Dr. E. J. Engberg, Supt.
Faribault State Hospital
cc: MCK
Dr. Johnson
Mr. Thurber
Mrs. Rockey

DEPARTMENT OF PUBLIC WELFARE

TO: All Medical Services Division Institutions — Feb. 27, 1968
Attention: Medical Directors
Administrators
Business Managers

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

SUBJECT: Budget request planning, 1969 legislature

I think we should get together within the next few weeks to work out guidelines and general agreements concerning our rationale for budget requests in next year's legislative session. I have been giving considerable thought to this matter, and I would like to discuss my ideas with you, though I daresay you will not find them very welcome.

General priorities for the Medical Services Division and its subsidiary and affiliated agencies are programs as follows, shown in priority order:

1. Increase in Medical Services Division Central Office Staff to allow for better administration of programs.

2. Substantial increase in community program grants, including Daytime Activity Center grants, to speed implementation of the comprehensive community-based mental health-mental retardation program.

3. Increase in institution budgets.

Within the third priority, I would like to proceed along the following lines:

1. Aim for a breakthrough on non-personnel items. The institutions for the mentally retarded in particular, are suffering from a substantial deficit in many items of basic equipment and supplies needed to make life more livable on hospital wards. In the mental retardation institutions and elsewhere, I suggest that the administration conduct "grass-roots," advocacy-type meetings involving staff on the wards, so that the budget requests will reflect the real need as experienced at the nursing-care level. Considerable work, of course, has already been done on this.

2. Personnel
I am not satisfied with the traditional approach, where we apply a standard of staff-patient ratios and come up with a request totaling hundreds of new positions. I think we should go into a quiescent phase in which we will carry out definitive studies of staff needs based on real individual treatment programming, possibly related to the legal definition of "equipped to provide care and treatment."

CJC/sm

I am not satisfied that we have really developed adequate methods of utilizing the staff that we have. I think we should give careful thought and study to the feasibility of requesting new staff when we have not solved problems of staff turnover and vacancies due to recruitment lags. Finally, I think we need a period of time to let things settle down after the mass migrations which will take place in the next two-three years.

Therefore I think we should concentrate requests for new institution staff in the following categories:

(1) Staff necessary to pick up jobs previously supported by HIP and other federal or non-state grants, provided that it can be clearly shown

   (a) that the project is worthwhile and should be continued on a regular program basis, and

   (b) it cannot be otherwise absorbed into the institution budget.

(2) Staff related to some new programs or category of patients not previously included in the program, e.g., physically-impaired mentally retarded, inebriates, etc.

(3) Staff related to equalizing ratios in relation to other institutions of similar type, where it can be clearly shown that the requesting institution has carried a long-standing staff deficit.

(4) Staff related to some clear and special need, e.g., adequate security, etc.

There may be other needs/purposes for new staff that you can identify.

I should think that a range of 10-15 jobs per institution, certainly not more than 50, should suffice to meet the above standards.

Furthermore, I think our staff requests should reflect creative use of part-time and non-professional workers for specific load demands. We have learned a lot, for example, about how to use students and housewives for special purposes such as assistance with feeding, Project Teach, etc. I will explore the necessity for legislative clarification of use of part-time help in relation to the fixed complement.

Finally I would like the budgets to reflect solid support for patient-payment items, both in pay for work done and in the pension allowances. I will ask Mr. Ralph Ford, our new Chief of Rehabilitation Therapies, to work with the appropriate institution staff on guidelines for these purposes.

I will let you know about a meeting when we can discuss these matters.

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Meanwhile, I would appreciate your comments.

DJV:rcj

cc - DPW Cabinet

Medical Services Division Staff

Department of Administration, Attention: Mr. Vilis Vik Vikmanis

The Honorable Harold Popp, Senator

The Honorable Gary Flakne, Representative

Mental Health Medical Policy Committee

Mr. Earl Evenson, c/o Senate Finance Committee

Mr. Tom Lavelle, c/o House Appropriations Committee

Minnesota Association for Retarded Children
Attention: Mr. Harvey Glommen

Minnesota Association for Mental Health
Attention: Dr. Einar Martinson