

STATE OF MINNESOTA

DEPARTMENT OF PUBLIC WELFARE CENTENNIAL OFFICE BUILDING ST. PAUL, MINNESOTA 55155

December, 1974

T0:

Members

Senate - House Welfare Committees

SUBJECT:

Hospitals - Facilities Under the Jurisdiction of the

Department of Public Welfare

We are pleased to submit herewith information pertaining to the 14 state facilities administered by the Department of Public Welfare. In forwarding the enclosed information to you, it is with the thought that the compilation will be a ready reference to the committee members during the 1975 legislative session and throughout the 1975-77 biennium.

In keeping with the direction given the Department by the 1973 legislature, a listing of the buildings within the system which we have recommended to be demolished or sold is included in this report. Further, we have included a table showing allocation by facility of the \$3,100,000 Capitol Improvement appropriation given the Department.

In previous legislative sessions, questions have traditionally been asked in regard to patient-resident population trends as well as staff authorization, hence data is included with the report to answer questions that may arise in these two areas.

We hope the information included in this report will be of help and value to the committee members.

Very truly yours,

Wesley G/. Restad

Assistant Commissioner

Residential Services Bureau

WGR:mhv

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POPULATION OF STATE WELFARE FACILITIES AS OF NOVEMBER 30 EACH YEAR

												Sept.
	<u> 1963</u>	1964	1965	<u>1966</u>	<u> 1967</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>	<u>1971</u>	1972*	1973	1974
Anoka State Hosp.	927	856	780	686	604	553	477	442	436	459	413	368
Brainerd State Hosp.	930	1137	1333	1315	1253	1214	1080	967	874	822	782	668
Cambridge State Hosp.	1861	1811	1576	1499	1390	1243	1145	1019	885	839	740	697
Faribault State Hosp.	2912	2723	2 698	2584	2378	2014	1798	1600	1571	1490	1229	1116
Fergus Falls St. Hosp.	1397	1321	1150	1023	795	640	587	597	596	559	548	489
Hastings State Hosp.	692	654	614	494	374	422	385	347	290	250	265	265
Moose Lake St. Hosp.	900	89 2	869	847	808	671	629	537	447	421	448	448
Rochester St. Hosp. &												
Soc. Adaptation Cen.	** 1 10 5	952	779	655	638	640	688	688	669	611	652	603
St. Peter St. Hosp. &												
MVSAC & Sec. Hosp.	1798	1622	1425	1211	849	702	764	845	794	710	689	607
Willmar State Hosp.	836	797	785	794	781	674	628	584	542	534	627	605
Lake Owasso	128	127	127	126	105	121	110	95	77	68	75	70
Ah-Gwah-Ching Nursing												
Home	421	423	421	420	481	480	479	468	467	465	457	434
Glen Lake St. San.	95	81	59	43	58	43	39	37	29	19	22	18
Oak Terrace Nurs. Home	249	2 90	296	303	305	322	322	322	319	324	323	319
Braille & Sight Sav. So	ch. 88	90	. 86	82	95	90	75	75	76	67	68	65
School for the Deaf	270	291	288	292	284	276	275	2 80	253	256	237	224
Gillette State Hosp.	104	118	113	123	98	66	60	47	58	48		
Owatonna State School	254	228	185	175	174	166	134	***				
Res. Tr. Center,												
Lino Lakes	30	52	54	56	58	24	31	***				
Shakopee Home for												
Children	30 ·	28	28	30	28	25	Phas	ed out				
Totals	15,027	14,493	13,666	12,758	11,556	10,386	9,706	8,950	8,383	7,942	7,575	6,996

POPULATION-INSTITUTIONS FOR MENTALLY ILL, MENTALLY RETARDED AND CHEMICALLY DEPENDENT

Year	Mentally Ill	Mentally Retarded	Chemically Dependent	<u>Total</u>
1965 (1/31)	6,701	6,080	289	13,070
1969 (1/31)	3,679	5,021	385	9,085
1970 (6/30)	3,223	4,696	371	8,290
1972 (6/30)	2,376	4,208	542	7,126

^{*}Population as of September 1, 1972

^{**}Established November 26, 1970

^{***}Relocated at Brainerd State Hospital
****Relocated at Anoka State Hospital and then discontinued by Anoka State Hospital as of July 31, 1971

DEPARTMENT OF PUBLIC WELFARE REPORT OF SALE AND/OR DEMOLITION OF SURPLUS BUILDINGS January 1, 1975

<u>Institution</u>	Type of Building		Square Footage	<u>Status</u>	If sold - Selling Price
Anoka State	Farm buildings (milk house, barn, 4		15 146		
<u>Hospital</u>	slaughter house, farm house, garage	•	15,146	Demolished	
	Pumping Station		756	Demolished	23 004 50
	Staff House #5 and garage		2,799	Sold	\$1,984.50
	Staff House #1 and garage		2,767	Sold	3,820.00
	Staff House #2 and garage		2,763	Sold	3,650.00
	Staff House #3 and garage		3,036	Sold	9,800.00
	Staff House #4 and garage		2,763	Sold	4,130.00
<u>Hastings</u>	Cottage 3 - Resident Unit		21,100	Pending-bids	let
State	Bldg. 5 - Sewing Clothing Room		17,594	Pending-bids	let
Hospital	Bldg. 7 - Resident - Program		20,637	Demolished	
	Bldg. 8 - Resident - Program		16,919	Demolished	
	Bldg. 9 - Rehabilitation Center		16,919	Demolished	
	Bldg. 6 - Fire House		none	Demolished	
	Bldg. 17 - Root Cellar		none	Demolished	
	Bldg. 18 - Root Cellar		none	Demolished	
	Bldg. 35 - Storage Shed		none	Demolished	
	Bldg. 39 - Fire House		none	Demolished	
	Bldg. 42 - Storage Shed		none	Demolished	
	Bldg. 36 - Farm House		1,506	Sold	\$2,650.00
Moose Lake State	D = 1 II.				
<u>Hospital</u>	Beach House		209	Demolished	
	Staff House 40		3,402	Sold	\$3,506.00
	Staff House 41		2,820	Pending (avail	able 7-1-75)
	Staff House 42		2,988	11 ji	•
	Staff House 43		2,988	11 11	n
	Staff House 44		2,820	n n	ti .
	Staff House 45		3,326	н	H H
	Staff House 46		3,326	и	n n
Fergus Falls					
State Hospital	East Detach (approx.)	60,025	Pending	

	man a C Dud 1 diam	Square	Q 1 = 1 × 1	If sold -
<u>Institution</u>	Type of Building	<u>Footage</u>	<u>Status</u>	Selling Price
Rochester State	T	2,672	Demolished	
<u>Hospital</u>	Isolation House	11,744	Pending-awaiti	ng hid specs.
	3 - White (wooden) Buildings East Home	9,860	Pending- "	" "
	Staff House #45	1,189	Sold	\$2,756.00
	Staff House #46	1,189	Sold	3,304.00
	Staff House #43	940	Sold	1,352.00
	Staff House #44	940	Sold	1,144.00
	Old Laundry #61	1,880	Demolished	,
	Paint Shop #18	1,728	Demolished	•
St. Peter State	Building 88 - Corn Crib	1,718	Sold	\$ 410.00
<u>Hospital</u>	Building 86 - Hog House	6,126	Demolished	
	Building 46 - Staff House	1,863	Sold	420.00
	Building 47 - Staff House	2,348	Demolished	
	Building 42 - Staff House	2,484	Sold	13,900.00
	Building 43 - Staff House	2,484	Sold	12,500.00
	Building 44 - Staff House	2,484	Sold	11,200.00
	Building 45 - Staff House	1,602	Sold	6,200.00
	Building 40 - Staff House	1,346	Pending (awaiti	ng sale)
Willmar State				
<u>Hospital</u>	Hog House	none	Demolished	
	Chief Engineer's Staff House	1,728	Sold	\$2,155.00
	Old Barn	8,000	Demolished	
	Farm Manager's Residence	1,728	Pending (awaiti	
	Staff Office near Adm. Bldg.	2,600	Pending (awaiti	ng sale)
Cambridge	Detionted Desidence Galley 7	10 200	Dan 34 (2	
State Hospital	Patients' Residence - Cottage 7	19,288		p-local interest
	Staff House #5W Staff House #3N	3,120	Pending (awaiti Sold	-
	Stair nouse #3N	2,484	2010	\$12,000.00
Faribault State Hospital	Farm Building #70 - Piggery	none recorded		
TIOSPICAL	" #86 - Bull Pen	" "		
	" #87 - Sick Bay	11 11		
	" #89 - Barn	11 11		
	" #91 - Maternity Barn	11 11		•
	" #104 - Slaughter House	11 11		

promise of the second of the s	and the second of the second	and the second second	The second secon
		Square	If sold -
<u>Institution</u>	Type of Building	<u>Footage</u>	Status Selling Price
Faribault State	Farm Building #105 - Farrowing House	none recorded	
Hosp. cont'd.	" #106 - Barn	11 11	
	" #107 - Barn	11 11	
	" #108 - Farrowing House	11 11	
	" #109 - Barn	11 11	
	Chippewa Building	70,114	Pending (awaiting bids)
	Iris Cottage	12,262	Demolished
	Sioux Cottage	12,879	Demolished
	Daisy Cottage	12,262	Demolished
	Staff House #71	2,392	Pending (available for sale
	#72 - garage	264	" 1-1-75)
	" #73	2,392	n n
	#74 – garage	264	11 11
	" #75	2,484	. 11
	#97 – garage	264	11 11
	" #98	2,025	u u
	#99 - garage	308	11 11
	" #100	2,754	n ji
	#101 - garage	308	n n
	" #102	2,207	11 11
	#103 - garage	308	JI II
	Superintendent's Residence #1	8,362	Pending (available for sale
	#2 - garage	484	" 7-1-75)
Ah-Gwah-Ching Nursing Home	Chicken Coop	none	Demolished
Glen Lake State			
<u>Sanatorium</u>	Building #2 - Staff House	2,880	Sold \$50.00
	Building #3 - Staff House and garage	2,232	Sold 225.00
School for the Deaf	Building #5 - Health Clinic	3,500	Demolished
	Total Square Footage	441,099	

