



St. Paul-Ramsey Medical Center.  
Hospital and Medical Center Records.

## **Copyright Notice:**

This material may be protected by copyright law (U.S. Code, Title 17). Researchers are liable for any infringement. For more information, visit [www.mnhs.org/copyright](http://www.mnhs.org/copyright).

ST. PAUL  
RAMSEY  
HOSPITAL  
**SECURITY  
TREATMENT  
FACILITY**

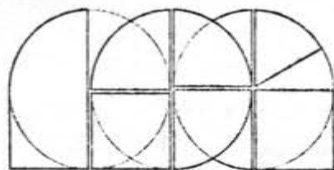
planning  
program

Liebenberg Smiley Glotter Associates



LIEBENBERG SMILEY  
GLOTTER ASSOCIATES

1021 LaSalle Avenue  
Minneapolis Minnesota  
55403 (612)332 1401



March 7, 1975

Commissioner John T. Finley  
Chairman, Ramsey County  
Board of Commissioners  
Third Floor, Court House Building  
St. Paul, Minnesota 55102

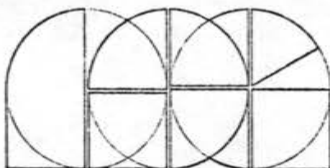
Gentlemen:

This report - the Architectural program for the St. Paul Ramsey Hospital Security Treatment Facility was prepared by Liebenberg, Smiley, Glotter & Associates, Inc., working under the auspices of the Ramsey County Detention Facilities Committee.

The program was prepared using a multi-disciplined planning team approach to insure involvement of all of the various possible State and County agencies that would be working in and using the Security Treatment Facility. Participating in the planning process were The Detention Facilities Committee, The Hospital Security Treatment Facility Planning Committee, The Ramsey County Sheriffs Office, The Hospital Administration, Medical and Nursing Staffs, Department Heads, The Hospital Commission and others.

LIEBENBERG SMILEY  
GLOTTER ASSOCIATES

1021 LaSalle Avenue  
Minneapolis Minnesota  
55403 (612)332 1401



The program anticipates certain functional relationships which will be further tested, developed and finalized during the continuing design process.

Sincerely,

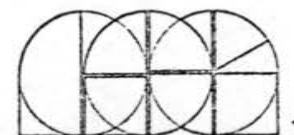
Liebenberg, Smiley, Glotter & Associates, Inc.

  
S. C. Smiley, AIA

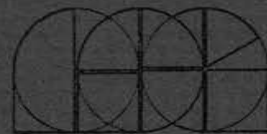


SECTION	PAGE
Letter of Transmittal	
Index . . . . .	1
Concepts. . . . .	2
Procedures. . . . .	4
Program . . . . .	6
Site Analysis . . . . .	37
Schematic Design. . . . .	45
Outline Specifications. . . . .	57
Cost Estimate . . . . .	78
Appendix	
Resource Persons . . . . .	85
Bibliography . . . . .	89
Reprint of "Medical & Mental Health. in Minnesota Correctional Institu- tions" League of Women Voter's of Minnesota	95

index



**concepts**



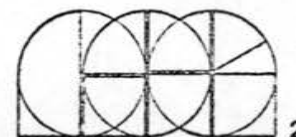
## STATEMENT OF CONCEPTS

The firm of Liebenberg, Smiley, Glotter & Associates was charged by the Ramsey County Facilities Committee to develop the Architectural Program for the St. Paul Ramsey Hospital Security Treatment Facility. The following program provides for joint participation in the use of the proposed Facility by State of Minnesota and Ramsey County Detention and Correctional Institutions.

A report of December, 1973 prepared by Wold Associates, Inc. and Kirkham - Michael & Associates was a forerunner to this report and provided some of the initial information. Subsequent expansion of the final program developed as a result of the findings of the research team and the requirements of user organizations.

This facility is programmed to provide, in conjunction with the hospital, a secure environment in which the complete range of health care can be offered on both an inpatient and outpatient basis to the inmates of various correctional and detention facilities which will include, but is not limited to, the following:

- Ramsey County Adult Detention Center (male & female)
- Ramsey County Juvenile Detention Center
- Ramsey County Workhouse
- Off-Street Police Holds
- Totem Town
- Woodview
- Stillwater
- Shakopee Women's Reformatory
- St. Cloud Reformatory
- Lino Lakes
- Out-County Facilities (i.e. Seven-County Metro Area, etc.)

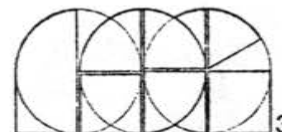


The goals for the St. Paul Ramsey Hospital Security Treatment Facility are to:

1. Provide a security treatment facility away from public circulation in which detainees of the various state and county institutions can be provided with health care services equal to those offered the public elsewhere in St. Paul Ramsey Hospital.
2. Incorporate into this unit those health services most often required by the majority of those to be treated in this facility.
3. Locate the security treatment facility such that it is fully accessible for the hospital's staffs and services, particularly emergency and outpatient clinics.
4. Provide for improved control and security of the secure receiving area and the acute security bed unit in a discreet manner, maintaining the context of a hospital environment.
5. Plan the facility to improve bed utilization and minimize operating costs.

A major requisite in achieving these goals is the necessity of an established policy of operation for the health care programs in all of the participating institutions. This policy is currently being developed; however, it is being developed separately by each institution or groups of institutions. It must be a policy standardized for all institutions - State and local.

In addition, standardized medical record systems would have aided the analysis of the needs for this project immeasurably.



**procedures**



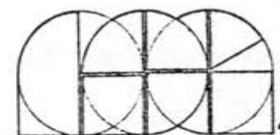


## PROCEDURES

A Hospital Facilities Planning Committee was formed consisting of Norman Allen, Assistant Administrator of Ramsey County Hospital. Dr. Robert Van Tyn and Dr. Vincent Hunt of Ramsey County Hospital, Chief Deputy George Weber, Captain Donald Johnson and Sgt. Bernie Johnson of the Ramsey County Sheriff's Office. It was later expanded to include Rochelle Wright, Leona Quinlan, Patricia Durkin, and Richard Moore, members of the Ramsey County Hospital and Sanitarium Commission, and Frank Wood and Don Cooper of the Minnesota Department of Corrections. The size of this Committee remains flexible and will be the major review group - meeting regularly through completion of the project.

The three architectural firms engaged on the Ramsey County Detention System Program - Wold Associates, Parker Klein Associates and Liebenberg, Smiley, Glotter & Associates - established a committee to coordinate and review the common aspects of all planning phases of the Adult Detention Center, the Juvenile Center and the St. Paul Ramsey Hospital Security Treatment Facility. On-going bi-monthly coordination and review meetings have and will continue to be held until the total project's completion.

Members of the three architectural firms meet and report regularly to the Expanded Facilities Committee for the Ramsey County Detention Facilities, which oversees the progress on all three projects.

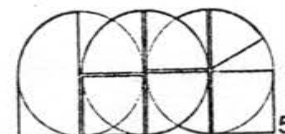


A list of the major committees and review agencies with which we are meeting includes, but is not limited to:

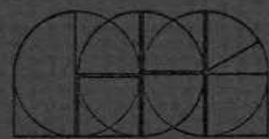
- . Hospital Facilities Planning Committee
- . Expanded Facilities Committee
- . Ramsey County Board of Commissioners
- . Ramsey County Legislative Delegation
- . Minnesota Department of Corrections
- . Department of Corrections Health Care Advisory Committee
- . Ramsey County Hospital & Sanitarium Commission
- . St. Paul City Council
- . Minnesota State Department of Health
- . Metropolitan Health Board
- . National Clearing House for Criminal Justice Planning & Architecture

Visitations have been made to the various state and county correction and detention facilities to review the health care facilities and services. Reviews of policy and procedure of the institutions were made during discussions with the staff personnel of these institutions. In addition, meetings have been held with the St. Paul Ramsey Hospital department heads, medical and nursing staffs and members of the Ramsey County Sheriff's Department.

The planning program in the final form is being submitted for review to those who have participated in the programming.



**program**



## PROGRAM

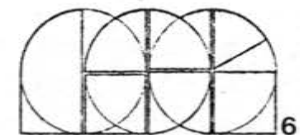
Major changes are constantly occurring in the delivery of health care services. Health care in the corrections environment is changing even more rapidly, mainly because of the increased awareness of prisoners rights. In the field of correctional health care the major problems seem to be establishing and agreeing on policy by both the security staffs and the medical staffs. Once agreement is achieved the next one to surmount is funding, since health care is not generally a high priority item in corrections budgeting.

This program was evolved because of the number of security problems and incidents of confrontation between the prisoners, staff, and public at St. Paul Ramsey Hospital. It has become increasingly necessary that a separate security treatment facility become a reality. This facility would encompass a broad range of the major required health care services in a secure environment providing the required high quality care.

This separate facility will release security personnel from the time consuming duty of transporting to and guarding of prisoners at the various outpatient clinics and scattered inpatient areas.

The size of such a facility is based on reviews of the health care system at the various correction and detention institutions, and the past utilization of community health services by the inmates of these institutions. The number of beds and the size and type of the outpatient services was established through this data. This information is indicated on following charts.

It should be noted that the outpatient service is planned as a family practice clinic and the few specialty services that could not be handled in this type of exam space would be handled in the respective clinic. Any procedure requiring expensive specialized non-transportable equipment such as ophthalmology, EMG, etc., would not be handled in these exam rooms.

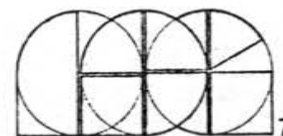


## EXISTING CONDITIONS

St. Paul Ramsey Hospital currently offers both inpatient and outpatient care to various Ramsey County and State detention and correctional facilities. Outpatient care is handled by members of the hospital's medical and nursing staffs through a visitation program to the various institutions. If, at that time, additional tests or treatment are necessary, the patient is then referred to the hospital where they are treated through the outpatient clinic or as an inpatient.

Trauma emergency and the more "life threatened" outpatient visits are treated in the existing hospital emergency room. Ramsey County Sheriff's deputies are on duty in the emergency unit providing security for this area and the secure prisoner holding room. The deputies also provide the secure escort service for prisoners going to the various outpatient departments for testing and treatment.

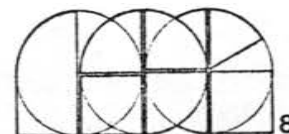
The existing four-bed inpatient unit on the sixth floor is currently being enlarged from a four-bed county unit to a 15-bed state and county unit. Of these beds, 11 are allocated for use by the Minnesota Department of Corrections. The security staff for this unit will be provided by the Department of Corrections. When the new Security Treatment Facility is completed, the Six South unit will probably be taken over by the hospital for another service. Dr. Vincente Tuason, Chief of the Psychiatric Department suggested that the psychiatric service now housed on the eighth floor might fit perfectly into this space. At this writing however, the disposition of the Six South unit must remain to be resolved in further meetings with the Hospital, Ramsey County and the Department of Corrections.





Dental services for the Ramsey County institutions are provided on an emergency basis by the University of Minnesota and the various local dentists; and, if the inmate can pay or the Welfare Department is willing to pick up the bill, then restorative dental work can be undertaken. Prisoners are transferred by automobile for treatment. Within the state institutions, dental care is furnished by the state and generally is provided in the institution.

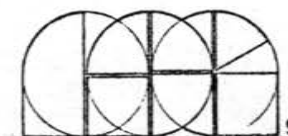
For a more complete discussion of existing medical services, see Appendix.



# HEALTH SERVICES IN MINNESOTA ADULT CORRECTIONAL INSTITUTIONS \*

STATE ADULT INSTITUTIONS	PHYSICIANS	REGISTERED NURSES	SUPPORT STAFF	MEDICAL TECHNICIANS	CONSULTING PSYCHIATRISTS	MEDICAL CONSULTANTS	DENTISTS	HOSPITALIZATION
Minnesota State Reformatory for Men, St. Cloud (Avg. pop. 494)	1 full-time 5 days; on call evenings, weekends	3 full-time, 5 days; 1 Saturday and Sunday mornings	2 paramedics, nights & weekends	1 full-time, 5 days weekly	2 alternating, 1 day every other week	St. Cloud clinics; visiting ear-nose-throat specialist, Medical Specialty Service, Stillwater Prison	2 full-time with 2 full-time assistants	St. Cloud Hospital; St. Paul-Ramsey County Security Unit; post-operative, Stillwater Infirmary
State Prison for Men, Stillwater (Avg. pop. 800)	1 full-time GP; 1 ophthalmologist weekly; 1 radiologist 1/2 day weekly	5 full-time, 2 part-time; 24-hour coverage every day	Voluntary first aid courses given... some staff participation	1 radiologist-technologist, 1 inmate trainee; 1 full-time lab. technician, 1 inmate helper	1, once per week	Medical Specialty Service manned by visiting consultants	1 full-time, 1 half-time; 1 full-time technician	Infirmary for convalescence, etc., St. Paul-Ramsey County Hospital Security Unit, acute care, surgery
Minnesota Correctional Institution for Women, Shakopee (Avg. pop. 50)	1 part-time on 2 mornings weekly and on call	1 licensed practical nurse who is a part-time counselor	Voluntary first aid courses given... some staff participation	none	1 on half-days every other week	Local specialists; Rochester State Hospital	1 part-time, 2 mornings twice a mo. Complications in town or at Rochester State Hospital	Acute cases, surgery at Rochester State Hospital. Emergencies and obstetrics locally
Willow River Camp, Willow River (Avg. pop. 38)	None	None	Counselors have first aid training	None	None	Specialists at St. Cloud or Stillwater Prison	Local for emergencies. Routine work, Lino Lakes	Emergencies locally. St. Paul-Ramsey County Hospital Security Unit. Stillwater Infirmary - convalescence

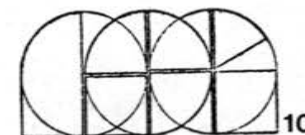
\* Data from "Corrections: People, Prisons and Programs"; League of Womens Voters of Minnesota, October, 1974.



# HEALTH SERVICES IN MINNESOTA JUVENILE CORRECTIONAL INSTITUTIONS \*

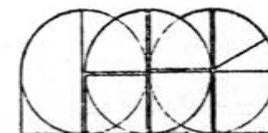
STATE JUVENILE INSTITUTIONS	PHYSICIANS	REGISTERED NURSES	SUPPORT STAFF	MEDICAL TECHNICIANS	CONSULTING PSYCHIATRISTS	MEDICAL CONSULTANTS	DENTISTS	HOSPITALIZATION
Minn. Metropolitan Training Center, Lino Lakes (Avg. pop. 140)	3 part-time, 4 mornings per week	1 full-time, 2 half-time, covering 7:30 AM to 10:00 PM	Staff coordinator trained in first aid	1 half-time lab. technician	1, once per week	Clinics, U. of M.; Clinics, St. Paul-Ramsey County Hospital	1 full-time, with 1 full-time assistance	St. Paul-Ramsey County Hospital
Minn. Home School, Sauk Centre (Avg. pop. 140)	1 part-time, 1 morning per week	1 full-time, 2 half-time, covering 7:30 AM to 10:00 PM	Counselors trained in first aid	None	1, once per week	Local or St. Cloud Clinics	1 part-time, once per week, with 1 assistant. Orthodontic programs previously started, continued at Alexandria	Local hospitals
State Training School, Red Wing (Avg. pop. 199)	1 part-time, on 5 mornings weekly	1 full-time, 5 days weekly	Counselors trained in first aid	None	1, once weekly	Local or Rochester State Hospital	1 full-time. Home programs continued in home town. Surgery at Rochester State Hospital	Emergencies at local hospitals; long-time care at Rochester State Hospital
Thistedew Camp, Togo (Avg. pop. 50) (Only physically fit boys admitted.)	None	None	Counselors trained in first aid	None	Psychological examinations before admittance	Hibbing Clinic	Hibbing	Local hospital in Hibbing

\*Data from "Corrections: People, Prisons, and Programs"; League of Womens Voters of Minnesota, October, 1974



# HEALTH SERVICES IN RAMSEY COUNTY CORRECTIONAL INSTITUTIONS

RAMSEY COUNTY INSTITUTIONS	PHYSICIANS	REGISTERED NURSES	SUPPORT STAFF	MEDICAL TECHNICIANS	CONSULTING PSYCHIATRISTS	MEDICAL CONSULTANTS	DENTISTS	HOSPITALIZATION
Ramsey Cty. Jail Avg. pop. 150	1 part-time 2 afternoons/ week	1 part-time nurse 2 afternoons	none	none	Psychiatric Testing and evaluation per- formed at St. Paul Ramsey Hosp. on in- dividual basis	Clinics, St. Paul Ramsey Hospital, local specialists	Local-Emergency (extractions only)	St. Paul Ramsey Hospital
Ramsey Cty. Juvenile Center Woodview Avg. pop. 29	1 part-time 5 days per week daily sick call	none	none	none	By order court 1 psychiatrist	Clinics, St. Paul Ramsey Hospital, local specialists	Local-Emergency continue home program (at family expense)	St. Paul Ramsey Hospital
Ramsey Cty. Workhouse Avg. pop. 120	1 part-time 2 afternoons/ week	1 half time (other half at Totem Town)	Sheriffs Deputies trained in first aid	none	1 - Clinic psychologist half time (other half Totem)	Clinics, St. Paul Ramsey Hospital, local specialists	Local-Emergency continue home program at own expense or by welfare depart.	St. Paul, Ramsey Hospital
Totem Town Avg. pop. 40	1 part-time Once or twice a week	1 half time (other half at workhouse)	none	none	1-Psychiatrist 1/2 day per week 1 clinical psychologist half time (other time Totem)	Clinics St. Paul Ramsey Hospital, local specialist	Local-Emergency continue home program at own expense or by welfare depart.	St. Paul Ramsey Hospital



## SUMMARY OF OUT-OF-INSTITUTION TREATMENT

- July 1, 1973 to June 30, 1974

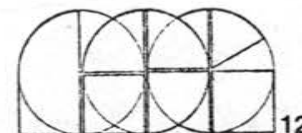
<u>STATE FACILITIES</u>	<u>AVERAGE DAILY POPULATION</u>	<u>OUTPATIENT</u>	<u>ADMISSIONS</u>	<u>TOTAL PATIENT DAYS</u>
Stillwater	800	284	85	*~
St. Cloud	495	1,168	123	648
Shakopee	50	71	14	96
MMTC				
- Lino Lakes	140	314	15	*
Willow River	40	*	*	*

RAMSEY COUNTY FACILITIES

Ramsey County Jail & Annex	150 Male 10 Female	*	*	*
Ramsey County Workhouse	120	321	15	*
Ramsey County Juvenile Facilities				
- Woodview	29 Male & Female	*	*	*
- Totem Town	65	250	12	*

TOTAL

\* Data Not Available





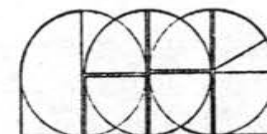
# 7422 SPRH SECURITY TREATMENT FACILITIES

## BREAKDOWN OF BED COUNT ASSIGNED BY INSTITUTION

<u>FACILITY</u>	<u>NO. OF BEDS</u>
Minnesota State Corrections Facilities Stillwater & St. Cloud	11*
Shakopee & Other Female Institutions	2
Ramsey County Jail	2
Workhouse	1
State & Ramsey County Juvenile Facilities (Includes Lino Lakes, Woodview, Totem Town)	2
Total	<u>18</u>
Expansion	<u>7**</u> 25

\*Number of beds as indicated by Harry Werneke, Health Care Consultant to the Minnesota Department of Corrections.

