PRIVATE CARE OF THE MENTALLY ILL

A REPORT OF THE
VIRGINIA ADVISORY LEGISLATIVE COUNCIL
To
THE GOVERNOR
And
THE GENERAL ASSEMBLY OF VIRGINIA

COMMONWEALTH OF VIRGINIA
Department of Purchases and Supply
Richmond
1959

MEMBERS OF COUNCIL

JOHN H. DANIEL, Chairman

ROBERT Y. BUTTON, Vice-Chairman

C. W. CLEATON

JOHN WARREN COOKE

HARRY B. DAVIS

CHARLES R. FENWICK

TOM N. FROST

J. D. HAGOOD

CHARLES K. HUTCHENS

BALDWIN G. LOCHER

W. TAYLOE MURPHY

MOSBY G. PERROW, JR.

EDWARD E. WILLEY

J. J. WILLIAMS, JR.

STAFF

JOHN B. BOATWRIGHT, JR.

G. M. LAPSLEY

WILDMAN S. KINCHELOE, JR.

FLETCHER W. HARKRADER, JR.

PRIVATE CARE OF THE MENTALLY ILL

REPORT OF THE
VIRGINIA ADVISORY LEGISLATIVE COUNCIL

RICHMOND, VIRGINIA,
November, 5, 1959.

TO:

HONORABLE J. LINDSAY ALMOND, JR., *Governor of Virginia*

and

THE GENERAL ASSEMBLY OF VIRGINIA

Chapter 11 of Title 37 (§§ 37-254 through 37-260) of the Code of Virginia, authorizes the State Hospital Board to license suitable persons to establish or maintain and operate, or have charge of, private homes or hospitals for the care or treatment of mentally ill, epileptic or mentally deficient persons, or persons addicted to the intemperate use of narcotic drugs, alcohol or other stimulants. This chapter subjects all such licensed institutions to the supervision and control of the Board, and to inspection by inspectors or agents of the Board, and authorizes the Board to adopt and enforce reasonable rules and regulations concerning these institutions. Such an institution must be operated under the direct personal supervision of a duly licensed person. Violations of the chapter are misdemeanors; the maximum punishment is a fine of not more than $500.

However, this chapter does not prescribe the requirements which must be met by such private homes or hospitals. Furthermore, no authority is conferred upon the Board to close any such institution which is operating under the supervision of an unlicensed person.

Realizing that under these circumstances, which are beyond the control of the State Hospital Board, patients in some of these private homes and hospitals might be subjected to harmful conditions and environment, the General Assembly at its 1958 Regular Session adopted Senate Joint Resolution No. 21, which is as follows:

SENATE JOINT RESOLUTION NO. 21

Directing the Virginia Advisory Legislative Council to study and report upon private homes and hospitals for the care of the mentally ill.

Whereas, Chapter 11 of Title 37 of the Code of Virginia authorizes the State Hospital Board to license suitable persons to establish or maintain and operate or have charge of private homes or hospitals for the care or treatment of mentally ill, epileptic or mentally deficient persons, or alcoholics or drug addicts, all hereinafter referred to as mentally ill persons; and

Whereas, such Chapter, with limited exceptions, does not prescribe the requirements which must be made by such private homes or hospitals and there is need for setting forth, for the protection of patients therein, the requirements which should be made applicable to such homes and hospitals; now, therefore, be it

Resolved by the Senate, the House of Delegates concurring, that the Virginia Advisory Legislative Council is hereby directed to make a study and report upon what additional requirements should be made applicable to private homes and hospitals for the treatment of alcoholics, mentally deficient and epileptic persons, licensed by the State Hospital Board, for the care or treatment of alcoholics, mentally deficient and epileptic persons. All the agencies of the State shall assist the Council in such study upon its request. The Council shall conclude its study and make its report to the Governor and the General Assembly not later than September 1, 1959.

The Council assigned the study to John Warren Cooke, of Mathews, a member of the Council and of the House of Delegates, as Chairman of the Committee to make a preliminary investigation and report to the Council. The following were selected to serve with Mr. Cooke on the Committee: W. Kuhn Barnett, Director, Division of Elementary and Special Education, State Department of Education, Richmond; Dr. Rex Blankinship, Medical Director of Westbrook Sanatorium, Richmond; Dr. Hiram W. Davis, Commissioner, Department of Mental Hygiene and Hospitals, Richmond; Dr. Alice Heyl Kiessling, Falls Church; E. Eugene Luther, Attorney at Law and Assistant Commonwealth's Attorney, Arlington; Bernard Maslan, Administrator, Terrace Hill Nursing Home, Inc., Richmond; Mrs. Mary Alice Roberts, former Training Specialist, Department of Welfare and Institutions, Roanoke; and Dr. Mack I. Shanholtz, State Health Commissioner, Richmond.

