STATE OF MINNESOTA
DEPARTMENT OF PUBLIC WELFARE
FARIBAULT STATE HOSPITAL
FARIBAULT, MINNESOTA

December 20, 1968

Mr. Melvin D. Heckt
Minn. Assoc. for Retarded Children
6315 Penn Avenue South
Minneapolis, Minnesota 55423

Dear Mr. Heckt:

It has taken considerable time and effort, but I have now drawn up lists of needs at the Faribault State Hospital and their justifications. The following pages probably do not include every single item we need to adequately care for and treat our mentally retarded residents. In a facility this size it is almost impossible to pin down everything that is needed. But, even though we may have needs that are not representated in this letter, what is categorized here is very definitely needed.

Let me start out with staffing. Some people would say that because our population is going down, we can get by with fewer employees. This statement is entirely false for two reasons:

1. We never had adequate staffing in the first place.

2. The kind of patient who has been leaving this institution (placement and transfer) was helping us do a great deal of the work. Actually ten years ago the higher level patients were doing 80% to 90% of the labor at this institution. These residents are, in the main, no longer with us, and we must have paid employees to pick up where they left off. In other words representing staffing need in terms of patient-employee ratios is meaningless, unless the type of patient is specified. We need many more employees to take care of the 2,000 residents we have today than we needed to take care of the 3,200 we had eight years ago.

Even aside from this argument, compare our staffing with standards that have been drawn up by the AAMD and APA:

Employee Needs at a Resident Population of 1500 at Faribault State Hospital

	Number of Positions We Have	Recommended Number of Positions by: A.P.A.	A.A.M.D.	Resulting Number of Positions we Need A.P.A.	A.A.M.D.
P. Techs.	450	Wards 346	Wards 712		261
Hosp. Aides	64	Hosp. 30	Hosp. 63		
L.P.N.	12	Wards 197	Wards 75		
Nurses	50	Hosp. 24	Hosp. 36	153	49
Dentists	3	2	2		
Dental Hygienists	3		3		
Physicians	5	Hosp. 4	Hosp. 3		
		Wards 32	Wards 13	31	11
Psychologists	3		6		3
Med. Lab.	3	4	5	1	2
E.E.G.	1		1		0
X-Ray	2		3		1
Medical Records	2		4		2
Speech & Hearing	1½		4		3½
Social Workers	14		17		3
Physiotherapists	1		18		17
" Aides	2		30		28
Teachers	13		20		7
" Aides	3				
Recreation	12		8		
Occup.Therap.	2½		10		7½
" Aides	2		10		8
Dietary	93		137		41
Housekeeping	29		90		61
	791			185	505

One thing is obvious from this table: We are understaffed. Only in the areas of dentistry and recreational workers do we meet standards. And, when it comes to physical therapists, occupational therapists, physicians, ward level nursing personnel (psychiatric technicians, LPN's and RN's), and psychologists, we are grossly understaffed.

Now, who is to say what staffing standards must be, and how do they arrive at their figures? Well, the APA and AAMD developed these standards; they must have put much research and effort into it: and anyone who has worked at an institution for a while would agree that these estimates are not too far off.

Consider the following comments on this institution made by the Joint Commission on Accreditation of Hospitals in May of 1967:

"There should be an additional medical staff of qualified physicians and nurses to carry the patient load and provide more adequate care for the patient." (At that time this comment was made we had ten doctors; and we now have five! We need many more! They are exceedingly difficult to get at present salaries. The proposed Civil Service hikes will help, but we need higher salaries for specialists. In other words the "super" ranges--A, B, and C--have to be increased. The "super" salary ranges should run $6,500 higher. That is, $22,500 to $34,000 annually instead of $16,000 to $28,000.)

Consider also the statements made about the Faribault State Hospital in August, 1966, by Dr. Hallvard Vislie, Head Doctor of the Oslo Observation Clinic, Oslo, Norway, who spent most of his life working for the mentally retarded:

"The specialist team consisting of physicians, psychologists and social workers is too small for this big institution."