\*\*Expansion by 7 beds to 25 beds (figure originally requested by Department of Corrections and Ramsey County Sheriffs Department.)



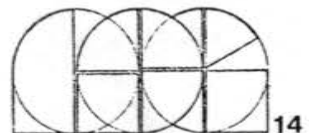
## INPATIENT AREA

### Acute Security Beds

The bed area of the security treatment facility will consist of 18 single bed rooms with the possibility of expansion by 7 beds for a total of 25 single bed rooms. The 18 bed figure is based on a survey of actual past utilization while the 25 bed figure has been requested - 14 beds by the Minnesota Department of Corrections and 11 beds by the Ramsey County Sheriffs Department. These rooms will be grouped relating to the male, female, juvenile, and isolation. In general, the population is predominately male, under 30 and thereby will be the largest single grouping. Females and juveniles each will be grouped separately for privacy, and, in the case of juveniles, prevention of contact with potential, harmful, outside influences.

The use of single-bed rooms has been shown, in a study by Mr. Drexell Toland at Baptist Memorial Hospital in Memphis, Tennessee, to reduce the length of patient stay by seven-eighths of a day less than patients with like maladies, in multi-bed rooms. The objective here being, that the shorter stay returns the patient to the more completely secure detention facility faster.

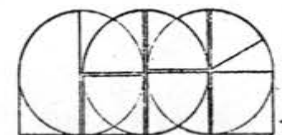
It is intended that nursing care be offered to each patient in such a manner that members of the staff are not in jeopardy during treatment. The security system should also be such that the nursing staff feels secure enough to spend a maximum amount of time on direct patient care. Single bed rooms offer the ability to deal with each individual in a secure environment without concern for another patient's harrassments, threats or actions.



1. Can serve as isolation without moving patients within the unit.
2. Provides adequate space for nursing procedures without disturbing other patients and equipment (X-ray, stretcher) can be used without difficulty.
3. Maximum utilization of all bed spaces. (In typical two bed units 80 to 85 percent occupancy is considered maximum. In single bed rooms 100 percent occupancy is possible and can be maintained without moving patients.)
4. Visitors can be better controlled if they are to be allowed in inpatient rooms in lieu of a separate visiting room.

Other disadvantages are:

1. Higher cost of construction - more materials and equipment.
2. Longer walk in distance for nursing staff.



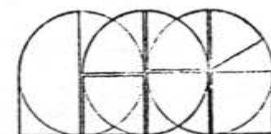
Since cost is always an important factor the construction cost of the single bed room cannot be neglected; however, the cost of operations - i.e. patient relocation, isolation, additional security costs also cannot be forgotten. (A rule of thumb is that cost of operations equal cost of construction approximately every two years.) Design can solve the problems of distance and the psychological problems created by a detention single-bed room. These problems may be relieved by use of amenities. This requires further discussion with the hospital staff and the sheriffs department to determine possible solutions. Because the advantages are great enough we recommend the use of single bed rooms in the security treatment facility.

A medical isolation room will be provided. This room requires, in addition to being a single-bed room, an entrance (through a closed vestibule or open passageway) which contains a sink for handwashing, storage for clean and soiled goods and gowning facilities. Also a private toilet room which contains, in addition to the toilet and lavatory, a tub or shower.

A security isolation room will be provided. This room will utilize security type furnishings and conditions.

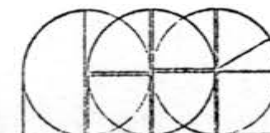
Each major grouping of patient beds, will have shower facilities in close proximity to that area, and they will be broken down into 2 male, 1 female, 1 juvenile. A central tub room and sitz bath will also be provided.

An area for closed visiting will be provided within the secure acute inpatient area. Also a room for attorney's visiting has been provided. This room will be fully enclosed, but with liberal glazed areas for observation by the security personnel.



## 7422 - ST. PAUL RAMSEY HOSPITAL/SECURITY TREATMENT FACILITY

Program Ref. No.		Department or Functional Area	Net Area In Square Feet		
I.	A.	INPATIENT AREA Acute Security Beds	Remodel Existing	New Constr.	Total Program Area
		* 1. Single Bed Units 18 @ 200 sq. ft.	-	3,600	3,600
		2. Showers 4 @ 25 sq. ft.	-	100	100
		3. Sitz bath	-	25	25
		4. Tub Room 2 @ 40 sq. ft.	-	80	80
		5. Visiting Room	-	80	80
		6. Counselors Room	-	100	100
		7. Guard Control Unit	-	80	80
		8. Sally Port	-	65	65
		Total Dept. Net Dept. Gross Factor			4,130 1.45
		TOTAL DEPT. GROSS			5,990





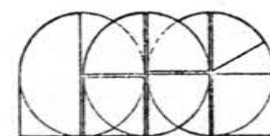
## INPATIENT AREA

### Nursing Team Area

The actual nursing team station is programmed as being within the controlled security area. This is the originating point of all nursing care and the administration center for this unit, therefore it will be essential that the distances to patient rooms be kept to a minimum (120' is maximum). Also desirable is visual control of each patient room. At this writing consideration is being given to some manner for separating female, isolation and juvenile from males.

The nursing station will provide a work area for the nursing staff. The nursing staff will consist of 15 full time nursing equivalents. The nursing staff on the day shift will be 1/2 - head nurse; 2 - R.N.; 1 - male nursing assistant; and 1 - ward clerk. In addition to the nursing work area, a separate area designated for charting and Doctor's dictating will be set aside in a quiet area, adjacent to the nursing team area. An office for nursing and a room for morning report, staff consultations, family counseling, etc., will be included with the nursing team center.

It is anticipated that the staff locker and lounge areas will be located adjacent the nursing team area; however, if the lounge and locker space is located elsewhere, purse lockers and staff toilet facilities must be made available in this unit.



It is planned that control of entrance will take place between the entrance to this floor and the nursing unit itself. Emergency exits will also be controlled by the security staff.

The materials distribution system will be by cart. Space will be allocated for storage of clean supply carts and linen carts within or adjacent to the clean work area. Likewise, space will be allocated for soiled carts in or adjacent that soiled work room. The clean and soiled work rooms will include handwashing facilities and in addition the soiled work room will have a clinic sink.

A nourishment center to provide service between scheduled meals is included. The facility will provide an area for temporary parking of the meal distribution and collection vehicles. A refrigerator and icemaker are the major pieces of equipment to be included in this room.

A room for medications preparation and storage will be adjacent the nursing station. The nature of the security unit suggests that, in addition to the required double locking all narcotic medications and like drugs, the other medications and treatment equipment should also be kept under lock and key. Therefore, it is anticipated that the treatment cart and - "crash" cart will be kept in this room. Handwashing facilities, a refrigerator and adequate work area are required in this room.

A room for storage of equipment I.V. stands, suction machines, etc. will be included in this unit. This room will also be locked.



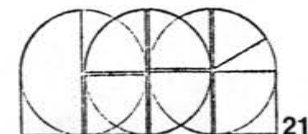
## 7422 - ST. PAUL RAMSEY HOSPITAL/SECURITY TREATMENT FACILITY

Program Ref. No.	Department or Functional Area	Net Area In Square Feet		
		Remodel Existing	New Constr.	Total Program Area
I.	INPATIENT AREAS			
B.	Nursing Team Areas			
	1. Nursing Team Station	-	150	150
	2. Charting	-	100	100
	3. Dictating	-	40	40
	4. Treatment (Possibly use outpatient)	-	130	130
	5. Medication Prep.	-	75	75
	6. Linen & Housekeeping	-	80	80
	7. Clean Utility	-	80	80
	8. Soiled Utility	-	80	80
	9. Nourishment Center	-	80	80
	10. Janitor's Closet	-	40	40
	11. Equip. Storage	-	100	100
	12. Stretcher Storage	-	30	30
	Total Dept. Net			985
	Dept. Gross Factor			1.45
	TOTAL DEPT. GROSS			1,430



## 7422 - ST. PAUL RAMSEY HOSPITAL/SECURITY TREATMENT FACILITY

Program Ref. No.	Department or Functional Area	Net Area In Square Feet		
		Remodel Existing	New Constr.	Total Program Area
I.	C. INPATIENT AREAS Staff Facilities			
	1. Consultation	-	80	80
	2. Nurses' Office	-	100	100
	3. Staff Lounge	-	100	100
	4. Staff Lockers & Toilet Female	-	75	75
	5. Staff Lockers & Toilet Male	-	75	75
Total Dept. Net Dept. Gross Factor				430 1.3
TOTAL DEPT. GROSS				560

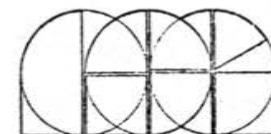


## AMBULATORY CARE SERVICES

### Secure Outpatient and Emergency Treatment

The secure outpatient unit is anticipated to treat a wide range of outpatient needs. In addition to the scheduled outpatient load, this area will handle the "walk-in clinic" type of case. The area will also be utilized by the in-patient unit for some exams and treatment. The secure outpatient unit will include a two stretcher, emergency treatment room which will have storage for emergency treatment equipment. Adjacent to this will be the general purpose exam room, the minor treatment room and cast room, in an effort to make this a comprehensive treatment suite. Additionally, a request has been made by the medical staff for diagnostic x-ray room as a part of the secure outpatient facility. The nursing work area which serves this area consists of the clinical administration/charting area, a secure medications unit, a staff toilet, and a consultation room. Also serving this unit will be a clean workroom, and a soiled workroom which will contain a clinic sink.

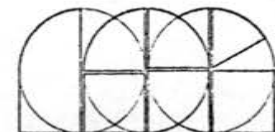
The dental unit will also be served from this common nursing team area. The dental unit will consist of a single dental operatory and a small lab with a closet sized darkroom.



## 7422 - ST. PAUL RAMSEY HOSPITAL/SECURITY TREATMENT FACILITY

Program Ref. No.	Department or Functional Area	Net Area In Square Feet		
		Remodel Existing	New Constr.	Total Program Area
II.	AMBULATORY CARE			
A.	Secure Outpatient Treatment			
	1. Emergency Treatment 2 cubicles @ 125 sq.ft	-	250	250
	2. Exam Room	-	80	80
	3. Minor Treatment Room	-	100	100
	4. Cast Room	-	125	125
	5. X-Ray Room	-	175	175
	6. Nursing Work Area	-	100	100
	7. Clean Utility	-	70	70
	8. Soiled Utility	-	70	70
	9. Equip. & Storage	-	60	60
	10. Medications	-	40	40
	11. Police Interview Rms. 2 @ 90 sq. ft.	-	180	180
	12. Consulation	-	120	120
	13. Prisoner Holding 2 @ 60 sq. ft.	-	140	140

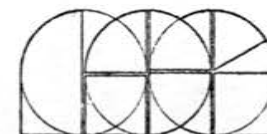
Continued on following page

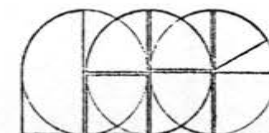




## 7422 - ST. PAUL RAMSEY HOSPITAL/SECURITY TREATMENT FACILITY

Program Ref. No.	Department or Functional Area	Net Area In Square Feet		
		Remodel Existing	New Constr.	Total Program Area
II.	AMBULATORY CARE			
A.	Secure Outpatient Treatment			
	14. Toilet Adj. holding	-	25	25
	15. Staff Toilet	-	25	25
	16. Janitors Closet	-	25	25
Total Dept. Net Dept. Gross Factor				1,585 1.4
TOTAL DEPT. GROSS				2,220



[illegible]

## GENERAL SERVICES

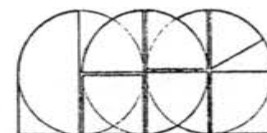
### Support Facilities

The support facilities for the Security Treatment Facility, includes those areas which do not provide direct medical service. These areas have primarily a security, mechanical or maintenance function. These areas will be located generally, on the ground floor.

The admitting/control area on the second floor will be the main control for the entire facility. This will be a secure room with visual control of the public entry vehicle receiving, prisoner holding on the first floor, and the stair and elevator lobby. Arrival and departure of detainees will be handled from this room and the control guard will log the patient in. (Actual admissions procedure will be similar to the plan presently proposed for six south.) There will be "pass through drawers" into the control room in order to check items coming into the unit. A gun locker will be provided in the corridor for the escorting officers' weapons. Likewise, package lockers will be provided in the visitors room to check purses and items not allowed in the unit.

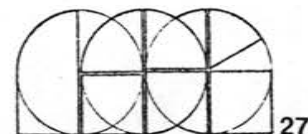
Visitor's waiting will be provided at the public entry point. Toilet facilities and telephones will be adjacent to this area.

The detainees will enter from the receiving garage. Vehicles will pull into the garage, which is to be under security control, and the detainees will be brought through the sally port to the secure elevator and then to the appropriate outpatient or inpatient area. In most cases the control officer, by means of TV monitors and garage door controls, can control ingress and egress through the garage. The garage will have an equipment storage room



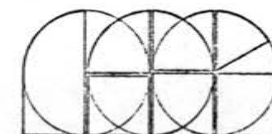
adjacent with a work sink, cleaning supplies and storage of any other items required by the transporting vehicles.

Holding rooms or enclosures will be adjacent to the security control room convenient to the garage. This space is provided as a temporary holding area for detainees being returned to the jurisdiction of their transporting officer or awaiting escort to specialty outpatient clinics.



## 7422 - ST. PAUL RAMSEY HOSPITAL/SECURITY TREATMENT FACILITY

Program Ref. No.	Department or Functional Area	Net Area In Square Feet		
		Remodel Existing	New Constr.	Total Program Area
III. A.	GENERAL SERVICES Support Facilities			
	1. Admitting/Control	-	200	200
	2. Package & Purse Checking Visitor's Waiting	-	150	150
	3. Public Phone Toilet - Male & Female	-	60	60
	4. Receiving Garage	-	650	650
	5. Sally Port - 2	-	100	100
	6. Elevator Lobby	-	120	120
	7. Stretcher Storage	-	30	30
	8. Equipment Room	-	80	80
	Total Dept. Net Dept. Gross Factor			1,390 1.3
	TOTAL DEPT. GROSS			1,810



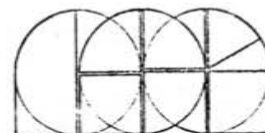
## MECHANICAL AND ELECTRICAL SERVICES

The goals of the mechanical system are to provide the quality of service needed with a conscious effort towards conservation of energy; little disruption to the existing hospital system; economy of equipment, materials and maintenance; minimum operating costs and security of the system and operations.

To aid in the conservation of energy the site orientation, building form and the type of enclosure materials are being considered by the design team, in addition to the mechanical equipment. The facility will be geared to maximum performance for minimum energy input.

The location of this facility is at the service court adjacent to the emergency entrance, and because of the importance of this area, minimal disruptions can be tolerated. The mechanical and electrical systems that will require connection include sewer, water, medical gas, hydronic heating, secondary power and telephone. The existing snow melting panel in the service court will be removed and relocated where needed to allow for the construction of the grade level structure and entry area.

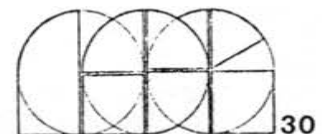
All of the new mechanical and electrical service will be similar to the existing hospital in effort to reduce maintenance and operating costs. Standard hospital plumbing fixtures will be used throughout the new addition. The alarm systems and internal communication systems will be similar to and compatible with the existing hospital. Each patient room will have an individual thermostat control system. Heating will be radiation and air conditioning will be supplied from energy recovery package air handling systems. Humidity will be controlled by the use of air stream humidifiers.





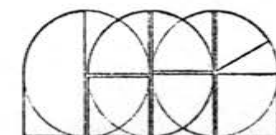
The core area and corridors will be sprinkled and the patient rooms will have a detector system all zoned, and connected to the existing central fire annunciator board.

The major physical difference between the security treatment facility and the existing hospital is the security system. This project will make use of various methods of audio and visual surveillance throughout the unit and in addition movement to and through these various areas will be controlled by electrically operated doors from the control area on the second floor. Since so much of the equipment in this unit is electronically controlled a separate emergency power system will be provided as part of this facility.



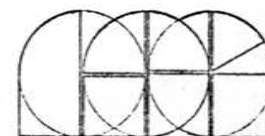
## 7422 - ST. PAUL RAMSEY HOSPITAL/SECURITY TREATMENT FACILITY

Program Ref. No.	Department or Functional Area	Net Area In Square Feet		
		Remodel Existing	New Constr.	Total Program Area
III. B.	GENERAL SERVICES Electrical and Mechanical			
	1. Electrical and Mechanical services	-	2,000	2,000
Total Dept. Net Dept. Gross Factor				2,000 1.3
TOTAL DEPT. GROSS				2,600



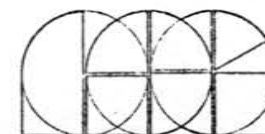
## 7422 - ST. PAUL RAMSEY HOSPITAL/SECURITY TREATMENT FACILITY

Program Ref. No.	Department or Functional Area	Net Area In Square Feet		
		Remodel Existing	New Constr.	Total Program Area
I.	INPATIENT HOUSING			
	A. Acute Security Beds	-	5,990	5,990
	B. Nursing Team Areas	-	1,430	1,430
	C. Staff Facilities	-	560	560
	TOTAL INPATIENT HOUSING	-	7,980	7,980
II.	AMBULATORY CARE			
	A. Secure Outpatient Treatment	-	2,220	2,220
	B. Dental Treatment	-	275	275
	TOTAL AMBULATORY CARE	-	2,495	2,495
III.	GENERAL SERVICES			
	A. Support Facilities	-	1,810	1,810
	B. Electrical & Mechanical	-	2,600	2,600
	TOTAL GENERAL SERVICE	-	4,410	4,410
	TOTAL DEPT. GROSS			14,885



## 7422 - ST. PAUL RAMSEY HOSPITAL/SECURITY TREATMENT FACILITY

Program Ref. No.	Department or Functional Area	Net Area In Square Feet		
		Remodel Existing	New Constr.	Total Program Area
I.	Total - Inpatient Housing	-	7,980	7,980
II.	Total - Ambulatory Care	-	2,495	2,495
III.	Total - General Services	-	4,410	4,410
Total Dept. Gross Bldg. Gross Factor				14,885 1.25
TOTAL BUILDING GROSS				18,605



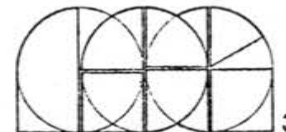
## STAFFING

Major problems exist in the delivery of medical service within the corrections system. They are, not necessarily in the order of importance, quality of care, quality of the environment costs and staff attitudes both security and medical.