DEPARTMENT OF PUBLIC WELFARE COMPARATIVE ENERGY REPORT

Ten-Month Period September, 1972 - June, 1973 Compared With September, 1973 - June, 1974

	1972 - 1973					1973 - 1974					
	Elec.	Nat. Gas	Fuel Oil	Steam	Coal	Elec.	Nat. Gas	Fuel Oil	Steam	Coal	
	HWH	MCF	(Gallons)	lbs.	Tons	KWH	MCF	(Gallons)	lbs.	Tons	
Sept.	3,886,346	77,392.0	18,494	78,368,446	823.45	4,006,100	77,839.2	2,000	77,146,567	1,012.85	
Cct.	3,824,001	102,904.1	275,943	116,093,684	1,149.50	3,906,167	98,091.0	41,290	99,328,178	1,232.59	
vc.	4,125,754	79,661.9	627,972	150,405,125	1,978.76	3,820,786	128,016.3	442,935	136,936,096	1,555.48	
Dec.	4,291,686	10,885.0	1,345,613	198,114,920	2,386.00	3,719,467	71,561.0	686,614	166,177,874	2,092.00	
Jan.	4,224,206	45,348.8	1,098,325	191,661,484	2,016.00	3,836,224	51,214.0	1,079,035	172,481,166	2,099.00	
Feb.	3,989,553	65,460.1	795,980	161,170,779	1,683.00	3,401,886	93,190.6	456,921	141,599,445	1,592.00	
March	3,878,924	116,782.5	166,765	141,604,133	1,743.00	3,288,645	89,788.3	317,449	135,023,578	1,619.46	
Ppril	3,848,488	117,078.1	157,958	126,767,203	1,215.90	3,323,905	102,618.5	126,244	99,824,721	1,564.90	
ìειγ	3,986,069	104,409.9	25,089	105,007.704	1,230.00	3,264,678	84,016.0	59,516	89,852,558	753.35	
June	3,755,486	65,023.1	1,000	60,675,286	695.30	3,224,611	62,275.7	1,000	62,490,509	307.78	
										<u></u>	
	39,810,513	784,945.5	4,513,139	1,329,868,764	14,920.91	<u>35,792,469</u>	858,610.6	3,213,004	1,180,860,692	13,829.41	
-				•	•			•			
Decreas	e in Usage			•		(4,018,044)		(1,300,135)	(149,008,072)	(1,091.50)	

Increase in Usage

73,665.1

ALLOCATION OF BUILDING FUNDS

(Laws 1973, Chapter 778, Section 1, Subdivision 2 (1)

Anoka State Hospital

Fire Safety Roads Roof Repairs New Dishwasher Energy Conservation	\$ 124,000 10,000 45,000 7,000 14,600 200,600
Fergus Falls State Hospital	
Fire Safety Elevators Remodeling Therapy Pool Energy Conservation	194,000 20,000 80,000 15,000 55,000 364,000
Hastings State Hospital	•
Fire Safety Service Pumps Remodeling Dishwasher Energy Conservation	9,000 6,500 17,500 10,000 3,000 46,000
Moose Lake State Hospital	
Fire Safety Truck Painting Roof Repairs Power Plant Renovations Replace Floor Remodeling Energy Conservation	44,000 10,000 7,500 95,000 20,000 55,000 31,000 262,500

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Rochester State Hospital	
Fire Safety	\$ 144,000
Roof Repairs	18,000
Drainage System	32,400
Remodeling	103,500
Improve Ventilation System	65 , 000
Air Conditioning Medical II Building	147,000
Energy Conservation	36,000
	545,900
St. Peter State Hospital	
Fire Safety	170,000
Roof Repairs	60,000
Remodeling	40,000
Remodeling Security Hospital	90,000
Ventilation System Security Hospital	5,000
Energy Conservation	65,954
	430,954
Willmar State Hospital	
WILLIAM Detect Hoop Leaf	
Fire Safety	144,000
Remodeling	35,000
Energy Conservation	11,000
	190,000
Brainerd State Hospital	
Fire Safety	59,000
Storage Building	11,000
Remodeling	104,300
Energy Conservation	18,000
	192,300

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Cambridge State Hospital

Fire Safety	\$ 9,000
Roof Repairs	25 , 000
Emergency Generator	30,000
Water Tank	20,000
Remodeling	25,000
Air Condition Infirmary	32,000
Energy Conservation	45,000
	186,000
Faribault State Hospital	
Fire Safety	219,000
Truck Painting	25,200
Roof Repairs	34,225
Water Tank	15,000
Service Pumps	15,000
Assessments	5 , 389
Remodeling	52,500
Energy Conservation	14,432
	380,746
Other	
Fuel Storage Tanks	150,000
Unallocated Funds	151,000
Total	\$3,100,000

Since there have been no major changes in the programsservices provided by each of the facilities under the
Department's jurisdiction in the past two years, the
descriptive statement regarding purpose and function of
each facility has, for the most part, been repeated
from the 1973 compilation.

It is possible that in some instances population figures, specifically when broken down to reflect MI, CD, or MR admissions and discharges, will not be completely accurate for various reasons, i.e., units being open only part of a year, patients admitted to one program (CD) and later transferred to another program, (MI), etc.

ANOKA STATE HOSPITAL

HISTORY

Anoka State Hospital was first occupied in 1900 and was the fourth hospital built in Minnesota to care for the mentally ill. Following much competition between the towns of Hastings and Anoka for location of the new facility, the Legislature finally accorded each town an institution designated as "transfer asylums" as opposed to the existing "receiving" hospitals at St. Peter, Rochester, and Fergus Falls.

By June, 1930, the population had risen to 1060 and it continued to rise annually to a maximum in 1954, when the population was approximately 1500, 1000 of which were women. It was originally approved by the American Hospital Association in 1940. Anoka received its first psychiatrist in 1935, first social worker in 1948, and first psychologist in 1949.

In 1948, Anoka was designated as the center for treatment of tuberculosis among the mentally ill. Eventually tuberculosis patients were relocated from cottage areas into the "main" building then renamed the Burns Building. In 1951, Anoka changed status from "transfer" hospital to "receiving" hospital with the construction and occupancy of the last building built for patient occupancy, the Miller Building. In December, 1967, the tuberculosis treatment center was closed out.

By legislative mandate: (1) the medical-surgical program was discontinued the last of June, 1971; (2) the Minnesota Residential Treatment Center, a program for emotionally disturbed children between the ages of 5 and 12, was discontinued at the end of July, 1972. This unit transferred here from Lino Lakes in April, 1970. By Department of Public Welfare directive, the Adolescent Center, formerly located in the Miller Building, was discontinued in March of 1973, after eight years of operation. This unit's treatment program was for boys and girls ages 13-18 with emotional problems and character disorders. This directive was based on a lack of referrals to the program and increase in community agencies who specialized in treating these problems.

FUNCTION

The treatment program for the mentally ill patient is subdivided into three units. Each has developed its own rather unique program. Unit One, 162 beds, has a complete psychiatric service located within the recently remodeled Vail Building. All staff members participate in a daily activity program designed to activate and remotivate every resident of the building. Unit Two, 84 beds, has a very similar program, which is housed in three separate buildings, Cottages #2, #3, and #4,

Anoka State Hospital continued

but at the same time involving the entire staff, and especially concentrating on the overly-dependent patient. An adjunct to these two units is the Fairweather Program, 42 beds. The Fairweather approach places the responsibility for making decisions and planning future action on the resident, with the entire staff acting as consultants and motivators. The pre-Lodge experience is received at the hospital. Today we have four Lodge groups living in Minneapolis and two groups in training living in Cottage #9. The Fairweather Program is now a state-wide program.

