Doc 435
subj file

MINNESOTA RESIDENTIAL SERVICES

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Bureau of Residential Services
Minnesota Department of Public Welfare
Centennial Building 658 Cedar Street
St. Paul 55155

P/M42.2

in the patient's best interest. The court then may issue a "hold" order until a hearing is scheduled. If the patient is a Minnesota resident, he may request a change of venue which would move the hearing to the probate court in his home county. A patient hospitalized on emergency basis can be transferred to an informal status on his written request, with the consent of the medical director.

Patients hospitalized by court order must be personally notified of the petition for commitment. The hearing must be held within 14 days after the petition is filed unless extended by the court for up to an additional 30 days. Prior to the hearing, the court arranges for an examination of the patient by two examiners (licensed physician or certified consulting psychologist) to determine the patient's condition and need for hospitalization. The examiners' report is available to the patient's legal counsel. The patient has the right to attend the hearing, testify, introduce witnesses, and question other witnesses including the examiners. He must be represented by an attorney; if necessary, provided by the court.

Whenever a patient is admitted to a hospital on an emergency basis or by court order, the hospital notifies the patient's spouse or parent (if the patient was not admitted on the petition of the spouse or parent). If the patient was admitted on the petition of a spouse or parent, the hospital notifies an interested person other than the petitioner. The appropriate county welfare department is notified of all admissions.

Hospitals for Mentally Retarded Patients

Admission is arranged directly by the county welfare department. These requests are carefully screened, not only because of limited space in the hospitals, but to insure that hospitalization is in the best interest of the retarded person.

Patients may be admitted on a voluntary basis. Admission also can be authorized by the state Department of Public Welfare for individuals committed to state guardianship as mentally deficient. Mentally retarded persons also may be committed directly to a state hospital through district court action. In this case, the district court judge also will petition the probate court for commitment to the guardianship of the commissioner.

Voluntary hospitalization is arranged by the county welfare department and requires written application by the adult retarded person. A child under 18 years of age may be admitted as a voluntary patient on the application of his parent or guardian. If the child understands the significance of the application, it is desirable to obtain the child's written application. When the patient reaches 18 years of age, he must sign the application for voluntary admission.

An adult voluntary patient must submit his request to leave in writing to any staff member of the hospital. In the case of a minor, his parent or guardian must submit the written request. The hospital must discharge the person within 72 hours (excluding Saturdays, Sundays, and legal holidays) unless a petition for commitment to guardianship has been filed in probate court, either in the county where the patient has legal residence or in the county where the hospital is located. The hospital medical director or any person may file a petition before the 72-hour period ends for commitment to guardianship as mentally deficient if discharge is not in the best interest of the patient, his family, or the public. The court may issue a "hold" order until a hearing is scheduled. The patient may request a change of venue to move the hearing to the probate court in his county of residence.

Court Judgment of Competency, Need for Hospitalization

Any interested person can petition for a court order (1) directing that a patient no longer needs hospitalization, or (2) directing that he no longer is mentally ill, inebriate, or mentally deficient, or (3) restoring the patient's legal competency.

After the petition is filed, the court must give ten days' notice of the hearing to the patient, his attorney and the hospital medical director. Any person can oppose the petition.

The court will appoint two examiners (licensed physician or certified consulting psychologist) if the patient is alleged to be mentally ill. If the proposed patient is alleged to be mentally deficient, one of the two examiners must be skilled in the ascertainment of mental deficiency.

The patient has the right to attend the hearing and cross-examine witnesses, including the examiners.

Patients must be represented by an attorney for the hearing. The court will appoint an attorney if the patient or others do not provide legal assistance.

The county attorney will attend the hearing and oppose the restoration of the patient in the probate court and in the appellate courts if he determines it is for the best interest of the public.

Results of the hearing will be sent to the hospital medical director who then will comply to the court order.

Commitment, hospitalization, or treatment of any patient is not a judicial determination of legal incompetency.

Proceedings for determination of legal incompetency and the appointment of a guardian for a person subject to hospitalization may be started before, during or after commitment proceedings have been instituted, and may be conducted jointly with the commitment proceedings. The court will notify the hospital medical director of its findings.

Patients' Rights

Patients in the state hospitals have all rights specified in the law pertaining to communication and correspondence, medical examination, practice of religion, writ of habeas corpus (a legal order directing the hospital medical director and patient to appear in court for a hearing to determine proper or improper hospitalization) and appeal, review boards, and legal rights.

Adult patients -- except those committed as mentally deficient and those specifically judged incompetent -- have all legal prerogatives, including the right to vote, hold a driver's license if eligible, enter into a contract, sue and be sued, sign legal documents, sell property and make purchases. Other state laws permit the hospital to hold and manage the patient's money and personal property for his protection.

Review Boards

Review boards have been established by state law at all the state facilities to evaluate admission and retention of patients and conditions affecting their humane and dignified care. Any patient or his representative may appear before the board at his request. The boards, which meet at least once every six months, may interview patients and examine their medical records in determining the need for continued hospitalization, compliance of the patients' rights, proper hospitalization or commitment procedures. Board findings are reported to the commissioner of the state Department of Public Welfare for any appropriate action.

County Services

Continuous social services are provided by the county welfare department in the county where the patient has legal residence (or the county from which he was committed).

These services include pre-admission social studies in the case of a commitment hearing. The county welfare department is notified of all admissions to the state hospitals.

It also involves the responsibility for developing a continuing plan for every patient in consultation with the hospital staff and the patient's family during the period of hospitalization, as well as for aftercare. Other community resources may be utilized by the welfare department to provide the most appropriate services to the client after discharge from the hospital.

Discharge

Patients admitted as mentally ill or inebriate may be discharged outright, on a provisional basis, or may be placed on partial hospitalization status.

Provisional discharge refers to release from a hospital without discharge from commitment.

There are separate procedures, which include convening of a special review board and recourse to an appeal panel, for the provisional or complete discharge of patients committed as dangerous to the public or as a psychopathic personality.

Patients who have been charged with or convicted of a criminal offense, cannot be released without a court order.

Community Placement for Mentally Retarded Patients

Committed patients may be placed in the community through the county welfare department on a trial placement basis which may extend up to a year. The county welfare department will formulate and carry out a suitable community plan. In the case of voluntary patients, the county welfare department also is responsible for planning and services as needed.

Aftercare Services

Before the patient leaves, the hospital and local county welfare department jointly plan for the patient's aftercare with his family or relatives, whenever possible. Other local agencies, such as the area mental health-mental retardation program, and the patient's physician (if he is notified), public health nursing service, and vocational rehabilitation office, may be contacted.

Aftercare services may include medical and psychiatric treatment, nursing care, vocational training, and other needed assistance. The welfare department also may assist the patient in locating employment and suitable housing.

If the patient is eligible, the welfare department may provide such benefits as old age assistance, aid to the disabled, medical assistance, and direct relief.

In some cases, aftercare planning may indicate that no aftercare services are necessary.

At any time after leaving the hospital, the patient, his relatives or guardian can apply for further treatment.

Cost of Care

State laws governing the cost of care for patients are necessarily complex to provide services for all persons, regardless of the ability to pay. If patients have the means to pay, they are charged for their hospital stay. Effective in August 1973, this was computed at $24.85 a day.

If the patient is unable to pay the full cost, his responsible relatives are liable for 10 per cent, provided their income exceeds $4,000 annually. However, relatives may not be charged more than $60.00 per month.

The county in which the patient has legal residence is charged $10.00 per month. It is reimbursed in full for each month the state collects payment from the patient or family.

(In the case of adolescent patients, the relatives' obligation for payment ceases when the patient reaches 18 years of age.)

NOTE

For detailed information on admission procedures, hospitalization and aftercare services, contact your county welfare department or the social service department of the appropriate state hospital (refer to appendix).

The Consumer Concerns Office has been established in the state Department of Public Welfare to monitor and improve operation of laws, including the Minnesota Hospitalization and Commitment Law, as they affect patients and families served under such laws. Personnel are available to service complaints and special concerns of patients, families, or other persons or agencies. Problems should be referred to the Consumer Concerns Office (telephone: 612/296-2858).

HOSPITAL SERVICES

Chaplaincy Services

Staff clergymen offer religious programs and individual counseling to meet the spiritual needs of both mentally ill and mentally retarded patients. The hospitals employ full and part-time staff chaplains, but several facilities also are served by chaplains sponsored by faith groups. Church and synagogue groups also conduct religious instruction in the hospitals. The chaplains meet regularly to discuss programs and exchange views as to how the religious needs of their patients can be better served.

Programs designed to acquaint local clergy with early signs of mental illness, and to assist them in counseling emotionally disturbed persons before and after hospitalization, are scheduled periodically at several of the hospitals.

# # #

Dental Services

The dental service is comprised of dentists, along with auxiliary personnel including dental hygienists and dental assistants.

Each of the hospitals has a dental clinic staffed by at least one and up to three full time dentists, in addition to auxiliary personnel. It is the goal of each facility to participate as a member of the treatment team, as well as to provide complete dental care for every patient.

The dentists and auxiliary personnel have formed associations of all staff members working in the hospital dental clinics. The groups meet quarterly conducting a business meeting along with an educational program.

The hospital dental facilities have all been accredited by the Council on Hospital Dental Service of the American Dental Association.

# # #

Medical Services

Medical services provide physical examinations and needed medical care in accordance with the best possible medical standards. All

(Medical Services)

patients are evaluated by a physician on admission. The physician, in cooperation with members of the team, prescribes the treatment and rehabilitation program for the patient and authorizes his discharge. Most state hospitals have medical consultants in radiology, gynecology, ophthamology, and other specialties. Psychiatrists, as available, contribute to the progress of the treatment program and participate in education and research. The physicians provide 24-hour medical coverage at the hospitals, and are available for medical emergencies and for persons applying for admission.

# # #

Nursing Services

Nursing service is comprised of professional registered nurses, licensed practical nurses, psychiatric technicians and hospital aides. Nursing works to assure the health and well-being of patients and residents. To accomplish this task, nursing programs are developed as an integral part of the patients' total care plan. These programs strive to assess the patient's strengths, and use these strengths to develop meaningful daily living experiences.

Nursing personnel actively participate as members of the treatment team in planning an individualized program for the patient during hospitalization, as well as for the crucial period when the person returns to the community.

In the psychiatric hospitals, nurses take a part in the numberous modes of therapy. Nurses function in a close relationship with the individual patient, as a leader or co-leader of group sessions, and as a very significant member of the therapeutic community. Nursing personnel are largely concerned with the patient's daily living problems. By focusing on the present, patients learn improved and more effective means of coping with problems they encounter, resulting in improvement in their social skills and behavior.

In the hospitals for mentally retarded patients, nursing goals are directed toward habilitating the resident and to developing each patient's maximum potential in a cottage life setting. Much emphasis and effort is placed on teaching the resident the basic self-care skills. Rehabilitation skills of nursing aim at preventing deformities and enhancing mobilization of the physically handicapped resident.

Nursing service in the state hospitals has a 24-hour responsibility for patients. The extended time and close contact with patients provides a consistency to the team-prescribed treatment program.

# # #

Psychological Services

In the hospital setting, the clinical psychologist assists in the process of evaluation and diagnosis not only through the use of interviews, but also by the use of individual and group psychological tests. Where appropriate, he provides the treatment team with the description of the patient's main strengths and relevant problems; his intellectual capacity and present functioning level; personality traits, structure, and needs; recommended diagnosis; and suggested treatment.

As a member (and sometimes coordinator) of the treatment team or unit, the psychologist participates in planning the treatment program for the individual patients and for groups of patients for which he is responsible. He may provide individual and group psychotherapy or other treatment techniques; he consults or supervises other staff members in their therapeutic activities, and brings new treatment methods and ideas to their attention.

As a professional who also is trained and experienced in experimental design, the conduct of research, and the interpretation of research findings, the psychologist often serves as coordinator of the hospital's research program. In addition to conducting research about mental illness, mental retardation, and inebriety, and the diagnosis and treatment of these problems, he may assist or collaborate with other staff members in projects related to research and program evaluation. In the research for which he is responsible, the psychologist is concerned not only about its relevance and scientific design, but also that it supplements and does not interfere with the treatment programs for the patients in the hospital.

Psychologists are frequently involved in hospital inservice training programs for hospital staff. In addition, professional training is provided for psychological trainees and interns. Some hospitals provide internship for advanced graduate students in clinical psychology in conjunction with the University of Minnesota and other colleges, and with educational institutions in other states.

# # #

Rehabilitation Therapy Services

The rehabilitation therapists are specialists in helping the psychiatric, the mentally retarded, and the inebriate patients improve their level of functioning in the areas of learning, work, and leisure time activity. This improved functioning level will hopefully better prepare the patient or resident to live in the community and to minimize the problems of adjustment when making the transition from the hospital life to community living.