The Committee met and organized, electing Dr. Hiram W. Davis as Vice-Chairman and appointing John B. Boatwright, Jr., as Secretary and G. M. Lapsley as Recording Secretary.

The Committee convened on several occasions and thoroughly discussed the problems incident to the subject under study. The resolution directed a study to be made of all institutions licensed by the State Hospital Board. The Committee found in its preliminary study that the major medical and administrative problems are in the area of the private homes caring for the mentally deficient and epileptics. Accordingly, it directed its major efforts to a study of these homes. It made a tour of private homes for mentally deficient and epileptic children. On this tour the members of the Committee inspected the buildings and grounds of these institutions, observed the children who were patients therein, and interviewed members of the staffs.

After consideration of the facts before it, the Committee made its report to the Council. This report has been reviewed at length by the Council, and the Council now submits its own report based thereon.

Some of the private homes caring for the mentally deficient and epileptics are operated in very inadequate physical facilities and in our opinion present serious fire hazards. The rooms are too small, and are overcrowded. They are staffed to a large extent by persons of questionable qualifications. The sanitary facilities and methods, and food handling services leave much to be desired. In fact, the overcrowding in these homes renders the maintenance of sanitation most difficult. These conditions should be eliminated, and if not eliminated, the institutions should be closed. However, the State Hospital Board has no authority to take direct steps to bring this about. A strengthening of the licensure laws, rules and regulations relating to these institutions is clearly indicated.

The closing of any of these substandard homes would present a problem because of the great difficulty in placing the patients elsewhere. The State Institutions are already filled to capacity, particularly those for

mentally deficient children. This does not justify the continued operation of inadequate and substandard institutions without requiring them to raise their standards. Any other course would be an evasion of the fundamental issue.

Licensure laws concerning such institutions are being tightened in other states and, therefore, more non-resident patients are being placed in such homes in Virginia. Thus Virginia is becoming a dumping ground for an increasing number of retarded children from other states. This not only increases the overcrowding in these homes, but also many out-of-state children placed in these homes in Virginia are eventually abandoned by their relatives or parents and may become welfare wards of this State.

Also, there is a likelihood of an additional number of such private homes for the mentally retarded being constructed since federal money is available for this purpose. Thus the possibility of an increased number of these homes sharply points up the desirability of stronger control of them, in order to insure adequate facilities and services for the care of these unfortunates.

Another factor calling for stronger control of these institutions is the rising birthrate. The number of children born annually has increased to over 90,000 in Virginia and probably 2% of these will need custodial care.

On the basis of these findings, we make the following recommendations:

RECOMMENDATIONS

1. The grounds for revocation or suspension of the license of a private institution, hospital, or home, which is subject to the provision of Chapter 11 of Title 37 of the Code of Virginia, should be more clearly set forth in this chapter, provision should be made for a hearing by the State Hospital Board prior to such revocation or suspension, and right of appeal to the courts from such revocation or suspension should be specifically conferred by statute.

2. The State Hospital Board should be given the right to obtain an injunction against operation of such an institution, home, or hospital in violation of law or any rules and regulations adopted by the Board pursuant to law.

3. The statute imposing a criminal penalty for violation of these provisions, rules and regulations should be strengthened by the addition of language making each day of continuing violation a separate offense.

The reasons for our recommendations are hereinafter set forth and are numbered to correspond therewith.

REASONS FOR RECOMMENDATIONS

1. Chapter 11 of Title 37 provides in very general language that licenses granted to institutions, hospitals and homes providing care and treatment for the specified classes of patients may be revoked by the State Hospital Board at any time "for justifiable cause". That brief statement is the only reference in the chapter to the matter of revocation of licenses. We think that the control and regulation of these institutions by the State Hospital Board will be aided by spelling out in statutes the grounds for revocation or suspension of licenses. There will then be no question either on the

part of the State Hospital Board or on the part of the licensees as to whether a license should be revoked or suspended or whether it will be revoked or suspended, or as to the validity of a revocation or suspension, and no justification for a contention that the revocation or suspension was arbitrary or capricious. Furthermore, the provision for a hearing by the Board prior to revocation or suspension will afford the licensee ample opportunity to show why his license should not be suspended or revoked. The statutory provision for right of appeal by the licensee to the courts from a revocation or suspension of his license will afford him an opportunity to be heard by an impartial tribunal as to the propriety of the suspension or revocation. The addition of these statutory provisions will accomplish the dual purpose of strengthening the regulation and control by the Board of these institutions, and of safeguarding the rights of the licensees. Also, for obvious reasons, the addition of these statutory provisions will afford a strong basis for application of the remedies suggested in recommendations number 2 and 3.

