THE NEXT STEP

GOALS FOR INSTITUTIONS SERVING THE RETARDED

Prepared By Minnesota Association for Retarded Children

MINNESOTA ASSOCIATION FOR RETARDED CHILDREN

GOALS FOB STATE INSTITUTIONS FOR THE RETARDED

The Minnesota Association for Retarded Children bases its institutional position on two premises:

1. Our state institutions should provide EDUCATION, TRAINING, AND HABILITATION SERVICES to their residents in order that they may become as independent as possible.

2. State institutions should provide the most humane care possible to that group of its citizens who are disadvantaged through no fault of their own.

With this in mind, the Minnesota Association for Retarded Children is making suggestions having to do with staff and appropriations for our state institutions for the retarded.

Our institutional program has grown in its humane concern for individuals across the past twenty years. Our legislature has provided facilities which have brought our state institutions from bad custodial institutions to good custodial institutions. However, it is our hope that we can make the beginning which will turn institutions into habilitation facilities, not custodial facilities. For example, there are 815 people who have been in our state institutions as residents for more than 30 years. Our contention is that many of these people, with proper training and direction, could have been habilitated to become useful, productive citizens in society. To do this would have taken training, educations and habilitative therapy and the outlay of some dollars. On the other hand, these 815 residents have cost the taxpayers many millions of dollars and have suffered the degradation of being less than persons for, regardless of how good an institution may be in its care of people, it still has a depersonalizing influence on people. We feel that this failure to provide education and habilitation is a costly business. With the proper facilities, training, staff, and equipment, we can bring our state hospitals to the point that fewer people will have to spend thirty years of their lives in an institutional environment.

Enclosed in this report are some statistical tables which outline the need for projected staff positions in our state hospitals. These requests are based upon exhaustive studies which

have been done by the American Association on Mental Deficiency in cooperation with the National Institute of Health. These are minimal standards which involve philosophy, practices, and goals, which those responsible for residential institutions should strive to achieve and maintain in order to insure the kind and quality of institutional services needed by the mentally retarded.

Governmental institutions for the retarded came about in western society through industrialization and urbanization. They developed as one part of the total institutionalization, and removal from society, of the helpless, sick, and others considered liabilities. Whereas previously, in an agricultural society, the crippled, psychotic, aged, orphaned, criminaled, destitute, and retarded were either cared for at home or permitted to die; the arrival of the industrial revolution lead, for humanitarian and pragmatic reasons, to the enclosure of these unfortunates in ever larger congregate institutions. Much of the thinking and effort behind these institutions was humanitarian in intent. In practice, these institutions could not offer much more than the barest level of existence. As a result, a negative attitude toward the people who worked in them was firmly established. Over the years, many changes for the better have occurred, usually alter decades of struggle and frustrating periods of backsliding. As part of these efforts towards change, broad statements of goals and necessary measures to reach them were proposed by the professional Leaders in the field of retardation. The standards that were produced and have become the guidelines for state institutions for the mentally retarded were developed out of this background and are the results of the statements of the leaders in the field of mental deficiency.

The Association on Mental Deficiency has explored the whole area of institutionalization, has reviewed needs for research, personnel, and program by stimulating growth and by establishing plans and standards for operations. These standards have become the guides for efficient and optimal operation, and the future progress, of our state institutions.

Standards were developed because specific operational guidelines were needed by professional workers who had to know what targets to aim for. They needed to know what was

necessary in terms of personnel, physical facilities, and organization to secure an acceptable institutional operative level. Legislators needed official national standards to gage acceptable levels of program and personnel in order to reach decisions concerning financial support, and in writing laws for the just and humane treatment of the retarded. Finally, guidelines were needed as a base from which operational and impirical research could take off for the eventual maximal improvements of efforts in behalf of the retarded.

With the foregoing as background and using standards for staff as developed by the American Association on Mental Deficiency, we propose to show that our state institutions, even after increases in patient Rare staff by the last two sessions of the legislature, do not begin to meet minimal standards.

Table #1 shows the degree of retardation and numbers of persons in each of those categories along with present staff. The number of staff needed is based upon the standards developed by the A.A.M.D. For example: to provide 24 hour a day training and care for profoundly retarded persons 365 days per year requires one psychiatric technician to each 1.6 persons. Hence, an additional 321 patient care personnel are needed in our state institutions to adequately provide minimal care for the profoundly retarded. To adequately fill out the total psychiatric technician complement at our state institutions for the retarded would require an additional 990 positions.

Table #2 shows the professional staff which would be needed in our state institutions to bring them, once again, to minimal standards. Many of our people in state institutions receive only token training because there are not enough trained professionals to direct training programs for the retarded.

Table #3 shows the totals for each institution in the training and care of patients . . . 514 for Faribault, 423 for Brainerd, and 511 for Cambridge. We emphasize again that this staff will provide only minimal training; it will not necessarily provide excellence.