"Nursing and ward care is much hampered by the big ward units and the lack of staffing."

"My general impression is that the hospital is in lack of staff in all fields and increasing the staff is immediately needed."

The point is that experts who have evaluated the Faribault State Hospital agree we are short staffed.

The shortage of staff means shortage of programs and consequently shortchanging the mentally retarded resident. If anything, a retarded person needs <u>better</u> care, treatment and training than the child or adult with a normal I.Q. Here are some of our program needs:

<u>Physical Therapy Programs</u>
Dr. Vislie's comments:

> Physiotherapy treatment unit needed for the many crippled children. This should be established.
>
> Lack of formalized physical therapy program is a <u>serious</u> program deficiency.

We currently have approximately 600 residents who have physical disabilities. With one Physical Therapist and two Aides his program is limited to consultation, evaluation and work with acute cases. In order to develop programs which will increase ambulation skills, improve and develop skills and allow each of our physically handicapped residents to participate in needed programs, additional staff is needed.

Special Education Programs

With 742 youngsters under the age of 21, approximately 300 are now receiving no educational services.

Dr. Vislie's comments:

> Trainable residents' programs - State institutions should show leadership in this area. Public education in many states is beginning to reorganize and accept responsibilities for all moderately retarded and for growing numbers of severely and profoundly retarded.
>
> The service area should be greatly expanded to include more moderately retarded residents and a beginning effort should be made to provide educational programs to the severely and profoundly retarded.

In addition to the youngsters not receiving services, the intensity of education programs offered is not sufficient. Our youngsters average 1½ hours per day in the classroom. The state minimum for special education programs is five hours per day. It seems apparent that additional emphasis needs to be placed here.

Psychiatric Services

Among our 2,000 residents are a number who are mentally ill in addition to being retarded. Provision of appropriate psychiatric, psychological and supporting services is mandatory. Our consulting psychiatrist, Dr. Hecktor Zeller, has requested the establishment of such services.

Totally the hospital must begin to gear programs for treating the severely and profoundly retarded and as this is the type of admission that will be coming more repeatedly into state facilities for the retarded, more staff is needed to develop programs for the severely handicapped.

Research and Training

During the past ten years very excellent research has been done under the direction and supervision of Dr. Bruhl:

1. The bio-chemical and dietary studies in Phenylketonuria started in 1957 financed through funds from the State Research Budget, Department of Welfare, supplemented by contributions made from the Minnesota Association for Retarded Children, have continued. In addition genetic studies have been started on the families of PKU patients that have been or now are residents here.

2. Tryptophane loading tests in untreated and treated PKU patients together with Dr. Marina Yarbo, Pediatric Department, University of Minnesota.

3. Studies of the Therapeutic Effect of Proketazine or Rumination.

4. Buccal Smear Survey of adult population and Kariotype studies on special cases in cooperation with Dr. R. Gorlin, Oral Pathology Department, University of Minnesota.

5. German Measles virus studies in cooperation with Dr. Victor Gabasso, Lederle Laboratories, Pearl River, New York.

6. In cooperation with Dr. Milton Alter, Neurology Department, University of Minnesota, "Finger Print Patterns on Determined and Familial Types of Mental Retardation."

7. Aminoacid metabolism in PKU, in cooperation with the staff of Dr. John Anderson, Pediatric Department, University of Minnesota.

8. Behavior and blood phenylalanine level in PKU, in cooperation with Dr. Elving Anderson and Dr. Felicia Siegel, Dight Institute, University of Minnesota.

9. Genetic PKU Family Study, in cooperation with Dr. Lee Schacht, Minnesota Department of Health.

10. The evaluation of the Guthrie "Inhibition Essay" in cooperation with Dr. R. Fisch and Dr. B. Anthony, University of Minnesota, in the process of publication.