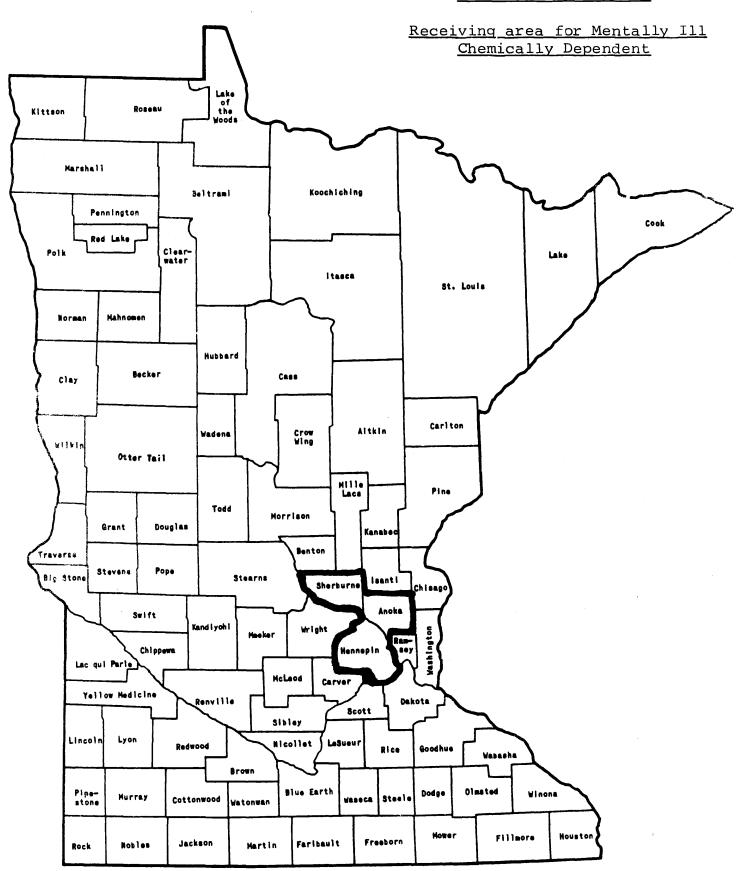
The Chemical Dependency Center consists of three units. One unit deals with the chronic alcoholic, whose problem is such that he has failed all other treatment programs that he has been enrolled in. He will be expected to spend between six months to two years in treatment prior to discharge.

The Habilitation Program is designed to serve the chronic, committed male alcoholic who has repeatedly been through the "revolving door" of detoxification center, workhouse, short-term treatment programs and back into the street again. This program points to a six-month forced interruption of the pathological cycle in the hope that this period of sobriety will lead to a decision to try a more worthwhile style of living.

The Geriatric and Infirmary Service provides care for geriatric patients prior to their placement with other agencies or in more suitable facilities. It is also the infirmary for this hospital, providing our patients with limited medical care. This is a 35-bed unit.

The Observation Ward is designed to observe and treat patients transferred here from the Security Hospital, sexual deviates, and patients both male and female who at the moment are dangerous to themselves or others. Its original intention was to be a short-term treatment area for this type patient to stay overnight and up to two weeks.

Anoka State Hospital



Anoka State Hospital continued

Approved complement, January 1, 1975 · - 351

Population, December 1, 1974 - 357

AVERAGE POPU	<u>LATION - 15-ye</u>	<u>ar period</u>			
<u>Fiscal Year</u>	MI	Fiscal Year	MI	<u>CD</u>	<u>Total</u>
1959-60	1085	1966 – 67	675		675
1960-61	1023	1967 – 68	5 99		599
1961-62	995	1968-69	563		563
1962-63	982	1969-70	476		476
1963-64	910	1970 - 71	429	11	440
1964-65	840	1971-72	335	86	421
1965-66	771	1972-73	297	143	440
		1973-74	274	117	391

ADMISSIONS AND DISCHARGES

Per Capita

Costs

	Adm	<u>issi</u>	ons	<u>Discharges</u>			
Fiscal Year	MI	<u>CD</u>	<u>Total</u>	MI	<u>CD</u>	<u>Total</u>	
1969-70	800		800	900		900	
1970-71	812	35	847	830	16	846	
1971-72	689	722	1411	738	592	1330	
1972-73	594	987	1581	630	967	1597	
1973-74	582	949	1531	584	997	1581	
EXPENDITURES	FY <u>1970</u>		FY <u>1971</u>	FY <u>1972</u>	FY <u>1973</u>	FY <u>1974</u>	
Salaries Cur. Exp. Rep. & Repl. Spec. Equip. Total	\$3,547,7 493,9 27,4 10,9 \$4,080,1	71 61 <u>72</u>	\$3,847,205 515,301 30,007 10,266 \$4,402,779	\$3,442,105 452,619 27,196 18,210 \$3,940,130	\$3,505,164 450,000 55,000 2,714 \$4,012,878	\$3,812,680 512,326 29,245 21,871 \$4,376,122	

\$8,607.00 \$10,005.00 \$8,932.00 \$9,508.00 \$11,192.00

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BRAINERD STATE HOSPITAL

HISTORY

The 1951 Minnesota Legislature determined that a hospital for the retarded should be built, and Brainerd was chosen as the site. By September, 1958, the first building was opened and 88 residents from a 28-county receiving area had been transferred here from Cambridge and Faribault State Hospitals. At that time, and for the next six years, custodial care remained a goal, state institutions were overcrowded, and a list of up to 1400 individuals awaited admission.

By 1965, plant and staff adequacy was somewhat improved and, through meetings of hospital administrators and medical directors in the Department of Public Welfare, a system was developed for the grouping of the retarded into six units as a means of making possible more effective programming. From this beginning, the unit system with individual programs of training and special education of the retarded has developed.

In July, 1970, the Minnesota Learning Center was established at Brainerd State Hospital as a result of the closing of Owatonna State School by legislative action. This unit serves educable retarded children with behavior disabilities, and students are accepted from all 87 Minnesota counties.

The establishment of programs for mentally ill and chemically dependent in January, 1971, made Brainerd the first institution for the retarded to become a multi-service facility.

In 1971 also, a number of retarded residents were transferred to Fergus Falls and Moose Lake State Hospitals in a move toward regionalization and smaller receiving areas which would place residents nearer their home counties.

The goal at Brainerd is to have an individual plan and program for each resident. This is accomplished through program units. The program unit is defined as a functional grouping of residents based on some common program needs, and of such size that it can deliver individually-planned services to help the resident. Individual residents' needs are assessed on a regular basis to assure that appropriate resources are utilized to best meet these needs.

Brainerd State Hospital continued

The Brainerd State Hospital became a fully accredited treatment facility (all three programs) in January, 1974.

FUNCTION

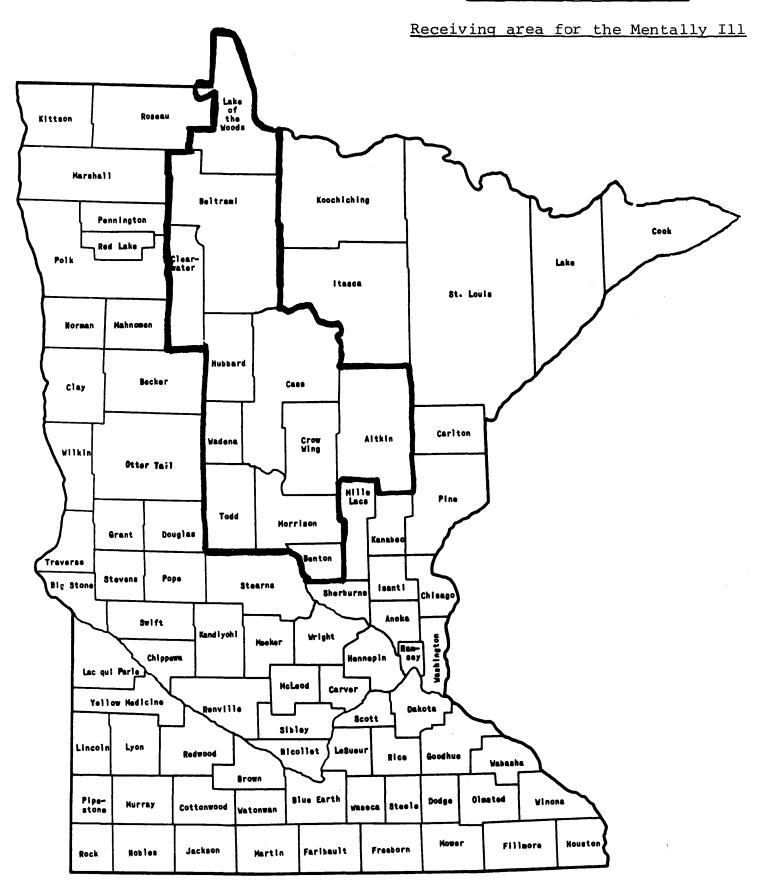
Recognizing and accepting an unconditional positive regard for human life and for the dignity and worth of all individuals, whether mentally retarded, multiple handicapped, mentally ill, or subject to drug dependency; it is the function of Brainerd State Hospital to treat and train as many as possible of the variety of our residents with the aim of returning them to their communities with ability to function better than they have in the past in a "normal" environment.

AREA SERVED

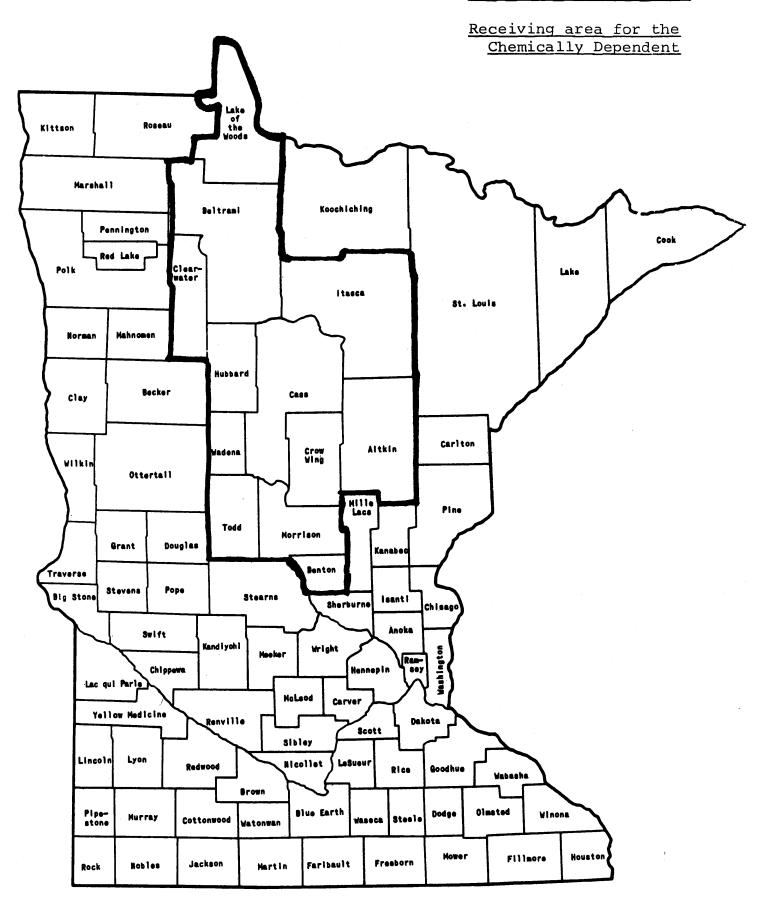
Maps of areas served are shown on the following pages.

