

WAS  
OUR NAME

Faribault  
State  
Hospital

Faribault, Minnesota 55021

## ABOUT FARIBAULT STATE HOSPITAL

Founded in 1879 as an experimental department of the Minnesota School for the Deaf, Faribault State Hospital was established as a separate institution for the care and training of the mentally retarded in 1881. It is now the largest institution administered by the Department of Public Welfare in Minnesota.

The purpose of Faribault State Hospital can be described briefly as a systematic effort to "Reduce Dependency." When dependency is decreased the individual receives a better opportunity to lead a more normal life. For those who are unable to attain full independent function, life can still be fruitful, happy and as independent as achievement allows. We believe that this philosophy is in keeping with the individual basic right to human dignity.

## ABOUT OUR FACILITY

Houses. . . . approximately 1500 residents in 26 buildings; in addition to 52 administration, classroom, and service buildings; acute hospital; central kitchen and bakery; laundry; power plant; maintenance shops; greenhouse; etc.

Employs... 1,000 staff performing 90 various types of work.

Performs...research into causes, treatment, and prevention of mental retardation.

Spends....a budgeted \$9,600,000 of state revenue annually.

## ABOUT OUR RESIDENTS

Approximately 100 are admitted, 150 discharged annually.

5% are under 10 years of age

30% are 10 to 19 years old

65% are 20 years or older

35% are severely retarded

50% are profoundly retarded

15% are mildly or moderately retarded

80% are ambulatory

3% are partially ambulant

14% are confined to wheelchairs (3%) are bedfast

10% have been here less than 2 years

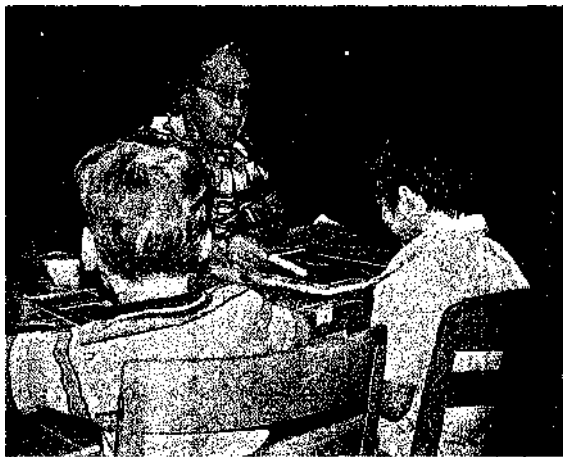
60% have been here 2 to 20 years

30% have been here 20 years or more

## UNDERSTANDING THE NEED

Mental Retardation is "sub average general intellectual functioning which originates during the development period and is associated with impairment in adaptive behavior." (American Association on Mental Deficiency)

Briefly, mental retardation is a state of incomplete mental development. It is not an acute mental or emotional illness. Occurring in 1 to 3 out of every 100 persons it develops before birth, at birth, or in early childhood. Even though mental retardation affects approximately 3% of the population, only 4% of the retarded are institutionalized.



Mental retardation has many causes, only some of which are known, such as: certain infectious diseases, injuries to the brain, glandular disorders, inheritance of specific dominant or recessive genes and abnormal conditions of pregnancy or childbirth. Retardation may appear in any family, varies in severity, and may be accompanied by physical, social, or mental disorders. This is usually irreversible, but modern research is discovering means for early detection, correction and improvement. In mild cases, mental retardation cannot always be clearly distinguished from normal intelligence.

The mentally retarded person requires specialized services in his community and may need temporary or permanent institutional care and treatment. Retarded individuals can often be rehabilitated and returned to the community.

## SERVING OUR RESIDENTS

residents are here because they require unique training and care for their mental retardation, which cannot be provided in the home or local community. There are often multiple physical disabilities accompanying the mental factors which must receive care and attention as well.

The hospital's programs are designed to meet not only common basic human needs, but in addition, specific individual needs - most of which vary according to age, mental and physical ability, educational experience and level of social adaptability.