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(Rehabilitation Therapy Services)

Rehabilitation therapists have professional training in such specialties as recreation therapy, music therapy, occupational therapy, special education and vocational counseling. These therapists have the responsibility to help develop activity programs that best meet the needs and objectives of each patient or resident's treatment program. Examples include leisure time activities to help patients and residents develop social skills, arts and crafts to stimulate individual expression, hobbies which enable patients and residents to gain a feeling of accomplishment and self-esteem, individual work tasks to help the patient regain and improve work habits, and educational programs to provide special learning opportunities.

The following is a resumé of the general categories of staff involved in rehabilitation therapies and a description of their roles and functions:

Special Education Services

Special teachers provide services to patients and residents of the state hospitals in a variety of settings and through a wide scope of programs. These services range from teaching self-help skills, such as toilet training and dressing, to secondary academic skills. The academic levels of residents range from the profoundly retarded to participants of psychiatric and chemical dependency programs. The teaching staff, together with the other program staff, have the responsibility to develop and implement a program that meets the needs of each individual in the institution.

Vocational Services

Vocational counselors and industrial therapists develop, plan, organize and carry out programs that are designed to provide to each patient or resident who has the need, the opportunity for the development of job skills and habits through prework work evaluation and other vocationally related services. Counselors establish, develop and maintain cooperative relationships with agencies such as the Division of Vocational Rehabilitation and other community resources as are needed to insure to patients the opportunity to make the transition from the hospital to community life.

Recreation Therapy

Professionally trained therapists in recreational activities provide to patients and residents programs of developmental social and leisure-time activities. These activities are of two general types -- those that relate to the community environment and those that relate to the hospital environment.

Occupational Therapy

Registered occupational therapists carry out, through all of the occupational therapy modalities, those treatments prescribed by the medical staff or their consultant in psychiatry, orthopedics,

neurology, etc. In other words, the occupational therapist carries out a major responsibility in a medically prescribed treatment programs for groups and individuals through the medium of therapeutic activity.

Music Therapy

The music therapist plans, directs and carries out music activities in a medically prescribed program for groups and individuals. He uses the modalities of instrumental music, vocal music and listening activities by providing services to patients through the medium of choruses, bands and ensembles, shows, rhythm bands and work with individually prescribed patients.

Physical Therapy

Under the general administrative supervision of the therapeutic services supervisor and the specific direction and the supervision of the medical staff inclusive of their consultant in orthopedics and psychiatry, the physical therapist provides a program of remedial, corrective and rehabilitative exercise and treatment to individual patients having orthopedic or neurological handicaps as indicated by specific referral and prescription from the orthopedist, psychiatrist or member of the medical staff responsibile for the individual patient's medical treatment program.

# # #

Social Services

At the time of admission, the social worker is in contact with the referring source, the patient and his family. These contacts work to clarify the reason for the patient's admission, the kinds of treatment available to the patient, and to assist his family in dealing with the temporary interruption of the family circle.

Discharge planning begins at an early point in the patient's hospitalization. The county welfare department social worker works closely with the hospital social worker, the patient and his family, to assure that at the time of discharge the patient has available to him the necessary resources and opportunities to further promote his emotional well-being.

# # #

Volunteer Services

All state hospitals have volunteer programs and a staff volunteer services coordinator. Volunteers work throughout the hospital

(Volunteer Services)

under the supervision of professional staff. It is recognized that volunteers are important contributors to a hospital's program, and often to patient therapy. The number of volunteers in the state continues to grow as the public becomes aware that volunteers are not only needed, but that there is satisfaction and much to be learned from working in the hospitals on a regular basis.

Volunteers serve in a variety of programs. One of the major emphases has been the one-to-one program in which a volunteer assumes a personal relationship with a patient. This person-to-person approach is designed to provide an individual situation for the patient, and an opportunity for normal community and social contact. It usually consists of such things as visits in the hospital, shopping trips, or visits to the volunteer's home.

The ultimate development of the one-to-one idea is finding expression in the concept of citizen advocacy. A citizen advocate has been defined as "a mature, competent citizen volunteer who represents, as if they were his own, the interests of another citizen who is impaired."

Volunteers also assist in hospital canteens; operate clothing stores and nurseries for the children of outpatients; instruct courses; participate in camping programs; assume responsibility for special events such as carnivals, Christmas programs and gifts; gifts; raise funds both for hospital and personal patient needs not provided through state appropriations.

At two of the hospitals -- Brainerd and Cambridge -- volunteers are serving on boards of nonprofit corporations organized to raise funds to develop and equip camping facilities for patient recreational programs.

Recently, more young adults and high school students have been involved in the volunteer program through school, church and youth action groups. "Student resident volunteer" programs also have been initiated at some of the hospitals. This program involves both high school and college students who live on the wards, offer their friendship to patients, and participate in patient activities. Similar resident volunteer programs involving young adults are underway at several hospitals during the summer months.

Historically, the state hospitals have specialized their services in terms of psychiatric or mentally retarded patients. However, the trend now is toward multipurpose facilities in which alcoholic and other chemically addicted persons also are served. This trend toward multiplicity of programs is creating even greater diversification of opportunity for volunteer service at the hospitals.

# # #

HOSPITAL PROGRAMS

Anoka State Hospital

The Anoka State Hospital was opened in 1900. In 1964, it became the state resource for Hennepin, Anoka, Wright and rural Sherburne counties. It is accredited by the Joint Commission on Accreditation of Hospitals.

Programs

Adult Psychiatric Services Adult psychiatric services offer a wide range of treatment. Chemotherapy, and at times electroshock, is utilized. Also, a wide range of socially oriented therapies are available, including individual and group therapy, therapeutic community meetings, family therapy, and occupational and recreational therapies. The adult psychiatric units also refer patients to other specialized programs in the hospital such as the social rehabilitation center and the observation ward. The wards of the adult units are open and coeducational.

Fairweather Treatment Program This program started in February 1969. It is a treatment approach to chronicity and focuses on the long term dependent person in a group living situation. The goal is not to eliminate dependency, but to develop group living skills that encompass the entire range of daily experience. The hospital experience is gradually transferred to a community lodge with a group of eight to 10 persons moving at once and maintaining the group identification necessary for satisfactory community adjustment. There are three lodge groups in the community, two for men and one for women.

Social Rehabilitation Center The SRC opened in October 1969 and is designed to meet the needs of severely regressed individuals. This program treats 24 very handicapped people with a series of daily activities designed to promote social and work skills. Referrals come from other hospital units.

Observation Ward The ward was opened in May 1970 to provide close observation and an intensive program of crisis intervention therapy for 12 patients. The population includes new admissions who are highly disturbed and unable to tolerate larger wards and programs.

Miller Adolescent Unit This unit provides a residential treatment program for boys and girls between the ages of 13 and 18 with emotional adjustment problems of adolescence. The emphasis of the program is to enable the student to identify the problem areas in his life, and to help him acquire the necessary skills to reach

(Anoka State Hospital)

the goals he has chosen for himself. Within a residential milieu that emphasizes the normal growth and development of the individual adolescent, programming is provided which gives opportunities to solve problems related to school, family, peers, and the community.

Alcoholism Treatment Unit In December 1970 a social rehabilitation unit was opened to provide treatment specifically for long term chronic alcoholics who have previously attempted short-term treatment and have been unable to maintain sobriety for any extended period of time. This is a 40 bed unit and expected length of treatment is from six to 12 months. The specific aim of this program is to develop treatment and rehabilitation geared to help the chronic alcoholic deal with everyday problems of living and to become involved in a more satisfactory life style.

In October 1971, a short-term alcoholism treatment program also was started. This program is not designed to include treatment of major medical problems or detoxification. Treatment methods will include didactic, group discussion, and individual counseling approaches. Length of treatment is expected to be approximately 30 days.

Educational Programs A training and education department has been established to meet inservice training and continuing education needs of all personnel. The employe development specialist directing the department works closely with a training and education committee and other staff members in defining training needs of staff in relation to current hospital goals and treatment programs.

The hospital provides clinical experience for nursing students at all levels of training, graduate social work students, occupational and recreational therapy students, clinical pastoral counseling, and for various undergraduate students interested in and exploring the possibility of working in the field of human services. It also maintains liaison with the Anoka Technical Educational Center which provides a 16-week staff training program for psychiatric technicians with a program of clinical experience for the students provided at the hospital.

# # #

Brainerd State Hospital

Brainerd State Hospital was opened in June 1958 as a state facility for the treatment and training of mentally retarded persons. During recent years, the hospital has undergone a reorganization as part of the statewide regionalization plan and now serves the mentally retarded from the 16 counties in north central and northeastern Minnesota. In June 1970, the Minnesota Learning Center was developed at Brainred and serves the educable retarded on a

statewide basis. In January 1971, programs for the mentally ill and the alcohol and drug dependent person were started, thus making Brainerd a multi-disability facility.

Programs

Mental Retardation Section

The mental retardation section has been organized into four training units for retarded residents.

Physically Disabled Retarded Unit This unit is designed for residents who are physically handicapped as well as retarded. Programming consists of an attempt to develop self-care skills to greatest possible individual capacity. Present concentration is heavily on physical therapy, but there also are programs in recreation, handicrafts, work training, and for those who have the ability, some training in reading and related accomplishments.

A recent change in policy provides for the admission of children under five years of age for evaluation, program planning and training, which may also be done on an out-patient basis if admission is unnecessary. In this way, it is possible to prevent deformities and ensure that the child is functioning up to his potential at all times. This program is short-term with family participation and care.

Ambulatory Children and Adolescent Unit This unit is designed for the ambulant retarded person, 21 years of age and under. During the person's early years, the program centers on self-care and development of preschool learning activities. The children then are involved in a wide range of programs in school, recreation, handicrafts, and music for the development of sensory capabilities and dexterity. Those who show the necessary capabilities are involved in limited academic programs with development of other learning areas, and preparation for future job training. The staff in this unit is also involved in evaluations for children living in the community who enter the hospital for a short duration of time, from one to 90 days.

Severely and Profoundly Retarded Ambulatory Adults This unit deals with the adult retarded, the majority of whom are in the profound and severely retarded classifications. Concentration is on the development of self-care with an attempt to develop good social habits. Initial efforts deal with self-help skills, and preparation for eventual involvement in the institutional work training program, and in sheltered workshops, work activity centers or day activity centers when appropriate.

(Brainerd State Hospital)

Mildly and Severely Retarded Adults This unit serves adult residents who range from mildly to severely retarded, capable of working and being trained to be competent in relatively simple kinds of work. Emphasis on the continuation of training for the development of good work habits and necessary social attitudes. The social and vocational training programs are aimed at the return of the resident to the community at some functional level.

To assist the unit treatment teams which are responsible for planning individual programs for the residents in the four units, services of all of the hospital departments, as well as the cooperation and services of outside agencies, are used. A wide array of programs have been developed with concentration on recreation and social living. There has been an expansion on basic educational training facilities; vocational training programs also have been enlarged. Joint effort programs have been established with the area vocational school and with the State Department of Education's Vocational Rehabilitation division. A recent program is the work skills evaluation unit incorporating an extensive work training program. A work activity center program for preparing and training residents who are unable to function independently in the community currently is being developed. These residents will be trained to function in a community sheltered workshop.

Classes for the trainable mentally retarded have been established at the Brainerd State Hospital by Independent School District #181. This joint effort between the school district and the Brainerd State Hospital provides classes for residents between the ages of five and 21.

The hospital also offers a program of vacation placement. These special summer training programs provide a service to both the retarded individuals and to their parents which might not otherwise be available. As a member of its broad community, the hospital thus tries to assist agencies and families in the development of a continuum of services.

Mentally Ill The program for psychiatric patients consists of various activities, each geared to a specific need; consequently, each activity can become a focal point for any particular patient. Patients are assigned to one of three subprograms -- the regular program for most adults, an adolescent program which includes schooling, and an Mlatrics program for patients who are mentally ill and have had a great many years of hospitalization, geriatric type patients with mental illness, and severely mentally ill patients who need more personal care and attention.

The patient is thoroughly examined physically and mentally, diagnosis made and appropriate treatment prescribed. Reasonably unique to this program is the use of megavitamin therapy (niacin and ascorbic acid).

(Brainerd State Hospital)

Traditional group work plays a significant part in the program. Counselors hold regular daily group therapy varying the content of the meeting with home situations, problem solving, community relationships, current events, psycho drama, nature study, as well as talk sessions. Special young people's groups are held to discuss common problems of young adulthood such as marriage, vocational planning, "know yourself", and problem solving.

Recognizing that positive mental health requires more than the ability to handle problems, special "interest" groups were formed to encourage patients to develop positive interests. Topics of these groups consist of literature, current events, and music. Groups of Schizophrenic Anonymous and Emotions Anonymous welcome patients from the hospital to their community meeting.