The <u>Minnesota Learning Center</u> located on the Brainerd State Hospital campus serves the educable retarded with emotional problems from the entire state.

Brainerd State Hospital



Brainerd State Hospital



Brainerd State Hospital Receiving area for the Mentally Retarded Lake of the Roseau Kittson **Marshall** Koochiching Beltrami Pennington Cook Clear-Polk Lake Itasca St. Louis **Ha**hnomen Horman Hubbard Becker Cass Clay Carlton Altkin Crow Wadena Wilkin Ottortail Hille Pine Todd Morrison Grant Douglas Kanabec Benton Stevens Pope Big Stone Stearns Isanti Sherburne Chisage Swift Kand I yoh i Wright Heeker Res Chippewa Hennepin Lac qui Parle HoLeod Carver Yellow Medicine Renville Scott Sibley Lincoln Lyon Micollet 5 LeSueur Redwood Rice Goodhue Vabasha Brown Blue Earth Olasted Pipe-stone Dodge Winona Hurray Steele Cottonwood Watonwan

Hower

Freeborn

Faribault

Martin

Jackson

Hob les

Rock

Houston

Fillmore

Brainerd State Hospital continued

STATISTICAL AND FINANCIAL DATA

Approved complement, January 1, 1975 - 583

Population, December 1, 1974 - 651*

^{*}Includes Minnesota Learning Center

AVERAGE	POPULAT	ION -	15-Year	Period

Fiscal				
<u>Year</u>	MI	<u>MR</u> *	<u>CD</u>	<u>Total</u>
1958-59		81		
1959-60		147		
1961 - 62		479		
1962-63		65 0		
1963-64		906		
1964-65		945		
1965-66		1149		
1966-67		1294		
1967-68		1290		
1968-69		1246		
1969-70		1205		
1970-71	19	956	9	984
1971-72	58	831	33	922
1972-73	61	762	35	858
1973 - 74	50	655	42	747

*Includes Minn. Learning Center

ADMISSIONS AND DISCHARGES

Admissions							Discha	arges		
Fiscal		<u>M</u>	<u>IR</u>				<u>ī</u>	<u>4R</u>		
<u>Year</u>	MI	B S H	MLC	<u>CD</u>	<u>Total</u>	MI	<u>BSH</u>	MLC	CD	<u>Total</u>
1969-70		89	21	,	110		236			236
1970-71	115	92	75	86	368	60	235	30	64	389
1971-72	256	52	74	304	686	237	158	72	289	756
1972-73	279	57	68	353	757	274	130	62	355	821
1973-74	286	71	62	392	811	298	192	84	384	958

EXPENDITURES

	FY <u>1970</u>	FY <u>1971</u>	FY <u>1972</u>	FY <u>1973</u>	FY 1974
Salaries Curr. Exp.	\$4,199,208 691,812	\$4,853,475 718,617	\$5,196,087 804,576	\$5,576,600 820,000	\$6,158,315 848,708
Rep. & Repl.	64,531	31,145	52, 497	46,600	40,641
Spec. Equip.	25,529	6,459	<u>26,575</u>	538	35,229
${ t Total}$	\$4,981,080	\$5,609,696	\$6, 079 , 735	\$6,443,738	\$7,082,893

Per Capita

Costs \$4,726.00 \$5,685.00 \$6,587.00 \$7,501.00 \$9,482.00

CAMBRIDGE STATE HOSPITAL

HISTORY

In 1919 the first authorization for the Cambridge State Hospital was given by the Legislature. A legislative committee was appointed to select a site. In 1923 a law was passed authorizing the purchase of land. The Colony for Epileptics was opened in 1925 under the administration of the Minnesota School for Feeble-minded at Faribault. In 1927, it became an independent institution, known as the Minnesota Colony for Epileptics.

In order to reflect the change in patients from epileptic to mentally retarded, the 1949 Legislature changed the name of the institution to the Cambridge State School and Hospital and the 1967 Legislature changed the name to the present one - Cambridge State Hospital.

In April, 1955, the Legislature authorized the Commissioner of Public Welfare to lease the Ramsey County Preventorium and operate it as an annex of the Faribault State School and Hospital.

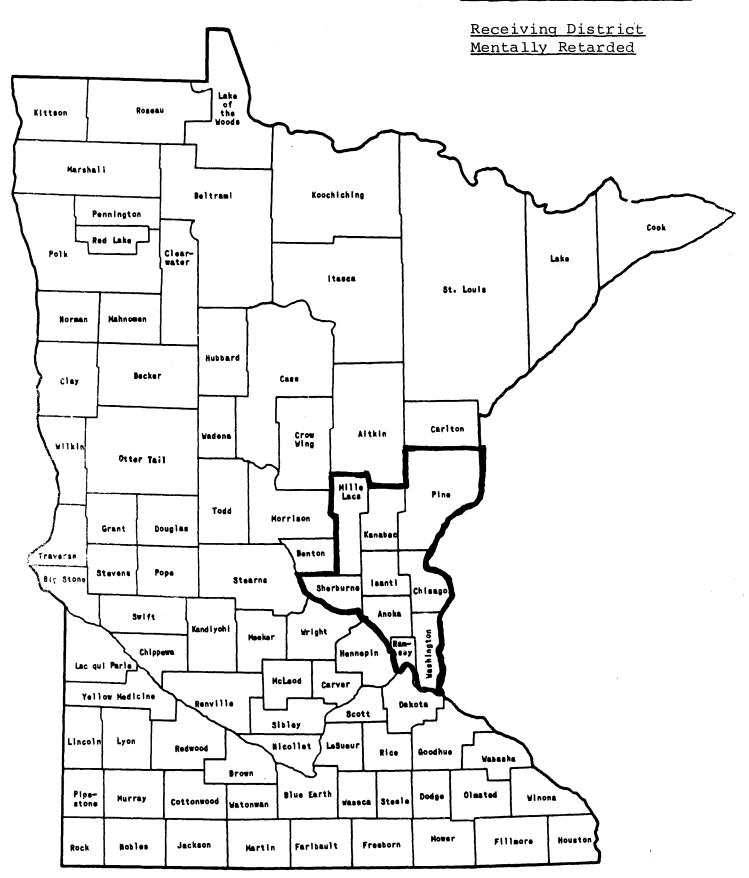
On July 1, 1961, administrative responsibility for the operation of the Lake Owasso Children's Home (Ramsey County Preventorium) was transferred to Cambridge State Hospital.

FUNCTI ON

The Cambridge State Hospital (and Lake Owasso Children's Home Annex) attempts to provide to the region which it serves a resource that addresses itself to the needs of the mentally retarded, epileptic, emotionally disturbed, socially maladjusted, and physically handicapped children and adults, who for a variety of reasons, cannot be served by or in their home communities.

It is the Department's stated intention to phase out of the direct management of Lake Owasso by June 30, 1975.

Cambridge State Hospital



Cambridge State Hospital continued

STATISTICAL AND FINANCIAL DATA

Approved complement, January 1, 1975 - 647

Population, December 1, 1974

- 750

AVERAGE PO	<u> PULATION - 15</u>	<u>-Year Period</u>			
		Lake			Lake
$\underline{ ext{FY}}$	<u>Cambridge</u>	Owasso	$\underline{\mathrm{FY}}$	<u>Cambridge</u>	<u>Owasso</u>
1959-60	1,897	104	1966 - 67	1,483	123
1960-61	1,883	112	1967-68	1,360	112
1961-62	1,872	126	1968-69	1,235	118
1962 - 63	1,811	126	1969-70	1,137	108
1963-64	1,825	125	1970-71	1,004	90
1964-65	1,747	122	1971-72	887	77
1965-66	1,569	124	1972-73	816	73
			1973-74	735	75

<u>ADMISSION</u>	<u>S AND DI</u>	<u>SCHARGES</u>						
	A	dmission		Discharges				
Fiscal		Lake			Lake			
<u>Year</u>	Camb.	<u>Owasso</u>	<u>Total</u>	<u>Camb</u> .	<u>Owasso</u>	<u>Total</u>		
1969-70	109	10	119	223	20	243		
1970-71	122	28	150	255	46	301		
1971-72	90	16	106	152	36	188		
1972-73	63	22	85	110	12	122		
1972-73	68	6	74	138	10	148		

17/2-/3	0.5	22	0.5	110	12	144
1972-73	68	6	74	138	10	148
EXPENDITURE	S					
		FY	FY	FY	FY	FY
	19	<u> 70</u>	<u> 1971</u>	1972	<u> 1973</u>	<u> 1974</u>
Salaries	\$5,440	797	\$5,794,971	\$5,689,167	\$5,665,040	\$5,933,24 0
Curr. Exp.	734	1,632	722,143	734,837	787 , 932	801,432
Rep. & Repl	. 52	2,320	58,305	47,809	63,976	54 , 577
Spec. Equip	38	3,192	13,895	21,495	24,542	25,943
${ t Total}$	\$6,265	,941	\$6,589,314	\$6,493,308	\$6,541,490	\$6,815,192
Per Capita						
Costs	\$5,16	51.40	\$6,216,34	\$6,770.92	\$7,468.13	\$8,414.00

FARIBAULT STATE HOSPITAL

HISTORY

The Faribault State Hospital is a public residential facility for mentally retarded and/or epileptic children and adults established as a state institution in 1881 after a two-year demonstration project in the School for the Deaf had proved the need of it.