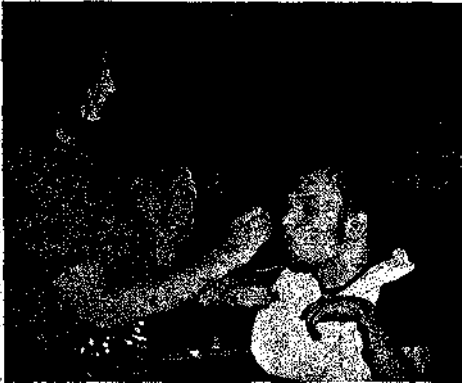
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## PERSONAL SERVICES

In keeping with our cultural philosophy that the individual be considered foremost and that each person be assured of the right to participate in society, we feel it necessary to assist any, who by themselves, are unable to exercise this right. Our assistance is best employed in aiding those needing help to reduce their dependency on others.

To assist [those with such personal needs, skilled professional and non-professional staff carry out carefully designed activities, beginning with self-help skills such as toilet training, self-feeding, dressing, and personal hygiene. As proficiency increases in these basic skills, further endeavors are initiated to master these and higher caliber activities. Working at a pace comfortable to the resident, attempts are made to reach the highest possible level of training and independence.

Because of the nature and diversification of personal needs, and the fact that our residents are involved in full time occupancy at the hospital, an effective total care and training effort must be maintained. Operating on a 24 hour day, seven day week schedule provides residents with the opportunity to develop and apply newly learned skills. They also learn to cope with living requirements in consistent and relative perspective without the strain of social pressures and discouragement often presented to them in our demanding society today.



The greater share of basic training is presented in the resident's own building. Staff of various disciplines working together are able to note accelerated progress and at the same time minimize problems caused by separate and uncoordinated individual efforts. When residents acquire skills permitting greater self-reliance, their training is intensified. Learning need not be burdensome even though it may include a great deal of effort on the part of both teacher and student. An integral and well planned program of recreation and entertainment presents physical activity, coordination, friendship, competition and encouragement. As we ourselves believe it is necessary for maintaining a proper life balance, we encourage our residents to participate in as many wholesome activities as possible.

Public school is not possible for all of the mentally retarded; however, approximately one third of our residents are involved in formal school special education. Here, reading, basic mathematics, time relationships, and personal and social skills are presented. The instruction is carefully designed for individual application to each student's own ability and potential.

Vocational preparation is begun during adolescence through classroom discussions, visits to community work centers, and preparatory training in job skills necessary to accomplish related tasks. Older adolescents and adults are encouraged to participate in short term, educational work responsibilities in various institution service areas under supervised direction and supportive training instruction. This exercise is designed to build better work tolerance and habits. Residents are given the opportunity to participate in the functions of a Work Activity Center, an actual business enterprise which allows its resident employees to develop work skills in an on-the-job training exercise with a realistic production and industrial atmosphere. Here the individual can obtain diversified assembly and motor skills for potential outside employment while yet in a sheltered environment. While engaged in this work, wages are paid according to the ability to produce. Eventually a resident may be able to return to the community and function with more reliance on his own capabilities.

Continuous evaluation of abilities and counseling attempts are made in an effort to maintain emotional stability and to help establish socially acceptable attitudes and behaviors. Periodic and regular testing also provides valuable information to both the staff and resident as to the accomplishment of desired goals,

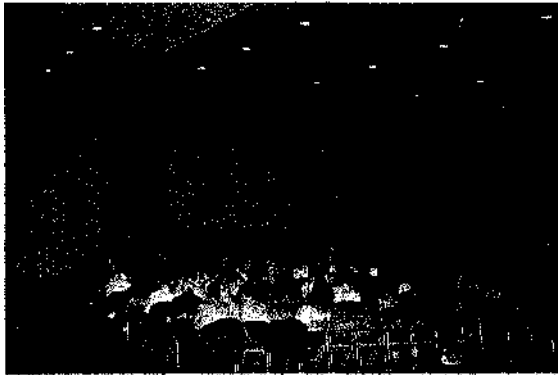


Residents have many areas of need which must be met in the same way as provision is made in the local community. Health care is one of the most important of these necessary services. A medical staff of doctors and nurses provide care and treatment during illness and injury. They also serve to develop and maintain better health programs in education and prevention of disease, diagnosis and treatment of past and current physical and mental disabilities, and counsel to other staff members dealing with resident care. Specialists in dentistry, physical and occupational therapy, speech and music

therapy, special education and psychological services, as well as research experts, support the medical staff and offer further assistance in a total care and rehabilitation program.