11. Dermatoglyphics in Microcephaly, in cooperation with Dr. M. Alter, Head of Department of Neurology, Veterans Hospital.

This is a commendable contribution by Dr. Bruhl, but the job is not done. Indeed, the job has just begun. There are about 6 million retarded folks in the United States; 200,000 in state institutions in this country. More research both at a biochemical and a social interaction level is necessary. More people like Dr. Bruhl are needed. To employ this type of qualified individual, we must have many more positions allocated and at least a $6500 increase in the "super" pay ranges.

With the development of the addressograph system--HIP financed--Faribault State Hospital has the potential for development of most significant programs in diagnosis, etiology, and biochemical aspects of mental retardation.

Developing programs in education, vocational training, habit training, etc., allow the possibility for evaluation and research available at no other facility.

Stimulation needs also to be given in the area of training professional staff to work with the handicapped. Educators, psychologists, social workers, physical therapy, occupational therapy, all offer valuable training areas. A coordinated and developed multi-disciplinary research and training group would be exceptionally valuable.

Treatment and Training Needs

Again, using Dr. Vislie's comments as a guide we find training deficiencies at FSH in the following areas:

1 Vocational Training

a. There should be more training classes and workshops.

b. There should be enough facilities to cover training, education and work each day (five to eight hours) for almost every patient.

c. Some buildings ought to be used as workshops.

d. Opportunity for work training and work should be the right of every mentally retarded person. Hence, we should have training workshops, occupational workshops and industrial workshops. Program of work should cover 80 per cent to 90 per cent of the adult

e. Lack of vocational training opportunities is most critical. A review of achievement goals for the severe, moderate, and educable child related to vocational potential is in order.

f. A serious deficiency is the lack of vocational instructoral

Currently only 600 of our 2,000 residents are involved in vocational programs. With the exception of a few (not more than 25), these residents are working primarily to help the hospital. We need to develop sheltered workshops, vocational evaluation areas, programs which offer skill training as well as appropriate training programs in independent living and use of money. The development of this program is also dependent upon funding and programming to be offered by the Division of Vocational Rehabilitation, Department of Education. So far the aid this Division of the Department of Education has given us is almost non-existent. We can and will establish these programs; however to do so we must have more staff, more equipment and space available in our buildings.

Personal Care and Behavior Shaping

Dr. Vislie's comments:

1. The wards are too large to work effectively with small groups of patients.

2. Feeding patients should be done by staff personnel, and not other patients.

3. The institution should not have more than 1,000 patients, and steps should be taken to provide small living units with the facility in order to establish individual care.

4. Buildings should be set up for training groups--self-help and occupational skills.

5. Racks for individual towels and washcloths are not available and should be.

6. There are no play therapy facilities and there should be.

7. More attention should be given to feeding of non-ambulatory patients.

Most of these deficiencies could be corrected with increased staff and more equipment.

It boils down to this: the Faribault State Hospital needs more positions even if our population drops to 1,500. Moreover, we need the kind of salaries, working conditions, side benefits, etc., that will assure us we can fill these positions with qualified and dedicated personnel. How many new positions? According to the table of standards, 505. It would be possible to temporarily hold ninety-four of these new positions, if the state budget simply could not afford all 505. However, the remaining 411 positions are an absolute necessity, if we are to provide any kind of effective treatment program.

Salaries for Patient Workers

Six hundred of the mentally retarded men and women at the Faribault State Hospital do some kind of work associated with the operation of the institution. In almost every case the institution receives benefit from the work done. Indeed, if it were not for our working patients it is doubtful that the institution could even operate. However, our resident workers are very poorly paid. Three hundred working residents receive

$2.00 a month. In terms of hourly rates this is less than two cents per hour! Our working residents work 168 hours a month. In some cases these are split shifts or nights, or week-ends and holidays. Not only are the hours long, but the work is often messy and dirty. Yet, $2.00 a month is maximum pay. Most of our resident helpers earn $1.50 or even $1.00 a month.