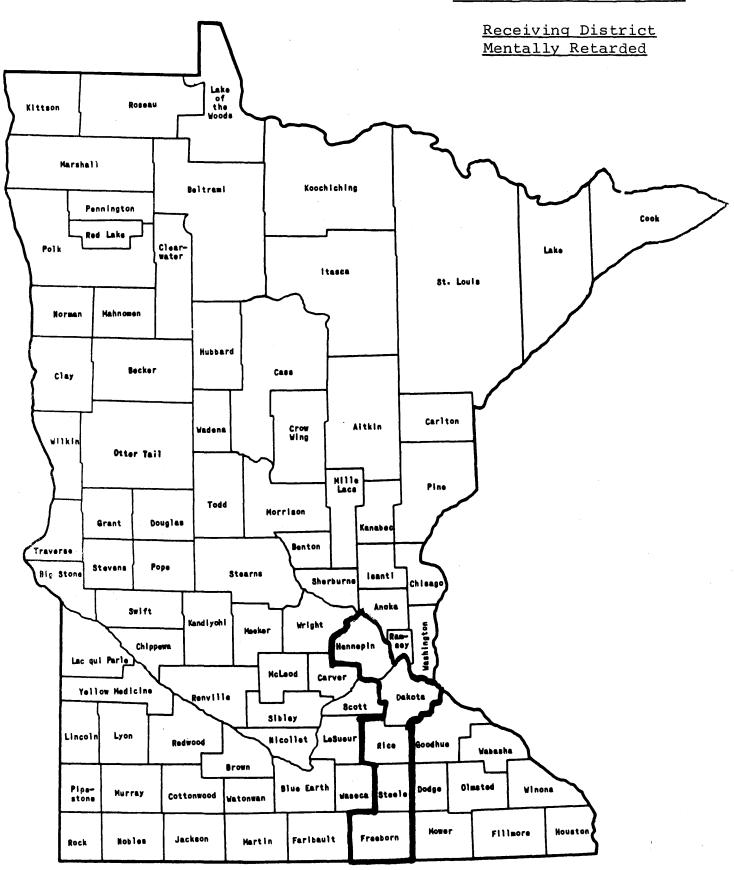
The low point in population was in 1880 - 21; high point in population in 1956 - 3252. Present day population - 1107.

FUNCTION

The specific functions of Faribault State Hospital are as follows:

- 1. Serves as a regional resource for the treatment, care, training, and rehabilitation of mentally retarded individuals.
- Assists families to cope with the problems of mental retardation.
- 3. Fosters public understanding and involvement in the problems of mental retardation.
- 4. Promotes the development and appropriate use of a full range of community services for the mentally retarded.
- 5. Conducts and encourages research into the causes, prevention, and treatment of mental retardation.

Faribault State Hospital



Faribault State Hospital continued

Approved complement, January 1, 1975 - 952

Population, December 1, 1974 - 1107

AVERAGE P	<u> OPULATION - 15-Year Period</u>		
Fiscal		Fiscal	
Year		<u>Year</u>	
		1966-67	25 39
1959-60	3096	1967-68	2355
1960-61	· 3089	1968-69	1996
1961-62	3055	1969-70	1757
1962-63	2936	1970-71	1592
1963-64	283 9	1971-72	1539
1964-65	2691	1972-73	1443
1965-66	2640	1973-74	1207

ADMISSIONS AND DISCHARGES

Fiscal Year		<u>Admissions</u>		Discharges	
1969 - 70		75		192	
1970-71		73		183	
1971-72		73		97	
1972-73		85		233	
1973-74		54		220	
EXPENDITURES					
	${ t FY}$	FY	FY	FY	FY
	1970	<u>1971</u>	<u>1972</u>	<u>1973</u>	<u>1974</u>
Salaries	\$7,654,189	\$7,973,736	\$8,215,056	\$8,693,220	\$8,829,632
Curr. Exp.	1,132,480	1,086,517	1,259,375	1,331,908	1,288,331
Rep. & Repl.	67 , 584	75 , 496	74,288	98,627	62,732
Spec. Equip.	30,382	20,060	4,858	71,750	34,300
Total	\$8,884,635	\$9,155,809	\$9,553,577	\$10,195,505	\$10,214,995
Por Capita					
Per Capita Costs	\$5,069.85	\$5,730,50	\$6,190.40	\$7,066.40	\$8,463.00

FERGUS FALLS STATE HOSPITAL

HISTORY

Minnesota's third state hospital for the mentally ill was organized at Fergus Falls by an act of the Minnesota Legislature in 1887. This action was taken in order to relieve the overcrowded conditions in the state hospitals at St. Peter and Rochester. The hospital received its first patient admissions on July 29, 1890.

The main hospital building, semi-circular in form and done in the Kirkbride style of architecture, was under construction during the period from 1888 until 1899. During the late 1950's and through most of the 1960's, the main hospital building underwent a program of major remodeling and modernization. In addition to the main hospital building, other major buildings which have been added to the hospital campus throughout the years include: the Convalescent Hospital, the Nurses' Home, the Receiving Hospital, the Intensive Treatment Hospital, the Geriatric Buildings and Patterson Hall, the new Power Plant, the new Auditorium Building, and the Center Administration Office Wing. At the present time, a new boiler which is equipped with full pollution control equipment is being installed in the hospital Power Plant. Funds for this boiler were authorized by the 1971 Minnesota Legislature.

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

FUNCTION

During the eighty-four years that the hospital has served the people of Minnesota, it has gained wide recognition for the quality of the patient care it has provided and for the progressive, forward-looking and innovative nature of its treatment programs. Possibly the most valuable service that the hospital has rendered to the people of Minnesota is the concept of the geographic area approach to the successful planning and coordinating of a comprehensive program of community based mental health services. Through the leadership of its pioneering efforts in the establishment of the area mental health coordinating committee and by its early and continued support of the development of much needed community based mental health services, the hospital has played a significant role in helping this dream, of a better network of mental health services for the people we serve, to become a reality.

Fergus Falls State Hospital continued

In 1971, the hospital became Minnesota's first state regional multi-purpose mental health facility, serving northwestern and a portion of west central Minnesota through its treatment programs for the mentally ill, mentally retarded and chemically dependent. The hospital since 1890 has provided treatment services to well over forty thousand patients. Today, the hospital provides both short-term intensive treatment programming designed to bring about an early and successful return of the patient to the community, and long-term treatment and care for the severely handicapped. The Fergus Falls State Hospital of today is a full fledged partner in the community mental health program of the 17-county area which it serves as a regional resource center.

Fergus Falls State Hospital continued

STATISTICAL AND FINANCIAL DATA

Approved Complement, January 1, 1975 - 451

Population, December 1, 1974

- 517

	ATION - 15-Yea	r Period		
Fiscal <u>Year</u>	MI	MR	CD	<u>Total</u>
1959-60	1852			1852
1960-61	1835		•	1835
1961-62	1729			1729
1962-63	1511			1511
1963-64	1389			1389
1964-65	1303			1303
1965-66	1159			1159
1966-67	981			981
1967-68	777	•		777
1968-69	610	22		632
1969-70	431	118	30	57 9
1970-71	312	204	47	563
1971-72	221	291	58	5 70
1972-73	167	319	72	558
1973-74	141	315	72	528

ADMISSIONS AND DISCHARGES

Fiscal		Admissi	ons			Dis	charge	<u>s</u>
<u>Year</u>	MI	MR	CD	${\tt Total}$	<u>MI</u>	MR	CD	<u>Total</u>
1969-70	645	127	261	1033	727	29	190	946
1970-71	567	155	368	1090	693	67	372	1132
1971-72	394	87	527	1008	474	34	525	1033
1972-73	357	52	580	989	403	32	557	992
1973-74	327	31	504	862	330	40	545	915
EXPENDITURE	<u>s</u>							
		\mathbf{FY}		FY	FY		FY	FY
		<u> 1970</u>		<u>1971</u>	<u> 1972</u>	1	<u>973</u>	<u>1974</u>
Calamia -		22 602 104	фa	002 400	¢2 0E0 107	60.05	4 557	¢4 270 024
Salaries	Ŷ	3,683,104	Ş3,	803,490	\$3,858,107		4,557	\$4,370,824
Curr. Exp.		501,936		526, 0 5 9	601,718	58	32,000	620,644
Rep. & Repl	•	46,987		67,724	52,415	10	00,500	46,955
Spec. Equip	• .	21,924	_	4,195	<u>17,568</u>		9,490	11,248
	Ş	4,253,951	\$4,	401,468	\$4,529,808	\$4,56	6,547	\$5,049,671
Per Capita								
Costs		\$7.359.78	a s	57 - 804 - 03	\$7.933.12	\$8	169.14	\$9.564.00

HASTINGS STATE HOSPITAL

HISTORY

Founded in 1900 to provide custodial care for mentally ill patients transferred from other Minnesota state hospitals, Hastings State Hospital grew in size to a peak of 1100 patients. Later, this hospital was the first to discontinue use of physical restraints, to develop geographic units, to implement regional coordination, and to open regional service for drug dependency (1968).