In addition to arranging resident admissions, vacations, and placements in the institutional programs and possibly eventual return to the community, a staff of social workers offer valuable casework services to residents, their families, and county welfare agencies. These parties are encouraged to take a continuing active part in the residents' life and rehabilitation.

Spiritual and religious needs are met through the services of chaplains and volunteers providing training, moral direction, counseling and comfort. These services are provided through regular worship and educational programs in accordance with each individuals own specific religious background.



### SUPPORTIVE SERVICES

In order to provide and maintain the facilities, staff, and activities of this hospital, a supportive group of services work in harmony with the resident centered programs. These services concern themselves with the administration, business and funding, staff training and personnel needs, laundry, building and grounds care, and dietary and food preparation responsibilities.

Obviously the task of providing for these many needs cannot be accomplished by the staff alone. Faribault State Hospital depends on hundreds of volunteers who graciously give of time and talents to provide for the productive, wholesome and constructive well being of the many residents who naturally appreciate their kindness and concern.

## RESPONSIBILITY AND CARE FOR THE MENTALLY RETARDED

Mentally retarded individuals in need of special care, treatment or training may be admitted voluntarily or as committed wards of the Commissioner of Public Welfare. Commitment as a mentally deficient person takes place in the probate court of the person's county of residence only after the facts which may indicate a possible need for supervision are carefully weighed. A committed person may remain in the community under supervision of his county welfare department or, if special care or training is required, may be referred for entrance to this or another state institution.



Admission is arranged as part of a carefully worked out plan involving the retarded individual, his family, the county welfare department and the institution. Pre-admission visits by the family are a part of this process.

The state legislature appropriates funds to carry on the institution program,, These are used for food, clothing, shelter, staff salaries, supplies and equipment of all sorts, and special expenses involved in education, rehabilitation and treatment. The state charges the cost of care to the person or his estate. If the individual cannot pay and is under 21 years of age, parents are responsible for an amount up to 10% of the cost. The county is also charged monthly.

The resident's family furnishes his initial clothing supply, It is desirable that they continue to furnish clothing, but the institution will supplement the supply if necessary. Families also provide money for purchases at the institution canteen or in the local community, and residents in vocational placements receive a small spending allowance from the institution.



### WE WELCOME VISITORS

We encourage all those interested in Mental Retardation and our facility to contact us for further information. School groups (11th grade and above dealing with related curriculum), church, service and community interest groups may visit and tour to obtain knowledge of programs and needs. Tours must be pre-scheduled.

### TO ARRANGE FOR A TOUR:

1. REQUEST EARLY - at least 3 weeks in advance contact: Director, Community Relations, Faribault State Hospital, Faribault, Minnesota 55021, (507) 334-6411# ext. 323.
2. STATE SIZE of tour group and preferred date. i
3. BE ON TIME - tours begin promptly at 9:00 a.m. and 1:00 p.m. A two-hour tour will ordinarily include orientation, visits to several representative buildings and/or slide or video tape presentations. A final critique period is held to clarify and answer your questions. [Remember, tardiness is inconvenience. \
4. PREPARE for your visit by reading, seeing available films, or having a knowledgeable speaker. Literature on mental retardation may be obtained from Faribault State Hospital or from the following:
  - a) Minnesota Assn. for Retarded Children, Inc. 3225 Lyndale Ave. S.; Minneapolis, Minnesota 55408.
  - b) National Assn. for Retarded Children, Inc.; 2709 Avenue "E" East; Arlington, Texas 76011
  - c) The Joseph P. Kennedy Jr. Foundation; 1701 "K" Street NW - Suite 205; Washington, D.C. 20006.
  - d) Minnesota Dept. of Health; Section of Health Ed.; U of M - 717 Delaware St.; Minneapolis, Minn. 55440
  - e) Films may be obtained at no cost from: Minn. Dept. of Public Welfare Film Library, Centennial Building, 658 Cedar St., St. Paul, Minnesota 55155.

The following films are suggested:  
Introducing the Mentally Retarded  
Into the World  
Mental Retardation  
How are You?  
Helping Hands  
World of the Right Size



their  
future  
depends  
on it!