One of the major emphases in treating psychiatric patients is education. Each day a different speaker presents information for everyday living. Speakers are from the departments of medicine, psychology, social services, nursing, recreation, vocational rehabilitation, and the clergy. Clinical concepts of psychiatry are presented in an easy-to-understand manner. For example, symptoms and processes of schizophrenia are discussed so that those suffering from this illness might be better able to understand them.

The program makes use of common hospital facilities. Occupational therapy, and arts and crafts, are available to patients as a means of developing enjoyable hobbies and promoting self-esteem through personal creation. Dance and physical education promote sociability in addition to physical well-being.

Family and community involvement are stressed in the treatment program. Families, particularly spouses, are encouraged to come evenings to participate in multiple family therapy. Fridays are specifically set aside as community day, when families and interested others can take part in the program. Patients are encouraged to take a more active part in the community. They go into town for shopping and services and may also attend community events such as concerts and plays. Certain patients go into town to attend Neurotics Anonymous.

Contact with the helping services is arranged for patients before discharge. This could include the county social worker, clergy, self-help groups, mental health center. Furthermore, follow-up questionnaires are used to assess patients' functioning after hospitalization.

Alcohol or Drug Dependent The program for the alcohol or drug dependent person is geared toward the emotional, physical, and spiritual needs of each person. The patient is given a thorough physical examination, and the appropriate medication is given, including medication to lessen withdrawal symptoms.

(Brainerd State Hospital)

The program emphasizes the Alcoholics Anonymous philosophy as a way of life. Group discussion is one of the key points of the program. There are different types of groups being used. Besides the regular groups held by the counselors, there is a "personality adjustment group", a transactional analysis group, a chaplain's group and family group therapy with the spouses once a week. Spouses are encouraged to spend a week at the hospital and become involved in groups and counseling with their husbands or wives.

Regular A.A. meetings are held evenings. Patients and surrounding community A.A. clubs hold meetings on the ward some evenings, while patients attend the Brainerd A.A. on other evenings.

The counselor on alcoholism sets aside time each day for individual counseling. Families, particularly spouses, are encouraged to come in for counseling and discussion where they can discuss marital and home problems.

The program has a special emphasis on information lectures stressing personality and behavior. These lectures are given by the departments of medicine, psychology, nursing, the clergy, and the counselor on alcoholism. The lectures emphasize everyday living behaviors which promote positive mental health.

Work is assigned according to the needs of the patient. For some, their work will be within an area of interest and ability, while, for others, it will be geared primarily for learning good work habits and self-discipline.

Common hospital services are employed, such as occupational therapy, arts and crafts, and vocational counseling where they fit a patient's need.

Patients are encouraged to maintain contact with the helping services when they leave the hospital. This may include A.A., the county social worker, the clergy, and the mental health center.

Minnesota Learning Center

The center is an educational-treatment facility for educable mentally retarded young people between the ages of six and 21. The program officially began in June 1970 as a result of the legislative action which closed Owatonna State School with the provision that "a separate and comparable unit be established."

The center, has the capability to provide residential and developmental services to 85 students at one time. During the summer of 1973, the center completed a major reorganization in order to ensure the delivery of educational-treatment services at all hours of the day between 7 a.m. and 11 p.m., seven days each week. Each resident lives in an environment designed to maximize the rate of development

of the specific skills which have been specified by his parents and/or county welfare department worker as pre-requisites for return to the home community.

The staff is organized around teaching teams made up of six staff members. Each teaching team is held accountable for the delivery of individualized program services to between eight and 10 students. Each team is composed of one teacher, one recreation specialist, one teacher aide, two human development services specialists (or technicians) and one behavior analysis specialist who may come from any specialty, but must have skill in applying the principles of operant learning therapy.

Within the center programs, there are teaching teams which specialize in providing services to children of elementary and secondary school ages and to students in need of vocational training. Within these parameters, the students may receive services in the form of living within the center or in a halfway house while attending the public schools in Brainerd, a storefront school, vocational school, or attending classes or receiving tutoring within the center. Each child lives in a program which has been designed to provide an environment which is both remedial and developmental. The curriculum, in addition to stressing basic skill development, includes functional learning tasks which are designed to prepare the student for living in today's society. This curriculum transcends the traditional curriculum by incorporating activities and environments which provide experience with appropriate interpersonal or "social" skills as well as those more traditionally categorized as academic, vocational, or recreational.

One particularly important aspect of the center's program is the capability for providing needs assessment and program development services. Whenever a student arrives at the center he becomes the immediate responsibility of a staff unit which specializes in developing student programs. This program planning team is made up of one teaching team which is supplemented by the assistance of a psychologist, an educational diagnostician, a social worker, a teacher/parent trainer, a nurse and a secretary. It is the responsibility of this program planning group to devise and test the parameters of a learning program which will maximize the rate at which the student gains the skills which will permit him to enter a community based facility (e.g. home, foster parent placement, halfway house, etc.). While the individualized program is being developed and tested, the teacher/parent trainer is working with those persons who will receive the student by providing them with the skills they need in order to implement the program developed by the program planning group. Whenever possible, the student returns to the community for implementation of the educational-treatment program. The extra staff and community services capabilities of this team are provided by funds from state and federal grants.

# # #

Cambridge State Hospital

Authorized by the 1919 legislature for institutional care of epileptics, the hospital now provides care, treatment and training to a resident population of approximately 820 mentally retarded and epileptic patients. The resident population consists of about 90 per cent severely and profoundly retarded. Some 40 per cent have physical disabilities in addition to mental retardation. It serves 18 counties in the central section of the state.

The hospital received full accreditation from the Joint Commission on Accreditation of Hospitals in 1968 and again in 1972.

Hospital Goals

The hospital's objective is to reduce the dependency of each resident insofar as possible, through developmental learning programs and corrective health.

The goals in reducing dependency are to:

1. Enhance the quality of life for all residents through a full time program of activities and training for each resident according to his needs.
2. Prepare as many as possible for community living.
3. Promote more independent and interdependent functioning for long term and/or permanent residents.

The above goals are applicable to all residents regardless of his or her current functioning or prognosis and are common to all units. The hospital has six units in its Unit System. Residents are housed and assigned to units, generally based on a commonality of needs. To fill the needs and to reach the goals means a minimum program of five to six hours per day, or equivalent, for all residents rather than a strong program for some and little or none for others.

The hospital's programs include:

Unit I - Child Activation Program This is for children from birth to puberty who are nonambulatory. These patients usually suffer from major degrees of central nervous system damage, and often have gross external physical abnormalities. When in a setting that provides physical care and a high level of environmental stimulation, a significant number of these children who are unable to progress from a bed to a wheeled conveyance, may become able to crawl or walk with assistance, and show the development of a high level of affective responsiveness to others.

Unit II - Child Development Program This is for ambulatory children up to the age of puberty. A varied group, it includes children who may be withdrawn and passive, overly active, or show evidence of cerebral dysfunction, and who show all degrees of intellectual

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handicap. These children may have mild congenital malformations. The patients are provided various types of special education and activity programs.

Unit III - Teen-Age Program This is for ambulatory children from puberty to approximately 16 years of age. It is a large and somewhat heterogeneous group, including adolescents who have various degrees of cerebral dysfunction and a wide range of intellectual handicap. In a state facility, this group includes a high proportion who may be delinquent or borderline delinquent. These children require a special program because of the unique characteristics of adolescence, but the basic treatment modalities are much the same as for those in the child development program.

Unit IV - Adult Activation Program This is for bedfast and nonambulatory patients who may be late adolescent, adult, and aged. The patients benefit greatly from care somewhat similar to that described for the child activation program. This group includes cerebral palsied adults who may have had considerable assets overlooked because of their expressive difficulties. Needs in the orthopedic area also may be great. Many of these patients are able to be physically habilitated to the point of using wheeled conveyances.

Unit V - Adult Motivation Program This is for ambulatory late adolescent, adult, and aged patients. The intellectual range of this group is from "not testable" to about 35 or 40. They are characteristically passive and withdrawn. Many of these patients show evidences of congenital cerebral under-development and external congenital anomalies. However, they are given adequate stimulation and opportunity, and are able to participate in occupational therapy and recreational activities.

Unit VI - Adult Motivation and Adult Vocation Program This is for active late adolescents, adults, and aged. It includes those residents who have become overdependent as a result of long term hospitalization; those who have difficulties in forming constructive interpersonal relationships; those who are able to achieve a high level of independence within the hospital but have difficulty in developing social or work relationships outside of the facility; and those who potentially are able to establish a satisfactory extra mural adjustment but have not acquired the skills required for such an adjustment.

Mental Health Treatment Service This was established to treat patients' emotional or psychiatric problems. There are two basic services: for adults, aged 18-45; and for children and adolescents, ages 7-20. This unit is coeducational. The ultimate goal for each individual patient is the alteration of deviant or inappropriate behavior so the individual may function more successfully in a social setting. Some may return to the community, while other residents return to other program areas within the hospital for further treatment or training to achieve a higher level of functioning. This service includes the usual modes of psychiatric

(Cambridge State Hospital)

treatment, such as individual psychotherapy, psychiatric group work, occupational therapy, family counseling, religious and recreational programs. All of these programs are integrated with the daily living program supervised by special school counselors. The cottage life is carried through on a "homelike" basis. Special day activity programs also are an important part of this treatment setting.

Clinical Pharmacy Teaching Program The hospital has been participating in the clinical pharmacy teaching program of the University of Minnesota since 1969. Senior students in the college of pharmacy participate in this program, studying residents' medical, social, and drug histories. Residents are interviewed by the students. There are conference sessions where the residents' medical, social, and drug histories are discussed. The goal of the program is to familiarize pharmacy students with the total context in which drugs are used. Patient contact and communication with other health professionals are emphasized.

Data Processing The major research project, however, is the development of an automated patient data processing system, which is designed to be the first step in a comprehensive program of evaluative research. The system utilizes tabulation equipment located at the hospital, and computer facilities located at the University of Minnesota Computer Center. By January 1971, the system was capable of providing several types of information to the hospital's administrative and planning committees, clinicians, and researchers; system capabilities range from counting and listing of patients meeting specified criteria to sophisticated statistical anaylses. The maximum time between a request to the system for information and the return of that information will usually be less than one week, and in many cases will be only a few minutes. The quantity and quality of information in the data processing system will be expanded in the coming months, and may include additional administrative analyses, such as computer-generated annual summaries of each patient's current status and history. The main application of the system, however, will be as a research tool -- a "superclerk" to locate, summarize, or analyze social, psychological and medical data that is of research interest. This development should stimulate more extensive and sophisticated program evaluations and other applied research than now is possible.

Summer Volunteers Giving of oneself helps a person gain new insights into himself and his fellow man. Volunteer's participation, whether individually or as a member of an organization, is of immeasurable value to hospital residents. Throughout the year, volunteers work: on a one-to-one basis with patients, in small groups, adopts a small group on ward, provide simple variety programs on the wards or in the auditorium, take patients off-grounds to activities, etc.

For the past seven years, youth from "ON Corps" at the Catholic Youth Center, Minneapolis, have volunteered during the summer months and some weekends during the year. This past summer these youth again conducted the day camp on the hospital grounds. Five

(Cambridge State Hospital)

groups of about 15 youth each have volunteered, each group working two weeks. At day camp, the residents had the opportunity of enjoying the open air, wading, go on nature hikes, hay rides, sing-alongs, arts and crafts, picnics, etc. The youth also helped feed residents in the multiple-handicapped wards, participated in special evening activities.

Other individual youth volunteered in other areas, some staying almost all summer.

This past school year has been very exciting for almost 300 students who gave of their time and talents to help the handicapped progress. In the fall of 1971, Spring Lake Park High School began a pilot project: 50 senior high school students came each Thursday afternoon at 1:30 p.m. and worked until 4:30 p.m. All were assigned to work directly with multiple-handicapped children and adolescents. The residents responded surprisingly well. Soon that same year, 50 from Edgewood Junior High School became involved each Thursday morning, then, 50 from Coon Rapids Senior High School came each Wednesday afternoon. The students were so enthused and inspired by their volunteer work that many of the students came even during the their Easter vacation.

Enthusiasm for becoming involved spread to many other schools. By the end of this past academic year, the following schools were involved: Cambridge, Princeton, Pine City, Spring Lake Park, Coon Rapids, Anoka, Osseo senior high schools; Edgewood, Osseo, Cambridge junior high schools. Hopefully, the school year 1973-74 will be filled with even more enthusiasm.

Volunteering helps the students become familiar with the problems facing mentally retarded persons; and, hopefully they may apply this experience to their own relationship with others in the community who may be retarded or slow or handicapped in some way. This type of volunteer work seems to provide a great learning experience and a great challenge outside the classroom.

Volunteers are great ambassadors for the hospital. When they help on the wards, they see what is going on, what the staff is attempting to do and will then "tell it like it is" as they discuss the experiences with the public. Volunteers can bridge the gap between the hospital and the community, and also can help bridge the "generation gap".