When these same persons leave the institution and, for example, go to a sheltered workshop, they come under protection of federal legislation that prevents economic exploitation. No such protection exists within the state hospital system. The point is this: I believe money should be appropriated to pay our resident helpers who can manage money up to at least $50.00 a month instead of the rediculous allowance of $2.00 a month.

The following are some of the reasons for raising the hourly rate:

1. Two cents an hour raised interesting questions as to how much we value the resident worker as a person.

2. Two cents an hour is archaic. The resident worker stands only two cents away from surfdom.

3. Two cents an hour is unjust. It allows too little separation in distinguishing persons who work faster or more effectively.

4. Two cents an hour does not help prepare persons to return to the money economy they will encounter away from the institution. One does not learn perspective in money management with that amount; there is little incentive to save or budget.

5. Two cents an hour is not an incentive when you know it is the top of the range. It breeds cynicism and hostility amongst the resident workers to-towards the institution.

We have worked out a more equitable plan for reimbursing residents for their work. It includes more steps and, we believe, the upper ranges will be more realistic. However, since it is a new request, we have not been able to place it in the coming biennial budget. Nevertheless, it should be requested. And, the request is as follows:

Recommended New Pay Groups	Est. No. of Residents In Group	Mean Salary	Monthly Pay for Each Group
$ 5 - $10	200	$ 7.50	$ 1,500.00
$10 - $25	400	$17.50	$ 7,000.00
$25 - $50	70	$37.50	$ 2,625.00
			$11,125.00
	Total pay each year of biennium		$133,500

Building Needs

During the past several years experts and accreditating agencies have commented on the need for improving the physical plant at the FSH.

The American Association on Mental Deficiency conducted a review at this institution (October 23-26, 1967) and made these comments about our living areas:

1. Many resident living areas are completely inadequate, representing serious fire hazards as well as management and programming problems.

2. The dayrooms are too large and create chaotic conditions.

3. Obsolete resident care facilities should be abandoned.

4. There is a serious need for additional work space and equipment for staff.

5. The equipment and storage space are completely non-functional in almost all ward areas.

6. There is no space available for vocational training facilities.

7. Recreation facilities are lacking; for example, there are no wading or swimming pools.

8. A chapel is badly needed.

9. The facilities for ward personnel and ward reception areas, as well as counseling rooms, could be vastly improved in many resident areas.

Dr. H. Vislie made these comments about our buildings:

1. Faribault has no building (ward unit) suitable for mentally retarded children. (This is amazing! We have over 500 retarded children and, according to an expert in retardation, not a single suitable building for them!).

2. Some buildings may be useful for children, if the large ward areas were partitioned. However, the recommendation is new buildings for children.

3. A plan needs to be worked out for remodeling--which building is used for housing, which for workshops, and which should be torn down. Faribault has an urgent need for workshops.

4. The units should be smaller. For children they should be between eight and twelve beds; for adults, not more than sixteen. There should be between one and three beds in each bedroom. Presently there are twenty, thirty, and even forty beds or more in the same room in some buildings. Units should have dayrooms and hobby rooms; children's units should have a separate dining room connected with a small kitchen.

5. There should be day activity centers in institutions--two per 1,000 patients.

The Joint Commission on Accreditation in its review of buildings and facilities at the FSH (May 24-26, 1967) pointed to the lack of sprinkler systems and serious overcrowding in many cases.

In general the message is that the physical plant of FSH needs improvement and there are too many patients at this institution. Let's consider these two points separately.

The problem of overcrowding has been helped considerably by the transfers to other institutions and placements in the community. Yet, we will continue to be overcrowded until our population reaches 1500. We will not be able to reset this figure by transfers alone. But, if the following were enacted by the legislature, we probably would have all overcrowding in state institutions relieved:

1. State reimbursements to counties at the same rate per licensed community facilities as the state now pays for care in state institutions.