2. Under present law the State Hospital Board does not have available to it any direct procedure for preventing the operation of one of these institutions, hospitals, or homes, without a license. It can merely revoke the license, but of its own motion it can take no steps to prevent the continued operation of the institution without a license. The only result of revocation at the present time is the fact that the former licensee, by continuing operation of the institution, would stand in violation of the criminal statute imposing a fine for operation without a license, but it has been found difficult to secure convictions under the present law. We think if the Board is to be charged with the duty of regulating these institutions and insuring that they are proper, safe and sanitary places for the placement of these unfortunate people, the Board should have more authority than that of merely revoking the license and then having to stand idly by while the institution is continued in operation in spite of such revocation. The power to revoke a license for valid reasons should carry with it the power to prevent operation without a license, and the Board should be placed in a position to proceed on its own initiative to prevent such operation. The obvious remedy for this situation is to authorize the Board to institute court proceedings for the purpose of obtaining an injunction against an unlicensed person or a former licensee to restrain his operation of the institution.

3. Chapter 11 presently provides for a maximum fine of five hundred dollars upon any person convicted of violating any provision of the chapter. We think that strengthening this statute by the addition of language providing that each day of continuation of a violation shall constitute a separate offense will tend to discourage anyone from taking a chance on continuing operation of an institution in violation of Chapter 11 and of the rules and regulations made by the Board pursuant thereto. The realization on the part of the violator that once criminal proceedings were successfully prosecuted against him he would be subject to several severe fines, rather than only one fine of up to five hundred dollars, would present a strong deterrent to continued unlawful operation.

CONCLUSION

We express our appreciation to the members of the Committee for the time and service which they gave in making a thorough investigation and study of these problems. We also recognize the cooperation rendered the Committee by the Department of Mental Hygiene and Hospitals during the course of the study.

Draft of legislation necessary to carry out the recommendations in this report is attached.

Also attached, as an appendix, is a review of the laws of several of the states concerning this subject.

Respectfully submitted,

JOHN H. DANIEL, Chairman
ROBERT Y. BUTTON, Vice-Chairman
C. W. CLEATON
JOHN WARREN COOKE
HARRY B. DAVIS
CHARLES R. FENWICK
TOM N. FROST
J. D. HAGOOD
CHARLES K. HUTCHENS
BALDWIN G. LOCHER
W. TAYLOE MURPHY
MOSBY G. PERROW, JR.
EDWARD E. WILLEY
J. J. WILLIAMS, JR.

A BILL to amend and reenact §§ 37-254, as amended, 37-259 and 37-260 of the Code of Virginia, relating generally to licensing and regulation by the State Hospital Board of certain private institutions for the care of mentally ill persons, alcoholics and drug addicts, and to amend the Code by adding thereto sections numbered 37-258.1, 37-258.2 and 37-258.3, so as to set forth grounds for revocation or suspension of licenses; to provide for appeal from such revocation or suspension or from refusal to grant license; to permit the Board to obtain injunctions against unlawful operation of such institutions and violations of regulations; and to increase the penalty for continuation of a violation.

Be it enacted by the General Assembly of Virginia:

1. That §§ 37-254, as amended, 37-259 and 37-260 of the Code of Virginia be amended and reenacted, and that the Code be amended by adding thereto sections numbered 37-258.1, 37-258.2 and 37-258.3, as follows:

§ 37-254. The State Hospital Board may annually license any suitable person to establish, *maintain and operate, or to have charge of, any private institution, hospital or home for the care or treatment of mentally-ill, epileptic or mentally-deficient persons, or persons addicted to the intemperate use of narcotic drugs, alcohol or other stimulants *.

§ 37-258.1 (a) The Board is authorized to revoke or suspend any license issued hereunder, on any of the following grounds: (1) Violation of any provision of this chapter or of any applicable and valid rule or regulation made pursuant to such provisions; (2) permitting, aiding, or abetting the commission of any illegal act in such private institution, hospital or home; (3) conduct or practices detrimental to the welfare of any patient or inmate in such private institution, hospital or home.