Physical Therapy Provides a program of developmental, remedial and rehabilitative exercises and treatment to patients having orthopedic and/or neurological handicaps. Basically, the goal is to make each patient as independent as possible. This may involve many things from sitting and balance, to fitting wheelchairs, stair climbing, riding tricycles, etc.

Vocational Services Through this program, the patient is given the opportunity to develop job skills and habits according to his

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needs. This service provides opportunities through prework evaluation, counseling, experience in the Adaptive Work Training Center, community work training, trial placement in the community and referral to community agencies such as sheltered workshops or other types of vocational training. These various learning experiences help ease the patient's transition from hospital to community life.

Special Education Provides new and meaningful experience that will better prepare the resident for a more independent and productive life; that is, to raise the patient's level of functioning to the optimum. The major task is direct teaching to students and this is done on the level of the trainable child and educable child. Cambridge public school provided teachers for 15 TMR classes during the 1972-73 school year. Plans are to have 40 TMR classes during the 1973-74 school year.

Camping The camping program gives a unique experience which aids a person in physical, emotional and social growth. Camping is an experience in group living in a natural environment, and provides a creative educational experience in cooperative group living. It is a very important part of the total hospital program.

Residents of all ages, all degrees of retardation, all degrees of physical handicap have the opportunity to go camping. Day camp on the hospital grounds has been conducted all summer by the youth from "ON Corps". Other camping facilities used are: Camp Friendship, Camp Courage, Camp Sallee, King's Ranch and Camp New Hope. (Almost 300 residents will be at Camp New Hope during the summer.) The hospital Boy Scouts will again spend a week at Camp Marry Point.

Student Affiliation Programs Students from Anoka Technical Education Center receive practical experience in treating mentally retarded patients in occupational therapy techniques.

Occupational therapy students from University of Minnesota and Kansas University receive a two-month clinical affiliation in the area of pediatrics.

Students from Anoka Technical Education Center and students from St. Cloud School of Nursing receive practical experience in the care of the mentally retarded.

Lake Owasso Children's Home

The Lake Owasso Children's Home, St. Paul, is a 80 bed facility, operated as an annex to the Cambridge State Hospital, and serving severely and profoundly mentally retarded children who range in age from nine to approximately 21 years.

The home's program addresses itself to the developmental training of children which includes the teaching of self-help skills, providing opportunity for developmental preschool activity, actual

(Lake Owasso Children's Home)

school experiences, prevocational and vocational training, developmental leisure time activities, and acceptable social behavior training.

The objective of the program is to raise the level of functioning of each child to such a degree as to ready the individual for higher level programs in other facilities, or in their home communities.

# # #

Faribault State Hospital

This oldest and largest of Minnesota's hospitals for mentally retarded persons was established in 1879. Its population, once 3350, is expected to be below 1300 by the end of 1973. Among the residents, 86 per cent are severely or profoundly retarded; 21 per cent are nonambulant or partially ambulant; 13 per cent are blind or have significant visual impairment; seven per cent are deaf or have significant hearing impairment; and 29 per cent have seizure disorders. Many of the residents suffer from multiple handicaps. Children and adolescents comprise one-third of the total hospital population.

Residential living services are provided in eight units, each somewhat homogenous in program emphasis:

East Grove Unit serves nonambulant children and adolescents requiring physical therapy, training in self-feeding and other self-care skills, and intensive physical care. A special interdisciplinary team devises remedial methods and trains care staff in proper application to each resident.

Grandview Unit provides services to nonambulant adults. Programs range from self-feeding and toilet training, for the most handicapped, to adult education, communication and social skills training. Vocational training for those most advanced is also available.

Northwood Unit concentrates its program on ambulant trainable children requiring help in self-care skills, communication and social skills, and perceptual-motor development.

Center Unit deals with ambulant trainable adolescents. Programs are similar to above but include prevocational and vocational evaluation and training.

Green Acres Unit offers a program structured around ambulant trainable children and adolescents in need of behavior management as well as basic self-care skills. Program emphasis is on the use of behavior modification techniques to reduce the incidents of

inappropriate behavior and to improve social skills.

Sunnyside Unit serves ambulant adults in need of social and vocational training, adult education, and community living experiences.

Southcliff Unit assists ambulant men in need of behavior modification.

Skinner Unit programs for ambulant women in need of behavior modification; also for geriatric men and women.

Self-Injurious Behavior Unit In addition to the above, a special unit (20 beds) conducts a statewide experimental program of treatment for retarded children who demonstrate severe self-injurious behavior, especially head-banging.

Educational Services Most of the hospital's child residents (ages 5-20) are provided full time educational services by the Faribault Area Training and Education Center, under the Faribault Board of Education. During the 1973-74 school year, approximately 330 residents (85%) will be enrolled.

Autistic Program A special day program of education and psychotherapy for autistic child residents is jointly carried out by the hospital and the Area Training and Education Center. In addition to its teaching staff, this program involves a full time psychologist, two consulting psychologists, a consulting child psychiatrist, a music therapist, a recreation therapist, and other personnel.

Medical Services A 100-bed acute hospital provides emergency and inpatient medical treatment of residents, as well as facilities for x-ray, pharmacy, clinical and research laboratories, EEG, and physical therapy. Full time medical, nursing, and dental services are available to all residents. Consultation services are available in many medical specialties.

Cooperative Vocational Rehabilitation Program The hospital and the Division of Vocational Rehabilitation of the State Department of Education jointly provide vocational evaluation, work training, and social adjustment training. Resources utilized include rehabilitation centers, sheltered workshops, the hospital's own Work Activity Center, and job stations within various parts of the hospital or in the local community.

Other Services Social, chaplaincy, recreation, and psychological services are provided all residents. All forms of rehabilitation therapies are available as required by the resident. Volunteer services, particularly in scouting, religious education, recreation, and summer programs are also provided. Foster grandparents assigned by the Minnesota Association for Retarded Citizens provide a close daily personal relationship to 80 child residents.

# # #

Fergus Falls State Hospital

Minnesota's third state-operated hospital for mentally ill patients was organized at Fergus Falls by an act of the legislature in 1887. This action was taken in order to relieve the overcrowded conditions at the St. Peter and Rochester state hospitals. The first patients to enter the hospital, two men from Otter Tail county, were admitted on July 29, 1890. In the early years, the hospital received patients from most Minnesota counties north of the Twin Cities area. The hospital now serves a 17-county area in northwestern and west-central Minnesota. Since it opened its doors in 1890, the hospital has provided treatment services to well over 40,000 patients.

The decade of the 1960's was a period marked by rapid change and dynamic growth in the treatment services offered by the hospital. A physical therapy program was established in 1967, and a vocational rehabilitation program was added in 1968. The hospital reached two milestones in its treatment history during 1969 when it started new programs for mentally retarded and the chemically dependent patients.

The hospital is accredited by the Joint Commission on Accreditation of Hospitals, and maintains a reputation for forward-looking, innovative treatment programs incorporating many treatment resources and relying heavily on community involvement as an essential component of that treatment program. In 1971, the hospital became Minnesota's first state regional multipurpose mental health facility. Today, it serves as a regional center for northwestern and portions of west-central Minnesota through its residential treatment programs for mentally ill, mentally retarded and chemically dependent persons.

Programs

The hospital is divided into four units each serving a distinctive purpose and each having its own staff and specialized resources while still sharing the central services usually found on a campus such as this.

The Cottage provides psychiatric programming for all acute psychiatric admissions, including adolescents. Programs are designed to provide the individual with personal growth and life adjustment opportunities. The treatment team concept is utilized to involve each new resident in what might be called a "school for living." This school is designed to operate in as nearly a normal life situation as possible and to give each resident the maximum opportunity to develop and deal with himself, his environment and the pressures which affect us all. Through this process, each person admitted will be helped by his treatment team to look at himself, develop goals of treatment, and find methods and processes of planned effort in working toward these goals. Part of this "goal orientated" living process consists of constant evaluation by peers and staff alike of progress being made as needs to change goals become obvious.

(Fergus Falls State Hospital)

The Medical Rehabilitation Unit is a specialized program of rehabilitative services designed to meet the needs of long term hospital residents who suffer from disabilities caused by chronic psychiatric and neurological illnesses. This unit maintains a physical therapy service and an acute medical care unit that are available on referral to the entire hospital. For those groups of residents not needing physical therapy or acute medical care, the unit, through its Center for Psychiatric Rehabilitation and other ward programs, provides active interpersonal relationship opportunities with some pressure for each of its residents to become as much involved with activities and with other individuals as his own limitations will permit.

The Drug Dependency Rehabilitation Center provides a treatment program for the rehabilitation of the drug addicted person which is designed to help the individual to learn to lead a normal and rewarding life without reliance on the use of drugs. This program serves alcoholics and/or "soft" drug users. The center's Primary Program offers acute treatment services of a short-term nature, while its Hope Program provides a longer term treatment approach for the individual with a chronic chemical dependency problem. The center program relies heavily, but not solely, on the treatment curriculum regarded as the Alcoholics Anonymous program. It is also heavily involved with county welfare-social service departments and local alcoholic counselors throughout the area. Much emphasis has been placed on the involvement of each resident's family and on follow-up care after a short stay in the center's program.

The State Regional Retardation Center provides a variety of programs for mentally retarded residents which are designed to provide each resident with the opportunity to develop to the maximum of his ability. The center has developed into a very interesting, stimulating educational program designed to meet the individual needs of each student. While education is an important and basic concept to all of the programs in this hospital, education takes on a different complexion on the mental retardation service, since learning or training in very specialized ways, such as self-care and special education, must become the central focus for the planning on this service. Physical care of patients minimally able to care for themselves is, of course, another important aspect of the center's program, as is the provision of normal life experiences, expectations, and concern as it would be with other groups. The center now operates five residential programs which are licensed by the Minnesota Department of Public Welfare. These residential programs include the Lakeland Achievement Center, the Northwest Achievement Center, the Youth Achievement Center, the Community Training Achievement Center, and the Achievement Center for the Physically Handicapped. The center now offers a parental relief program for short stays at the hospital. It operates a Foster Grandparent Program which utilizes the rich potential of the senior citizen to provide much needed personal attention for the individual resident. Under the Minnesota law which guarantees the right to public education for trainable mentally retarded persons, Fergus Falls School District 544 operates the Adaptive Behavior Center on the hospital

(Fergus Falls State Hospital)

campus. This program provides educational opportunities for the trainable child ranging in age from five to 21 who is a hospital resident. The Regional Retardation Center receives admissions directly from the community. Close community ties and the development of programs related to community needs is an important aspect of the center's program, along with the development of group homes within the area that it serves.

Treatment Processes In all of the treatment programs previously listed, a variety of psychiatric treatment techniques, educational processes, and social interaction techniques are used. This would involve individual and group therapy, drug therapy, social rehabilitation, activity programs, occupational therapy, recreational therapy, industrial therapy, vocational evaluation and training, placement and follow-up services. Throughout all of this, an active concern for warm, interpersonal relationships between patients, between staff and patients, and opportunities to learn from each other the solutions to the problems that each individual patient faces, take on the central theme of each individualized treatment plan and set of goals.

A heavy emphasis is placed on the belief in the dignity of the individual and in his inherent ability to change and to grow if given the opportunity. In the treatment philosophy of the hospital; its buildings, its geographic community, employes, residents, relatives of those residents, volunteers, staff of local area agencies, and all others coming in contact with the resident makes up the major treatment resource for that individual. It is through a resident's contacts and relationships with these groups that he will find some experience or some group of experiences through which he can learn. Frequent meetings are conducted among residents and staff with the goal of giving each resident an opportunity to see himself in the mirror of other people's preceptions, thereby providing an opportunity to understand and to be understood. A special attempt is made to channel residents' natural understanding of each other toward a better understanding and more adequate resolution of their own problems.

Education Department This department coordinates educational opportunities for staff, patients, and community groups. The hospital provides in-residence educational experiences for college students, occupational therapy students, pastoral students, LPN students and many other groups.

Research Department This department is in charge of maintaining statistics for the hospital, and for constructing and developing research projects that will help in future program development.

(Fergus Falls State Hospital)

Cooperative Vocational Rehabilitation Program This program provides vocational evaluation, training and placement under a cooperative program between the hospital and the Division of Vocational Rehabilitation, State Department of Education.

Medical Services The hospital maintains a clinic in which all residents receive initial examinations and annual examinations, and which provides care for a large percentage of those residents needing medical attention. Consultation services of a neurologist, pathologist, and other such specialized services are provided either directly by the hospital or through cooperative arrangements with the Rochester State Hospital. In addition, the hospital's medical facilities include dental, x-ray, pharmacy, laboratory, EEG, and physical therapy.

Advocate Office The administration of the Hospital is genuinely concerned about what happens to people entering this facility, and it has striven to provide effective and humane treatment programs to meet needs as they are defined by the hospital residents in cooperation with concerned staff. With this objective in mind, the hospital has appointed a full time advocate to consult with and represent residents and former residents in regard to difficulties and grievances as they relate to the hospital, its programs and its policies.