2. Increase state aid appropriation for sheltered workshops.

3. Increase state aid appropriations for day activity centers.

4. Construction of a total care facility for retarded near the Twin City area to serve Hennepin and Ramsey Counties.

5. Requiring school districts to provide special education services for educable and trainable children.

Now, what changes do we need in the Faribault State Hospital's physical plant to provide adequate care, treatment and training for our residents?

Our request to the Legislative Building Commission (August 11, 1967) contains these requests:

		Cost
1.	Roof replacement	$ 38,500
2.	Two passenger elevators for the hospital building	70,000
3.	Tuckpointing	17,500
4.	Renovating exterior and interior - Sioux Cottage	150,000
5.	Replacement of floor - Rogers Auditorium	23,000
6.	Temperature control - Rogers Auditorium	*
7.	Remodeling hospital building	*
8.	Replace steam service line	15,000
9.	Rewiring street lighting and fixtures	50,000
10.	Plumbing improvements	25,000
11.	Ventilating	25,000
12.	Service roads and parking areas	30,000
13.	Oil storage	*
14.	Central shops and garage building	*
15.	Razing buildings	20,000
16.	Temperature control - Administration Building	*
		$464,000

*Cost estimate to be determined by state architect.

To this request we are adding an amended appropriation request of $100,000 which will allow us to:

1.	Partition large dayrooms	$14,032.00.
2.	Partition dormitories into two, three, and four bed sleeping areas	13,888.00
3.	Provide individual clothing storage at bedside areas	48,900.00
4.	Improve bathing and toilet facilities	29,350.00

Besides this request for about $570,000 from the building commission, we need an additional $101,830 in our special equipment budget. The $86,005 listed in this account is far short of what we need for providing adequate living conditions for our residents and adequate working conditions for our employees. The addendum to our "official" special equipment request is arranged in priorities as follows:

Priority No.		Allotment	Estimated Cost
1	1 - Safelift	54	600.00
2	36 - Overbed tables		1,512.00
3	24 - Phonographs variable speed	54	576.00
4	1 - Marking machine	56	975.00
			3,663.00

Priority No.		Allotment	Estimated Cost	
5	Group Therapy Equipment			
	2 - Overhead projectors		340.00	
	3 - Portable chalkboards		171.00	
	1 - Movie projector		613.00	
	9 - Kidney shaped tables		594.00	
	8 - Swinging park benches		352.00	
	2 - Playground shelters		1,050.00	
	16 - Ring-a-round tables		1,080.00	
	6 - Pik-Snak tables		534.00	
	4 - Miracle whirls		1,192.00	
	2 - Miracle slides		237.00	
	3 - Relax-a-bench		150.00	
	8 - Club chairs		160.00	
	8 - Tete-a-tete		376.00	
	8 - Settees		296.00	
	1 - Swinging aero bench		238.00	
	1 - Seesaw		283.00	
	1 - Wading pool		278.00	
	4 - Rock-o-gliders		120.00	
	2 - Tape recorders		340.00	
	3 - Miracle swing sets		678.00	
	1 - Folk guitar		75.00	
	1 - Television set		300.00	
	Stereo and wiring for 2 wards		500.00	
				9,257.00
6	4 - Dishwashers		28,000.00	
7	25 - Floor fans		1,000.00	
8	1 - Turf sweeper		1,850.00	
9	1 - Walkin refrigerator		2,500.00	
10	2 - Coffee makers		1,790.00	
11	7 - Examination tables		1,872.00	
12	20 - Treatment carts		960.00	
13	1 - Dish cart SS		333.00	
14	1 - Projector, movie		775.00	
15	2 - Overhead projectors		370.00	
16	12 - Refrigerators, medicines		960.00	
17	6 - Heavy duty vacuum cleaners		1,140.00	
18	1 - Overedger		710.00	
19	10 - Living room counhes		1,600.00	
20	70 - Living room chairs		5,600.00	
21	100 - Plexiglas chairs		2,395.00	
22	5 - Hot mobile food conveyors		2,390.00	
23	1 - Microspray chute washer		280.00	
24	1 - Complete set videocorder with all accessories		2,900.00	
25	8 - Portable scaffoldings		2,088.00	
26	1 - Corner staircase - 30" wide minimum		345.00	
27	2 - Adult relaxation chairs		350.00	
				60,208.00
		Sub Total		73,128.00