(b) Before any license issued under this chapter is so revoked or suspended, thirty days' written notice must be given the licensee of the date set for hearing of the complaint and he must be furnished with a copy of the complaint and shall be entitled to be represented by legal counsel at the hearing. The notice may be given by the Board by registered mail.

(c) If a license is revoked as herein provided, a new application for license may be considered by the Board if, when, and after the conditions upon which revocation was based have been corrected and satisfactory evidence of this fact has been furnished. A new license may then be granted after proper inspection has been made and all provisions of this chapter and applicable rules and regulations made thereunder have been complied with and recommendation to such effect has been made by the Commissioner upon basis of an inspection by any authorized inspector or agent of the Board.

(d) Suspension of a license shall in all cases be for an indefinite time and the suspension may be lifted and rights under the license fully or partially restored at such time as the Commissioner determines, upon basis of such an inspection, that the rights of the licensee appear to so require and the interests of the public will not be jeopardized by resumption of operation.

§ 37-258.2. Any person aggrieved by the refusal of the Board to issue a license or by its revocation or suspension of a license may, within thirty days after receipt of notice of such action or within a reasonable time after its failure to take action upon a completed application for a license, obtain a review by any court having equity jurisdiction in the county or city in which such private institution, hospital or home is or is proposed to be located and a copy of the petition for review shall be filed

with the Board. Within five days after receipt of the copy, the Board shall transmit to the court all of the original papers pertaining to the matter to be reviewed, and the matter shall be thereupon heard by the court or judge in vacation as promptly as circumstances will reasonably permit. The court may enter such orders pending the proceeding as are deemed necessary or proper in accordance with the principles of equity jurisprudence and procedure. The hearing may be upon the record so transmitted, but the court may hear such additional evidence as it deems proper, and upon the conclusion of the hearing, the court may affirm, vacate or modify the order appealed from. Costs may be ordered to be paid as the court or judge deems proper in accordance with principles of equity. Any party to the proceeding may appeal from the decision of the court to the Supreme Court of Appeals, in the same manner as appeals are taken from courts of equity generally.

§ 37-258.3. In case any such private institution, hospital or home is being operated in violation of the provisions of this chapter or of any applicable rules and regulations made under such provisions, the Board, in addition to other remedies, may institute any appropriate action or proceedings to prevent such unlawful operation and to restrain, correct or abate such violation or violations. Such action or proceedings shall be instituted in a court of record having equity jurisdiction in the county or city where such private institution, hospital or home is located, and such court shall have jurisdiction to enjoin such unlawful operation or such violation or violations.

§ 37-259. Nothing in this chapter contained shall be construed to authorize or require a license of a person to establish, * maintain and operate, or to have charge of, any private institution, hospital or home for the care or treatment of persons by the practice of the religious tenets of any church in the ministration to the sick and suffering by mental or spiritual means without the use of any drug or material remedy, whether gratuitously or for compensation, provided the statutes and regulations on sanitation are complied with.

§ 37-260. Any person violating any provision of this chapter *or any applicable rule and regulation made under such provisions* shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not more than five hundred dollars, *and each day, or part thereof, of continuation of any such violation shall constitute a separate offense.*

APPENDIX

Study of the Private Care of the Mentally Ill in Ten Selected States.

By

Alice H. Kiessling, M. D.

Index *Page No.*

Details of Index

I Scope

Ten states were geographically selected and letters written requesting copies of their legislation concerning the private care of the mentally ill, particularly the mentally retarded and alcoholics.

Specific questions were asked as to revocation of licenses and success of closure orders.

The purpose of the survey has been to gather facts for evaluation and comparison by the Virginia Committee for the Study of the Private Care of the Mentally Ill, in order to offer suggestions for more effective maintenance of such care in the State.

II Material

A. Correspondence

1. Letters were written to the appropriate state agencies, requesting copies of pertinent legislation, rules and regulations. Five questions were asked:
   (a) What governmental agency is empowered to revoke these licenses?
   (b) What penalties are provided for non-adherence to regulations?
   (c) Has revocation of licenses proved workable in enforcing closure of undesirable homes, or do they pay the penalty and continue to operate?
   (d) Have you an automatic deterrent to this which operates successfully?
   (e) In what category and under what laws are such patients classified?
   (f) Copies of statutes, rules and regulations requested.