Chaplaincy Service Catholic and Protestant religious services are available through the services of two chaplains, and pastoral counseling is constantly available to the hospital resident.

Community Services The hospital community maintains a resident-staff library, a beauty shop, a barber shop, a multipurpose auditorium and a canteen where local purchases can be made.

Volunteer-Public Information Department This department provides the services of a hospital-wide program in these areas including the operation of the hospital's modern printing facilities and the publication of The Weekly Pulse, the newspaper for the hospital community.

# # #

Hastings State Hospital

Seventy years ago the hospital was a custodial institution for male patients transferred from other state hospitals. In 1950 the hospital was opened to both men and women. Today, Hastings is a diagnostic, treatment and rehabilitation center for mentally disabled persons of three counties: Dakota, Ramsey, Washington. The hospital is accredited by the Joint Commission on Accreditation of Hospitals.

(Hastings State Hospital)

Programs

The hospital functions as a regional psychiatric inpatient treatment resource, and works in close cooperation with health facilities in its three county receiving area. Personnel of the mental health centers, county welfare-social service departments, and public health nursing participate regularly in evaluation, treatment formulation, and discharge planning for the patient. Concerted efforts are made to reduce the number of Probate Court commitments, and a high per cent of first admissions to the Chemical Dependency Treatment Unit, and also a high per cent of first admissions to the Psychiatric Units enter the hospital voluntarily or informally. The hospital staff follow up some of the discharged patients, counseling at mental health centers, and/or in boarding or nursing homes. The treatment program encourages the patient to participate in his treatment plan and to maintain contact with community life. All personnel involved in patient care work closely in interdependent teams. The philosophy of this hospital has been that adequate and well trained personnel are essential to patient rehabilitation.

Inservice training programs and staff development of all employes are continuously in process.

Treatment methods used are eclectic and include medications, electrotonic therapy, individual counseling, group therapy, joint family therapy, video therapy, behavior modification, and social and vocational rehabilitation.

Psychiatric Service Wards are allocated for Ramsey, Dakota, and Washington County residents. These open wards house both men and women. For the better integrated patients a Personal Growth Program is offered which utilizes modern encounter techniques. In addition, the Learning Center provides a broad spectrum of daytime activities for the psychiatric and mentally retarded inpatients, including educational, recreational, sports and music programs. A small closed ward for crisis therapy of severely disturbed people broadens the therapy program to meet wide patient needs, reducing the need to transfer people to Minnesota Security Hospital.

Geriatric Services One ward is available for the medical and psychiatric care of elderly patients with acute and chronic mental disorders. The Department of Rehabilitation provides a variety of activities for these patients.

Chemical Dependency Treatment Center The center is located in a separate building on the hospital grounds. Additional specialized treatment is given in the Crisis Intervention Unit and in the Medical Unit. It provides "primary rehabilitation," as defined by the Minnesota Commission on Alcohol Problems. Up to 70 persons can be admitted to this intensive counseling program. The treatment is divided into several phases and extends for a median of six weeks, family participation is encouraged during the period of hospitalization; and follow-up after discharge is provided by M.H.C., A.A.,

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(Hastings State Hospital)

and social agencies. An Alumni Club support of the treatment program is helpful.

Adult Mental Retardation Services The Residential Opportunity Center consists of two units serving adult persons who are mentally retarded. The philosophy of the center is that every person served by the center has an inherent right to be provided with the opportunity for growth in all areas of life, and also has a right to participate in the decisions involving his life to the extent of his abilities. The goal of the center is to place each resident into appropriate community facilities as these become available. Each person is programmed on an individual basis stressing teaching, self-help, social, vocational and some academic skills. This is a state program; residents are transferred to this program from other state facilities.

Cooperative Vocational Rehabilitation Program Vocational training under CVRP presents an effective means of patient therapy. Industrial Therapy Enterprises has a sheltered workshop on the hospital grounds. Classes to train food service workers, nurses aides, and housekeeping personnel offer patients or residents a variety of job opportunities. Many referrals to Twin Cities vocational services are made possible through this program.

Nursing Education The education department provides basic orientation to all new personnel of the hospital. In addition, an ongoing inservice program is available to the various departments and programs depending on their interests and needs for continuing education.

The department acts as a resource area and obtains materials for the various programs hospital wide, such as films, reference books, copies of pertinent articles, etc.

Affiliations The Dakota County School of Practical Nursing has a 12-week experience in basic nursing skills and a four-week experience in psychiatric affiliation. The Faribault School of Practical Nursing has a four-week psychiatric affiliation twice each year. In addition, there is the Macalester Interim Course, a one month course with 26 students living at the hospital and working in the various areas in the hospital for experience and a better understanding of the mentally ill, mentally retarded, and alcohol and drug dependent person.

# # #

Moose Lake State Hospital

The most northern of the state hospitals was constructed in a pictorial setting of spreading conifers and blue lakes. Authorized by the 1935 legislature and opened in 1938, the facility was

(Moose Lake State Hospital)

originally conceived as a hospital for psychiatric patients. Providing a variety of residential services to persons from the 12 northeastern counties, the hospital offers programs for mentally retarded, chemically dependent, mentally ill patients, and specialized care for geriatric patients.

Throughout the years, a conscientious program of building and maintenance has fostered a facility that is both modern and utilitarian. Two large geriatric wings were added in 1950. Recent renovation of several original wings and the installation of elevators has allowed for expansion planning and greater program flexibility.

Following the inception of the hospital's "open-door-policy" in the 1960's, the hospital has integrated men and women on program areas, eliminated staff uniforms, and discontinued the issuance of state clothing to residents. Continual concern is expressed for the rights of residents and every effort is made to protect and enhance their self-esteem. A "humane practices" committee composed of staff and residents examines living conditions and policies on a regular basis and makes recommendations to the administrator. An interdisciplinary research committee continually watches over research efforts at the facility to safeguard the dignity and privacy of patients. The research committee also initiates research projects to help formulate new treatment methods and to evaluate established therapies.

Services at the hospital are organized on a unit system with each resident assigned to one of seven specialized program areas. Each unit is a separate entity staffed with representatives of the various disciplines necessary in dealing with the problems common to the disability.

Residents are programmed and counseled by a team of specialists that are involved in the activities and environment of the unit. The treatment team concept offers a more personal approach in dealing with individual differences and the selection of appropriate therapies.

Programs

Mental Retardation Initiated in 1970 as a special care unit providing services to 33 older retarded persons, the program currently serves 70 individuals. Admissions are limited to transfers from other state hospitals. The program emphasizes behavior modification techniques to assist residents in acquiring basic self-care and self-help skills. This program is expected to be expanded by 150 residents within one year.

(Moose Lake State Hospital)

Inebriety Units A short-term program for the treatment of alcoholism was opened in 1959. Currently this area provides short-term treatment for 87 men and women. Basically a program for those already detoxified, emphasis is placed on physical medicine, group and individual counseling, and an orientation to AA. Length of treatment varies; however, 60 days is recommended.

Concerned about the need for a long term treatment unit for chronic alcoholism, the hospital opened a separate area specializing in those in need of such services. The program is based on a therapeutic community. Residents have their own government, make their own rules, work 35 hours a week, pay dues to the community, and have complete freedom of movement. Therapy besides that of the community involvement includes groups and individual counseling and concern for fellow community members. Over one year old, this program has shown much promise as an aid to those chronically addicted. Admission is limited to those who are cooperative, but unable to reach sustained sobriety by other methods.

Psychiatric Services Although each psychiatric patient is individually programmed at the hospital, psychiatric services are divided into three programs. The admissions unit is a reception area for all persons entering the hospital with psychiatric and related disabilities. This area emphasizes brief and intensive treatment geared toward early return to the community. Longer treatment needs are met by either the therapeutic communities or the token economy program. The therapeutic communities offer various forms of therapies, in addition to the benefits of community pressure and acceptance. The token economy program is based on a system of rewards for correct and socially acceptable behavior. The "poker-chip" economy has its own store where earnings are spent.

Geriatric Unit This program was conceived for older persons whose psychiatric disabilities and physical condition keep them from living either in a nursing home or independently. The unit is divided into three areas by degree of functioning: skilled care, intermediate care and VIP's (Very Independent People). The philosophy of the program is not to add years to life...but life to the years. Physical care and activation are major goals of this unit.

Supportive Services Adjunctive to services supplied by individual programs, a variety of educational and leisure time activities are available on a referral basis for residents. A cooperative vocational rehabilitation program (CVRP) is available for evaluation of persons being considered for incentive pay, job placement, sheltered workshop, food service training or discharge. Day activity services are provided for retarded residents and psychiatric patients. An independent living unit is available as a transitional experience for persons leaving the hospital. A newly remodeled library offers thousands of books, and a wide selection of newspapers and current magazines for leisure time reading. The barber shop and beauty shop offer residents the opportunity to look their best during their

(Moose Lake State Hospital)

stay in the hospital. Craft rooms complete with facilities for leather work, ceramics, weaving, painting, etc. are available and readily used.

Off-grounds activities arranged by this department include trips to fairs, theatres, major league ball games, shopping trips, symphony performances, picnics, golfing, swimming, boating, hiking, and fishing.

# # #

Rochester State Hospital

The hospital was created as an "asylum for inebriates" in 1873. Six years later it was designated as a psychiatric hospital and became the state's second facility for psychiatric patients. During the 1950's eight modern buildings replaced the historic landmarks of the original hospital. It is accredited by the Joint Commission on Accreditation of Hospitals.

The needs of the 12-county receiving area in southeastern Minnesota determine the treatment programs. Currently the hospital serves approximately 525 psychiatric patients and 165 mentally retarded residents. Treatment plans include a variety of psychiatric treatment techniques. Medical services including deaf, dental, podiatry, eye clinics; surgery and consultative services of the Mayo Clinic; occupational, recreational, industrial, educational and music rehabilitative therapies; vocational evaluation and training; social service placement and follow-up; chaplaincy guidance; physical therapy; psychological testing and community services provided by volunteers.

Present educational programs include affiliation with the Mayo Foundation for Medical Education and Research; an accredited affiliation in psychiatric nursing, inservice training for staff personnel, and an accredited training program for nurse anesthetists; casework supervision for students of social work, and field work programs for students in medicine, clinical psychology, clinical laboratory, physical therapy, occupational therapy, recreational therapy, pharmacy and anesthesiology. It also is associated with the Mayo Clinic residency training program in psychiatry and medical-surgical specialties.

Several community agencies are located on the hospital's campus, offering a full range of services for referral and continuity of care. These include the Zumbro Valley Mental Health Center, Olmsted County Department of Social Services, Division of Vocational Rehabilitation, Crippled Children's Services, P.O.R.T., Alcoholism Information Center, and the Receiving Center for Detoxification.

(Rochester State Hospital)

Currently, the hospital is providing the following servies to southeastern Minnesota residents:

Adult Psychiatric Service Under the guidance of the treatment team, mentally ill patients follow the prescribed treatment methods utilizing the services and facilities of the hospital and community as well. The service is regionalized; that is, each of the five Area Mental Health-Mental Retardation-Inebriety Programs (mental health centers) in the hospital's receiving area and the counties they serve relate to one specific psychiatric unit at the hospital. This means that community facilities and the hospital unit treatment team are well known to each other and reciprocal visits and meetings insure easy communication.

Adolescent Unit Thirty adolescents between the ages of 14 and 17 live together in one unit working in a group therapy setting. They attend special classes of the Rochester public school system located on the campus and participate in local work programs.

Alcoholism Service In collaboration with the Alcoholism Information Center and the Receiving Center for Detoxification, this unit responds to the area's needs for treatment of the informally-admitted patients.

Geriatric Service Medical, psychiatric and diversional therapies are used in helping the elderly.

Medical-Surgical Service Through an association with the Mayo Clinic, all surgery for persons in the state hospitals, state training schools, correctional and penal institutions are performed at the Rochester State Hospital.

Day Hospital Outpatients have the services of the total hospital through the day care plan. Treatment enables patients to continue to function within their own homes and communities.

Rochester Social Adaptation Center The center serves the mentally retarded from southeastern Minnesota with the capacity of 185 residents. The residents' functioning levels range from nearly totally dependent and nonambulatory to ready for community placement. The goal of the center is to provide the resident with as near a normal life style and training to develop independent functioning with dignity and personal worth.

# # #

St. Peter State Hospital

The hospital provides inpatient psychiatric services for acute and chronically mentally ill adults and adolescents admitted from a receiving area of 10 south central counties. It is the oldest

(St. Peter State Hospital)

state hospital, established in 1866; and until recent years it was the largest inpatient psychiatric facility. It is accredited by the Joint Commission on Accreditation of Hospitals. The St. Peter State Hospital shares a hospital complex with two other state facilities: Minnesota Security Hospital and the Minnesota Valley Social Adaptation Center.