FUNCTION

Hastings State Hospital admits persons directly from the East Metropolitan region consisting of Ramsey, Dakota, and Washington Counties (see map).

The shift from a custodial care concept to active community-oriented treatment has been successfully completed. Residential services have been decreased and Hastings State Hospital has the smallest percentage of persons from its receiving area hospitalized - per 1000 population 0.328.

The admission rate remains high. During the 1972-73 fiscal year, 1138 patients were admitted to the MI and Chemical Dependency services. The patient population has changed to include younger and actively ill persons.

Coordination between staff in mental health centers, county welfare departments, public health nursing, and staff of Hastings State Hospital is close, cordial, continuous, and effective. Representatives of these agencies participate in weekly team meetings of the hospital. Development of good after-care facilities in the community has been actively supported by Hastings State Hospital staff and has resulted in preventing relapses and readmissions of patients and in good quality and continuity of care.

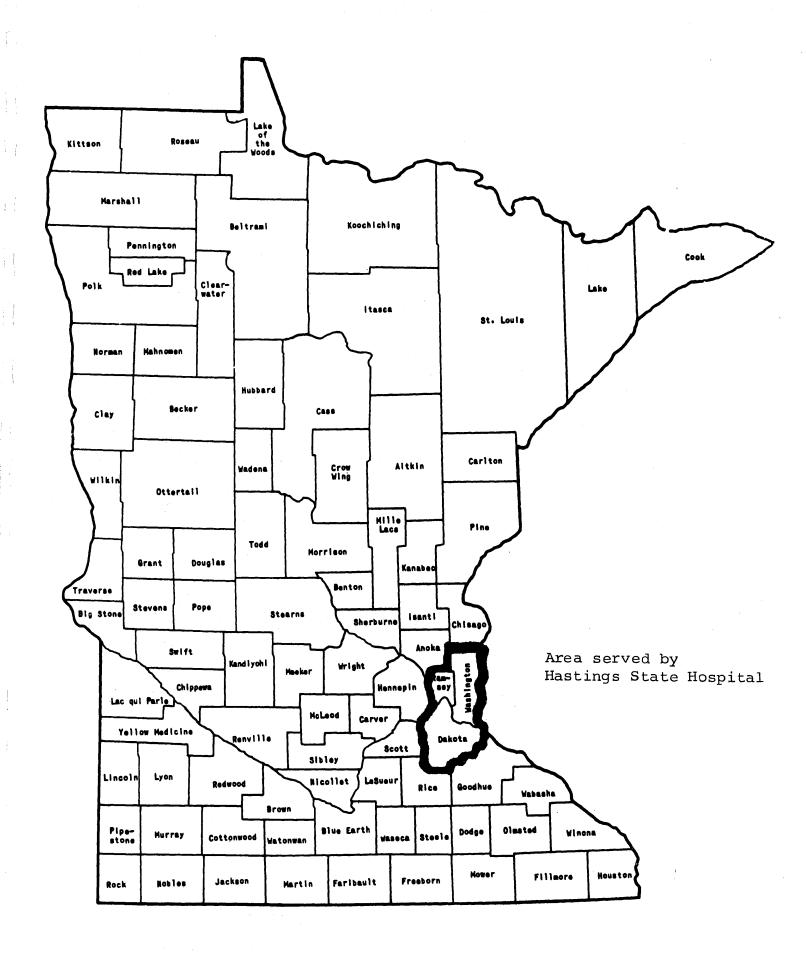
The following residential services are provided at Hastings State Hospital:

1. Psychiatric Services - Treatment of the acutely ill in the crisis intervention programs; treatment of readmissions from community placement, avoiding duplication of services; intensive and more extended treatment and rehabilitation (2 to 6 months) for mentally ill who have only achieved partial improvement; utilizing family treatment, vocational rehabilitation, and psychological approaches (personal growth

Hastings State Hospital continued

program); continued treatment and rehabilitation for patients who are too ill to be placed into the community; district court referred cases.

- 2. Chemical Dependency Program Primary treatment center for persons addicted to alcohol and/or drugs. Intensive counseling and rehabilitative program divided into two phases for an average length of 30 days.
- 3. Mental Retardation Services Specialized habilitative program for mentally retarded transferred from Cambridge and Faribault and accommodated in two 32-bed units. The MR program at Hastings is being phased out. Intake was closed effective May 15, 1974.



Hastings State Hospital continued

STATISTICAL AND FINANCIAL DATA

Approved Complement, January 1, 1975 - 236

Population, December 1, 1974 - 223

AVERAGE POPULATION - 15-Year Period

Fiscal Year	<u>MI</u>	MR	<u>CD</u>	<u>Total</u>
1959-60	940			940
1960-61	896			896
1961-62	786			786
1962-63	681			681
1963-64	676			676
1964-65	651			651
1965-66	589			589
1966-67	461			461
1967 - 68	349			349
1968-69	307	17	54	378
1969-70	275	44	62	381
1970-71	220	63	58	341
1971-72	168	53	61	282
1972-73	150	33	66	249
1973-74	144	51	62	257

ADMISSIONS AND DISCHARGES

		<u>Admi</u>	<u>ssions</u>			Disc	harqes	
Fiscal Year	MI	<u>MR</u>	CD	<u>Total</u>	MI	MR	<u>CD</u>	<u>Total</u>
1969-70	619	35	606	1260	638	2	622	1262
1970-71	552	2	585	1139	601	9	562	1172
1971-72	506	3	601	1110	551	35	5 98	1184
1972-73	452	30	674	1156	425	8	693	1126
1973-74	320	19	532	871	319	9 .	503	831

EXPENDITURES

	FY	FY	FY	FY	FY
	1970	<u>1971</u>	<u>1972</u>	<u>1973</u>	<u>1974</u>
Salaries	\$2,346,885	\$2,429,443	\$2,260,638	\$2,273,150	\$2,393,334
Curr. Exp.	376,820	374,101	361,468	328,300	384,611
Rep. & Repl.	24,842	25,157	23,919	43,000	21,674
Spec. Equip.	39,541	725	14,359		735
Total	\$2,788,088	\$2,829,426	\$2,660,384	\$2,669,650	\$2,800,354

Per Capita

Cost \$7,317.82 \$8,297.44 \$9,400.65 \$10,764.71 \$10,896.00

MOOSE LAKE STATE HOSPITAL

HISTORY

Established by an act of the Legislature in 1935, the Moose Lake State Hospital opened in May of 1938, with its first patients being transferred from other state hospitals. On August 15, 1938, the first patients were directly admitted from the Probate Courts. The late 30's and the early 1940's represented a predominately custodial mode of care. The war years were a definite handicap in the recruitment of qualified personnel and the advancement of any real program. The early 1950's saw such departments as psychology, social service, chaplaincy, rehabilitation and the like, become a definite part of the organization of the hospital.

The late 1950's and the 1960's marked the greatest advancement of the hospital. The introduction of chemotherapy made the open hospital a reality and helped eliminate restraints and the overall use of seclusion. While programs advanced, the main building complex is now 37 years old. Major changes in the physical plant, affecting the overall program of the hospital, were made in 1949 and 1950, with the addition of the occupational therapy building, auditorium and library, and two geriatric cottages. There have been many smaller projects during this time that have greatly enhanced the overall functioning and appearance of the hospital. These projects have been installation of kitchenettes, improving toilet facilities, showers, and overall kitchen facilities as well as the overall approach of improving the appearance of the facility in keeping with the humanistic approach.

FUNCTION

Moose Lake State Hospital is a regional center providing specialized services for the mentally ill, the inebriate and the mentally retarded -- see maps for area served. Moose Lake's role as a regional treatment center is to receive patients who require treatment in a psychiatric hospital setting, restore them to the appropriate level of functioning, and return them to society where they can become active members of their local community once more.

In order to accomplish this overall role that has been established for the Moose Lake State Hospital, considerable work and effort must go into establishing close working relationships and ties to the community mental health centers, the county welfare departments, and the private facilities that are found throughout our service region.