B. Tabulation

	California	Illinois	Kansas	Louisiana	Maryland
Literature received	*Private Institutions. Licensing Act—30 pp. (Lists requirements for operating and for construction.)	*Standards of Care and Treatment in Licensed Priv. Hosps. & Other Facilities for Mentally Ill and Deficient — 11 pp.	Proposed Kansas Invol. Hospitalization Act.	An Act providing for Licensing and inspection of priv. institts. for care and/or training of mentally retarded children—1 pg. Manual of licensing and inspection for priv. schools—18 pp. Mental Health Laws, 1958—27 pp. *Licensing and Inspection Manual for Private Schools for care and training of Mentally Retarded Children—18 pp.	Statutes Governing Care and Supervision of Mental Patients in Maryland, 1952.
Replies to Query					
(a)	Dept. Ment. Hyg. Div. Priv. Institts.	Dept. Pub. Welf. Sect. of Community Services.	State Board of Health Div. Ment. Hygiene (theoretically only)	State Dept. of Institts. (formerly under Public Welfare Dept.)	Dept. Mental Hygiene
(b)	$1000, 60 days in jail, or both.	None, unless in contempt of court, and these are of determination.		$250 to $1000.	
(c)	Yes	Yes, State's Prosecuting Attorney is agent for enforcement.			*Yes—for 8 yrs.
(d)	See ‡2—jailing.				Cooperating Licensing groups present united front.

* Special Note.

II Materials (Continued)

Literature received	Massachusetts Private Institutions, Licenses to Maintain. Supervision.	New York Private institutions, to be Licensed.	Ohio Bill to license private institutions. 1959-60.	Pennsylvania Mental Health, Oct. of 1951. State care for Drug Addicts. Procedure Relating to Licensure for Private Mental Institutions in Penna.	Wisconsin State Mental Health Act of 1957. *Rules and Standdards for Licensing and Operation of Child Welfare Agencies, 1957 — 62 pp. Statute relating to private institutions for insane and feeble minded. (Sect. 58-05, very old statute.)	Virginia Statutes of Virginia, 1959.
Replies to Query						
(a)	Dept. Mental Health Div. Hosp. Inspect.	Dept. Ment. Hygiene	Dept. Mental Hygiene & Correction.	Dept. Publ. Welf., Off. of Commr. of Mental Health	State Dept. Public Welfare, Div. of Mental Hygiene	State Hosp. Board
(b)	$500		$1000, 6 mo. in jail, or both.	$1000, one year in jail, or both.		
(c)		No further information, as material was not furnished free of charge.	Prosecuting Attorney takes action after advisement. "Although our Division has had little cause for revocation of license, I understand that there is always someone who will testify what a good facility it is and action will be dropped and the operation will continue."[1]		Yes, one has already been closed.	
(d)			Jailing.	Jailing		

* Special Note.

[1] Quoted from ltr. of 3/16/59 from Evelyn B. Young, RN, Nursing Consultant, Div. Ment. Hyg., Dept. of Ment. Hyg. & Correction, Columbus, Ohio.

III Rules and Regulations in Centain Programs

A. As in California, Illinois, Louisiana, Maryland, Ohio, Wisconsin.

1. Standards and Social Considerations

a. "In these institutions responsibility is for the *total* well-being of the patient—spiritual, moral, physical, emotional. Work, recreation, education, physical and mental rehabilitation, community and social contacts—should all be fostered." (Wis.)
"Standards are particularly important when the care of children away from home is assigned to a group, such as a social or religious agency."

b. In Wisconsin the children are considered a part of the community, and are active in community affairs where possible. Close relationships are fostered with coordinating community groups.
Illinois joins Wisconsin and Louisiana in this direction.

c. Illinois also works toward family and personal contacts—e.g., each patient must have one personal interview contact with parent or guardian every year. Visits from parents or guardians are encouraged once a month, and private talks are assured.

2. Items in Regulations for Private Institutions

a. Naming—Louisiana and Illinois designate these institutions as private training "schools."

b. Organization

(1) Legal-written charter and objectives. (La.)
(2) Governing Body, one or more persons—to assume responsibility. One executive director. (La.)
(3) Predictable necessary income for 6 months in advance. (La.)
*(4) Med. Board resp. for health program. (Ill.-Wis.), or Health Committee.
(5) Board of institution or operator:
Accountable to Dept. for standards. Meets req. and keeps minutes.
Selects and employs exec. resp. for administr.—or terminates employment.
Formulates policies and plans.
Supervises functioning. (Wis.)

c. Physical Plant

(1) Certificates required from State authorities on health, construction, sanitation, fire inspection, safety, zoning. (Penna. and Ill.)
(2) Especially noted are:
Adequate heating and ventilation. (Ill.)
Protection for pts. from injury fm. windows, stairways, radiators, cribs. (Ill.)
Adherence to lighting standards. (Wis.)
Fire drills. Children and staff trained to report a fire. (Wis.) [1]

*A Lay Board to represent community and supervise, has interest in child welfare, with time to work, no profession in control, both men and women, no compensation, members bonded and rotating. (Wis.)