Programs

Treatment programming is organized around an admission unit, a Medical Rehabilitation Unit and an Alcohol Unit. Total bed capacity is currently 353. All units utilize the team approach in development of programs. All treatment modalities are utilized dependent on patient need and response to the various methods. Each unit has available the services of physicians, psychologists, social workers, vocational counselors, rehabilitation workers, nurses, and well-trained psychiatric technicians. Numerous consultants from the various medical and rehabilitation services are available for assistance with special problems.

Strong emphasis is being placed on the utilization of community resources in all phases of treatment programming, not only at the termination phase. Educational, vocational, social, recreational, medical, and many other aspects of the program make good use of the community based services to supplement and complement the services available within the hospital complex. Greater participation by community agency personnel and volunteers with the hospital staff in all phases of care has brought about a coordinated comprehensive range of services.

Specialized services and facilities are continually being developed as new treatment techniques and care needs are identified. Some of these are:

A Self-Contained Day Camp The day camp is being developed with the assistance of volunteer groups, conservation, forestry and agricultural groups.

A Fully Staffed Vocational Evaluation and Pre-Vocational Training Center This cooperative venture by the hospital and the Division of Vocational Rehabilitation, State Department of Education, serves the vocationally handicapped person to develop his potential in the work phase which is a necessity to self-sustaining community living.

A Sheltered Workshop Work Activities Development Enterprises is a hospital-based workshop with the goal of raising the level of work activity for those persons who cannot compete in the competitive job market but could eventually proceed to community workshops.

(St. Peter State Hospital)

Chemical Dependency Primarily for persons already detoxified, the center was opened in August 1970. Its objectives are to provide an intensive program designed to help return the patient to his community as a functioning, self-supporting person as soon as possible; to provide services in as short a time as possible so family and employers are not severely inconvenienced; to return an individual physically well and mentally competent without resentment, within a short time, better able to adjust to the community he left; and to give the individual a feeling of self-respect and a sense of responsibility to care for his family.

The expected period of hospitalization is about 28 days, depending on how soon the patient is able to be involved in the structured program. Patients also are taken to AA meetings in their home community during their hospitalization. Discharged patients have formed an alumni group which meets at the center monthly, providing an opportunity for needed follow-up services.

In the spring of 1972, the need for a long term unit for persons on drugs other than alcohol, and alcoholic recidivists became quite apparent, and plans were made for an intensive treatment program for these individuals. The objectives of this program will be to provide complete rehabilitation. The program will utilize all rehabilitative services of the hospital, including CVRP, RT, OT, AND IT. It is designed to help return the patient to the community as a responsible person. A tentative date has not been set to open the unit. The expected stay of patients in this program will range from six months to two years, with intensive programming on an individual basis to fit the needs of each patient.

Minnesota Security Hospital

Residents of Minnesota Security Hospital are housed in a single building. Initial construction was completed in 1911. Two subsequent additions were added, one in the early 1920's, the second in the early 1930's. Bed capacity officially is listed as 149, but at a maximum should be no greater than 115-120.

The hospital receives committed male patients with problems that warrant a secure treatment setting. Residents are admitted directly from the courts, by transfer from the open state hospitals, and by transfer from correctional institutions, on a statewide basis. The current census is approximately 110, but has been fluctuating between 108-117, during the 1973 calendar year.

Rehabilitation Approaches The hospital provides programs designed to meet the various educational-social-recreational and vocational training needs of residents, within achievement oriented settings providing maximum opportunities for successful learning experiences. Programs are designed to meet the widely variant needs of the residents, utilizing the resources available within the hospital

complex as well as those within the surrounding communities. Rehabilitative opportunities available include the following: high school level training and testing; adult basic education; a computer programming course; a wide variety of recreational activities; arts and crafts; and various types of group interaction experiences. Also available are prevocational training and work activities opportunities in furniture refinishing; the use of power tools and machinery; auto reconditioning skills; kitchen and dining room work; and a sheltered workshop provided in cooperation with the Mankato Rehabilitation Center. Occasionally, selected residents hold jobs within the community or attend the local colleges and vocational-technical school.

Recent Progress Within the past two years, several innovative programs have been successfully initiated. The basic approach of these new programs is known as the "therapeutic community concept." Briefly, this involves a considerable increase in the amount of responsibility for the resident which he is encouraged and expected to assume. In accordance with this approach, three of the four wards now have functioning patient governments. The residents on these wards have been able to assume the majority of the responsibility for daily operation of their wards, and work closely with the staff in planning for the treatment programming which will most effectively meet each individual's needs. Currently on another ward is a program which will provide intensive, completely individualized programming for residents involved. Another program supporting this approach is the Resident Assistant Program (R.A.P.). This resident group elects its own members, subject to staff approval, who then serve as security assistants to the attendant guard force. Finally, the Family Program involves the use of a modified token economy approach. Residents work together in small groups and learn to assume responsibility for planning and carrying out their own daily activities.

Minnesota Valley Social Adaptation Center

This center is the south-central Minnesota regional center for mentally retarded persons. It provides a full range of residential and structured program services to individuals from nine counties: Blue Earth, Brown, Faribault, LeSueur, Martin, Nicollet, Sibley, Waseca and Watonwan.

It is located in St. Peter and shares the regional center grounds with the Minnesota Security Hospital and the St. Peter State Hospital Hospital. The center was opened in August 1968, and has a capacity for 360 residents. Its program serves mentally retarded children and adults, and is designed for thoseppersons who require residential living supervision regardless of their level of retardation. Currently, residents must be ambulatory. Nonambulatory residents from the nine-county area will continue to use the Faribault State Hospital until further notice. The program provides education, treatment and corrective training through individual and

(Minnesota Valley Social Adaptation Center)

group counseling, special education, vocational training, sheltered work, on-the-job trainingnand competitive work and/or day activity center program opportunities.

The center greatly utilizes the resources of the communities it serves. The Economical Region 9 Developmental Disabilities Planning Board provides counsel to center staff regarding program development. Parents, relatives and friends of the residents participate through the medium of parent groups offering consultation services. Communities' recreation and leisure time activities, vocational training and work placement, counseling and education services are available to the residents. Volunteers provide help through finance and services.

The commitment of the center is to provide dignified and rewarding developmental experiences of retarded individuals, aimed at reducing dependent functioning.

# # #

Willmar State Hospital

First established in 1907 for the care and treatment of the alcoholic patient, the hospital has developed a regional hospital concept which provides a residential resource and treatment center for Regions 6 and 8 (20 southwestern counties of Minnesota). Major treatment programs include mental illness, chemical dependency, and mental retardation. The facility is accredited by the Joint Commission on Accreditation of Hospitals and is licenced by the State of Minnesota. Community involvement, in addition to residential treatment programs, includes sponsorship or participation in training programs for alcohol counselors, clinical chaplains, licensed practical nurses, and occupational therapists.

Programs

General Psychiatric Care and Treatment Four Area Mental Health-Mental Retardation-Inebriety Programs (mental health centers) at Luverne, Marshall, Willmar and St. Cloud are located within the hospital's receiving district. Patients in the hospital are assigned into a geographic model of clinical care in separate units identified for each of the four Area Programs. A total psychiatric treatment program is offered to all patients including diagnosis and clinical care, social service, psychological services, chaplaincy services, and other therapies as indicated. It is expected that all patients admitted to the hospital will return to their home communities within a relatively short period of time. Care and treatment is provided in an open setting employing as many of the current treatment techniques as are feasible. Admission to the

hospital is by personal application, by referral from a physician or agency, or by a probate court action.

Chemical Dependency Program (Alcoholic and Addictive Personalities) This program consists of approximately 170 hospital beds, and it is one of the largest organized units in the United States. The treatment program is organized using trained counselors on alcoholism, the mainstay in group and individual therapy. Treatment consists primarily of lectures and group and individual counseling. The entire alcohol program is A.A.-oriented but at the same time a multidisciplined effort is made to treat each patient as an individual in terms of his or her needs at the hospital, post-treatment planning, and length of hospitalization. New developments in this program include the establishment of a C.A.R.E.S. Unit (Comprehensive Alcohol Rehabilitation and Education Service) which provides a specialized treatment program for the chronic alcoholic who has been unable to benefit from the therapies offered by regular alcohol programs. This program has been in operation for three years and recent follow-up data has indicated significant success for this difficult area of alcoholism.

Adolescent Treatment Program The Adolescent Treatment Unit is a specialized psychiatric program at the hospital for the residential treatment of emotionally disturbed adolescents between the ages of 12 and 17. This unit has an assigned bed capacity of 64 beds and the program is designed specifically for the adolescent who needs a unique combination of group living experiences and an individual therapy program within a structured environment. The unit also includes a self-contained special education program as well as an educational program providing attendance at community schools where feasible. Adolescents are admitted directly to the unit following a referral from community agencies and a pre-admission interview with the unit staff.

Medical-Surgical Service This service takes care of the diagnostic studies and short-term therapy of elderly patients from the hospital's receiving area who have been unable to adjust to nursing or convalescent homes or who need short-term intensive medical care to prepare them for return to their families or other placement. This program also provides services for the chemically dependent patient needing major medical or surgical attention. Medical-surgical service is also provided for the long term patients who are housed on the geographic units. Consultant physician service is also provided for the physical problems found on all hospital units. Dental service is also provided by a resident dentist.

Mental Retardation The Glacial Ridge Training Center is the focal point for the delivery of essential services to mentally retarded persons and their families in southwestern Minnesota. The center's facilities and program are licensed and meet all existing standards of care. Services provided include, but are not limited to short and long term residency, parental relief, intensive training programs on an intervention basis (toileting, feeding, dressing,

(Willmar State Hospital)

behavior control, etc.), family education, TMR school programs, and adult work activities. The residential portion of the program has 159 beds and maintains a fixed number of vacant beds for crisis and short-term placements from the southwestern communities.

The basic philosophy of the center is the "normalization principle," as defined by the President's Committee on Mental Retardation, including normal rhythms of life and routine, the opportunity to feel useful and constructive, and in short to live (and learn to live) a life which is as nearly similar to their peers in the rest of society as possible.

Supportive professional services available to help obtain this goal include, medical, dental, nursing, psychology, dietary, speech, hearing, physical therapy, occupational therapy, social work, special education, recreational therapy and any others as may be deemed desirable or necessary on an individual and planned basis.

Research and Training As in any medical service facility, research and education are important functions. The program at Willmar is focused on short-term projects for research and the various areas of psychosocial dysfunctioning and alcoholism.

An educational program provides for training of new personnel and offers extended training for professional staff as well as retraining and upgrading of staff in all of the areas of the hospital.

As mentioned, the hospital participates in certain specific training programs. A specialized educational function at the hospital is a six-month training course for counselors on alcoholism. This program is available to assist in training personnel who will be serving in related agencies dealing with the problem of alcoholism.

A second specialized training function is the chaplaincy program in which training is available under certification of the Association of Clinical Pastoral Education and the National Catholic Chaplains Association. This education program is also affiliated with St. Johns Seminary, Collegeville, Minn.

# # #

RECEIVING DISTRICTS - STATE HOSPITALS

Anoka

Psychiatric: Anoka, Hennepin, Sherburne (rural), Wright

Chemical Dependency: Anoka, Hennepin

+ Brainerd

Retardation: Aitkin, Beltrami, Carlton, Cass, Clearwater, Cook, Crow Wing, Hubbard, Itasca, Koochiching, Lake, Lake of the Woods, Morrison, St. Louis, Todd, Wadena

Psychiatric-Chemical Dependency: Beltrami, Cass, Clearwater, Crow Wing, Hubbard, Lake of the Woods, Morrison, Todd, Wadena

Minnesota Learning Center: statewide admission

Cambridge

Retardation: Anoka, Benton, Big Stone, Chippewa, Chisago, Isanti, Kanabec, Kandiyohi, Lac Qui Parle, Meeker, Mille Lacs, Pine, Ramsey, Sherburne, Stearns, Swift, Washington, Wright

+ Regional Center (direct admissions of three disability groups from receiving district)

(State Hospital Receiving Districts)

Faribault

Retardation:

Carver	Jackson	Redwood
Cottonwood	Lincoln	Renville
Dakota	Lyon	Rice
Dodge	McLeod	Rock
Fillmore	Mower	Scott
Freeborn	Murray	Steele
Goodhue	Nobles	Wabasha
Hennepin	Olmsted	Winona
Houston	Pipestone	Yellow Medicine

+ Fergus Falls

Psychiatric-Chemical Dependency-Retardation:

Becker	Marshall	Red Lake
Clay	Norman	Roceau
Douglas	Otter Tail	Stevens
Grant	Pennington	Traverse
Kittson	Polk	Wilkin
Mahnomen	Pope	

Hastings

Psychiatric-Chemical Dependency:

Dakota
Ramsey
Washington

Minnesota Security Hospital

Psychiatric: statewide admission

Moose Lake

Psychiatric-Chemical Dependency:

Aitkin	Isanti	Lake
Carlton	Itasca	Mille Lacs
Chisago	Kanabec	Pine
Cook	Koochiching	St. Louis

(State Hospital Receiving Districts)

Rochester

Psychiatric:	Dodge	Houston	Steele
	Fillmore	Mower	Wabasha
	Freeborn	Olmsted	Waseca
	Goodhue	Rice	Winona

+ St. Peter

Psychiatric-Chemical Dependency:			
	Blue Earth	LeSueur	Scott
	Brown	Martin	Sibley
	Carver	Nicollet	Watonwan
	Faribault		
Retardation:	Blue Earth	LeSueur	Sibley
	Brown	Martin	Waseca
	Faribault	Nicollet	Watonwan

Willmar

Psychiatric:	Benton	Lincoln	Redwood
	Big Stone	Lyon	Renville
	Chippewa	McLeod	Rock
	Cottonwood	Meeker	Sherburne (St. Cloud metro area)
	Jackson	Murray	
	Kandiyohi	Nobles	
	Lac Qui Parle	Pipestone	Stearns
			Swift
			Yellow Medicine
Chemical Dependency:	Dodge	Mower	Wabasha
	Fillmore	Olmsted	Waseca
	Freeborn	Rice	Winona
	Goodhue	Sherburne	Wright
	Houston	Steele	

SPECIAL SCHOOLS

Minnesota Braille and Sight Saving School

A public residential school located in Faribault, it is operated under the auspices of the State Department of Public Welfare. It provides a full array of educational and supportive services designed to advance the growth and development of visually handicapped persons. Consideration for attendance is open to eligible persons from all geographic regions of the state.