In a corrections environment all of these problems are linked together and serve to reduce the quality of care offered to inmate patients below the level available to the general public.

While delivery of medical service is improving, the demands on the system are increasing. These increased needs are being met generally in the institutional environment or the community based medical environment.

Medical treatment in the correctional environment is not the primary service as in a hospital setting which serves the general public. The primary service is detention and corrections. Good medical care is dependent on the attitudes of the correctional staff. It is also dependent on a medical and nursing staff which is aware of the special problems of correctional medical service and which has the ability to maintain and improve skills. Normally the quality of medical service is built around the quality of the staff, not bricks and mortar. However, in the case of corrections medicine, the staff must have confidence in the security of their surroundings while treating patients from the correctional institutions. The medical staff of community hospitals which treat patients from detention and correctional facilities are concerned primarily with the care of patients within their medical service area. Since the medical staff of these community hospitals do not have daily contact with the patients from within the correction system, there is a lack of understanding of their needs.



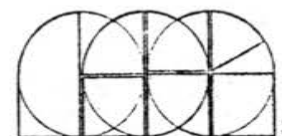
The ideal then, is to develop a competent pool of staff with background in corrections medicine, provide them with first rate backup services immediately available, and put them in a secure environment with a pool of security staff which has background as part of the health care team. This is the goal at the Security Treatment Facility.

#### Nursing Staff

The nursing staff should be part of the St. Paul Ramsey Hospital nursing staff and provided the benefits of in-service education and staff training offered by the hospital. The nursing staff will also need specialized training in the corrections system and the related social and psychological attitudes. It is anticipated that the nursing staff pattern for this 18 bed unit will be as follows:

	Day	Evening	Night
Head Nurse	1/2 (Mon. thru Fri. only)		
Staff R.N.	2	2	1
Nursing Asst. - Male	1	1	1
Ward Clerk	1 (Hours overlap 2 shifts)		

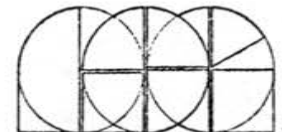
These represent the needs on a seven day per week basis. It is quite possible that there is also the need for an additional male nursing assistant days and evenings; however, if it is, the regular floating hospital staff will be called to supply any additional needs. It should be noted that this pattern is based on the staffing pattern proposed for the Six South inpatient unit.



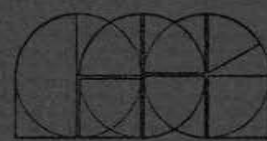


## Medical Staff

The medical staff will be members of the St. Paul Ramsey medical staff. As any small hospital unit, the type of cases-medical and surgical-will be mixed. Therefore, the medical staff will reflect that mix. It is logical however, to assume that the entire facility should be under a single medical service in an effort to maintain continuity with the visitation programs carried on at the various detention and correction facilities. A significant number of the outpatient cases will be referrals from the various institutions and because of this fact should be administered under same medical service for continuity.



**site analysis**



## SITE ANALYSIS

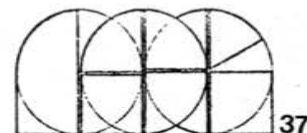
Three major options were examined regarding the location of the Security Treatment Facility.

1. Maintain the existing Six South security unit and add secure outpatient services in the adjacent half circle.
2. Build a separate secure inpatient and outpatient facility free of direct contact with St. Paul Ramsey Hospital.
3. Add a satellite secure inpatient and outpatient facility adjacent to the present hospital emergency - outpatient areas.

It is the recommendation of L.S.G. Associates to follow option 3 the addition of the satellite facility adjacent to the present emergency - outpatient area. This decision was made considering the major advantages of this choice and the major disadvantages of options 1 and 2.

The advantages of 3 are the proximity to the hospital and its services, ease of secure arrival and minimal site disruption and the ability and flexibility for future expansion.

The disadvantages of options 1 are that while this would be the most economical to construct, it does not solve the transportation problem nor is it in proximity to the Emergency area. In option 2, the facility could be similar to the satellite planned at the Emergency area; however, because of its isolation from the hospital, the transportation of staff, materials and patients would not make this a good solution. Also there is a lack of contact and interaction by the staffs with this plan.

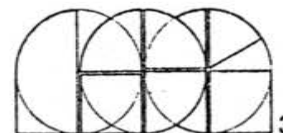


The Security Treatment Facility is to be adjacent to the emergency area at St. Paul Ramsey Hospital, secure from the general public, containing inpatient housing, ambulatory care, and general services with a gross area of approximately 20,000 sq. ft. See separate program for detailed area breakdown. The unit will be constructed south-east of the existing building with only the vehicular sally port and vertical circulation at the ground floor. The remainder of the existing service court including the emergency receiving will remain intact with the construction of the unit above.

The following objectives are of prime concern and are the basis of the concept proposed.

1. In order to maintain light and ventilation, as well as exterior wall fire rating; it is desirable to maintain 40 foot clearance between proposed facility and the education building with its connecting link.
2. Access and circulation for service to receiving doors in link and education building to be maintained. Height clearance for large trucks is required.
3. Connection to existing hospital at emergency area is necessary for staff and material access to new facility.
4. Maintain hospital emergency receiving separate from security receiving and pedestrian access.
5. Disrupt existing vehicular and pedestrian circulation as little as possible.

These objectives have been concluded from conferences with hospital administration and staff as well as Ramsey County and State corrections officers.



The following proposal by L.S.G. is also illustrated in the accompanying diagrams:

#### Existing Hospital

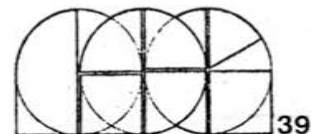
Minor alterations are necessary to provide access for staff and services to second level of new facility. A new hydraulic elevator and shaft would be constructed in the vestibule of the existing emergency receiving area, exact location to be determined based on detailed investigation of existing structure and mechanical items. Access to the existing stair in the southeast corner of the hospital would be provided at the first floor and at the landing between the second and third floor. The existing emergency vehicle parking and the south road will be left intact.

#### New Facility - First Floor

In the area east of the existing emergency vehicle parking will be located a secure receiving area with a secure receiving garage, vertical circulation to the second level and a pedestrian entrance to the facility with separate vertical circulation.

#### New Facility - Second Floor

In the area over the existing emergency vehicle parking, the new units first floor and part of the service court area; the second level will be constructed containing vertical circulation, control area, secure outpatient facilities, and secure inpatient housing. These functions will connect to new vertical circulation in existing hospital with controlled access. This floor to be raised to allow large truck access below to the service court receiving locations.



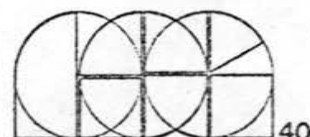
## New Facility - Penthouse

The penthouse will be constructed over the center portion of building and will contain all necessary air handling equipment and systems. Services from existing hospital would be run in second floor soffit space to a central shaft area.

Consideration has been given to the possibility of raising the second floor of the new facility to the third floor level of the existing hospital and constructing a link running north along the existing wall to connect to the east-west corridor. This would permit direct floor access to the existing O.R. and laboratory functions on the third floor of the hospital. It is felt that the amount of utilization does not warrant the increased cost of this possibility.

The following additional aspects of this construction have been considered.

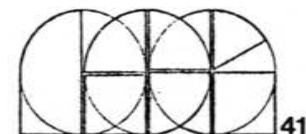
1. Expansion of inpatient housing has been planned horizontally to the east. Additional expansion is also possible vertically.
2. Revisions are required to existing mechanical services in court. These include snow melting coils, waste lines, and relocation of gas storage to an area to be determined some distance from the structures.
3. A small number of additional parking spaces will be required. The exact number and location are to be determined from pending revised zoning ordinances and additional construction proposed on the hospital site.

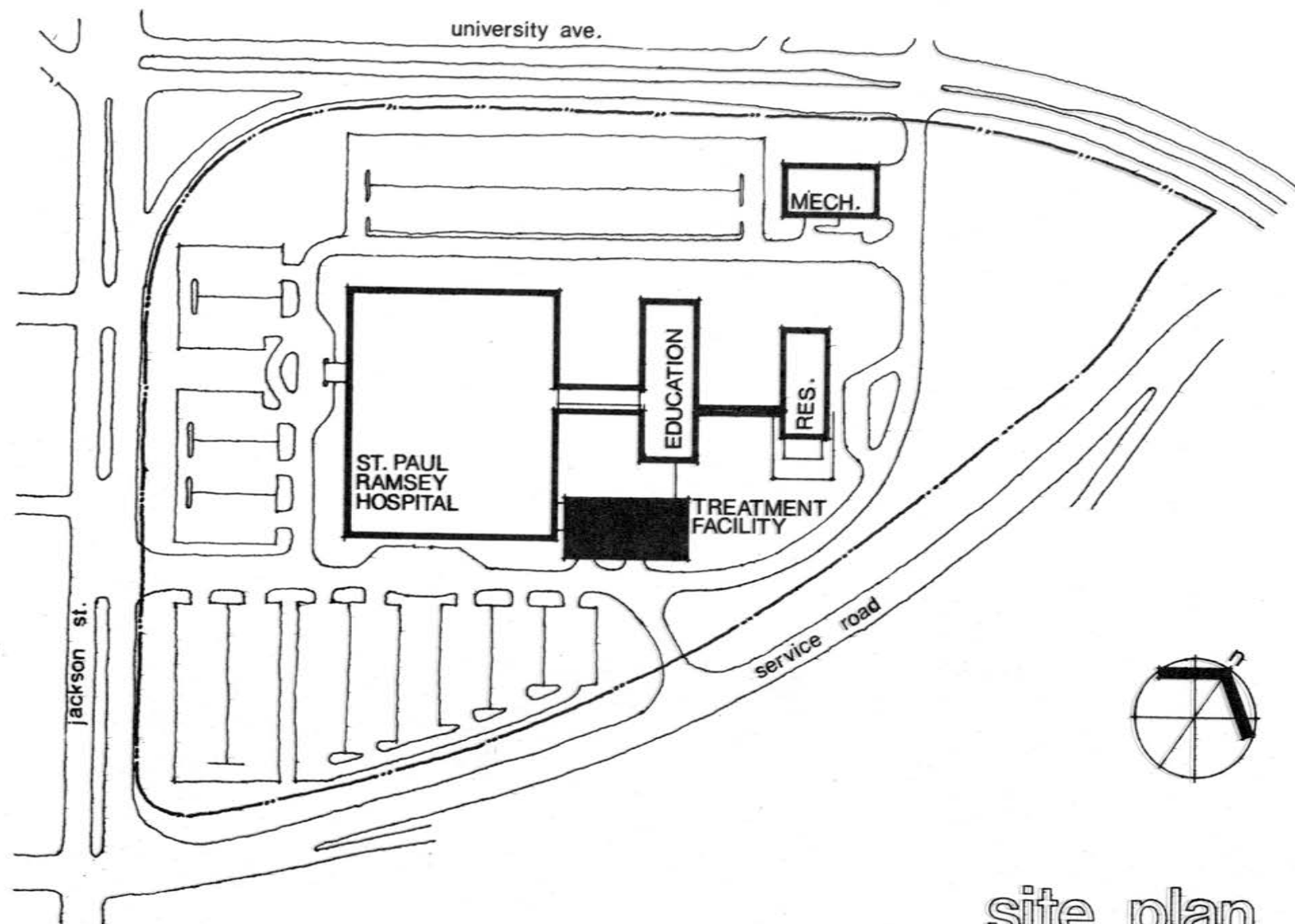




4. Construction of the new facility must be staged in such a manner as to allow uninterrupted operation of existing emergency receiving with as little conflict as possible.

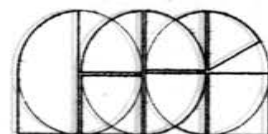
The following diagrams are of the site, first, and second floor plans and illustrate the proposed.

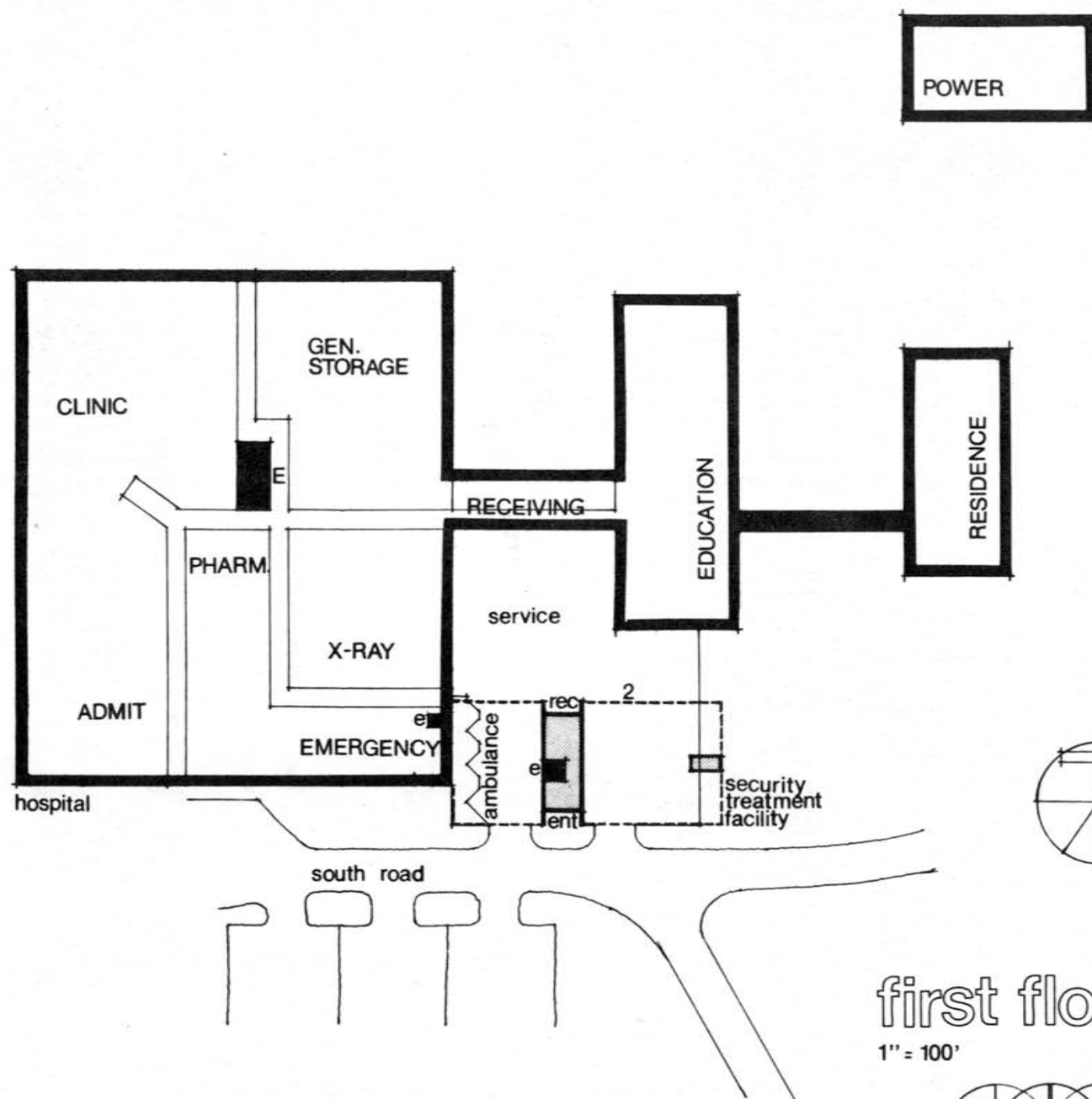




site plan

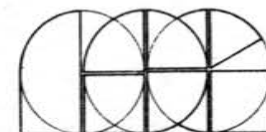
1" = 200'

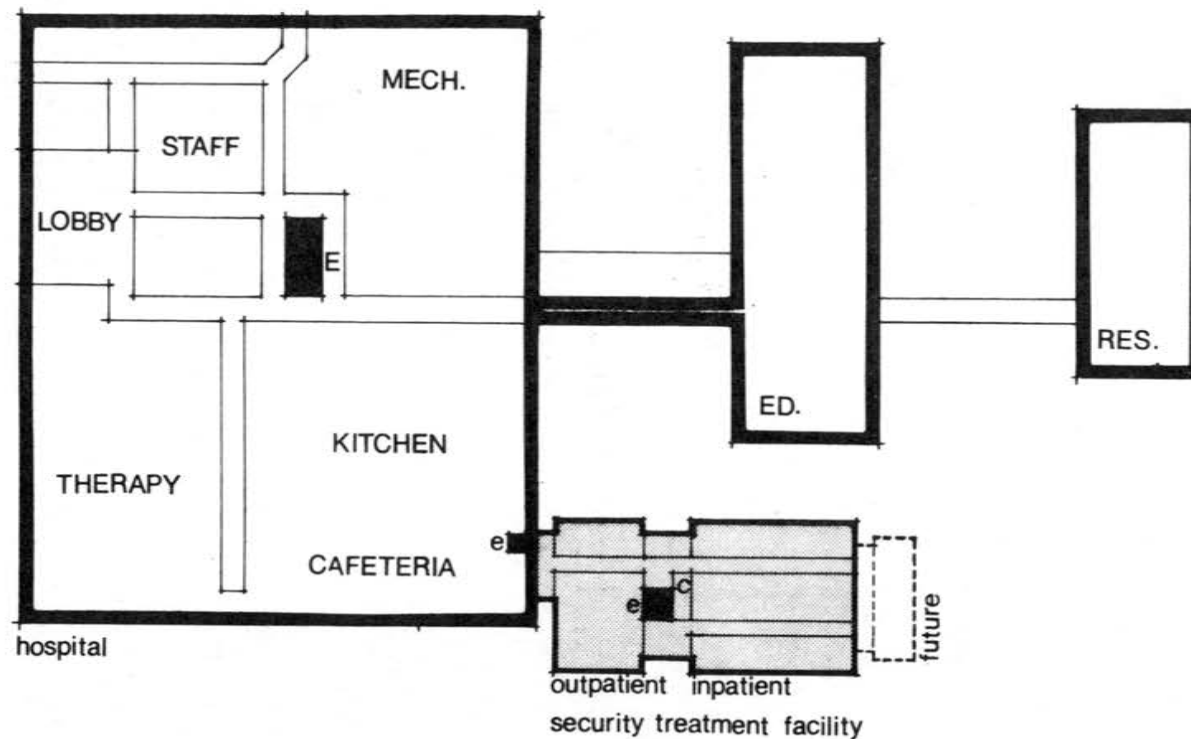




first floor

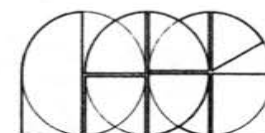
1" = 100'