[1] Fire doors required between floors?

One fire extinguisher for every 2000 sq. ft. (Wis.)
One fire extinguisher on each floor and basement. (Wis.)
No inside lock on exit doors.
No patients above 3rd floor. (Mass.)

d. Furnishings and Equipment [2]

Adequate furnishings, in good condition. (Ill.)
Special equip. for vocational training for phys. handicapped. (Cal.)
Equipment for occupational and recreational therapy. (Ill.)
Drinking fountains. (Wis.)
One toilet, tub or shower for 8. (Wis.)
One lavatory for 4. (Wis.)
Telephone. (Cal.)
Standardized bedpan equipment and cleaning and sterilizing procedure. (Wis.)
Adequate quarters for personnel.

e. Records and Reports

(1) General: Records to be kept in locked, fire-resistant filing cabinets. (Wis.)
No pencilled records allowed. (Cal.)

(2) Institutional Records
Permanent record of decisions and policies of Governing Body. (La.)
Audit by CPA. (Wis.)
Financial records. (Wis.)
Meal menu records, to be submitted to Dept. on request. (Wis.)

(3) Patients' Records
Bound book or medical record on each patient. (Ill.)
Monthly general progress records; mo. educat. progress records. (Mass.)

(4) Reports
Consultant of State Dept. makes original report. Sends it annually to Dept. and to institution. (La.)
Phys. reports (admissions; discharges; deaths) to Dept. monthly. (Ohio)
Accidents to be reported to Dept. within 3 days. (Ill.)
Phys. reports in writing of health aspects quarterly to Dept. (Ill.)

f. Personnel

(1) Professional

(a) Person in charge must be experienced in care, training and education of patients and have acceptable physical and emotional stability to Dept. (Mass.)
Character references, qualifications and financial responsibility must satisfy. (Penna.)
(b) Qualified teachers. (Calif.)
(c) Recreational director. (Wis.)
(d) Medical Supervision by physician or medical board.
* If Physician—at least one physician in charge shall have had 3 years experience in treatment of mentally ill. Otherwise qualifications must meet Dept. standards. (Ohio)

[2] First Aid kits on each floor or section advisable? Automobile available at all times advisable?
* Special Note.

* If Medical Board (Ill.) or Health Committee. Responsible for total health program. (Ill.) Pediatrician, dentist, social worker, mental health expert, psychologist collaborate. (Wis.)

(e) Nurses and Attendants—Charge nurse must be registered, with psychiatric experience. (Ill.)
Full time registered nurse. (La.)
For alcoholics, one or more registered nurses on 1st shift and on call. (Ohio)
Enough nurses and attendants necessary. (Ill.)

By day—	La.	Wis.
If majority under 2 years	1 for 10	1 for 3 or 4
If majority 2 to 6 years	1 for 15	1 for 5 or 2
If majority over 6 years	1 for 20	1 for 6 or 8

By nite—

One on duty if *any* child under 2 yrs.	One within call of every 25. Another on call for emergency.

(2) Domestic and Maintenance
Enough. (La.)

(3) All personnel must be qualified by education, character, health, emotional stability. (La. and Ill.)
Physical exams. to include tests for syphilis, stool, chest x-ray—by Health Dept. (Ill.)
All personnel adequately trained and personally fitted. (Wis.) [1]

g. Licensing

(1) By appropriate State Dept. in accordance with legislative rules and regulations.

(2) Consultants of Dept. help institution to meet requirements. (La.)

(3) Six or more patients must be in residence, or 10 or more must reside part-time, *when not related to person in charge.* (La.)

(4) New legislation has been put into effect at once, as in Penna. or six months given for compliance, as in La.

*(5) In Maryland—Several State Depts. (Health, Fire, Mental Hygiene, Bld.) cooperate in licensing—thus presenting a united front and preventing court contest of license refusal. In 8 years, all have complied. "You can readily see that with local health and fire standards involved, plus State Dept. of Health and State Fire Underwriters standards involved, plus Dept. of Mental Hygiene standards involved and all of them overlapping, it is not difficult for all groups to be concerned with a problem serious enough to deny licensure or revocation of an existing license to involve all groups and thus a united front is presented by our cooperating licensing groups. It is also understood that one group will not license a facility that does not meet the standards or approval of another group. Thus the State Dept. of Health will not license a facility as a mental hospital which does not meet the approval of the Dept. of

---

* Special Note.