Admissions

Any person who is: (1) visually handicapped (2) a resident of Minnesota (3) between the ages of five and 20 and (4) without appropriate public educational services through the local school district may be considered for enrollment. The admissions process is initiated through notification of the local district superintendent of schools who has the responsibility to provide education for all handicapped children. In the event that the local superintendent determines the Minnesota Braille and Sight Saving School to be the appropriate resource, an application for enrollment will be submitted to the school and subsequently reviewed by the admissions and discharge committee. The superintendent, in conjunction with the State Department of Education's consultant for the visually handicapped and the director of services for the blind, State Department of Public Welfare, will make a full assessment of the educational needs of the individual under consideration in relation to the available education programs. Upon completion of that review, the applicant and immediate family, in addition to the local school district, will be notified of the decision that has been rendered.

Program

The school provides a comprehensive curriculum for preschool, elementary and secondary education which fully meets the standards applicable to public school systems throughout the state. This consists of both academic and vocationally-oriented courses that are geared to meet individual educational needs of the student population. Music and physical education, religious training opportunities, as well as organized recreational and social activities are integral parts of the school's total program which seeks to develop well-rounded, self-sufficient individuals.

Training for compensatory skills required by visually handicapped persons in the use of Braille, and for orientation and mobility is

offered. General health and dental services, as well as special ophthalmological services are available to students. Counseling services covering a broad range of areas including vocational and educational guidance are extended to the students.

Special units for multihandicapped/visually impaired persons and deaf-blind persons are in operation on the school's campus. Specialized rehabilitation therapies are utilized to supplement educational and other services offered the members of these units.

The school library which contains a variety of materials in Braille, talking books, large print or tape form, has been designated as a regional library for the Library of Congress. Library services are available to adult blind persons in Minnesota, in addition to the school's students.

Cost

All of the direct educational expenses of persons attending the state school are provided through state tax revenues. Board, tuition and books are provided without charge. Incidental expenses for such items as clothing, spending allowance, transportation and medical care are the responsibility of the parent or guardian.

# # #

Minnesota School for the Deaf

Under the authority of the State Department of Public Welfare, a public residential school serving hearing handicapped persons is operated in Faribault. Comprehensive educational and supportive services, designed to facilitate normal growth and development while at the same time attempting to minimize or alleviate the effects of hearing impairment, are furnished. Consideration for attendance is open to eligible persons from all geographic regions of the state.

Admissions

Any person who is: (1) deaf or has a severe hearing loss (2) a Minnesota resident (3) between the ages of five and 20 (4) without severe mental or emotional limitations (5) not in need of constant nursing or other institutional medical care and (6) without appropriate public educational services through the local school district, may be considered for enrollment. The admissions process can be initiated through notification by the parent or guardian of the local district superintendent of schools, who by law, has the responsibility to provide education for all handicapped children. The superintendent, in cooperation with the family, will assess the educational needs of the individual under consideration in relation to the available educational programs. If the local

superintendent determines the Minnesota School for the Deaf to be the appropriate resource, an application for enrollment will be submitted to the school and subsequently reviewed by the admissions and discharge committee. Upon completion of that review, the applicant and immediate family, in addition to the local school district, will be notified of the decision that has been rendered.

Program

A full elementary and secondary education program is provided by the school which meets the standards applicable to public school systems throughout Minnesota. Individual educational needs are met through both academic and vocationally oriented courses of study. Training in the arts, physical education, religious instruction opportunities, as well as organized recreational and social activities are essential components of the school's total program to prepare students to the fullest possible extent, for responsible participation in all facets of community life.

In order to provide hearing handicapped persons with effective communication skills and a sound foundation for educational advancement, concentrated instruction and services are directed toward speech training, speech reading, language development, auditory training, finger spelling and the language of signs. This Total Communication approach comprised of both oral and manual methods is utilized by the school to enable students to develop their communication skills by all means available to them.

General health services, including routine physical and dental examinations, are provided to students. Social casework and counseling services are available to students and their families with regard to school related concerns.

A library is maintained at the school which contains materials for use in its educational program. Library services are extended to the school's student population.

Cost

The specific educational related expenses of persons attending the school are provided through state tax revenues. Tuition, board, laundry, medicines, books and other instructional materials are provided without charge. Incidental expenses for such items as clothing, spending allowance, transportation and medical care are the responsibility of the parent or guardian.

# # #

STATE NURSING HOMES

Ah-Gwah-Ching Nursing Home

This long term health care facility, which serves primarily a geriatric population, is housed in the former Minnesota State Sanatorium at Ah-Gwah-Ching. The present capacity is 472. Eligible persons from all geographic regions of the state may be considered for admission.

Admissions

Persons from communities throughout the state, but primarily those who are transferred or discharged from the various facilities of the state hospital system, and who continue to require care in a geriatric setting, are eligible for service. Occasionally younger persons in need of long term nursing care are admitted. The county having legal responsibility for the prospective resident must first approve any transfer to the Ah-Gwah-Ching Nursing Home.

Program

Institutional health services includes those of the resident physicians and 24 hour a day nursing care. X-ray and laboratory work, as well as dental and eye examinations are provided. Consultation with other medical specialists is available as the need arises.

Dietary services are furnished which are directed toward assuring that wholesome meals of adequate nutritional quality are provided to the residents. Under medical direction, special and modified diets covering special resident needs are supplied.

Social services are available to assist with the concerns of residents and their families. This service also works with the various appropriate community agencies to assure that the needs of residents are met as fully as possible.

Organized recreational and social activities are available to the residents. Assistance is provided by volunteer organizations to individual residents and with group recreational activities.

Religious services for various denominations are provided both within the nursing home and at surrounding community churches for those who can attend. Visitation by clergymen of various faiths is available upon request.

LEGISLATIVE REFERENCE LIBRARY
STATE OF MINNESOTA

(Ah-Gwah-Ching Nursing Home)

Cost

The cost of care for the majority of residents is paid for by the county having legal responsibility through the appropriate public assistance programs. This cost is supplemented in some instances by insurance or the private funds of residents. The monthly and daily rate, which is established by the State Department of Public Welfare, includes board, room, nursing care, drugs, medical and dental services, as well as the services of an ophthalmologist.

# # #

Glen Lake Tuberculosis Sanatorium and Oak Terrace Nursing Home

These two separate and distinct health care activities are under single administration and housed in the former sanatorium facility in Minnetonka. Two nursing floors, having a capacity of 75 persons, are used for tuberculosis treatment and care. Eleven additional nursing floors, with a capacity to serve 325 persons, are utilized to provide nursing and other institutional health services. There is full accreditation by the Joint Commission on Accreditation of Hospitals and certification as a provider for Medicare patients.

Admissions

Sanatorium admissions are generally initiated through the social service office. Diagnostic studies are to be completed locally prior to admission. A physician's referral and specific plans for coverage of the costs are required of all children and adults considered for admission.

For the protection of public health, emergency admissions are accepted upon presentation of a resolution or order of the court. In those instances admission is arranged pending a physician's referral and determination of financial responsibility.

Nursing home admissions are also arranged through the social service office. Persons from throughout the state, but primarily those who are transferred or discharged from the various institutions of the state hospital system, and who continue to require care in a geriatric setting, are eligible for services of Oak Terrace Nursing Home.

Program

While the separate programs are designed to meet the distinct needs of the geriatric and tuberculosis resident populations, they draw upon many common service resources. Institutional health services

to include physicians, nursing, pharmacy and dental care are furnished. Laboratory and x-ray units are also operated on the premises. Other medical specialists are utilized as needed for consultation.

Social services are available to assist residents and their families with their concerns. In addition, it is the function of this service to enlist the resources of appropriate community agencies on behalf of the residents and to participate in resident evaluations.

Rehabilitation therapies are provided to restore and maintain resident functioning at the highest level of independence. Both occupational and physical therapy services are furnished.

Guidance by a dietition is utilized in the provision of food services. The special dietary requirements of persons having tuberculosis are met as a total part of their treatment.

In compliance with Minnesota law, educational services are provided on a tutorial basis to persons of school age while at the sanatorium.

Organized recreational activities, complimented by an active volunteer organization, are available to residents. The religious needs of residents are met by chaplains representing all faiths who conduct weekly worship services.

For the use of residents, library, beauty and barber shop and canteen facilities are available.

Cost

Where residents are unable to pay the costs of sanatorium care and treatment, the responsibility for payment rests with the county of residence. In the case of both the nursing home and sanatorium, the county may use local funds or seek Medicare and Medicaid program resources for persons under specific conditions where eligibility exists. State aid for tuberculosis residents is paid directly to the sanatorium and thus, proportionately reduces the charge to the county. The county of residence determines the extent to which a person is able to pay the cost of care and may institute shared payment arrangements. The county is asked to provide a guarantee that it will pay the difference between the amount collected from the person responsible and the actual cost of care.

APPENDIX

Directory/State Facilities

Further information concerning the programs of the state facilities can be obtained from the Administrators.

State Hospitals

Anoka State Hospital
Anoka 55303
612/421-3940

Brainerd State Hospital
P. O. Box 349
Brainerd 56401
218/829-1741

Cambridge State Hospital
Cambridge 55008
612/689-2121

Faribault State Hospital
Faribault 55021
507/334-6411

Fergus Falls State Hospital
P. O. Box 157
Fergus Falls 56537
218/739-2233

Hastings State Hospital
P. O. Box 321
1200 East 18th St.
Hastings 55033
612/437-3111

Lake Owasso Children's Home
210 North Owasso Blvd. West
St. Paul 55112
612/484-2234

Minnesota Security Hospital
2000 South Minnesota Ave.
St. Peter 56082
507/931-3000

Moose Lake State Hospital
P. O. Drawer B
Moose Lake 55767
218/485-4411

Rochester State Hospital
2110 East Center St.
Rochester 55901
507/288-1831

St. Peter State Hospital
100 Freeman Drive
St. Peter 56082
507/931-3000

Willmar State Hospital
P. O. Box 1128
Willmar 56201
612/235-3322

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Special Schools

Minnesota Braille and Sight Saving School
Faribault 55021
507/334-6411

Minnesota School for the Deaf
Faribault 55021
507/334-6411

State Nursing Homes

Ah-Gwah-Ching Nursing Home
Ah-Gwah-Ching 56430
218/547-1250

Glen Lake Tuberculosis Sanatorium and Oak Terrace Nursing Home
County Road 67
Minnetonka 55343
612/938-7621

DIRECTORY/COUNTY WELFARE-SOCIAL SERVICE DEPARTMENTS

Aitkin County Family Service Agency

Financial Section:
306 Minnesota Ave. N.
Aitkin 56431
218/927-2141

Social Services:
104 - 1st Ave. N.E.
Aitkin 56431
218/927-3744

Anoka County Social Services
County Courthouse
325 E. Main St.
Anoka 55303
612/421-4760

Becker County Welfare Department
County Courthouse
Detroit Lakes 56501

Financial Section:
218/847-5628

Social Services:
218/847-5684

Beltrami County Welfare Department
426 Bemidji St.
P. O. Box 688
Bemidji 56601
218/751-4310

Branch Office:
Red Lake 56671
218/679-3613

Benton County Social Service Agency
County Courthouse
Foley 56329
612/968-7263

Big Stone County Family Service Center
340 N.W. 2nd St.
Ortonville 56278
612/839-2555