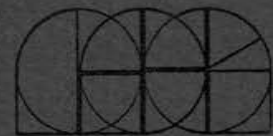


second floor

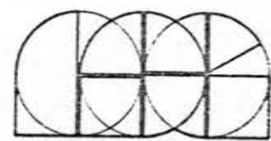
1" = 100'

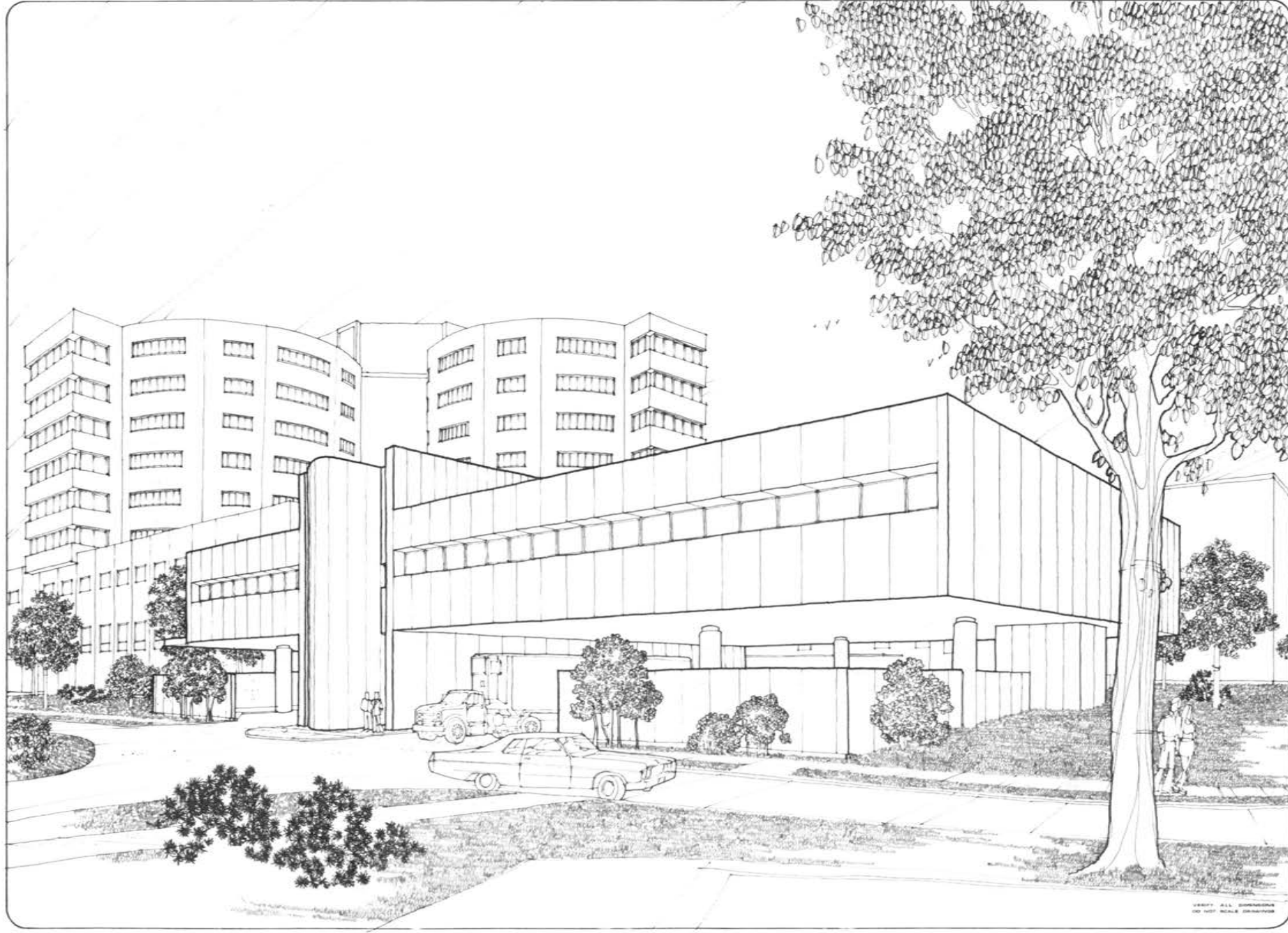


**schematic  
design**



schematic design





VERIFY ALL DIMENSIONS  
DO NOT SCALE DIMENSIONS

LEGEND: SMILEY GLOTTER ASSOCIATES

ARCHITECTS ENGINEERS PLANNERS

ST. PAUL · RAMSEY HOSPITAL  
SECURITY TREATMENT FACILITY



1021 Libelle Avenue Minneapolis Minnesota 55403

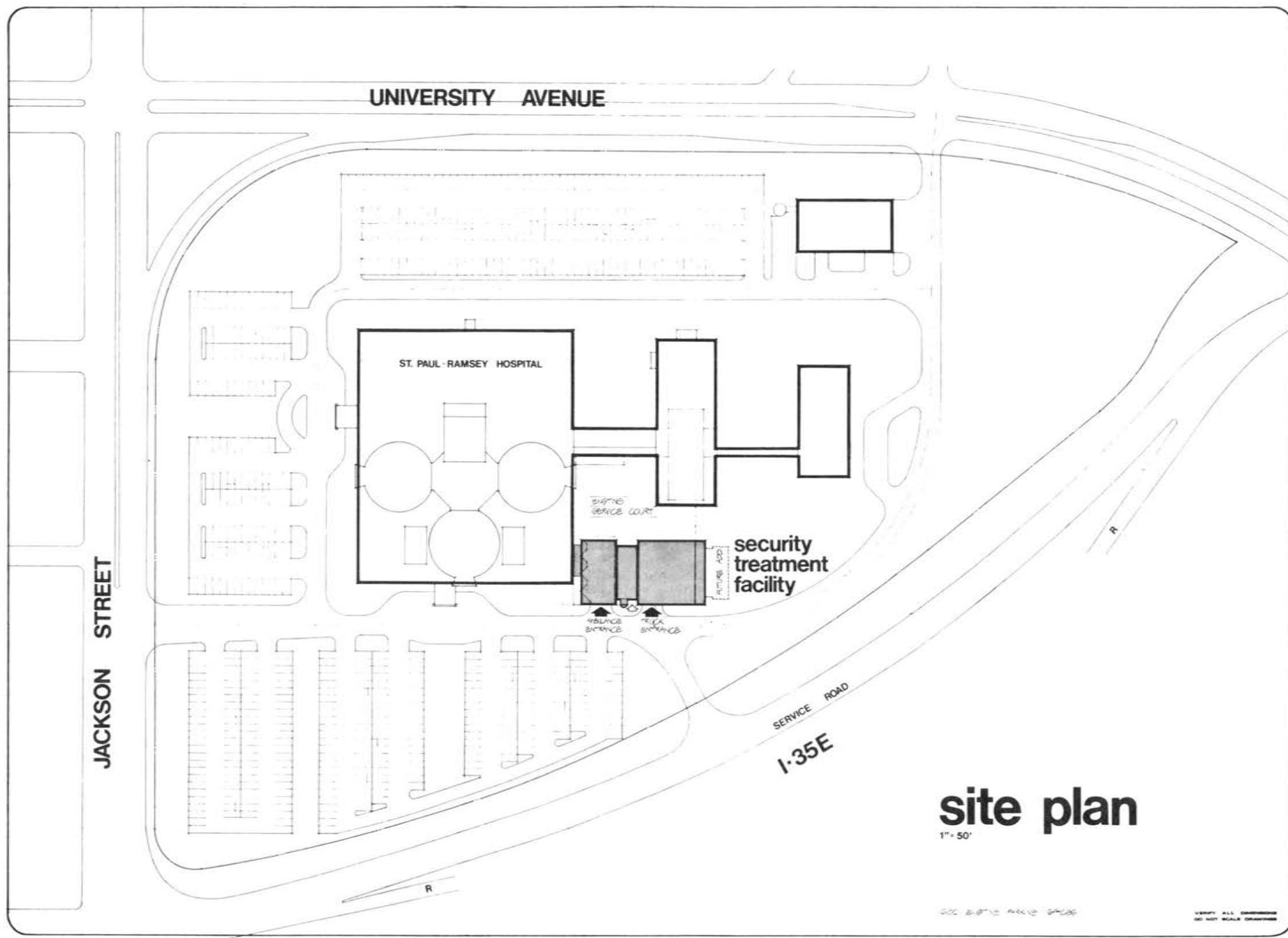
15121332 1401

CONTRACT NO.  
DATE 11/8/84  
DRAWN BY  
CHECKED



PROJECT NO. 15121332  
DATE 11/8/84  
DRAWN BY  
CHECKED





site plan

1" = 50'

SEE SHEET 1000-1000

VERIFY ALL DIMENSIONS  
DO NOT SCALE DRAWING

LEGENDRE SMILEY GLOTTER ASSOCIATES ARCHITECTS ENGINEERS PLANNERS

1021 LaSalle Avenue Minneapolis Minnesota 55403

ST. PAUL - RAMSEY HOSPITAL  
SECURITY TREATMENT FACILITY

1

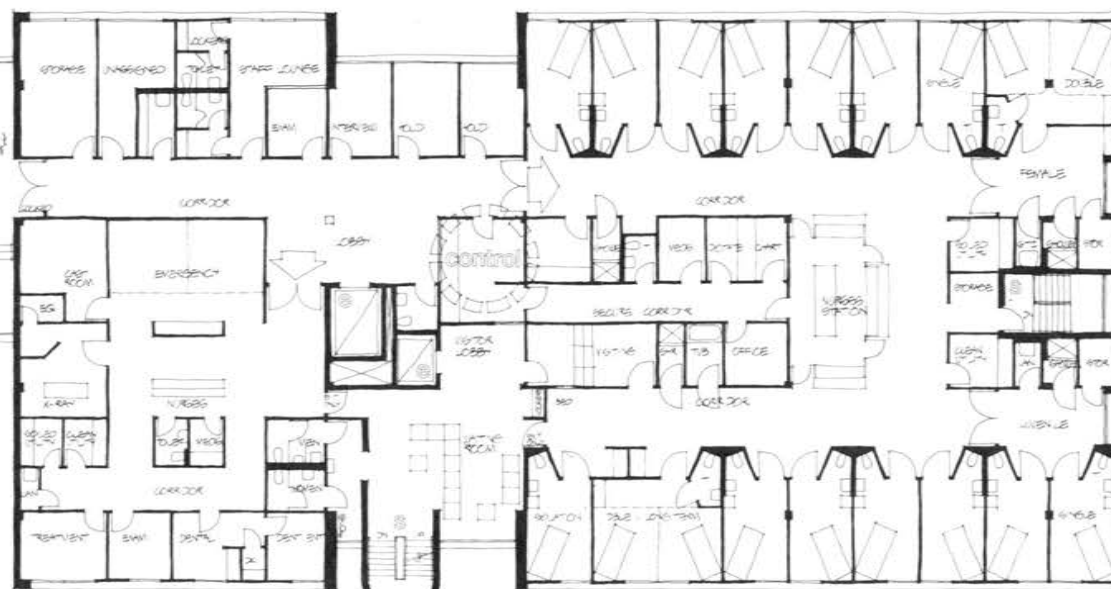
DATE: 10/1/00  
DRAWN: J. GLOTTER  
CHECKED: J. GLOTTER

0512338 1401



hospital

ed.



outpatient

inpatient 18beds

future 7

# second floor plan

SCALE: 1/8" = 1'-0"

VERIFY ALL DIMENSIONS  
DO NOT SCALE DRAWINGS

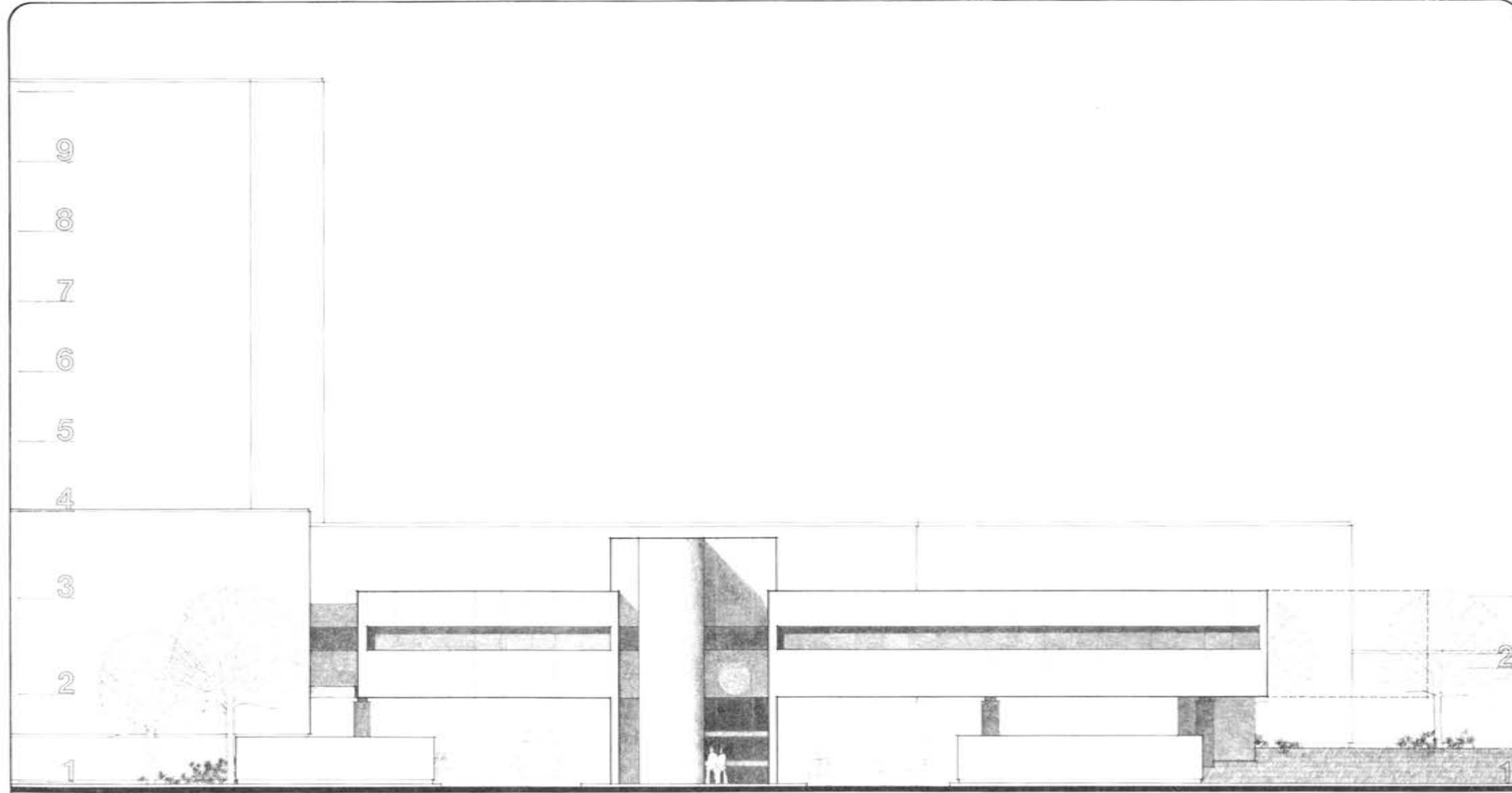
LIEBERBERG SMILEY GLOTTER ASSOCIATES ARCHITECTS ENGINEERS PLANNERS 1081 LeBelle Avenue Minneapolis Minnesota 55403 (612) 338-1401

ST. PAUL - RAMSEY HOSPITAL  
SECURITY TREATMENT FACILITY



3

60777 1/2  
 date 1-7-78  
 drawn by  
 checked



elevation

VERIFY ALL DIMENSIONS  
DO NOT SCALE DRAWING

LEGEBERG SMILEY GLOTTER ASSOCIATES

ARCHITECTS ENGINEERS PLANNERS

ST. PAUL · RAMSEY HOSPITAL  
SECURITY TREATMENT FACILITY



4

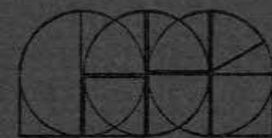
1021 LeSalle Avenue Minneapolis Minnesota 55403 (612) 332-1401

drawn by  
date  
checked



DATE  
BY  
CHECKED  
DATE  
BY  
CHECKED

**outline  
specification**



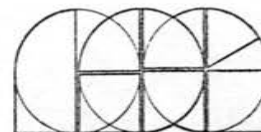
OUTLINE SPECIFICATION  
ST. PAUL RAMSEY HOSPITAL  
SECURITY TREATMENT FACILITY

The following outline specification complements the planning program and the schematic drawings prepared by Liebenberg Smiley Glotter Associates.

The facility is to provide, in conjunction with the hospital, a secure environment in which the complete range of health care can be offered on both an inpatient and outpatient basis to the inmates of various county and state correctional and detention facilities. It is to be built adjacent and connected to the existing hospital. Minor remodeling work is included in existing building.

The building will be of Type I construction and designed in accordance with applicable local, state, and federal codes and requirements. It is essentially a reinforced concrete structure with stone exterior facing. The major area is on the second floor, constructed over the existing service and ambulance court.

The following outline specification generally indicates the basic materials, equipment and systems contemplated for use. The quality and workmanship is intended to be first grade throughout.



## OUTLINE SPECIFICATIONS

### I. BIDDING REQUIREMENTS

- A. Advertisement of Bids.
- B. Instructions to Bidders.
- C. Proposal Form.

### II. CONTRACT FORMS

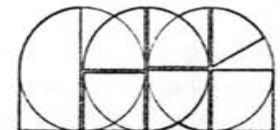
- A. Contract between Owner and Contractors.  
Standard AIA form.
- B. Performance and Payment Bond.

### III. CONTRACT DOCUMENTS

- A. Standard AIA General Conditions.
- B. Supplementary General Conditions as required.
- C. H.E.W. Non-Discrimination in Construction  
Contract Employment Agreement.
- D. Alternates

### IV. OUTLINE SPECIFICATIONS

- A. Division I - General Requirements.

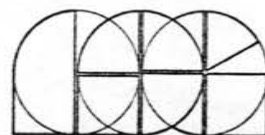




## B. DIVISION 2 - SITE WORK

### 1. Demolition

- a. Site is in existing service court and ambulance receiving area of St. Paul Ramsey Hospital. Demolition and construction work is to be scheduled and accomplished so as to maintain access to receiving dock and emergency receiving doors unobstructed.
- b. Remove existing ambulance entrance canopy, constructed of steel beams, columns and joists and sheathed with stone veneer.
- c. Remove existing concrete slab and curbs as required to construct new footings and freestanding columns, first floor area, truck entrance, and for proper drainage.
- d. Existing court perimeter screen and retaining walls to remain or be reconstructed.
- e. Construct new concrete pad and fence for oxygen storage on site to be determined 50 ft. from building. Relocate equipment and extend line to new enclosure.
- f. Re-route existing 12" storm sewer and revise slab heating coils as required.
- g. New openings in existing hospital first floor and second floor for new hydraulic elevator.