Priority No.		Allotment	Estimated Cost
	Brought Forward		
28	2 - Combination slide & strip projectors		
29	100 - Folding chairs - redwood		260.00
30	100 - Chaise lounge chairs		600.00
31	80 - Folding chairs - steel		1,200.00
32	6 - Portable typewriters		320.00
33	8 - Standard typewriters		840.00
36	8 - Linen delivery carts		1,520.00
37	6 - Laundry trucks, 18 bu.		1,600.00
38	4 - Laundry trucks, 20 bu.		330.00
39	6 - Laundry trucks, 12 bu.		248.00
40	50 - Geriatric chairs		246.00
41	1 - Power sewing machine		2,750.00
42	1 - Ice cream maker		585.00
43	2 - Newcombe variable speed phonographs		4,000.00
44	1 - Variable speed portable phonograph		188.00
45	1 - Variable speed phonograph		94.00
46	20 - Bookcases		152.00
47	50 - Folding tables		1,340.00
48	21 - File cabinets		400.00
49	13 - Office desks		1,344.00
50	1 - Ford club wagon (nurses and patients)		1,352.00
51	1 - Carry-all truck (watchman)		3,200.00
52	1 - Tape recorder		2,500.00
53	2 - Adding machines		185.00
54	14 - Clinic scales		240.00
55	7 - Electric ranges		1,008.00
56	1 - Medical respirator, Byrd		1,400.00
			800.00
			28,702.00
	Total		$101,830.00

Our official budget request states that we will be able to feed our residents for 70¢ and 71¢ per patient per day in the coming biennium. This is not enough. It restricts us on the amount of fresh fruit and meat we will be able to feed our patients. It is such a tight request that we will not even be able to feed our residents with snacks. We cannot be shorted in this account. I feel we must have at least 74¢ per patient per day. This raises the total request in item 35 (Provisions) of the current expense section $66,710 for the biennium (i.e. $36,370 the first year and $30,340 the second year).

The total request was $416,230 the first year and $396,260 the second year. This should be <u>at least</u> $453,600 the first year and $426,600 the second year.

Summary:

The "official" budget submitted to the legislature does not express the Faribault State Hospital's true needs. Itemized here are the increases we need.

	Amount Officially Requested	Amount Actually Needed
New positions (increased staffing)	0	411
Salaries for patient workers	$.14,000/year	$133,500/year
Alterations in physical plant (requested from building commission)	464,000	570,170
Special equipment	86,005	187,835
Provisions (Item 35 or current expense) 1st yr.	416,230.00	453,600.00
2nd yr.	396,260.00	426,600.00

Allow me to conclude by saying that when all these requests are granted, we will only be doing an adequate job. These increases are not aimed at doing a super job. In this sense the budget is minimal. If we are to do a real "top notch" job, the appropriations would have to be considerably more than here requested.

One last note. I recently visited Pacific State Hospital in the Los Angeles area. They have 2700 patients; the same as we had eighteen months ago. But, instead of 450 Psychiatric Technicians, they had over 1100. Instead of two Psychologists, they had thirteen; and instead of six Physicians, they have twenty-six. They had more help in one institution than we have in all three institutions for the retarded in the State of Minnesota. Is Minnesota going to remain this way?

Very truly yours,

Roger A. Johnson, MD

Roger A. Johnson, M.D.
Medical Director

RAJ:lf