Table #4 is a projection of populations in our state hospitals for 1969-70 and 1970-71. Hospitals for the mentally ill are included because they are slated to receive a number of transfers from our hospitals for the retarded. Even with the projected transfers, one can see that additional personnel are going to be required for all institutions.

For example, the institutions for the retarded will require more, not less, staff since many of their working patients will be transferred. The population which will remain at these institutions will be more severely and profoundly retarded — thus requiring more intensive care. The following table shows the population and staffing at Faribault State Hospital in four of the buildings housing long-time institutionalized people along with the staffing ratio as outlined by the American Association on Mental Deficiency:

Number of Staff Assigned in Dakota, Hickory, Poppy, and Holly Building.

August, 1968

Building	Population	SHIFTS Morning		Afternoon		Night		Relief		Total'	
		Actual	AAMD Stds-	Actual	AAMD Stds.	Actual	AAMD Stds.	Actual	AAM D	Actual	AAMD Stds.
Dakota	94	4	13	4	11	1	3	4 1/2	15	42	13 1/2
Hickory	100	4	14	4	12	1	3	4 1/2	21	50	13 1/2
Poppy	82	4	13	3	11	1	3	4	16	42	12
Holly	88	5	13	4	11	2	3	5 1/2	15	42	16 1/2

To maintain these buildings twenty-four hours a day, 365 days a year, with adequate, minimal staffing would require an additional 120 persons on this building alone.

Tables #5, 6, and 7 of this report are indicative of several things which take place in our institutions for the retarded.

People can be hired for positions but they do not stay. 582 people resigned from our state institutions last year while an additional 301 left for unknown reasons. In any event, 39.5% of the personnel at our institutions for the retarded separated for one reason or another.

Cambridge and Faribault lost employees at a rate of 46 and 45.9% respectively. While Cambridge and Faribault lost almost half their employees in 1968, Brainerd, on the other hand, lost only 19.3% of their personnel. Brainerd is in the enviable position, at least in the institutional world, of having a new facility in which to work. Cambridge and Faribault have many buildings which are old, ill heated, and ventilated, and by all rights should be razed, However, they present unwholesome working conditions.

Then, too, Brainerd docs not have industry competing for its labor market as Cambridge and Faribault have. Industry which has a more attractive pay plan and good working conditions is simply more attractive to work in than a state hospital which requires work on week-ends, holidays, and offers poor working conditions. Little wonder, then, that there is such a turnover in personnel at Cambridge and Faribault.

To correct the continual loss of staff at our state hospitals, the following things must be done:

1. Increase the staff ratios to A.A.M.D. standards. It is frustrating to work with patients when you know that you haven't given your best because there just was not enough of you to go around.
2. Pay increases should be granted to all of our people in state hospitals. Physicians, for example, cannot be paid enough in our state hospitals to attract and keep them since neighboring states start a physician at our maximum pay scale.
   Psychiatric Technicians, who are responsible for patient care and training, are paid less than janitors in our state institutions. Their beginning pay scale is barely above the poverty level if they have a family to support.
3. Some of the buildings are intolerable places in which to live and work. Razing of old buildings at our state institutions would be of great benefit. Reducing the population would further help.

These are the beginnings to good programming for people in our state institutions. Further things which are required are equipment with which to work beyond the bare subsistence level. Until these things are done, we will fail to provide the care and training for people which will free them from the de-personalizing confinement to which they are now relegated.

TABLE #1

PSYCHIATRIC TECHNICIANS NEEDED IN M.R. INSTITUTIONS ACCORDING TO

STANDARDS DEVELOPED BY THE AMERICAN ASSOCIATION ON MENTAL DEFICIENCY

Degree of Retardation	Number of Residents by Category at FARIBAULT	Present staff	Number Needed	Number of Residents by Category at BRAINERD	Present Staff	Number Needed	No. of Res. by Category at CAMBRIDGE (Includes Lake Owasso)	Present Staff	Number Needed
Profound	331		206	138		86	158		99
Severe	737		460	338		211	397		248
Moderate	585		188	466		212	464		211
Mild	195		62	117		38	207		67
Unclassified and Borderline	22		5	173		56	307		99
TOTALS	1870	565	921	1232	267	603	1523	331	724
			-565			-267			-331
No. of Technicians Short			356			336			393