In order to carry out the overall role that has been established for the hospital, there are presently in operation programs for each disability group. The inebriacy program specializes in the chemical-

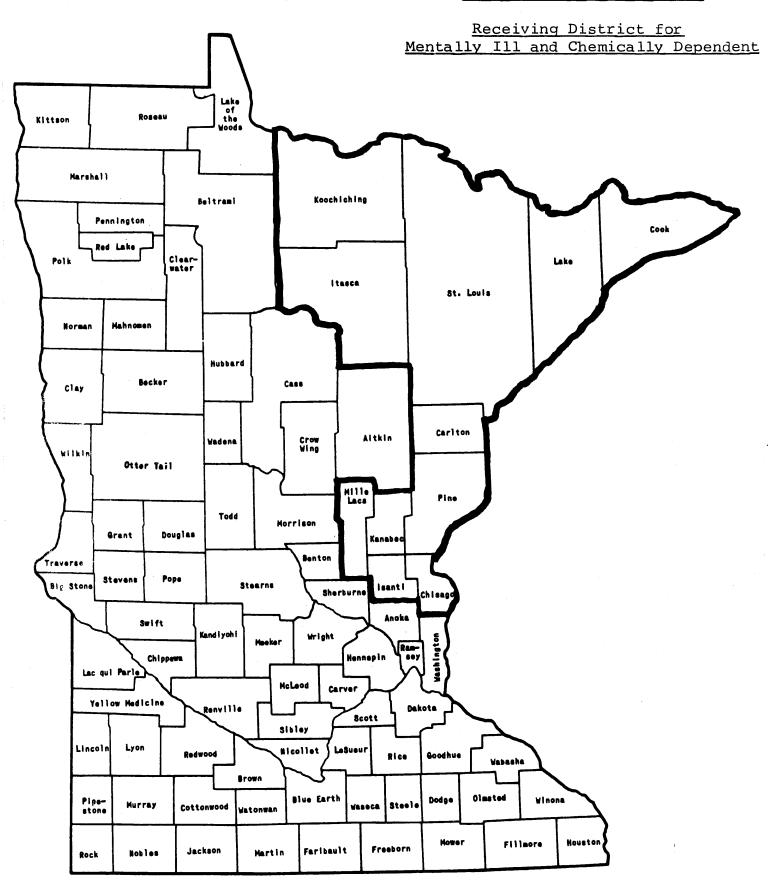
Moose Lake State Hospital continued

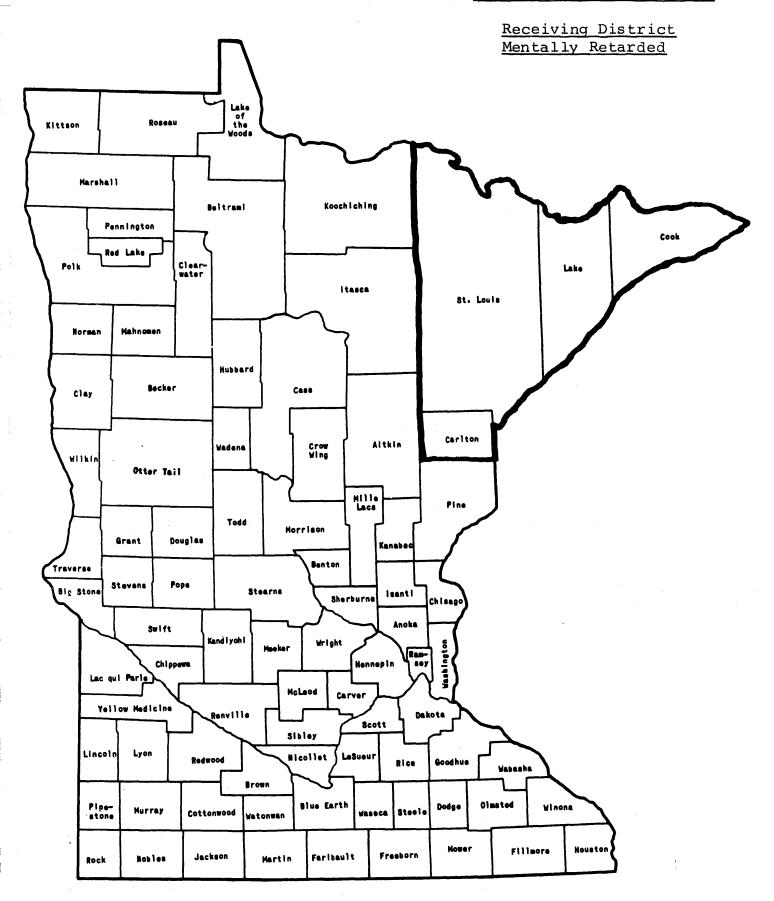
dependent patient who needs institutionalization and has as its focus an approach to treatment on a short-term basis. A long-term program of up to one year's stay is also utilized for the chemically dependent person who would benefit from a longer stay. The programs for the mentally ill are broken down into four basic segments. The program for the geriatric is those persons 65 years of age or older. The remaining group of mentally ill residents are divided into three programs that are based on patient needs and not on geographical catchment concepts. The programs are Token Economy Program, Reality Therapy Program, and the Therapeutic Community Program. The mental retardation program utilizes a wide array of program techniques directed toward carrying out an individualized program plan that has been developed for each resident.

The hospital provides a wide range of programs and service. These services include medical, dental, psychology, social service, occupational, recreational and industrial therapy, education and vocational programs, chaplaincy, laboratory service, x-ray, pharmacy, housekeeping, dietary, public information, maintenance repair, as well as business and medical record maintenance.

Basic to the philosophy in operation of Moose Lake State Hospital has been the feeling that if programs are to be therapeutic and beneficial, they must be geared to a strong foundation of treatment on the ward area and linked to the overall services provided in the rest of the hospital. The entire hospital complex serves as the treatment facility, and every attempt has been made to keep the physical plant as current and up-to-date as possible. Coupled with this is the firm belief that to be effective, constant evaluation and consideration should be given to the proper utilization of living quarters and floor space in order to guarantee the most effective and efficient operation possible.

Moose Lake State Hospital





Moose Lake State Hospital Continued

STATISTICAL AND FINANCIAL DATA

Approved Complement, January 1, 1975 - 403

Population, December 1, 1974 - 425

AVERAGE POPULATION 15-Year Period

Fiscal Year	MI	MR	CD	Total
1959-60	1108		32	1140
1960-61	1040		39	1079
1961-62	962		44	1006
1962-63	882		. 52	934
1963-64	847		60	907
1964-65	825		53	878
1965-66	799		59	858
1966-67	782		56	838
1967 - 68	717		59	776
1968-69	598		61	659
1969-70	541	12	64	617
1970-71	404	51	76	531
1971-72	297	62	87	446
1972-73	265	68	87	420
1973-74	226	123	84	433

ADMISSIONS AND DISCHARGES

	<u>Admissions</u>				<u>Discharges</u>			
<u>Fiscal Year</u>	MI	<u>MR</u>	<u>CD</u>	<u>Total</u>	MI	MR	<u>CD</u>	<u>Total</u>
1969-70	579	28	880	1487	585		876	1461
1970-71	455	7	980	1442	5 95	3	965	1563
1971-72	410	6	867	1283	420	3	871	1294
1972-73	410	10	750	1170	413	4	751	1168
1973-74	331	118	564	1013	342	16	5 79	937

EXPENDITIRES

EVERNOTIONE?					
	FY	FY	FY	FY	FY
	1970	<u>1971</u>	1972	<u>1973</u>	1974
Salaries	\$2,699,111	\$2,774,639	\$2,742,313	\$2,761,844	\$3,519,089
Curr. Exp.	495,113	491,715	451,422	449,118	538,409
Rep. & Repl.	18,572	37,636	31,111	59,700	50,549
Spec. Equip.	3,209	<u>46,730</u>	<u>37,398</u>	10,620	20,248
Total	\$3,216,005	\$3,350,720	\$3,262,244	\$3,281,282	\$4,128,295
Per Capita					
Costs	\$5,212.33	\$6,298.35	\$7,314.45	\$7,812.58	\$9,534.00

ROCHESTER STATE HOSPITAL

HISTORY

The Rochester State Hospital was authorized for construction in 1876. It was to be an asylum for inebriates, financed by liquor license fees. After three years of overwhelming opposition to the law by saloon keepers and others, the asylum was never opened. In 1879, with an operating farm and a vacant patient admission building, the asylum was designated as the Second Hospital for the Insane.

The original building lay in an east-to-west direction where the recently completed Religious Activity Center is located. Additions to the original building and other buildings were constructed as the demand for space grew with the rising patient population.

A self-contained and almost self-providing hospital for many years, little was offered to the patients except care, custody, and work. Attendants lived in the hospital and supervised the patients at work. Economically, costs of operation were very low.

In 1949, an ambitious hospital reconstruction program was launched. Ten new buildings were constructed including seven patient buildings, a service building, power plant, and slaughter house. Eleven staff residences and a 25-stall garage were constructed for employees. The building program was abruptly stopped in 1961 because of the decline in patient population.

Farm land and buildings no longer needed by the hospital have been reassigned to other state departments, such as the Department of Conservation, Rochester State Junior College, or have been leased to private enterprises for farming. Land that is not being farmed has been declared surplus and either sold or given for other public uses such as parks, playgrounds and construction of schools.

FUNCTION

From a peak of 1800 patients in 1954, patient population has now leveled at approximately 600 patients. The types of patients are rapidly changing. Our present population of 569 consists of 357 mentally ill and 172 mentally retarded patients, and 40 inebriates.

In 1969, space was made available for the transfer of mentally retarded from Faribault State Hospital. We presently have four units housed in two separate units.

Rochester State Hospital continued

In 1971, the Legislature designated the Rochester State Hospital as the surgical center for the Department of Public Welfare, closing the facility at Anoka.

The hospital has developed into a multi-purpose health service agency serving the twelve counties of southeastern Minnesota. Currently, programs are offered to the mentally ill, adolescent, chemically dependent, medically indigent, and the mentally retarded. In addition, this hospital serves as the statewide surgical center in cooperation with the Mayo Clinic.

Current programs foster the utilization of community resources to augment the hospital-based services. Coordination of these programs and resources is vital to effective treatment programs.