[1] Those handling patients should have psychiatric indoctrination?

Mental Hygiene. Neither dept. would issue its license to a facility which did not meet the zonal laws of a particular local community. Since these licensed and supervised facilities are subjected to frequent inspections by local and state groups, any discrepancies in standards are quickly noted and corrected. In the case of the Dept. of Mental Hygiene, no revocation of licenses has been necessary and when application for license has been refused, other licensing groups were equally involved and refusal of license was not contested in court." [2]

*(6) In Illinois—enforcement has succeeded by use of State's Prosecuting Attorney as the agent in closure proceedings. It is felt that the state licensing agency needs expert legal advice in preparing such proceedings.

h. Admissions

(1) Pre-admission—Social service or case work. (Wis.)
Psychologist's statement. (Ill.)
Written authorization from parents, or legal authority. (Ill.)
Classification as to proper age, if child—under 18 yrs. (Wis.)
Health exam. within 48 hrs., before admission. (Ill.) (including history of recent exposure to contagion.)
Mental tests (psychiatric, and legal status.) (Ill.)
Physician's exam. and psychiatric diagnosis. (Ill.) [1]

(2) On admission—Detailed intake study. (Ill.)
Bound book of medical records for each patient. (Ill.)
Physical exam., dental exam. (Ill.)
Routine immunizations—e.g., pertussis, smallpox, diphtheria, tetanus. (Ill.) polio? (To be given by R. N. only.)
Routine or indicated lab. tests. (Mass.)
Classification and segregation as to age (yrs.), age (mental), sex, physical condition. (Cal.)
Alcoholics—physical exam. within first 24 hours.

(3) First year after admission—
Mental and physical exams. annually. (Mass.)
Report of admission to Dept. within 6 months. (Ill.) (to include physical diag., recommendations, psycholog. exam.)
Physical exam. every 2 mos.—if under 1 yr. (Ill.)
Physical exam. every 6 mos.—if 1 to 2 yrs. (Ill.)
Physical exam. every year—if over 2 yrs. (Ill.)

i. General Care and Meals

Individual toilet articles. (Ill.)
Change towels, etc. 2 times a week. (Ill.)
Change bed linens once a week. (Ill.)
Regular bathing, care of teeth and hair, clean clothes. (Ill.)
Rooms to be kept clean and neat daily. (Ill.)
Diet—no more than 12 hrs. between night and A. M., unless snack served. (Ill.)
Under 1 yr.—physician prescrip. for diet. (Ill.)
Over 1 yr.—use standards of Nat'l. Food Guide—U. S. Dept. of Agric. (Ill.)

---

[2] Ltr. of 3/23/59 from Rudolph J. Depner, M.D., Asst. Commr., Dept. of Mental Hygiene, Md.

[1] Classes of mental illness to be admitted should be delineated, e.g., mental or emotional illness, mental deficiency, inebriate, epileptic?

* Special Note.

j. Medical Care and Treatment

(1) Physician to visit once a week. (Ohio)
Physician to visit quarterly, and once for sickness, or always on premises. (Ill.)
Alcoholics—physician on call. (Ohio)

(2) Alcoholics—treatment limited to 2 weeks. (Ohio)

(3) Physician's prescr. required for all treatment, for all mechanical restraint. (Ill.)

(4) Use of community clinics for psychiatric or health problems. (Wis.)

(5) Medical Board—or physician—responsible for total health program. (Ill.), e.g., Routine health service by school staff to well children.

(6) Standing orders for medication; when to call Dr.; emergency procedure. (Ill.)

(7) Two staff members trained in First Aid.

(8) Mental and physical exams. annually. (Mass.)
Or Under 1 yr.—physical exams. every 2 mos. (Ill.)
1 to 2 yrs. — physical exams. every 6 mos. (Ill.)
Over 2 yrs.—physical exams. every year (Ill.)

k. Medical and Nursing Facilities

(1) Hospital care—Emergency Hospital care available. (Ill.)
Isolation facilities for contagion. (Ill.)
Clinical and lab. facilities available. (Ill.)