B. DIVISION 2 - SITE WORK (Cont'd)

2. Earthwork

Excavate for column and first floor footings. Footings adjacent to existing hospital to be at depth of existing basement. Back fill and compact for slab replacement.

3. Roads and Walks

Replace slabs and curbs, new walks and curbs of reinforced concrete to match existing.

4. Lawns and Planting

Replace disturbed sod and plantings, minor new planting areas.

C. DIVISION 3 - CONCRETE

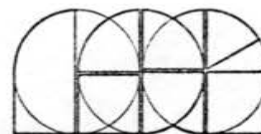
1. Concrete formwork - Wood and metal formwork, shoring, accessories as required.

2. Concrete Reinforcement - Steel reinforcing bars, welded wire fabric, miscellaneous accessories as required.

3. Cast-in-place concrete - 4000# minimum reinforced concrete. Air entrained concrete for foundations and exterior use.

Footings and foundation walls to be concrete. Structure above ground to be reinforced concrete frame with concrete joist floor and roof construction.

Exposed concrete, exterior and interior, will be finished. Final finish to be determined.



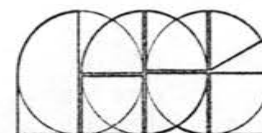
C. DIVISION 3 - CONCRETE (Cont'd)

4. As an alternate to the above structure, construct second floor assembly, second floor columns, and roof assembly of precast, prestressed concrete columns, beams and floor slabs. Under this alternate cast-in-place concrete would be limited to footings, first floor columns and slabs on grade, 2" structural topping on second floor and roof, and miscellaneous stair and landing construction.

Note that roof is to be designed as future third floor. Fire rating required for structural frame is 3 hrs., for slabs: 2 hrs.

D. DIVISION 4 - MASONRY

1. Entire building to be sheathed with 2" stone veneer to match existing hospital. Included are various recesses and returns but not first floor soffit or free-standing columns.
2. As an alternate to the above, sheath building with 4" modular face brick to match existing.
3. Exterior wall back-up to be standard concrete block insulated. Typical partition to be concrete block with v-groove pattern, painted. Partitions defining secure areas to have cores filled with concrete and doweled to slab top and bottom.
4. Thru-wall flashings - plastic coated copper or soft stainless steel.

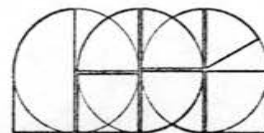


E. DIVISION 5 - METALS

1. Structural Metals - Miscellaneous where required.
2. Miscellaneous Metals
  - a. Railings
  - b. Ladders
  - c. Miscellaneous anchorage and framing items and systems for exterior and sheathing support.
  - d. Steel Castings - Miscellaneous
  - e. Lintels.
3. Ornamental Metal
  - a. Minor miscellaneous items - to be determined.

F. DIVISION 6 - CARPENTRY

1. Rough Carpentry - Wood formwork for concrete construction scaffolding, runways, rubbish chutes, temporary protection of construction, temporary enclosures, temporary stairs, wood blocking, grounds, insulation, etc.
2. Finish Carpentry - Installation of wood trim millwork, finish hardware, etc.

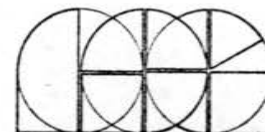


F. DIVISION 6 - CARPENTRY (cont'd)

2. Millwork - to be determined. Include base-counters, cabinets, shelving, etc. that are not part of equipment or casework. Exposed surfaces to be plastic laminate with backer sheets.

G. DIVISION 7 - MOISTURE PROTECTION

1. Waterproofing - Membrane waterproofing as required.
2. Dampproofing - Foundation walls below grade to have trowelled on asbestos fibered bituminous coating approximately 1/8" thick.  
  
Exterior facing to have application of clear silicone dampproofing.
3. Roof insulation - Two layer Fescoboard, Celotherm, or Perlite rigid insulation.
4. Membrane Roofing - Built-up 20 year bonded pitch and gravel roof with roofs sloped to drains. 20 year roofing and flashing bonds required. Roofing contractor to be required to furnish Owner with two (2) year written guarantee for watertight installation.
5. Sheet Metal Work - All metal flashing, counter flashing, flashing reglets, etc. as required to be soft stainless steel or of titanium alloy.
6. Caulking and sealants - All sealants to be two (2) part "Thiokol" base, polysulfide sealant. Color to be selected.



## H. DIVISION 8 - DOORS, WINDOWS AND GLASS

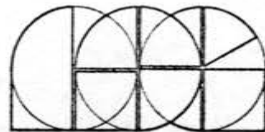
### 1. Metal Doors and Frames

The following doors and frames to be used within secure areas and in public spaces.

- a. Hollow metal doors and frames - Doors to be 16 gauge, flush design, fully reinforced and sound deadened.

Frames to be 14 gauge on exterior and 16 gauge on interior. Corners to be mitered and unit shop fabricated. Frames grouted and reinforced for doors over 3' - 0" wide.

- b. Aluminum Doors and Frames - Main entry doors and frames, sidelights, transoms, etc. to be color anodized aluminum (color to be selected).
- c. Solid core doors, with laminated plastic faces including labeled doors where applicable. Plastic to be selected for color and pattern. Wood faced doors to be of plain sliced Red Oak.
- d. Overhead door to be metal rolling type with curtain of 16 ga. g.i. interlocking slats. Guides, brackets, and hardware heavy duty steel. Electric operator with remote controls including push button. keyed switch, and radio controls.



## H. DIVISION 8 - DOORS, WINDOWS AND GLASS

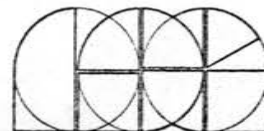
### 2. Secure doors and frames

The following doors and frames to be used in walls defining secure areas and patient room doors.

- a. Hollow metal doors to be swinging type 2" thick with flush face sheets of 14 ga. steel and continuous inner reinforcement of detention type. Insulate voids.
- b. Secure frames to be 12 ga. pressed steel fully mitered and welded. Provide reinforcement for special hardware including electric locks. Secure anchorage to slab and walls.  
Frames for borrowed lites at control room and visitors room of similar construction.
- c. Detention doors to have standard vision panels of medium security type glazed with Lexan laminated glass.
- d. Detention type locks to be provided on secure doors, keyed at door (one side for patient room doors) with remote electric control system at control room allowing selective or group operation.

### 3. Windows

- a. Color anodized aluminum frames with thermo-break to be used for fixed windows in non-secure areas.





H. DIVISION 8 - DOORS, WINDOWS AND GLASS (Cont'd)

3. Windows

- b. Windows in secure areas including patient rooms to be custom fabricated, 12 ga. hollow metal with steel operating vents and detention screen. These windows to be of medium security type as manufactured by detention specialists. Muntin bars not required - see secure glazing.

4. Finish Hardware - Non-Secure

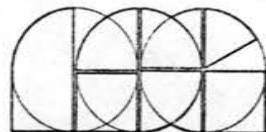
Finish hardware to be selected from Russwin, Corbin, Schlage, Stanley, L.C.N., Norton Lawrence, Glynn-Johnson, Knap & Vogt, etc. quality heavy duty line. Hardware schedule to be established.

Finish hardware to include all locksets, butts, closers, kickplates, push and pulls, panic devices, stops, thresholds, cabinet hardware, clothes poles, door control devices, drapery tracks and miscellaneous items as necessary. Finish to be determined.

- 5. Weatherstripping - Entrance doors to be factory weatherstripped. Hollow metal exterior doors to have spring bronze or neoprene weatherstripping.

6. Glass and Glazing

- a. Exterior glass in non-secure areas to be 1" insulated, tempered, solar exterior.
- b. Glass doors and sidelites to have tempered solar glass.



## H. DIVISION 8 - DOORS, WINDOWS AND GLASS (Cont'd)

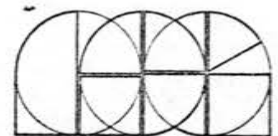
### 6. Glass and Glazing

- c. Glass for secure exterior windows, interior borrowed lites and vision panels in secure situations to be of alarm glass formed by laminations of tempered glass and "Lexan".
- d. Glazing - All exterior glazing to be one or two part synthetic polymer base Fed. Spec. TT-S - 00227a or TT-S - 00230. Sealant to be gun grade, tapes, ribbons and beads as required. System to be established.
- e. Mirrors - Chrome or S.S. framed 1/4" glazing quality plate glass/non-corrosive back of sizes and quantity required. S.S. shelves to be provided where necessary. Theftproof mounting throughout. Chromed steel detention type mirrors to be provided in secure areas.

## I. DIVISION 9 - FINISHES

### 1. Lath and Plaster

- a. Second floor soffit to be 3 coat stucco with colored finish coat. Suspend steel channel and metal lath system.
- b. Typical interior ceilings to be 3 coat cement plaster suspended with steel channel and metal lath system.



I. DIVISION 9 - FINISHES (Cont'd)

2. Tile Work

All toilet and bath areas to have ceramic tile floors and walls or wainscots. Thinset installation method to be used.

3. Resilient Flooring

a. Typical finish floor to be 1/8" x 12" x 12" vinyl asbestos tile. Color and pattern to be determined. Base to be 4" vinyl.

b. Selected areas to have sheet vinyl flooring with integral base.

4. Carpet

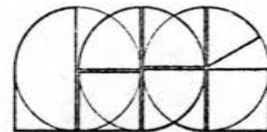
Certain areas such as visitors waiting, offices and lounge to be carpeted with commercial grade low pile carpet and separate pad. Flame spread rating as required.

5. Painting

a. Typical partition is concrete block with three coat enamel finish. Majority of spaces to have epoxy enamel finish. All materials to be of finest quality and a complete system.

b. All shop primed exposed metals including railings, hollow metal, and miscellaneous items to receive 2 coat enamel finish.

c. Colors to be determined will be primarily neutral with deep tone accents.

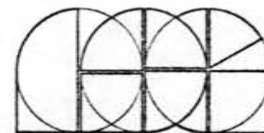


J. DIVISION 10 - SPECIALTIES

1. Baked enamel, overhead braced toilet partitions, doors and screens.
2. Fire fighting devices - sizes, quantities and type of cabinets and extinguishers as required by code.
3. Identifying devices - plastic laminate room names and numbers to be determined.
4. Lockers - baked enamel staff lockers and visitors possession lockers.
5. Public telephone alcove by millwork.
6. Toilet and bath accessories  
Typical accessories to be furnished in stainless steel for toilet and bathing rooms including grab bars as required. Secure mounting in patient areas.
7. Cubicle curtain tracks required in E.R. and double patient rooms.

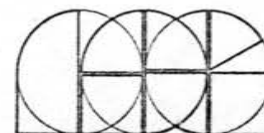
K. DIVISION 11 - EQUIPMENT

1. Darkroom Equipment - Counter top, worktables, storage units, as necessary to be purchased as stock equipment.
  - a. Cassette Transfer Cabinet.
  - b. Cabinet with waste bin.
  - c. Cassette storage cabinets



K. DIVISION 11 - EQUIPMENT (Cont'd)

- d. Film Bin
- e. Storage Cabinet
- 2. Wardrobe - Each patient to have plastic laminate faced storage unit with concealed hardware.
- 3. Hospital Equipment
  - a. Exam lights
  - b. X-ray equipment and protection
  - c. Film viewers
  - d. Nourishment units
  - e. Mediprep units
  - f. Dental equipment
- 4. Detention Equipment
  - a. Items previously mentioned in appropriate divisions for secure installation. Equipment to be furnished by recognized experienced manufacturer of this type of product.
  - b. Complete custom control station including door controls, alarm signals, detection devices, surveillance equipment for selected secure perimeter locations.
  - c. Key and gun cabinets.
  - d. Miscellaneous secure items such as pass thrus, etc.

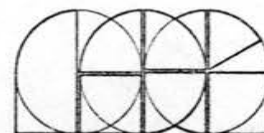


## L. DIVISION 14 - CONVEYING SYSTEMS

### 1. Elevators

Three elevators are required. All to be electrically operated hydraulic type using oil as fluid medium. Operation to be automatic two way leveling, duplex collective. Two speed doors. Speed 75 F.P.M. Elevator installation to comply with Minnesota State Code as well as other applicable codes. Initial installation is two stops. System to allow extension to three.

- a. 3500 lb. hospital type to be installed in existing hospital for transport of staff, services, and patients.
- b. 3500 lb. hospital type - keyed operation for transport of prisoners from receiving garage to control station.
- c. 2500 lb. passenger type - push button operation for transport of visitors from entrance to waiting area.



## DIVISION 15 - MECHANICAL

### SECTION 1501 - GENERAL PROVISIONS

1. Standard project requirements, references to General and Supplemental Conditions, and Division #1 - General Requirements.
2. One Year's guarantee
3. Owners manuals and operating instructions.

### SECTION 1502 - CODES AND STANDARDS

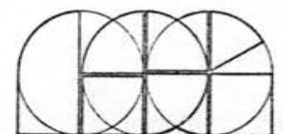
All State Regulations, and National Board of Fire Underwriters Requirements.

### SECTION 1510 - UTILITIES

1. Water supply from existing hospital supply system.
2. Sanitary and Storm Sewer Connections to municipal systems and existing hospital lines.

### SECTION 1545 - PLUMBING

1. Waste and Vent code approved piping system with concealed security type water shut off valves.
2. Domestic Hot Water from existing hospital lines with additional circulating pump.





## SECTION 1545 - PLUMBING

### 3. New Plumbing Fixtures

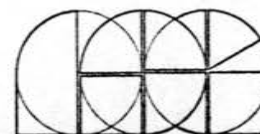
- a. Wall hung Water Closets, concealed button flush valves.
- b. Wall hung lavatories.
- c. Vandal Proof ceramic showers concealed stops.
- d. Service Sinks
- e. Clinic Sinks
- f. Work Sinks
- g. Surgeon Scrub-up Sinks
- h. Plaster Sink
- i. Electric Drinking Fountain
- j. Sitz Bath
- k. Urinals, remote flush system

### 4. Sump Pump

- a. Elevator Pit

### 5. Medical Pipe Systems

- a. Extend existing hospital oxygen vacuum, nitrous oxide, and medical air to new facility.



#### SECTION 1550 - FIRE PROTECTION

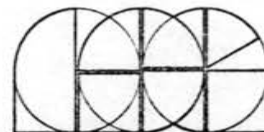
1. Connect to existing hospital fire systems.
2. Standpipe and fire hose system.
3. Sprinklers in corridors, nurse station, dirty linen rooms, storerooms and mechanical spaces.
4. Smoke detectors each patient module.

#### SECTION 1570 - HEATING

1. Hydronic system connection to existing hospital system using separate zone hydronic pumps.
2. Heat exchangers steam to water for hydronic heating systems.
3. Two-pipe pumped reverse return piping system.
4. Fully recessed vandal proof wall convectors.
5. Fan Unit Heating Coils.
6. Steam package humidity systems.

#### SECTION 1575 - COOLING

1. Connection to existing hospital chilled water system with separate zone pumps.
2. Two pipe pumped reverse return piping system.
3. Fan Unit cooling coils.

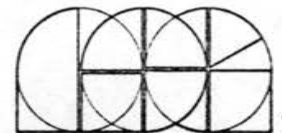


## SECTION 1582 - VENTILATION

1. Built-up Fan Systems using supply, return-exhaust and relief fans for the below listed areas:
  - a. Lower level multi-zone system.
  - b. Upper level multi-zone system.
  - c. Emergency receiving and operating area system.
  - d. Toilet and dirty linen exhaust systems.
  - e. Toilet and dirty linen exhaust systems.
  - f. Chemical filtering, humidity control and heat recovery with Kathabar units, twin cell heat recovery.
  - g. Complete duct systems using sound insulation and vibration control of equipment and ducts.
  - h. Vandal proof registers, grilles, linear diffusers and louvers.

## SECTION 1590 - TEMPERATURE CONTROL

1. New Central Solid State Control Panel connected into existing hospital system with remote panel in existing hospital engineers office.
  - a. Display Panels.
2. Automatic controls for all fan systems, heating system, cooling system and humidity systems.
  - a. Individual vandal proof room and zone thermostats with steel protective guards.



## DIVISION 16 - ELECTRICAL

### SECTION 1601 - GENERAL PROVISIONS

1. Standard Project Requirements, references to General and Supplemental Conditions, and Division #1, General Requirements.
2. Codes and Standards, N.E.C., U.L., National Board of Fire Underwriters, all applicable City and State of Minnesota Regulations.

### SECTION 1620 - ELECTRIC UTILITIES

1. All electric services from hospital electrical system.
2. All telephone services from hospital telephone system.

### SECTION 1640 - LIGHTING

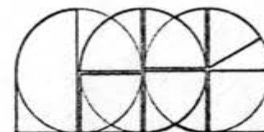
1. Lighting - standard fluorescent, incandescent and mercury as required to match existing building where applicable.
2. Tamperproof fixtures in areas as required.

### SECTION 1650 - EMERGENCY LIGHTING SYSTEM

1. Circuits as required from hospital existing emergency system.

### SECTION 1660 - MISCELLANEOUS SIGNAL EQUIPMENT

1. Fire alarm system addition .



SECTION 1660 - MISCELLANEOUS SIGNAL EQUIPMENT (Cont'd)

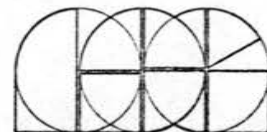
2. CCTV security system as required.
3. Nurses Call System - also connected to adjacent system.
4. Intercom System - and connection to existing.
5. Television System - and connection to existing.
6. Clock system.
7. Sound system, paging, music.
8. X-ray wiring.
9. Radio Communication system.

SECTION 1670 - MECHANICAL EQUIPMENT

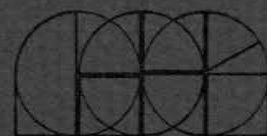
1. Wiring of all added mechanical equipment.
2. Elevator services.

SECTION 1680 - VANDAL PROOF DEVICES, FIXTURES & WIRING

1. All lighting fixtures, receptacles, systems, power and control wiring where required.



**cost estimate**



SUMMARY SHEET

PROJECTED COST ESTIMATE  
FOR SPRING 1976 BIDDING

St. Paul Ramsey Hospital  
Security Treatment Facility  
St. Paul, Minnesota

March 5, 1975

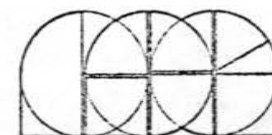
A. Building Construction Cost		\$1,717,669.00
B. Site Work Cost		28,353.00
C. Total Construction Cost		\$1,746,022.00
D. Contingency	*	87,300.00
E. Movable Equipment	**	174,600.00
F. Architectural Fees		182,500.00

---

TOTAL PROJECT COST		\$2,190,422.00
--------------------	--	----------------

NOTE: The above costs do not include:

- 1) Land Costs & Fees
- 2) Financing Costs
- 3) Administrative Costs \*\*\*

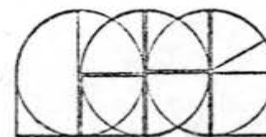




PROJECT COST ESTIMATE NOTES:

- \* The contingency funds are set aside to absorb normal growth in areas during schematic design and design development, variations in bidding, unforeseen construction conditions and change orders. The contingency funds are calculated at 5% of the Total Construction Cost.
- \*\* Movable equipment costs include all items not built-in that may be installed during or after completion of the building, and that are not part of the construction contract. This was figured at 10% of re-decorating-remodeling and new construction cost, and based on an assumption that the value of the existing movable equipment to be reused will be subtracted from this total.
- \*\*\* Administrative costs include the cost for items as soil tests, legal fees, phone and travel the expenses, reproduction of contract documents and construction representation, (Clerk-of-the-Works) as well as County and Hospital Administration time dedicated to this project.