TABLE #2

PROFESSIONAL STAFF NEEDED IN M.R. INSTITUTIONS ACCORDING TO

STANDARDS DEVELOPED BY AMERICAN ASSOCIATION ON MENTAL DEFICIENCY

Professional Classification	FARIBAULT		BRAINERD		CAMBRIDGE	
	Present Staff	A.A.M.D. Standards	Present Staff	A.A.M.D. Standards	Present Staff	A.A.M.D. Standards
Occ. Therapists	6	15	5	12	3	15
Teachers	18	55	19	59	37	70
Rec. Therapists*	5*	10	7*	8*	1*	10
Physical Therapists	1	9	2	2	20	2
Speech Therapists	1	5	3	3	0	4
Chaplains	2	3	2	2	2	2
Psychologists	3	9	4	7	4	9
Social Workers	12	18	10	12	12	15
Physicians	4	8	1**	5		7
Psychiatrists	0***	2	0	2	1	2
Registered Nurses	25****	93	33	61	31	76
Dentists	3	2	1	1	2	1
Pharmacists	2	3	1	1	1	1
TOTALS Professional Staff	82	240	88	175	96	214

* Patient Activity Assistants Total 56 for the 3 Institutions

** Brainerd Uses Community Physicians on a Contractural Basis

*** Faribault Uses Two Consultant Psychiatrists

**** Faribault Has 23 L.P.N.'s

TABLE #3

TOTAL NUMBERS OF ADDITIONAL STAFF NEEDED TO BRING STATE M.R. INSTITUTIONS TO STAFF LEVEL RECOMMENDED BY THE AMERICAN ASSOCIATION ON MENTAL DEFICIENCY

STAFF	FARIBAULT	BRAINERD	CAMBRIDGE	TOTALS
Psychiatric Technicians	356	336	393	1,085
Professional Staff	158	87	118	363
TOTALS	514	423	511	1,448
Staff Cost Fiscal Year 1968	$6,207,497	$4,483,536	$2,963,988	$13,655,021
Additional Cost Per Year	4,626,000	3,807,000	4,599,000	13,032,000

TABLE #4

PSYCHIATRIC TECHNICIANS NEEDED IN M.R.-M.I. INSTITUTIONS
ACCORDING TO STANDARDS DEVELOPED BY THE
AMERICAN ASSOCIATION ON MENTAL DEFICIENCY
BASED ON PROJECTED POPULATIONS

	Estimated Residents	Recommended Staff		Estimated Residents	Recommended Staff	
Institution	1969-70	Present	Future	1970-71	Present	Future
Brainerd	1,200	267	603	1,180	267	603
Cambridge	1,200	331	572	1,150	331	572
Faribault	1,550	595	969	1,450	565	906
Fergus Falls	100	0	48	200	0	96
Anoka	-0-			-0-		
Hastings	100	0	26	100	0	26
Moose Lake	65	0	17	65	0	17
Rochester	100	0	63	100	0	63
St. Peter	385	0	11	450	0	13
Willmar	-0-			-0-		
	4700			4695		

TABLE #5

REASONS FOR TERMINATION OF EMPLOYMENT AT

STATE INSTITUTIONS FOR THE MENTALLY RETARDED

1967-68

Institution	Resignation	Retirement	Dismissal	Lay-Off	Termin. of Prov. Appt.	Death	Transfer Out	Termin.of Trainee	Other	Total
Brainerd	79	0	3	0	8	0	0	18	0	108
Cambridge	278	7	1	0	14	0	9	6	50	365
Lake Owasso	19	0	1	0	1	0	1	0	2	24
Faribault	179	24	11	0	2	2	6	14	249	487
Owatonna	25	4	4	8	3	0	3	0	0	47
Shakopee	2	0	0	0	0	0	0	0	0	2
TOTALS	582	35	20	8	28	2	19	38	301	1,033

TABLE #6

SEPARATION RATES FOR PERSONNEL AT

STATE INSTITUTIONS FOR THE MENTALLY RETARDED

IN PERCENT BY FISCAL YEAR

Institution	F. Y. 1964	F.Y. 1965	F.Y. 1966	F.Y. 1967	F.Y. 1968
Brainerd	24.5	21.2	29.5	23.4	19.3
Cambridge	23.8	31.5	41.8	46.3	46.0
Lake Owasso	24.3	23.3	41.9	32.7	48.0
Faribault	13.3	17.1	27.2	27.5	45.9
Owatonna	21.2	29.0	33.1	25.0	32.9
Shakopee	10.0	—	—	—	20.0
AVERAGE	19.2	23.3	32.6	32.3	39.5

TABLE #7

SEPARATION RATES FOR

NURSES AND PSYCHIATRIC TECHNICIANS

STATE M.R. INSTITUTIONS

IN PERCENT

	NURSES			PSYCHIATRIC TECHNICIANS		
Institution	1966	1967	1968	1966	1967	1968
Brainerd	26.7	13.7	20.0	32.5	33.7	18.4
Cambridge	27.3	15.0	29.6	38.7	34.6	45.4
Lake Owasso	33.3	33.3	33.3	47.6	36.4	65.0
Faribault	5.0	13.9	10.9	34.0	30.0	20.0
Owatonna	—	—	—	—	—	—
Shakopee	—	—	100.0	—	—	—

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