(2) Equipment—Drinking fountains. (Wis.)
One toilet, tub or shower for 8 patients. (Wis.)
One lavatory for 4 patients. (Wis.)
Hot water control to 105° F. (Wis.)
First Aid equipment on each floor or section. (Wis.)
Standardized bedpan equipment and cleaning and sterilizing procedure. (Wis.)

(3) Food—Proper food and kitchen facilities and sanitation. (Ill.)

(4) Distribution of Patients:
Beds—Maximum of 3 in one room. (Wis.)
Minimum of 60 sq. ft. floor space per bed in dormitories. (Ill.)
500 to 600 cu. ft. per child. (Wis.)
9′ ceiling. (Wis.)
Beds 3 feet apart on all sides. (Wis.)
No patients on or above third floor.

l. Education and Training

(1) Library. (Cal.)

(2) Vocational training, esp. for physically handicapped. (Cal.)

(3) Graded schooling.

(4) Occupational and recreational therapy. (Ill.) [1]

(5) "Educational discipline," e.g., to change attitudes and establish inner control. (Wis.)

(6) Use of community facilities for education and vocational counselling. (Wis.)
Patients allowed to earn money. Allowances provided. Money handling taught. (Wis.)

[1] Trend is to make this purposeful, e.g., sewing, typing, cleaning, cooking, repairing, language study, and painting.

m. Recreation

(1) Supervised playgrounds; supervised play rooms; organized recreation. (Cal.)
(2) Screened porch. (Cal.)
Out of doors when weather permits. (La.) [2]
(3) Game and play equipment.
(4) Movies.
(5) Special activities—activity in community affairs where possible. (Wis.)
(6) Music, dancing, reading.
(7) Recreation director. (Wis.)

n. Supportive Aid—This encourages cooperation of institutions. Some states offer aid if standards are met.

IV Summary

A. In General

Programs of ten states were studied (California, Illinois, Kansas, Louisiana, Maryland, Massachusetts, New York, Ohio, Pennsylvania and Wisconsin) with special reference to items in programs and enforcement of legislation for the private care of the mentally ill.

The material received was reviewed and classified, certain points itemized and identified by states.

Special attention was given to recent, revised legislation and its enforcement, as well as to general enforcement of closure for non-compliance with regulations.

Items of special interest are identified with an *, and author's comments are listed as footnotes.

B. In Particular

1. Programs

(a) Most of the detailed information was obtained from California, Illinois, Ohio, Louisiana, Wisconsin and Maryland.
(b) Wisconsin and Louisiana plead:
"The responsibility is for the total well-being—spiritual, moral, physical, emotional." (Wis.)
"Standards are particularly important when the care of children away from home is assigned to a group." (La.)
(c) Patients are generally classified *after* a physician's exam. Epileptics or patients requiring special psychiatric physical therapies are ruled out, and children include those under 18.
Patients are segregated for care as to actual and mental age, physical condition, sex, diagnosis.
(d) State Aid is offered if requirements are met.
(e) Community sponsoring groups, professional health committees, administrative governing bodies make for responsible and workable organization.
(f) All details of regulations promote modern physical and personal environment for the patient, with his safety, total health, productiveness and contentment as goals.

[2] Amount of outdoor activity should be specified as supervisory? Adults tend to restrict children too much in inclement weather?

2. Enforcement

(a) Pennsylvania and Louisiana recently wrote new legislation, in one case to be enforced at once, in the other to give six months leeway for compliance.

(b) Maryland, Illinois, California and Wisconsin report that their enforcements work well.
Maryland uses a cooperating state licensing group—Health, Fire, Mental Hygiene, Building, Judicial, to present a united front. All cases have complied during 8 years.
Illinois uses the state's Prosecuting Attorney as its enforcement agent. It also believes that state authorities need legal assistance to prepare proper closure reports.
Ohio has had experience similar to Virginia's.

(c) Kansas and Massachusetts have no private institutions. State operation took over in Massachusetts, as regulations were too expensive for private owners to follow.
Maryland and Wisconsin have limited private facilities.

(d) Penalties for operating without a license generally involve $500 in fine and/or imprisonment up to one year.
The jail sentence has strong deterrent action.

V Conclusion

The picture presented by this limited survey seems to indicate that, in certain states where private care for the mentally ill exists, it has been controlled by very explicit and detailed rules, regulations and statutes which seems to have resulted in successful operation and enforcement.

It would appear that, if a state legislative body considers improvement in the operation of its private institutions, a study of other similar programs could be enriching and a direction finder.[1]

---

[1] See Page 16, III
Pages 18, 19, g (5) and g (6)
Page 22, B, 2.