The estimated Total Construction Cost as indicated on the summary sheet, is based on unit costs for materials and labor which are shown on the following tabulation sheets.





**HODGES JAGE SULLIVAN ASSOCIATES**

CONSTRUCTION CONSULTANTS

PAGE 2 OF 5JOB St. Paul Ramsey Hospital - Security Treatment FacilityDATE March 5, 1975

ITEM	QUANTITY	UNIT	PRICE	EXTENSION	TOTAL
C. Structural (continued)					
6) Stairs, complete	3	Flts.	2800	8 400	
7) Water & Dampproofing	ALLOW			3 500	
8) Premolded filler & insulation	ALLOW			3 000	
9) Miscellaneous inserts	ALLOW			2 500	209 700
D. Exterior Building envelope					
1) Opaque walls					
2" stone veneer with concrete block insulation, misce. & ties & support members	(consider Alternate - Brick)				
	9 250	SF	12 50	115 630	
2) Windows					
Anod. alum. framings with insulated glass & thermo break	4 50	SF	17 00	7 650	
Hollow metal framing with oper. vents secure glass & detention screens	8 35	SF	25 00	20 880	
3) Entrances					
Alum. door & frame	4	each	1100 -	4 400	
Hollow metal door & frame	3	each	600 -	1 800	
Overhead Door	1	each	2200 -	2 200	
4) Soffits	1 072 0	SF	3 -	32 160	
5) Roofing	1 242 0	SF	2 25	27 950	
6) Miscellaneous exterior items	ALLOW			10 000	222 670
					81

## CONSTRUCTION CONSULTANTS

PAGE 3 OF 5

DATE March 5, 1975

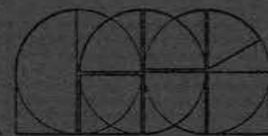
[illegible]







**appendix**





#### RESOURCE PERSONS

Allan, Norman - Associate Director of Administration  
St. Paul Ramsey Hospital

Altnow, Lois, - R.N. Head Nurse  
Lino Lakes

Bjornson, R.G.B. - M.D., Chief Radiology  
St. Paul Ramsey Hospital

Boies, Lawrence, M.D., Chief Dept. of Otolaryngology  
St. Paul Ramsey Hospital

Burns, Eugene - Director  
Ramsey County Court Services

Cicero, Dr. James - Former Medical Director  
Minnesota State Prison

Cooper, Don  
Department of Corrections

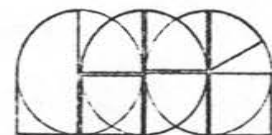
Costello, Howard - Deputy Commissioner,  
Department of Corrections

Defoe, Ana - R.N.  
St. Cloud

Durkin, Patricia - member  
St. Paul Ramsey Hospital Commission

Edberg, Gordon - Architect, Hennepin County Jail Program  
Ellerbe Architects

Gitch, Dave - Senior Associate Director  
St. Paul Ramsey Hospital



Hedman, Kermit - Ramsey County Sheriff  
Ramsey County

Hodgson, Dr. C.D., Health Advisory Committee  
State Dept. of Corrections

Hoffman, Gerald H.  
National Clearing House for Criminal Justice  
Planning and Architecture

Hunt, Dr. Vincent - Director, Family Practice  
St. Paul Ramsey Hospital

Johnson, Sgt. Bernard - Sheriff's Department  
Hospital Security Division

Johnson, Captain Don - Sheriff's Department  
Ramsey County Jail

Johnson, Howard  
Department of Corrections, Health Care Administration

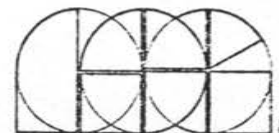
Johnson, Wayne - Superintendent  
Totem Town

Kohler, Len - Superintendent  
Woodview

McCloud, Dr. - Medical Director  
Minnesota State Prison

McCrae, William - Superintendent  
St. Cloud

McGarty, Ellen - Director of Dietetics  
St. Paul Ramsey Hospital



Moehring, Minna - Director of Nursing  
St. Paul Ramsey Hospital

Miller, Dr. - Dentist  
Lino Lakes

Moore, Richard - Member  
St. Paul Ramsey Hospital Commission

Meyer, Pamela L.  
National Clearing House for Criminal Justice  
Planning and Architecture

Origer, Marquette, R.N. - Nursing Director  
Security Unit, Department of Corrections

Pierskalla, Adrian - R.N.  
St. Cloud

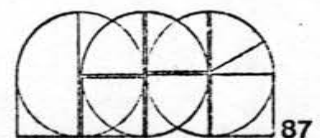
Quattlebaum, Dr. Frank - Medical Director  
St. Paul Ramsey Hospital

Quinlan, Leona - Member  
St. Paul Ramsey Hospital Commission

Rundquist, Carl - Former Senior Management Administrator  
Hennepin County  
In Charge of Hennepin County Jail Program

Russell, Harry, PhD. - Staff Psychologist  
Minnesota State Prison

Swan, James - Coordinator  
Ramsey County Planning Program



Sweeny, John - Building Superintendent  
St. Paul Ramsey Hospital

Trautwin, Amy - R.N.  
St. Cloud

Troje, Bernard  
Ramsey County Detention and Correction

Tauson, Dr. - Chief of Psychiatry  
St. Paul Ramsey Hospital

Van Tyn, Dr. Robert - Medical Director, Emergency Room  
St. Paul Ramsey Hospital

Werneke, Harry - Consultant  
Health Care Planning

Weber, George - Chief Deputy Sheriff  
Ramsey County

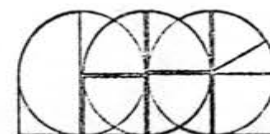
Weiss, Charlotte - R.N.  
Ramsey County Workhouse and Totem Town

Williamson, Robert - Pharmacist  
Minnesota State Prison

Wood, Frank  
Department of Corrections

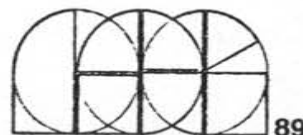
Wright, Rochelle - Member  
St. Paul Ramsey Hospital Commission

Wunsch, John - Former Senior Management Administrator  
Hennepin County



## BIBLIOGRAPHY

- American Correctional Association  
Manual of Correctional Standards  
College Park, Maryland, 1966
- Association of State Correctional Administrators  
Uniform Correctional Policies & Procedures  
1972, p. 17
- Babcock, Kenneth B., M.D.  
Survey of Medical Service Delivery System  
at Three Minnesota Correctional Institutions  
October, 1972
- Carpenter, Lawrence, Chief of the Correctional Program Div.  
Guidelines for the Planning & Design of Regional  
& Community Correctional Centers for Adults  
1971
- Clark, Ramsey  
Crime in America  
New York, Simon & Schuster, November, 1970
- Correctional Services of Minnesota  
Minnesota Delphi Study on Correctional Institutions  
1427 Washington Avenue South  
Minneapolis, Minnesota 55104
- Fogel, David; D. Crim  
"Keynote Address"  
Upper Midwest Conference on Health Care  
in Correctional Institutions  
Bloomington, Minnesota, April, 1973



Goldsmith, Seth B., ScD.  
"Jailhouse Medicine - Travesty of Justice?"  
Health Services Reports  
Volume 87, No. 9, November, 1972

International Conference of Building Officials  
Uniform Building Code  
1973

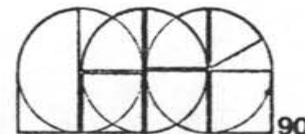
Kupers, Terry  
"Editorial: PRISON HEALTH"  
Health Policy Advisory BULLETIN  
No. 53, September, 1973

League of Women Voters of Minnesota  
A Report on Physical & Mental Health Facilities  
in Minnesota State Correctional Institutions  
Unpublished  
On file at 555 Wabasha  
St. Paul, Minnesota 55101, 1974

League of Women Voters of St. Paul  
Report on Correctional Services Available  
to Adult Women Offenders in Minnesota  
Unpublished  
On file at 28 East Exchange  
St. Paul, Minnesota 55101, 1974

Metropolitan Council of the Twin Cities Area  
1974 Comprehensive Criminal Justice Plan  
300 Metro Square Building  
St. Paul, Minnesota 55101, 1974

Minneapolis Star, The  
"A Report from Stillwater"  
Jim Klobuchar, Date Not Available



Minnesota Department of Corrections  
Rules, Regulations & Policies  
430 Metro Square Building  
Seventh & Robert Street  
St. Paul, Minnesota 55101, 1974

Admissions & Outpatient Policy for S.P.R.H.  
Security Unit  
Draft Copy 1974

Biennial Report  
1971 - 1973

Characteristics of Populations Under Supervision  
of the Institutions & Field Services  
- July 1, 1971 to June 30, 1972  
May, 1973

Components of a Health Care Program  
October, 1973

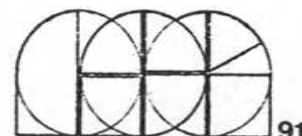
Comprehensive Plan for Regional Jailing  
& Juvenile Detention in Minnesota  
January, 1971

Directions, 1974

Historical Perspective, Corrections & Behavior  
May, 1966

Implementation Guidelines for the Community  
Corrections Act of 1973  
August, 1973

Jails & Lockup Laws  
October, 1969





Juvenile Parole Policies & Procedures  
April, 1974

MCIW Agreement System  
1974

Mission Statement 1974

Minnesota State Reformatory for Men Task Force  
Report to Kenneth F. Schoen, Commissioner of  
Corrections  
April, 1974

Survey of Health Care  
James J. Cicero, M.D., April, 1972

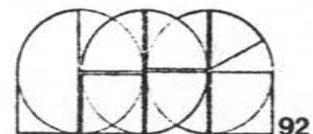
Minnesota Department of Health  
"Minnesota Population, Trends, Estimates,  
Projections"

"Report on Inspection of Hospital Kitchens"  
John Schnickel, July 13, 1973

Minnesota Rules of Court. Juvenile Court Procedures  
West Publishing Company  
St. Paul, Minnesota, 1974

Minnesota State House of Representatives  
Joint House Subcommittee on the State Prison for Men  
"Background Information on the Prison"  
Gail Hansen, December 10, 1973

Moyer, Flynn, Powers and Plautz  
"Guidelines for the Planning & Design  
of Regional & Community Correctional  
Centers for Adults"  
University of Illinois  
Urbana, Illinois, 1971



National Advisory Commission  
on Criminal Justice Standards & Goals  
Report on Corrections  
Washington, D.C.  
Superintendent of Documents  
U.S. Government Printing Office  
January 23, 1973

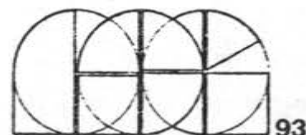
National Fire Protection Association  
Life Safety Code (NFPA 101)  
1973

North Carolina Department of Corrections  
"Guidebook for Community Volunteers"  
January, 1970

Organization for Social & Technical Innovations, Inc.  
The Correctional System of Minnesota  
Volume I, II, III  
Report to the Correctional Service  
of Minnesota  
Newton, Massachusetts, December, 1973

Public Health Service, DHEW  
Publication No. (HRA) 74-400  
Minimum Requirement of Construction & Equipment  
for Hospital & Medical Facilities  
1974

President's Commission on Law Enforcement & Administration  
of Justice  
Task Force Report: Corrections  
Washington, D.C.  
Superintendent of Documents  
U.S. Government Printing Office, 1967



"Prison Medicine Breaks Away From Tradition"

Modern Medicine

August 21, 1972

Ramsey County

Ramsey County Comprehensive Corrections Plan

West Kellogg Boulevard & Wabasha

St. Paul, Minnesota 55102

June 7, 1974

Ris, Hania W., M.D.

"How to Render High Quality Comprehensive  
Medical Care to Institutionalized Youth in  
Spite of Obstacles"

Paper presented to the Upper Midwest  
Conference on Health Care in Correctional  
Institutions, Bloomington, Minnesota  
April 1, 1973

Settle, Russell O., M.D.

"Consultants Report to the Minnesota  
Department of Corrections"

December, 1965

Walker, Bailus; et al

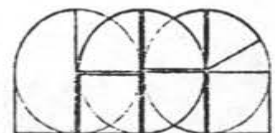
"Environmental Health Factors  
in Penal & Correctional Institutions"

Paper presented at Symposium on Crime,  
Corrections & The Community  
Chicago, Illinois, June 2, 1973

Urban Coalition of Minneapolis

The Hennepin County Jail & The Minneapolis  
Workhouse: A Citizen's Perspective

Minneapolis: Investors Diversified Services  
October, 1973



October 1974

## MEDICAL AND MENTAL HEALTH

in Minnesota Correctional Institutions

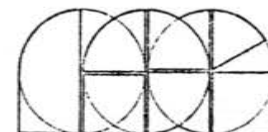
### Introduction

A major area of concern for the Department of Corrections has been the inadequacy of medical facilities in the state correctional system, especially in the adult division, as is portrayed by the Department's Biennial Report, 1971-1973: "Health care in correctional institutions is at a critical impasse. Medical personnel are forced to work in archaic, obsolete surroundings. A major percentage of medical decisions are made by nonmedical personnel. Delivery of care is hampered by custodial regulations. Budgetary deficiencies limit the purchase of supplies and equipment and the hiring of medical personnel such as doctors, nurses and consultants. Security regulations, salary inadequacies and the lack of promotional opportunity narrow the field of prospective employees. These problems were discussed by the first annual Midwest Corrections Medical Conference, sponsored by the Department of Medical Personnel, in Minneapolis, in April 1973. A major proposal for upgrading the corrections medical system was presented to the 1973 session of the Legislature, along with a special budgetary request. A special appropriation was granted and major efforts to overhaul medical services are expected to begin with the opening of the new biennium."<sup>1</sup>

---

<sup>1</sup> Minnesota Department of Corrections, Biennial Report 71-73, pg. 11.

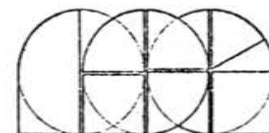
Reprinted with permission of League of Women Voters of Minnesota, 555 Wabasha, St. Paul, Minnesota 55102  
Report Resource Person - Penny Chally



In 1973, a medical consultant, Mr. H.J. Warneke, was appointed to the Department of Corrections to look into the problems of correctional medical facilities, more specifically those relevant to the state prison at Stillwater. In the spring of 1974, a Health Care Advisory Committee was formed. This Committee has on it: four physicians, an internist, two surgeons and a family practitioner; a dentist, a psychiatrist, a psychologist, a social worker, an environmental health expert, a representative from the Department of Health, two legislators (one representative and one senator), an ex-offender and a member of AIM. There may be more people added, such as a registered nurse. Mr. Warneke, the Medical Consultant to the Department of Corrections, is also on the Committee. The Committee has been given considerable latitude in its study. It can assess the system health needs and develop policies and priorities based on findings of the needs. It can study the relationship of health services to other departments and it can concern itself with the training of personnel. It can also consider long-range planning for health care. For studying the issues, the Committee has divided itself up into subcommittees as follows:

1. Legal, Legislative and Funding
2. Environmental Sanitation and Occupational Health
3. Chemical Dependency
4. Dentistry
5. Mental Health
6. Medical and Nutrition
7. Youth
8. Grievance

At this point, it seems appropriate to review the individual institutions and health services.



## ADULT FACILITIES

Minnesota State Reformatory for Men at St. Cloud (average population: 494):

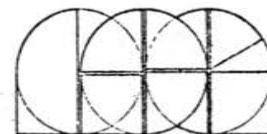
The medical staff includes:

1. A full-time physician at St. Cloud whose hours are five mornings a week plus early afternoon hours, with "on-call" duty for the rest of the 24-hour day - seven days a week;
2. Three full-time registered nurses providing five-day-a-week duty from 7 AM to 4:30 PM, with one nurse on duty Saturday and Sunday mornings;
3. Two paramedical personnel, on duty at night and weekends;
4. One medical technologist, five days a week;
5. Two consulting psychiatrists - alternating one day a week, every other week;
6. Consultants - in the city of St. Cloud;
7. Two full-time dentists and two full-time dental assistants.

Sick call is taken in the morning and appointments made for the physician.<sup>1</sup> The physician not only sees inmates on an office call basis, but performs all the histories and physicals for the newly arrived inmates. He refers the inmates as indicated to specialists at the clinics in the city of St. Cloud in such fields as dermatology, surgical

---

<sup>1</sup> Until June 1, 1974, this was the case. Since that time (and up until this writing - September 1974), there has been no full-time physician at St. Cloud. The Department of Corrections has been singularly unsuccessful in securing full-time physician services for the Reformatory, thus the inmates have access to a doctor's care only two days a week, this being provided by physicians from Ramsey County. Community doctors are on emergency call for the remainder of the time.

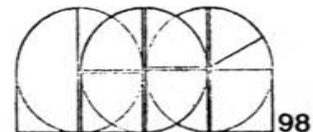


ear, nose and throat, orthopedics, internal medicine and neurology. An ear, nose and throat specialist does come out to the Reformatory. The Medical Specialty Service at Stillwater is also available to the Reformatory. The paramedical personnel provide night-time and weekend emergency first-aid.

St. Cloud Hospital is used for acute medical and surgical care, and now the recently opened Security Unit at St. Paul-Ramsey County Hospital is available for medical and surgical care. Infirmary care for post-operative and recuperating inmates coming from the Unit will be available at Stillwater. There is a small laboratory at St. Cloud where a few tests are processed; most tests are sent out. The laboratory technologist also takes routine x-rays.

The pharmacy is located outside the prison gates and all medicines, individually packaged for each inmate, are brought into a secure area within the prison four times a day. They are then picked up by the nurses during the day hours and dispensed from within a secure unit or handed out at night by the paramedical personnel.

Dental Facilities. The dental facility is located in the Health Service Building and was newly refurnished and updated in the 1970's. There are three units, one specifically for oral surgery. All inmates receive a dental examination when they arrive and an estimated 75% of the population take advantage of further dental work. Routine dental work (cleaning, polishing and filling) is done as well as endodontics (example, root canal work) and partial plates. Some oral surgery is done at St. Cloud, but the difficult cases are referred to Rochester State Hospital. Orthodontics can be started in town, and severe cases are sent for consultation to Rochester State Hospital.



