply to Dr. Vail's memo. They are free to ask for help from any other staff member on any matter.

Mr. Madow said we must get to the Units, School, Rehab., and Medical Staff to orientate them to the changing role of the institution.

4-18-67. 

Our planning for continued population reduction during the next ten years involves many changing processes which are also having qualifying effects and shifting our attention to the 1412 patients in Program V. Our Program VI patients now number 349, one-third of the total 1063 present during the past 10 years, viz:

482 placed and discharged since July 1956  
57 on placement now  
175 transferred to Brainerd and Cambridge ( of 700, total)  
349 resident  
1063 total in Program VI cohort, July 1956 to February 1967

A major factor in the placement of Program VI patients has been the development of community resources which with continued improvement in our institution programs should make our Program VI group very small. The substantial reduction in our population must equally include Program V which has been classified as follows:

	<u>Male</u>	<u>Female</u>	<u>Total</u>
V a (Low potential)	259	211	470
<u>V b (High potential)</u>	<u>599</u>	<u>343</u>	<u>942</u>
V total	858	554	1412

Altho Program VI has priority, emphasis on Program V patient progress is being increased, especially in the groups showing higher potential, by improving staff ratios and curricula. It is reasonable to expect continued development of community resources providing proper situations and activities for most of the "Vb" patients.

Our estimate under these considerations would be 1000 placements for the next 10 years, at the rate of 100 per year, with Programs V and VI each providing about an equal number of patients.

*T. Smith*

Faribault State Hospital  
Faribault, Minnesota 55021

David J. Vail, M.D., Medical Director  
Department of Public Welfare

April 18, 1967

E.J. Engberg, M.D., Superintendent

In reply to your memorandum of March 16, 1967, regarding plans for population reduction, I would like to offer the following for your consideration as a preliminary report, and shall follow this up with a more detailed report as soon as the necessary details have been completed.

There had been some initial discussions regarding a major effort to reduce population, including consultation with Dr. Gallese through Mr. Meadow. Following this, I discussed the matter with Dr. Smith, Mr. Krafve, and the heads of the Social Service, Psychology, and Nursing Departments, all of whom are in agreement that a major effort at this time is feasible.

To accomplish a sizeable population reduction in the next few years we are planning to:

1. Make a broad analysis and evaluation of our current population by program, county, building, and type of community facilities needed.
2. Intensively orient institution staff members to the goal of early placement, to the primacy of community responsibility, and to the need for improved therapeutic efforts directed toward community placement.
3. Make increased effort to orient County Welfare Agencies, other Community organizations and families to the increased emphasis on placement, resource development, and family and community responsibility.
4. Based on priorities developed in step I above, systematically, and at an increased pace, evaluate the patient population case by case, with regard to their readiness for placement and no longer needing institutional services.
5. Refer all those who no longer require institutional care to their respective Counties as soon as our evaluation of each person so indicates. We would provide the County Welfare Departments with detailed suggestions for Community residence and programming.
6. Follow-up placement referrals with increased contacts with County Welfare Departments, Field Representatives, State Office Personnel, and other Community organizations to actively assist in local and regional resource development.

EJE:lb

*(Copy given to Mr. Meadow)*

DEPARTMENT OF PUBLIC WELFARE

## Office Memorandum

TO : Dr. E. J. Engberg,  
Superintendent  
Faribault State Hospital

DATE: May 11, 1967

FROM : David J. Vail, M.D.  
Medical Director

SUBJECT:

Thank you for your memorandum of April 18, 1967 in which you outlined your general plan for population reduction. I would say that you are on the right track with your emphasis on detailed evaluation of your present population and greatly increased efforts to encourage and stimulate greater utilization of community resources or development of these. This approach is certainly consistent with our changing philosophy regarding the role of state institutions within the structure of a mental health program. In the past, to a considerable extent, our state facilities tended to be thought of as, and to function as, more or less passive depositories for persons who presented mental health problems. In our present view, we expect our institutions to be more viable, active and assertive in carrying out a reciprocal role relationship with community agencies and facilities, as a resource to and as an active influence upon other community elements of the mental health system.

While you did not specifically mention in your memo the manner in which you would be dealing with admissions, I assume that Faribault will also be more active in pre-admission evaluation and consultation with county welfare departments and other agencies and facilities to greater ensure proper placement of persons referred for your consideration.

I also want to commend you and your staff for your efforts in developing various programs such as The Foster Grandparent Project and Project Teach, which, among other things, tend to reduce the isolation of the institution from broader community involvement. Not only would we hope to find immediate and direct benefit to individual patients from these programs, but we would also expect that the boundaries of both the institution and the greater community would become more fluid, with the community's increased recognition and acceptance of its responsibilities and role for its members, whether in a special resource such as the Faribault State Hospital or not.

I shall be pleased to learn of your progress toward the goals we have outlined.

DJV/AJG/bjm

5/17 - Mr. Dean Nelson has seen /  
DJV