Blue Earth County Welfare Department
County Courthouse
204 S. 5th St.
Mankato 56001
507/387-3031

Community and Family Services:
400 Washington Court
Mankato 56001
507/387-4111

Brown County Welfare Department
County Courthouse
P. O. Box 362
New Ulm 56073
507/354-8246

Carlton County Welfare Department
County Courthouse
Carlton 55718
218/384-4281

Carver County Family Service Department
County Courthouse
Chaska 55318
612/448-3661

Cass County Department of Social Services
Welfare Bldg.
P. O. Box 519
Walker 56484
218/547-1340

Chippewa County Family Service and Welfare Department
County Courthouse
Montevideo 56265
612/269-6581

Chisago County Welfare and Family Service Department
County Courthouse Annex
Center City 55012
612/257-8904

Clay County Welfare Department
County Courthouse
Moorhead 56560
218/233-2781

Clearwater County Social Service Department
P. O. Box X
Bagley 56621

Financial Section:
218/694-6512

Social Services:
218/694-6164

Cook County Family Service Department
218/387-2900

Cook County Public Health and Social Services
218/387-1484
County Courthouse
Grand Marais 55604

Cottonwood County Family Service Agency
P. O. Box 9
Windom 56101
507/831-1891

Crow Wing County Social Service Center

Social Services Unit:
County Courthouse
Brainerd 56401
218/829-3556

Income Maintenance Unit:
410 Front St.
Brainerd 56401
218/829-8774

Dakota County Welfare Department
820 Southview Blvd.
South St. Paul 55075
612/451-1741

Dodge County Welfare Department
County Courthouse
Mantorville 55955
507/635-3211

Douglas County Welfare Department
County Courthouse
7th and Elm
Alexandria 56308
612/763-5183

Faribault County Social Service and Welfare Department
210 S. Main St.
Blue Earth 56013
507/526-3265

Fillmore County Welfare Department
County Courthouse
Preston 55965
507/765-3821

Freeborn County Welfare Department
410 S. Broadway
Albert Lea 56007
507/373-6482

Social Service Center of Goodhue County
County Courthouse
P. O. Box 31
Red Wing 55066

Income Maintenance:
612/388-2891

Social Services:
612/388-7195

Grant County Welfare Department
County Courthouse
Elbow Lake 56531
218/685-4344

Hennepin County Welfare Department
400 S. 5th St.
Minneapolis 55415
612/348-8125

Houston County Social Services
County Courthouse
Caledonia 55921
507/724-3344

Hubbard County Social Service Center
County Courthouse
P. O. Box 32
Park Rapids 56470
218/732-3339

Isanti County Family Service and Welfare Department
County Courthouse
221 S.W. 2nd St.
Cambridge 55008
612/689-1711

Itasca County Social Services
County Courthouse
Grand Rapids 55744
218/326-9441

Jackson County Welfare Department
310 Sherman St.
P. O. Box 67
Jackson 56143
507/847-4000

Kanabec County Family Service Department
18 N. Vine
Mora 55051
612/679-3465

Kandiyohi County Family Service Department
Courthouse
Willmar 56201

Financial Section:
612/235-3014

Social Services:
612/235-8317

Kittson County Welfare Department
County Courthouse
Hallock 56728
218/843-5611

Koochiching Family Services
County Courthouse Annex
International Falls 56649
218/283-8405

Lac Qui Parle County Family Service Center
County Courthouse
Madison 56256
612/598-7594

Lake County Welfare Department
County Courthouse
3rd Ave. and 6th St.
Two Harbors 55616
218/834-2134

Lake of the Woods County Social Service Department
County Courthouse
Baudette 56623
218/634-2642

LeSueur County Welfare Department
County Courthouse
Le Center 56057
612/357-2242

Lincoln County Family Service Center
County Courthouse
Ivanhoe 56142
507/694-1452

Lyon County Welfare Department
County Courthouse
Marshall 56258
507/532-2201

Mahnomen County Welfare Department
County Office Bldg.
Mahnomen 56557
218/935-2568

Marshall County Welfare Department
County Courthouse
P. O. Box 66
Warren 56762
218/748-5481

Martin County Social Service Department
County Courthouse
P. O. Box 847
Fairmont 56031
507/235-5486

McLeod Social Service Center
County Courthouse
P. O. Box 207
Glencoe 55336
612/864-5146

Meeker County Social Service Department
County Courthouse
Litchfield 55355
612/693-2418

Mille Lacs County Family Service and Welfare Department
County Courthouse
635 - 2nd St. S.E.
Milaca 56353
612/983-6161

Morrison County Social Services
County Courthouse
Little Falls 56345
612/632-9201

Mower County Social Services
County Courthouse Annex
P. O. Box 189
Austin 55912
507/433-3416

Murray County Family Service Center
2711 Broadway Ave.
Slayton 56172
507/836-6144

Nicollet County Welfare Department
County Courthouse
P. O. Box 310
St. Peter 56082
507/931-1170

Nobles County Family Service Agency
County Courthouse
Worthington 56187
507/372-2157

Norman County Department of Social Services
County Courthouse
Ada 56510
218/784-7136

Olmsted County Department of Social Services
915 - 3rd Ave. S.E.
Rochester 55901
507/288-2471

Otter Tail County Social Services
County Courthouse
Fergus Falls 56537
218/739-2271

Pennington County Welfare Department
P. O. Box 340
Thief River Falls 56701
218/681-2880

Pine County Welfare and Family Service Department
County Courthouse
Pine City 55062

Financial Section:
612/629-2544

Social Services:
Village Hall
Sandstone 55072
612/245-2313

Pipestone County Family Service Center
County Courthouse
Pipestone 56164

Financial Section:
507/825-3357

Social Services:
507/825-5612

Polk County Social Service Center
County Courthouse
Crookston 56716
218/281-3127

Pope County Family Service Department
County Courthouse
Glenwood 56334
612/634-4591

Ramsey County Welfare Department
476 St. Peter St.
St. Paul 55102
612/298-5351

Red Lake County Welfare Department
County Courthouse
Red Lake Falls 56750
218/253-4131

Redwood County Welfare Department
165 E. 2nd
P. O. Box 27
Redwood Falls 56283
507/637-2926

Renville County Family Service Department
County Courthouse
Olivia 56277
612/523-2202

Rice County Welfare Department
County Courthouse
Faribault 55021
507/334-4357

Rock County Family Service Agency
107 E. Main
P. O. Box 344
Luverne 56156
507/283-4481

Roseau County Social Service Center
307 - 3rd St. N.W.
Roseau 56751
218/463-2411

St. Louis County Welfare Department
422 W. 3rd St.
Duluth 55806
218/727-8231

Branch Offices:
County Courthouse
Hibbing 55746
218/262-1008

County Courthouse
Virginia 55792
218/741-3500

Scott County Welfare and Family Service Agency
133 E. 1st Ave.
Shakopee 55379
612/445-1723

Sherburne County Social Services
County Administration Bldg.
Elk River 55330
612/441-1711

Sibley County Welfare Department
County Courthouse
P. O. Box 237
Gaylord 55334

Financial Section:
612/237-2351

Information and Social Services:
Room 16 County Courthouse
Gaylord 55334
612/237-5266

Stearns County Social Service Center
700 St. Germain
P. O. Box 1107
St. Cloud 56301
612/251-3272

Steele County Welfare Department
122 E. Rice St.
Owatonna 55060
507/451-6740

Stevens County Welfare and Family Service Agency
County Courthouse
P. O. Box 111
Morris 56267
612/589-1481

Swift County Welfare and Family Service Agency
103 - 12th St. S.
Benson 56215
612/843-3160

Todd County Welfare Department
County Courthouse Annex
119 - 3rd St. S.
Long Prairie 56347
612/732-2137

Traverse County Family Service Department
15 - 10th St. S.
Wheaton 56296
612/563-4340

Wabasha County Department of Social Services
County Courthouse
Wabasha 55981
612/565-4544

Wadena County Social Service Department
County Courthouse
Wadena 56482
218/631-2832

Waseca County Welfare Department
Security Bldg.
Waseca 56093
507/835-3240

Washington County Welfare Department
939 W. Anderson St.
Stillwater 55082
612/439-3220

Watonwan County Social Service Center
715 - 3rd St. S.
St. James 56081
507/375-3329

Wilkin County Family Service Agency
County Courthouse
P. O. Box 369
Breckenridge 56520
218/643-8561

Winona County Department of Social Services
County Courthouse
Winona 55987
507/452-3830

Wright County Social Service Department
County Courthouse
P. O. Box 96
Buffalo 55313
612/682-2525

Yellow Medicine County Family Service Center
County Courthouse
Granite Falls 56241
612/564-2211

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Public Information-Education Office
Minnesota Department of Public Welfare

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RECEIVING DISTRICTS - STATE HOSPITALS

Anoka

Psychiatric:
- Anoka
- Hennepin
- Sherburne ~~(rural)~~
- ~~Wright~~

Chemical Dependency:
- Anoka
- Hennepin
- Sherburne

+ Brainerd

Retardation:
- Aitkin
- Beltrami
- ~~Carlton~~ Benton
- Cass
- Clearwater
- ~~Cook~~
- Crow Wing
- Hubbard
- Itasca
- Koochiching
- ~~Lake~~
- Lake of the Woods
- Morrison
- ~~St. Louis~~ Stearns
- Todd
- Wadena

Psychiatric-Chemical Dependency:
- Beltrami aitkin
- Cass Benton
- Clearwater
- Crow Wing
- Hubbard
- Lake of the Woods
- Morrison
- Todd
- Wadena

Minnesota Learning Center: statewide admission

Cambridge

Retardation:
- Anoka
- ~~Benton~~
- ~~Big Stone~~
- ~~Chippewa~~
- Chisago
- Isanti
- Kanabec
- ~~Kandiyohi~~
- ~~Lac Qui Parle~~
- ~~Meeker~~
- Mille Lacs
- Pine
- Ramsey
- ~~Sherburne~~ or.
- ~~Stearns~~
- ~~Swift~~
- Washington
- ~~Wright~~

+ Regional Center (direct admissions of three disability groups from receiving district)

Faribault

Retardation:

~~Garver~~	Jackson	~~Redwood~~
~~Cottonwood~~	Lincoln	~~Renville~~
Dakota	Lyon	Rice
~~Dodge~~	McLeod	~~Rock~~
~~Fillmore~~	Mower	~~Scott~~
Freeborn	Murray	Steele
~~Goodhue~~	Nobles	Wabasha
Hennepin	Olmsted	~~Winona~~
~~Houston~~	Pipestone	~~Yellow Medicine~~

+ Fergus Falls

Psychiatric-Chemical Dependency-Retardation:

Becker	Marshall	Red Lake
Clay	Norman	Roseau
Douglas	Otter Tail	Stevens
Grant	Pennington	Traverse
Kittson	Polk	Wilkin
Mahnomen	Pope	

Hastings

Psychiatric-Chemical Dependency:

	Dakota	
	Ramsey	
	Washington	

Minnesota Security Hospital

Psychiatric: statewide admission

Moose Lake

Psychiatric-Chemical Dependency:

~~Aitkin~~	Isanti	Lake
Carlton	Itasca	Mille Lacs
Chisago	Kanabec	Pine
Cook	Koochiching	St. Louis

Retardation: Carlton Lake
Cook St. Louis

(State Hospital Receiving Districts -2)

Rochester

Psychiatric:

Dodge	Houston	Steele
Fillmore	Mower	Wabasha
Freeborn	Olmsted	~~Waseca~~
Goodhue	Rice	Winona

Retardation:

Dodge
Fillmore

Goodhue
Houston

Mower
Olmsted

Wabasha
Winona

+ St. Peter

Psychiatric-Chemical Dependency:-
Retardation:

Blue Earth	LeSueur	Scott
Brown	Martin	Sibley
Carver	Nicollet	Watonwan
Faribault		Waseca

~~Retardation~~:

~~Blue Earth~~	~~LeSueur~~	~~Sibley~~
Brown	~~Martin~~	~~Waseca~~
~~Faribault~~	~~Nicollet~~	~~Watonwan~~

Willmar

Psychiatric; - Chemical Dependency - Retardation:

~~Benton~~	Lincoln	Redwood
Big Stone	Lyon	Renville
Chippewa	McLeod	Rock
Cottonwood	Meeker	~~Sherburne (St. Cloud metro area)~~
Jackson	Murray	
Kandiyohi	Nobles	Stearns
Lac Qui Parle	Pipestone	Swift
		Yellow Medicine

Retardation - all counties except Stearns

~~Chemical Dependency:~~

~~Dodge~~	~~Mower~~	~~Wabasha~~
~~Fillmore~~	~~Olmsted~~	~~Waseca~~
~~Freeborn~~	~~Rice~~	~~Winona~~
~~Goodhue~~	~~Sherburne~~	~~Wright~~
~~Houston~~	~~Steele~~	