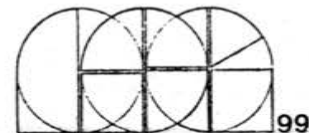


State Prison for Men at Stillwater (average population: 800):

The medical staff includes:

1. A physician, full-time, a general practitioner;
2. Five full-time registered nurses and two part-time registered nurses to provide seven-day-a-week, 24-hour coverage;
3. One ophthalmologist, one day a week;
4. One optometrist, one day every two weeks;
5. One radiologist, one-half day a week;
6. One radiologist-technologist, full-time with an inmate helper getting on-the-job training;
7. One laboratory technician, full-time, with an inmate helper;
8. One psychiatrist, one day a week;
9. Consultants manning the Medical Specialty Service in such fields as orthopedics, neurology, urology, ear, nose and throat and dermatology;
10. One full-time dentist, one half-time dentist and one full-time dental technician.

Sick call is taken within the prison and appointments are made for the physician early every morning. The physician not only takes inmates on an office call basis, but performs all the histories and physicals for all the newly arrived inmates. He refers the inmates as indicated to the Medical Specialty Service staffed by the consultants who come in on a weekly, biweekly or monthly basis, depending upon the specialty. This Medical Specialty Service is available to inmates of all the Department's institutions if it is deemed appropriate and desirable economically or security-wise. Willow River and, occasionally, St. Cloud, take advantage of this service. There is a limited inpatient service provided in beds licensed as an infirmary. These beds are for inmates being prepared for surgery, or inmates convalescing after surgery or acute medical problems. Geriatric care is also available at the infirmary. Major medical problems were



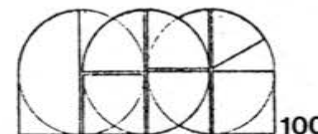
sent to the University of Minnesota Hospitals and occasionally to Rochester State Hospital and the Veterans Administration Hospital; however, the new security unit at St. Paul-Ramsey County Hospital now provides the primary acute medical and surgical care for the state prison. Procedures have been developed to minimize the length of stay of the inmate away from the prison, thus the surgical and medical patients are returned to the infirmary at Stillwater for convalescent nursing care. Inmates from St. Cloud can also be sent to the infirmary for similar care until they can return to St. Cloud.

Routine laboratory tests are run within the laboratory of the Stillwater Health Service. Examples would be: urine analysis, blood sugar, serum bilirubin, white blood count, blood groupings, hemoglobin level, hematocrit, serology and liver function tests. Complex laboratory tests are sent out.

The pharmacy for the prison is located outside the gates of the prison. The medicines are distributed by the pharmacist or his assistant in a secure room within the main cell block building. In the secured areas, the medicines are handed in to the inmates within their cells. Nurses give out medications within the infirmary. Medicines are given out four times a day; morning, noon, afternoon and evening.

Dental Facilities. The dental facility at the prison is located in the Health Services Building and was newly remodeled in 1974. There are two dental units - one new chair and unit combination and the original chair-unit combination. There is a third unit which is nonfunctional.

There is no routine examination of each prisoner as he arrives; however, anyone who wants or needs dental work done can make an appointment. Most of the population do take advantage of this. Emergency sick call is from 8-9 in the morning; this is for those who have painful problems and need immediate help. One-hour appointments are made for



routine dental work. It may take up to a month or more to get in and see the dentist for the routine work due to the ratio of dentists to the population.

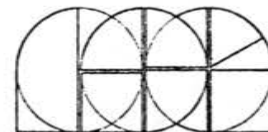
Endodontics (see page 4) as well as oral surgery is carried out at the prison; only the most difficult and unusual cases would be referred to the University of Minnesota. Do to lack of staff (time), bridge work is not done.

Minnesota Correctional Institution for Women at Shakopee  
(average population - 50):

There is one part-time physician, a general practitioner, who works two mornings a week, and whose responsibility it is to give physical exams to all incoming women; to give examinations for eyes and eye glasses and then refer to a specialist as needed; and to deal with primary medical problems when at the institution and on an "on-call" basis. The nurse, a licensed practical nurse, works part-time and is also classified as a correctional counselor part-time. The psychiatrist comes in one morning or afternoon every other week and a dentist comes in two mornings, twice a month. Requests for dental work come from the population, or are referred from the nurse to the dentist. More difficult procedures are sent into town or to Rochester State Hospital.

Acute medical or surgical care is generally referred to Rochester State Hospital and obstetrical deliveries or emergencies to St. Francis Hospital in Shakopee. St. Paul-Ramsey County Security Unit will be utilized for major medical care, when or if deemed feasible. Outpatient or clinical care is generally done in the town of Shakopee.

Routine first-aid supplies, medicines and some antibiotics are kept locked up in a room off the medical/dental office. Narcotics that may be prescribed are sent in from local pharmacies and small supplies are given to the resident supervisor to be distributed. Other medications are sent out in trays to the cottages for distribution.



Willow River Camp at Willow River (average population: 38):

The men at Willow River come from Stillwater Prison or St. Cloud Reformatory and are checked before entrance to Willow River. For emergencies, Mercy Hospital in Moose Lake (10 miles away) is used and for general medical care, appointments are made through the Gateway Clinic in Moose Lake.

Specialists are utilized either from the Medical Specialty Service at Stillwater or the specialists used by St. Cloud Reformatory in the city of St. Cloud. Rochester State Hospital and the University of Minnesota Hospitals were used and now the new Security Unit at St. Paul-Ramsey Hospital is available.

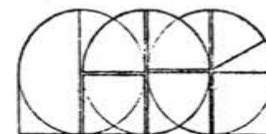
There are counselors at Willow River with first-aid training and first-aid supplies are available. No physician or nurse is on duty or on emergency call at the Camp.

The dentist at Lino Lakes provides dental care one day a week for the men at Willow River, but emergencies can go into town. Optical needs are also taken care of locally.

Data on Adult Institutions - Physical Conditions

In recent years, the Reformatory for Men at St. Cloud and the Prison for Men at Stillwater have not come close to meeting standards of the Minnesota Department of Health. In 1973; however, the report of the Department of Health inspection of the Minnesota State Prison Hospital did lead to the revoking of the hospital's license.

Examples of physical deficiency at Stillwater Hospital: absence of utility rooms, absence of nursing call system, inadequate plumbing, lighting, ventilation, fire protection. Thus, a decision had to be made as to the facilities at Stillwater. Instead of building and equipping a new



hospital, it was decided to contract for services for the surgical and acute medical care at a large medical center, and to make infirmary facilities available at the prison as well as primary medical care and specialty clinics.

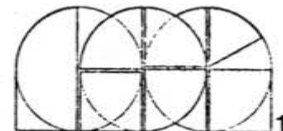
A similar situation exists at the Reformatory. The physical facilities there can not be used as a hospital or an infirmary. The Reformatory's Health Service is located in a building that is separate from the main cell hall building. It is to be noted that since guards go off duty from the walls at 4 PM no one goes out of the main cell hall building. Proposals were made to build an adequate facility within the main cell hall to provide infirmary care (24-hour nursing bed care coverage) for the inmates. Funds were allocated for this in the 1971-72 legislative session, but were frozen due to the uncertainty of the future of St. Cloud as a reformatory.

At Shakopee, the State Correctional Institution for Women, there is one room that serves as a combination medical/nursing/dental office. In this room there is no specific changing area and also, there is no specific waiting room, but the hallway is used, as at Stillwater Prison. The equipment dental and medical, can well be described as working, but elderly. Parts for repair on the dental unit, for instance, are obsolete.

#### JUVENILE FACILITIES

Minnesota Metropolitan Training Center at Lino Lakes (average population: 140):

At Lino Lakes, there are three consultant physicians who provide coverage four days a week as well as one full-time and two half-time registered nurses that are on duty from 7:30 AM until 10:00 PM. Since a recent staff cut, there is no coverage over the weekend; however, the chief nurse has prepared a number of sheets for cottages dealing with



emergency procedures and special area problems (example: diabetic shock) as well as all staff coordinators are trained in first-aid.

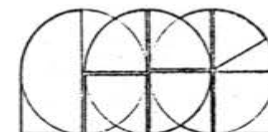
There is a consultant psychiatrist who comes in one day a week to do evaluations of the juveniles; some one-to-one treatment may be requested. An optometrist comes in one day a week. Routine laboratory work can be done at Lino Lakes, as well as x-rays and EEG's, by a half-time laboratory technician.

Clinic appointments for specialty outpatient care is provided by the University of Minnesota Hospitals and emergency care by St. Paul-Ramsey County Hospital.

Before the staff cut, the head nurse could provide more time for cottage contact, giving classes or programs dealing with personal hygiene, communal living, drugs, sex education, etc. Now she primarily takes morning sick call, assists with histories and physicals, and deals with administrative details.

There is one full-time dentist and one full-time dental assistant. The dentist provides services not only for residents of Lino Lakes but, one day a week, takes care of men coming down from Willow River. The dentist checks new residents, does routine work, gives root-canal treatments (endodontics), works on partials, does some orthodontics and a little oral surgery.

The Health Service is in a separate building and includes both dental and medical offices. There are four medical examining rooms, one specifically set up for physical examinations of girls (pelvic table, scales), and one with eye and ear and optometrist's equipment. Centrally located is the nursing station and connected waiting room. The dental suite is made up of two dental units, each in a separate room, a waiting room and the dentist's own office.





Routine first-aid supplies and medicines, plus some antibiotics, are kept in a separate locked room. Drugs or narcotics that might be needed are ordered through a pharmacy and kept in a locked area with an alarm system.

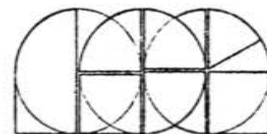
The Minnesota Home School at Sauk Centre (average population: 125):

There is one registered nurse full-time, five days a week from 8:00-4:30, and one physician, a general practitioner, who comes in one morning a week. There is; however, communication between the nurse and the doctor at other times during the week, if necessary. On weekends and in emergencies, patients are taken into the emergency room of the hospital in town. Most of the resident counselors do have first-aid. There is a psychiatrist who comes in one day a week and evaluates each student after he arrives at Sauk Centre.

The physician is responsible for the physicals and histories of the incoming boys and girls, as well as the medical problems that may arise. The nurse not only helps with the physicals, but she processes the sick call each morning, deals with family planning, the drug abuse program and helps with Alcoholics Anonymous. She also goes into the cottages with programs or talks as needed. Examples would be oral hygiene, dieting and nutrition, and personal hygiene.

Whatever medical programs the juveniles are on from within their own community are followed in Sauk Centre. Specialists, such as a dermatologist at St. Cloud, are utilized. Speech therapy at St. Cloud State and Public Health nurses are also utilized.

A dentist and a dental assistant come in one day a week. Each juvenile, as he comes into the institution, is given a dental examination. Those who have dental problems are given appointments to come back for their dental care. Dental care, though not mandatory, is definitely encouraged.





No orthodontal work is started at Sauk Centre: however, programs that were begun in the juvenile's own community are continued at Alexandria.

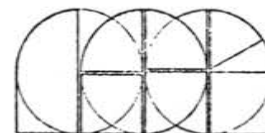
The Health Service is located in Lewis Hall, which is the Information Building. There is a medical examining room with up-to-date equipment, a waiting room, a nursing office and a medical supply room. The dental office has up-to-date equipment and a waiting room specifically for dental appointments.

General first-aid supplies and medicines such as aspirin, mouthwash, acne lotion and a small supply of antibiotics are kept locked in a separate room in the medical area. Other antibiotics and what occasional drugs that may be prescribed are ordered from the local pharmacies and issued to the cottages. They are locked up and distributed by the cottage supervisor/counselor.

State Training School at Red Wing (average population: 199):

Red Wing has a part-time physician, a general practitioner, who comes in five mornings a week to conduct physical examinations on the incoming juveniles as well as to attend to the medical problems within the population, including minor surgical procedures, mostly sewing up cuts and gashes. There are two registered nurses, one full-time (7 AM-3 PM) and one half-time (7-11 AM). The full-time nurse has, as her duties, assisting both the physician and dentist in their work, processing sick call, checking first-aid equipment in the cottages and attending to administrative detail. A consulting psychiatrist comes in once a week to do evaluations on the incoming juveniles.

Emergency care is provided by the hospital in the city of Red Wing, while long term medical care or surgery goes to Rochester State Hospital. Whatever medical programs that



were started within the juvenile's community are continued at Red Wing. Clinics are utilized for specialty problems.

The full-time dentist gives dental examinations and provides dental care for those who have dental problems. Orthodontic consultations, as well as dental surgery, are at Rochester State Hospital. Juveniles may go back into their community for orthodontal work if their programs were begun before their residency at Red Wing. Dental hygiene is strongly encouraged in the cottages.

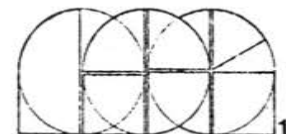
The Health Service is located in the Administration Building at Red Wing. There are two examining rooms, one with equipment for examining girls, and one room for boys. There is a large general examining and minor surgical area that also serves as a nursing office and supply area. The waiting room is for both medical and dental patients. There is one dental unit with up-to-date equipment.

Routine first-aid supplies and medicines are kept in the general examining room in a locked cabinet. Drugs and antibiotics are ordered from a pharmacy and sent to the cottage for lock-up or the Health Service for single doses.

Thistledew Camp near Togo, Minnesota (average population: 50):

The health care services are provided by the clinic and hospital in Hibbing (50 miles away). The boys taking part in this program are given a thorough physical examination and are accepted only if they are medically fit. Counselors and supervisors do have first-aid training and supplies. There is no M.D. or nurse either on duty or on emergency call at the Camp.

Dental problems are taken into Hibbing. The psychological examinations are done before admittance.



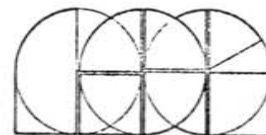
### The St. Paul-Ramsey County Hospital Security Unit

The Security Unit is located on the sixth floor of St. Paul-Ramsey County Hospital in a semicircle at the end of a hallway also leading to the Intensive Care Unit and Post-Operative Care Unit. The other part of the circle has been and could be used for patients. To enter the unit, one passes through a small corridor, closed at each end by an electronic sliding door. Only one door can be opened at a time. In this hallway, the patient is searched before entering into the Security Unit proper and being placed in a ward or examining room. There are four wards, containing from two to six beds; one of these wards could be for women or juveniles. Also included in the unit: an examining room, two treatment rooms, a small emergency supply station, and a "bubble" security area. Within the "bubble" area are the controls for the doors in and out of the security area, the doors in and out of the security ward, and the intercom system and nursing call signals in the rooms. There will be a correctional officer manning the "bubble" area at all times. He will be responsible for passing the medicines into the Security Units, enabling visits and monitoring the controls in the bubble.

There is a special area for visitors to enter. The patient is wheeled either in his bed or wheelchair up to the visiting window. Trauma visits are allowed right away, after which the routine visiting schedule is followed.

One registered nurse and one correctional officer are on duty at all times inside the unit; more can be added as needed. There is a registered nurse who is a coordinator between the Unit and the correctional institutions from which the inmates come.

There are two classifications of patients in the Security Unit:



- a. Those who can be returned to an institution to be cared for (inmates from Stillwater and St. Cloud);
- b. Those who can not be returned until completely well (prisoners from county and city jails or detention centers).

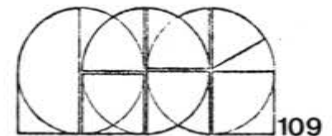
The ward containing those who can not be returned until completely well is more secure, having a manually closed door as well as the regulation security screening around the windows. It also has a secure self-contained bathroom facility.

This Unit is considered a temporary situation as moneys have been allocated by the Legislature for a study of a permanent area to be separate but attached to the hospital with easy access to the emergency room and surgical facilities.

#### Mental Health

A proper mental health system is more and more a concern within the Department of Corrections, both at an institutional and central office level. Administrative staff at correctional institutions find they have difficulty coming to an agreement with outside mental health services, as well as having a lack of "patient care" psychiatrists and psychologists. At present, the consultant psychiatrists provide a support system for the parole board by their evaluations, and the psychologists are the primary test-givers and profile-makers. There is no systematic communication between caseworkers, psychologists, psychiatrists and the medical staff.

Thus, a subcommittee of the Health Advisory Committee was formed specifically to study the problem of mental health. A questionnaire was sent out in the spring of 1974 to assess the facts and opinions from the psychologists, social workers and consulting psychiatrists regarding the delivery of mental health care. In the preliminary assessment, it

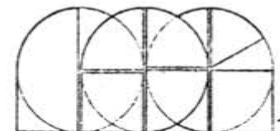


was generally felt that utilization of social workers, psychologists and psychiatrists is poor; that diagnostic services is of little use if the present lack of treatment programs continues; and there is a definite need of clinical (vs. diagnostic) oriented work. The subcommittee, as of Fall 1974, is in the process of meeting personally with psychologists, psychiatrists and caseworkers, etc. from the institutions as well as becoming acquainted with mental health models from other states in order to recommend re-evaluations and changes that are deemed necessary.

There is concern regarding the Security Hospital at St. Peter and the transferring and commitment problems experienced by male correctional inmates, as well as the problem of women who have severe mental or behavior problems. Women are treated at regular state hospitals, but more often at Shakopee.

The Minnesota Security Hospital located at St. Peter (average population: 105):

The residents of the hospital, only men, come from anywhere in the state of Minnesota and are received from three main sources. The first of these is the Minnesota State Hospital System. They are transferred from the state hospitals where they have been previously committed as mentally ill, mentally deficient or inebriate, and they are transferred to the Security Hospital because they have displayed behavior for which the state hospitals are unequipped to deal. The second main source of transfers into the Security Hospital is from the Minnesota Corrections System. These transfers include men who have been convicted and sentenced to the State Prison at Stillwater or have developed mental or emotional problems with which the corrections system is unequipped to deal. The third source of transfers is from the Minnesota District Probate Courts. These are men who have been found by the courts to be either incompetent to stand trial or not guilty by reason of insanity. Also received





from the courts are men committed as sexual offenders, either through the adjudged "psychopathic personality" commitment, or the 246.43 (sexual offender) commitment plus being mentally ill and dangerous. The Hospital also will temporarily accept men who have been referred by the courts for the purpose of evaluation of their mental status within a security setting.

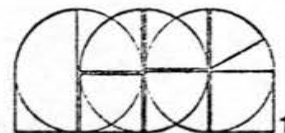
Statistically, about 50% come from the Probate and District Courts, 30% are transfers from the open hospitals and 20% are transfers from the corrections system, where they are given a medical parole and put under the custody of the Department of Welfare. The men transferred to the Security Hospital from correctional institutions are returned to the correctional system when their emotional problems have decreased to the point where these institutions are able to deal with them. The men from court are returned either to court to stand trial or transferred to open hospitals; and men from open hospitals are returned to open hospitals. Few are ever released directly into the community.

The residents of the Minnesota Security Hospital vary greatly in intellectual ability, behavior problems, backgrounds, etc. For example, there are those who are mildly retarded to those who are very gifted, those whose behavior problems range from relatively minor destructive or assaultive acts to multiple murders, those whose mental statuses vary from experiencing an actual psychotic break to those having a personality disorder or behavior problem which is not readily apparent.<sup>1</sup>

As of summer 1974, the staff includes: 69 attendant counselors (guards), of whom five are supervisory, and one, a director of the attendant counselors. There is no required educational background, but a Civil Service examination is required for the position of attendant counselor. There is a six-month

---

<sup>1</sup> Brief History of Minnesota Security Hospital, 1972.  
Handout given by Hospital.



probationary period, and all counselors receive inservice training. These are the people who work most closely with the patients than anyone else.

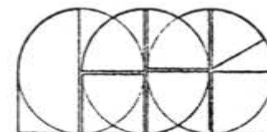
Also on the staff:

one psychologist;  
three social workers, full-time - five days a week;  
one full-time physician (administrative medical director) and  
one part-time physician (does incoming physicals, daily call  
and shock treatments);  
one part-time psychiatrist (six hours/week); and  
seven registered nurses, daytime hours, seven days/week.  
There is a special education director, a rehabilitation director and a training director.

Description of some of the programs at the Security Hospital.

Family and Community wards: Men act as a family group with one of them acting as the family head. The family group decides what to do, and there is a token point system which converts into cash at the end of the week. Points are added for what they do, but are not subtracted for what they do not do. They can earn bonus points. The family head is paid \$5.60 a week. Men in these wards ("open" wards) can leave their ward and move to approved places in the building without a counselor.

Admission ward: While the Family and Community wards have some dormitory space, this ward has none and all the men sleep in cells (some stay daily in cells) which have to be locked individually with padlocks because of the lack of funds to repair the electronically-run locks. This is the ward where one goes when he first arrives at the hospital, as it is for men having more immediate mental or behavior problems and for whom a more secure setting is deemed necessary. Being a closed ward, men must have a counselor to accompany them off the ward. The residents and staff of





this ward work together through a ward counselor and are involved with individual treatment programming for each resident as well as planning of certain group activities. From here they are transferred onto other wards.

Therapeutic work: Each resident must have a work assignment to be able to get onto this ward. They have the same type of freedom as the Family and Community wards, as well as the "patient government", making it an "open" ward.

RAP - Resident Assistant Program: This is a type of honor program where patients assist attendant counselors and do many of the same duties. They can work one-to-one with other patients as well as take them outside the hospital for walks. The RAP member also has his own work assignment. They have special living accommodations and are allowed much freedom, including cooking privileges within their own cooking facilities. There is room for 12 in this program.

Education is part of the treatment program and the patient can pick his own time for classes and his work schedule is adjusted around this. All patients can be served in the education area: men under 21 are funded by the local school district and those over 21 are covered by a Title III grant. There are group teaching methods as well as learning experiences on an individual basis. There is a recreation department that includes activities both inside and outside the hospital; movies, music room facilities, and arts and crafts are inside, while bowling, golfing, fishing and softball are outside.

There is encouragement of each resident to hold some type of job. Some residents work within the hospital, for example, in the kitchen; others may work in a workshop which exists in cooperation with the Mankato Rehabilitation Center. In the Rehabilitation Center, men do semiskilled labor. There is a furniture refinishing shop concerned with woodworking skills involving power tools and machinery. Selected residents may occasionally hold a job outside of the hospital,



such as work in the auto reconditioning project operated by the Mankato Vocational Rehabilitation Center.

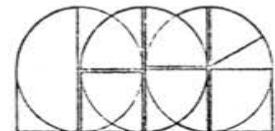
There are some opportunities for individual counseling for selected residents as well as some group treatment.

The Security Hospital has a sex offender program called BEAD, which stands for the Behavioral, Emotional and Attitudinal Development. Because of the limited funding and the desire to keep the program therapists separated from the regular Minnesota Security Hospital staff, it was decided to utilize outside consultants to conduct the treatments. There are three parts to the BEAD program: therapy, the program evaluation and the future planning.

A basic aspect of the BEAD therapy is a thorough sex education course in which all aspects of human sexuality are discussed. At the end of the formal sex education course, there is a special two-day program called A Sexual Attitudes Reassessment (SAR) specifically designed to help sex offenders "contemplate a variety of sexual attitudes and behaviors in a supportive and reassuring atmosphere. It is anticipated that one outcome of the SAR experience will be greater control of antisocial sexual impulses due to increased feelings of comfort with human sexuality generally, as well as a more humane understanding of people's sexual motivations."<sup>1</sup> After the SAR program, group meetings start, supplemented with female coparticipants. One feature of the group process will be an exchange of tape recordings between the BEAD group and a group of women rape victims. Each group will listen to the other group's tape discussion and then discuss the content of the tape among themselves. This discussion will, in turn, be recorded and sent to the other group which will listen, discuss it and send their discussion back, etc. Concurrently with

---

<sup>1</sup> The Behavioral, Emotional and Attitudinal Development (BEAD) Program at the Minnesota Security Hospital, Ian MacIndoe, BEAD Coordinator.



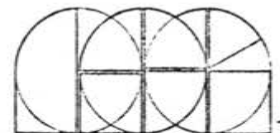
group work, there will be individual sex offender participants who desire individual counseling treatment. A particular treatment strategy will be tailored to individual needs of each participant after a detailed and precise behavioral analysis has been made. Only 16 men in the program at a time, and the program lasts for a period of nine months.

It is to be noted that the evaluation is of the BEAD program and not of the BEAD participants, inmates from Stillwater and St. Cloud and those sent from court, presently residing at the Security Hospital. The evaluation will be concerned with whether or not the program itself is an effective and worthwhile one.

In future planning, Mr. Ian MacIndoe, the coordinator, feels that while the BEAD program during 1974-75 is designed for sex offenders in the Maximum Security Hospital, it must not be allowed to stop there and that provision for adequate services for the sex offender in Minnesota can not be established in Minnesota Security Hospital alone. The BEAD program in that hospital is a small beginning. Part of the BEAD coordinator's duties will be preliminary planning for a separate treatment and research facility. Such a facility would provide treatment service for sex offenders referred from many different sources, for example, the state Security Hospital, the corrections facilities, mental health centers, hospitals, courts, private physicians, etc. In addition, sex offenders' treatment programs should probably be established in other facilities around the state, such as in hospitals, prisons, clinics and in counseling centers.

#### Discussion:

Funds are desperately needed to make basic repairs to the facility. A fire in 1974 pointed out the difficulty of individual padlocks on the cells. Lives, due to this, can be placed in jeopardy. The Maximum Security Hospital did not, as of summer 1974, have accreditation for state hospitals



that is given by the Joint Commission of Hospital Accreditation. They could not meet the standards for physical facilities (need fire escapes, new plumbing, new electrical wiring, working electric door system, general remodeling). The Minnesota Security Hospital requested \$370,000 for physical upgrading from the state Legislature during the 1973-74 session and the funds were appropriated. However, the funds were held back, as at the same time, a task force to study alternative methods was set into motion.

Other problems involved in the accreditation problem are quality of medical records (in 1974, they were updating their medical records); absence of elevator (a new elevator was being installed in the spring of 1974); poor housekeeping; and inadequate equipment. There is inadequate janitorial staff. A comment from a staff member is this: "We must understand that these are disturbed people and they mess things up, but there should be a way to keep it clean."

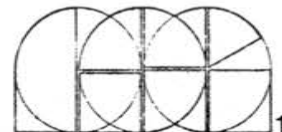
The full-time physician is the medical director and is responsible for administration of the medical department and treatment programs. The part-time physician, a general practitioner, is responsible for the physical of the men as well as their general complaints. He gives the shock treatments as well.

The nursing coverage is seven days a week; the nurses work from their station and do not generally go into the wards. The night shift is taken by one male licensed practical nurse, and for emergencies, a doctor from the open hospital at St. Peter can be called.

The Maximum Security Hospital can not refuse treatment<sup>1</sup> even if the Hospital is overloaded, but they can send an inmate

---

<sup>1</sup> When the court sends a patient to the Security Hospital, room must be made for that person.

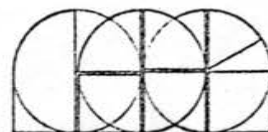


back to prison by giving him a provisional discharge. When a patient is committed, he has a right to receive care and treatment that will help him. According to a staff member, the problem is not so much receiving treatment that the patient does not want, as it is possibly not getting as much as he needs. Men have to wait even though ready to move to a higher level of ward because there simply isn't room. The Minnesota Security Hospital sees the need for a larger professional staff, particularly in the psychiatric and medical practitioner area; however, psychiatrists are reluctant to work for the unrealistic hourly rate set by the state. Other needs would include another social worker, another physician and another psychologist.

#### Commentary in General

Medical care is considered a basic human necessity - a basic right - by such groups as the President's Commission on Law Enforcement and Administration of Justice, the American Correctional Association, the Association of State Correctional Administrators and the National Advisory Commission on Criminal Justice Standards and Goals. By general consensus of opinion, these groups feel that prisoners, by nature of their incarceration, are deprived of their freedom and the state and the Correctional Department are responsible for health services and medical/mental care for the prisoners.

To achieve this goal, there should be a central medical director (such as a qualified physician or hospital administrator) to ensure proper administration of the total health program in the correctional system. Within the scope of this program would be medical, mental, dental, preventative and environmental services. In each institution the health service should have a chief medical officer, a physician, who is responsible for the administration of his own





service as well as maintaining state standards for the health service activities.<sup>1</sup>

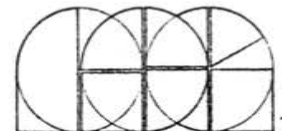
It has been found that there are discrepancies between the ideal and the actual fact. Up until July 1974, in the Department of Corrections there had been no specific central medical division for the entire correctional system, with no physician or hospital administrator as a central medical director. Instead, the Commissioner for Administrative Services had, as one of his duties, medical administration. He was to coordinate the medical and health care services department-wide, develop standards for delivery of health care programs and administer hospital care. As of July 1, 1974, a hospital administrator was hired as a central medical administrator. The medical facilities of the individual state institutions; however, are still responsible to one of the institution's nonmedical administrators. With the current low number of physicians within the institutions, the Department of Corrections feels nonmedical administrators are necessary to relieve personnel for patient care.

The new administrator is to: 1) serve on the staff of the Health Care Advisory Committee, 2) serve as a consultant to the medical units in each institution, and 3) serve in the central office as a coordinator as well as fiscal agent.

Concerning the further organization of the medical staff, the American Correctional Association feels attention should be given to coordination of all health services - with special attention being given to psychiatric and psychological

---

<sup>1</sup> Manual of Correctional Standards, American Correctional Association, 3rd edition, 1972 printing. pg. 438.  
Uniform Correctional Policies and Procedures, Assoc. of State Correctional Administrators, 1972. pg. 17.



services. The inclusion of psychiatry and psychology into the general medical program insures "that the whole medical staff achieves the best possible understanding of the importance of psychological factors in the management of their patients."<sup>1</sup> In addition, it brings about the "most effective development of psychiatry within the institution."<sup>2</sup> "As part of the normal institutional treatment program, psychiatric staff should be available for therapy and staff consultation."<sup>3</sup> The Uniform Correctional Policies and Procedures recommends "each facility have available appropriate mental health personnel or services to diagnose, prescribe, and treat for mental health problems"<sup>4</sup> As mentioned in a preceding section, Minnesota's Department of Corrections has consulting services in general. (See Mental Health Section.)

A number of standards for health care are further elucidated in several publications. Examples: intake procedures, emergency treatment on a 24-hour basis, training of medical personnel, medications, documentation and medical records, and preventative health services. Preventive health has two prongs; one deals with the individual inmate and the other with the institution (for example, milk and water supply or sanitation in food handling and preparation). To take a case in Minnesota, it is alleged that currently, by reason of medical staff ratio to the number of prisoners, individual health care (mental especially) tends to be reactive rather than preventative. While on the institutional side, in 1974 the Senate Subcommittee on Adult Corrections recommend that the State Prison implement state Health Department recommendations to improve the poor conditions in the main kitchen, dining room, food storage rooms and walk-in coolers.

---

<sup>1</sup> Manual of Correctional Standards, American Correctional Association. pg. 440.

<sup>2</sup> Ibid.

<sup>3</sup> Op. cit. pg.

<sup>4</sup> Uniform Correctional Policies and Procedures, Assoc. of State Correctional Administrators, 1972. pg. 20.





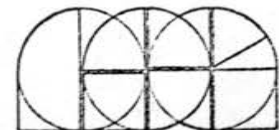
As implied above, medical care means more than just bodily maintenance. Another example: "Physical disabilities or abnormalities may contribute to an individual's socially deviant behavior or restrict his employment. In these cases, medical or dental treatment is an integral part of the rehabilitation program."<sup>1</sup> It is to be noted that the Department of Corrections and the medical/dental staff concur with this opinion (also stated by the President's Crime Commission) and have made a correctional surgical program available.

In relationship to another medical consideration, that of inmate personal safety, according to the Association of Correctional Administrators: "The institutional head, with the advice of the medical officer, should provide a written plan to be implemented to ensure the safety of inmates who may imperil their own lives through hunger strikes or self-inflicted injury. When self-destructive behavior by an inmate is suspected or attempted, the institutional head or his designee should be notified immediately. Such conduct should be treated as a health problem and the inmate should be visited regularly by appropriate health services personnel. Additionally, inmates segregated from the general population for extended periods of time should be visited regularly by appropriate health services personnel."<sup>2</sup> Up to now, self-destructive behavior has been seen as misbehavior and has been punishable by segregation or isolation. The Ombudsman's Office was concerned and felt there was a need to make "a careful study of the self-inflicted wounds or suicide attempts at all of the institutions under the supervision of the Department of Corrections. We were quite concerned about the inconsistency in dealing with such problems and the callous attitude on the part of some staff

---

<sup>1</sup> Report on Corrections, National Advisory Commission on Criminal Justice Standards and Goals, 1973, pg. 37.

<sup>2</sup> Uniform Correctional Policies and Procedures, Assoc. of State Correctional Administrators, 1972, pp. 18-19.



toward the person who 'attempts suicide.' An attitude among some is that the only serious attempt is a successful one. Such a study should be action-oriented," also that "careful study must be made of the value of segregation and isolation as effective behavior control tools."<sup>1</sup> It was reported in May 1974 that four of the last five suicides occurred during segregation.

Early in 1973 a Complaint (lawsuit) was issued against Wendell Anderson, governor of the State of Minnesota; Kenneth Schoen, Corrections commissioner; Bruce McManus, warden of the Minnesota State Prison; Dr. James Cicero, former medical director of the Minnesota State Prison; and Dr. Warren Lawson, secretary and executive officer of the Minnesota State Board of Health by four plaintiffs, former and present inmates at Minnesota Prison. Here is a synopsis of the allegations.

I. Allegations with Respect to Individual Plaintiffs:

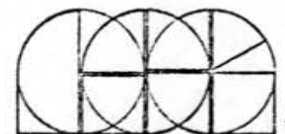
- 1) Intentionally mistreated
- 2) Obviously neglected
- 3) Intentionally deprived of necessary and adequate
  - a) medical facilities
  - b) medical care, including examination, diagnosis and treatment

II. Allegations with Respect to Both the Individual Plaintiffs and Class (Inmates): It is generally alleged that by (a) the conduct and (b) omissions, the defendants deprived the above of:

- 1) adequate and necessary medical facilities
  - 2) adequate and necessary medical care, including examination, diagnosis and treatment;
- and that the conduct and omissions of the defendants was:
- 1) under color of state law;
  - 2) within the scope of the authority of each defendant's official position.

---

<sup>1</sup> Investigative Report of the Aug. 5, 1973 incident at the State Reformatory for Men at St. Cloud (future issues). pg. 18.



III. Allegations with Respect to the Prison Hospital:  
It is generally alleged that the prison hospital is "antiquated, obsolete, unsanitary, poorly equipped, hazardous, poorly organized and supervised, inadequately staffed and improperly licensed."  
The categories covered are:  
A. Hospital Physical Plant  
B. Hospital Staff

IV. Allegations with Respect to Licensing:  
A. The Hospital did not meet licensing standards.  
B. Despite this, the Board of Health did not revoke or issue a cease and desist order.

V. General Theory of Liability:

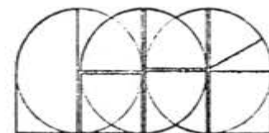
Plaintiffs assert that all the defendants knew or should have known of the lack of adequate and necessary medical facilities and care at the Prison, and the intentional mistreatment of the individual plaintiffs and the plaintiff class, and they allowed this situation, under the color of state law, to continue.

Since the time the lawsuit was brought against the defendants, the Prison Hospital was closed by the Board of Health and other changes have been made. The suit is in the process of being negotiated between the Department of Corrections and the Legal Assistance to Minnesota Prisoners (LAMP).

In dealing with the difficult problem of limited medical personnel as well as inadequate physical facilities for inmate care, the purchasing of services with various practitioners, medical groups and outside facilities is a suggested solution.<sup>1</sup> This type of program was presented by

---

<sup>1</sup> Report on Corrections, National Advisory Commission on Criminal Justice Standards and Goals, 1973. pg. 35.  
Uniform Correctional Policies and Procedures, Assoc. of State Correctional Administrators, 1972. pg. 18.



the medical consultant in 1973 to the Department of Corrections, and later to the Legislature. Implementation of this plan has begun at Stillwater State Prison: there now is a Medical Health Service, which gives the primary medical care and a Medical Specialties Service; a Security Unit for acute care at St. Paul-Ramsey Hospital; and an infirmary underway for limited inpatient care at the Prison. Medical staffing at Stillwater still remains a problem, and physical facilities still need further upgrading.

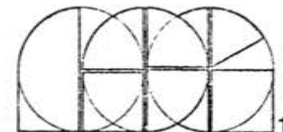
A major goal, as seen by the medical consultant, would be "to purchase virtually all medical, paramedical, and related administrative service from one source which would make possible the consideration of ultimately purchasing all health care for prison inmates on a prepaid capitation basis, under the services of a permanent medical advisor, as opposed to sporadic medical advice."

As for the juveniles, health care has not seemed to have presented the same degree of problem. This situation probably exists because they frequently receive care in the community and it required less staff to get juveniles to health care since they are viewed as less of a security risk.

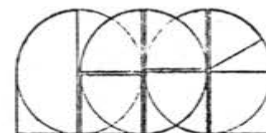
As a final note, literature indicates that the health of an individual is affected by such nonmedical factors as housing, education, recreation, and work. The following are a few examples in the area of work, and the part of the body affected. In the industry at the Prison, the noise level is very high and constant (ears, hearing), there is a high

---

<sup>1</sup> Report on Corrections, National Advisory Commission on Criminal Justice Standards and Goals, 1973. pg. 35.  
Uniform Correctional Policies and Procedures, Assoc. of State Correctional Administrators, 1972. pg. 18.



concentration of dust in the air (eyes, respiratory tract)  
and there is no enforcement of masks while spray painting  
in a confined area (respiratory tract, nervous system).



This Planning Program Prepared By Liebenberg Smiley Glotter Associates