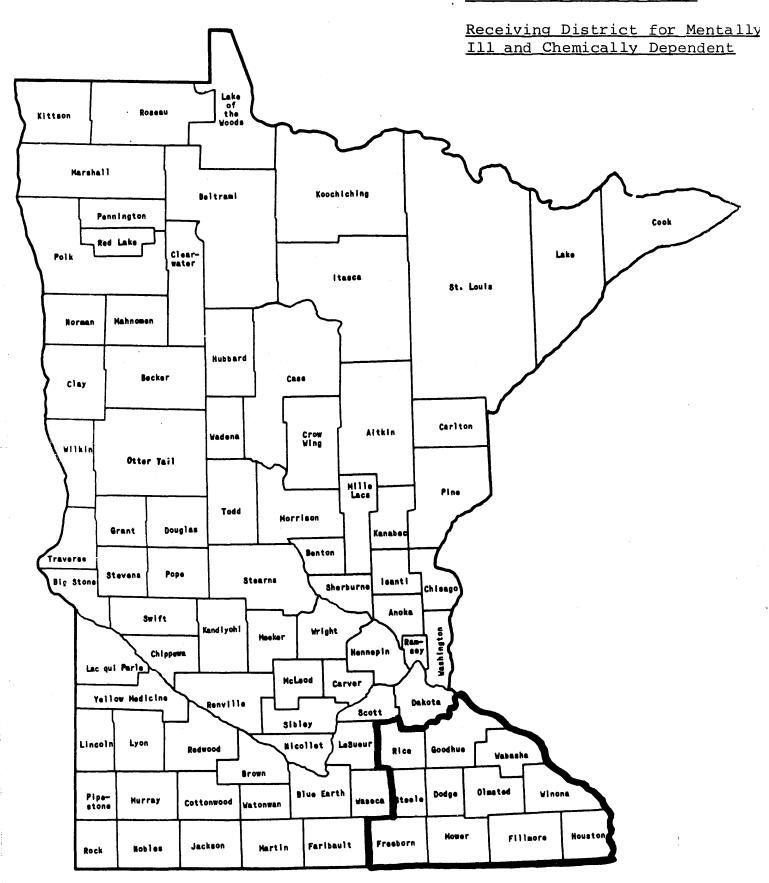
As the MI patient population decreases, three changes are occurring:

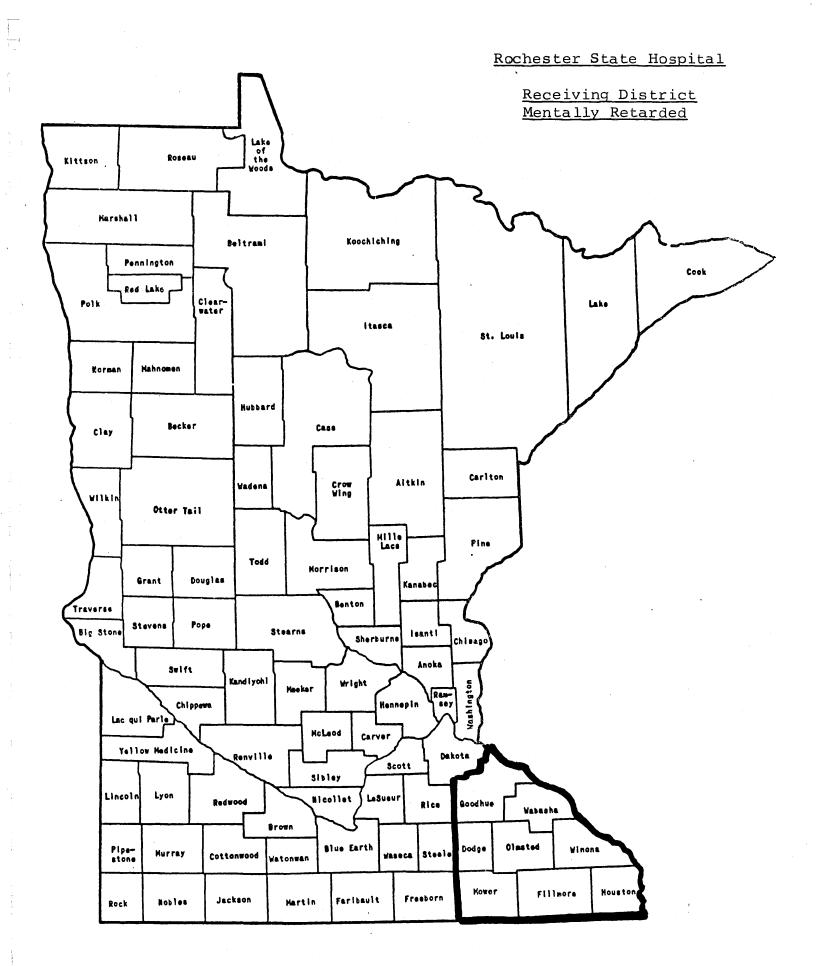
- (1) New programs are being demanded by the community. Chemical dependency, detoxification, adolescent and prolonged care of the medically indigent are examples.
- (2) Space formerly occupied by the mentally ill patients is being utilized for the care of the mentally retarded.
- (3) Other space has been redesignated for use as staff offices, day rooms, visitor lounges. Some space is used by other state agencies or leased to other agencies.

It is anticipated that this hospital will continue its service to the southeastern region of Minnesota. Future building requests will depend on the outcome of the Department of Public Welfare planning. Our present buildings will need to be updated. The electrical, heating, ventilating, plumbing and mechanical systems have increased demands for service. Systems will need to be replaced and/or updated to meet current state health and fire marshal regulations as well as federal regulations being developed.

Basically, however, we now have an excellent plant. The buildings are modern, attractive, and useful. They are set amongst a park-like setting, which is pleasing to patients, relatives, employees, and visitors.

Rochester State Hospital





Rochester State Hospital continued

Approved Complement, January 1, 1975 - 544

Population, December 1, 1974 - 569

AVERAGE POPULATION - 15-Year Period

<u>Fiscal Year</u>	MI	MR	<u>Total</u>
1959-60	1642		1642
1960-61	1544		1544
1961-62	1421		1421
1962-63	1244	•	1244
1963-64	1095		1095
1964-65	9 2 0		920
1965-66	736		736
1966-67	649		649
1967-68	640		640
1968-69	648	6	654
1969-70	662	14	676
1970-71	603	78	681
1971-72	573	93	666
1972-73	482	133	615
1973-74	451	179	630

Admissions

ADMISSIONS AND DISCHARGES

Cost

Fiscal Year	MI	MR Total	MI	MR 1	Cotal
1969-70	1319	7 1326	1284		1284
1970-71	1177	83 1260	1168	4	1172
1971-72	1019	1019	1020	4	1024
1972-73	859	80 939	855	5	860
1973-74	887	17 904	902	5	907
EXPENDITURES					
	FY	FY	FY	FY	FY
	<u>1970</u>	<u>1971</u>	1972	<u> 1973</u>	<u>1974</u>
					.
Salaries	\$3,740,148		•	\$4,563,510	
Curr. Exp.	625,596	642,337	744,614	760,500	878,551
Rep. & Repl.	38,452	50,064	68,348	66,91	4 59,729
Spec. Equip.	20,890	3,930	18,580	<u>5,73</u>	91,524
Total	\$4,425,086	\$4,715,517	\$4,977,657	\$5,396,65	8 \$6,297,250
Per Capita					

\$6,891.20 \$7,143.05 \$7,657.70 \$8,719.85

<u>Discharges</u>

\$9,980.00

ST. PETER STATE HOSPITAL

HISTORY

The St. Peter State Hospital was opened in 1866. It was the first institution for the mentally ill, the mentally retarded, and alcoholics in the State of Minnesota.

It has at various times received patients from all the counties in Minnesota.

Until 1911, there was no other institution on the campus at St. Peter. In that year, Minnesota Security Hospital was established to house mentally ill and dangerous men.

After the establishment of institutions for the mentally retarded, St. Peter State Hospital received only the mentally ill.

In 1967, the Legislature directed that a unit for the mentally retarded be established at St. Peter. Minnesota Valley Social Adaptation Center came into existence in August, 1968.

A Chemical Dependency Unit was established at St. Peter State Hospital in 1970.

FUNCTION

Treatment for the Mentally Ill is highly individualized, with heavy emphasis being placed upon vocation and social rehabilitation in which both hospital and community facilities are utilized. Community agencies, such as county welfare departments, Mental Health Centers, Public Health Nurses, rehabilitation agencies, etc., are invited to the Team Meetings to participate in program planning for their clients. Each patient is assigned a Treatment Team, which is comprised of a psychiatrist, psychologist, social worker, vocational rehabilitation counselor, registered nurse, psychiatric technician, occupational therapist, and recreational therapist.

The Chemical Dependency Unit is located in Johnson Hall and receives inebriate individuals from the ten-county area which St. Peter State Hospital serves.

The Treatment Program is on a 21-day cycle and includes three lectures and two group therapy sessions each day, with emphasis on factual information about chemical dependency and the Alcoholics Anonymous Program. During the program cycle, each patient is reviewed by the unit's Treatment Team on at least two occasions, with a final review to assist the patient in making plans for returning to the community. Every effort is made to return the patient to his home community as a self-supporting individual. To accomplish this, as many resources as possible of the hospital and the community are utilized.

St. Peter State Hospital continued

Minnesota Security Hospital

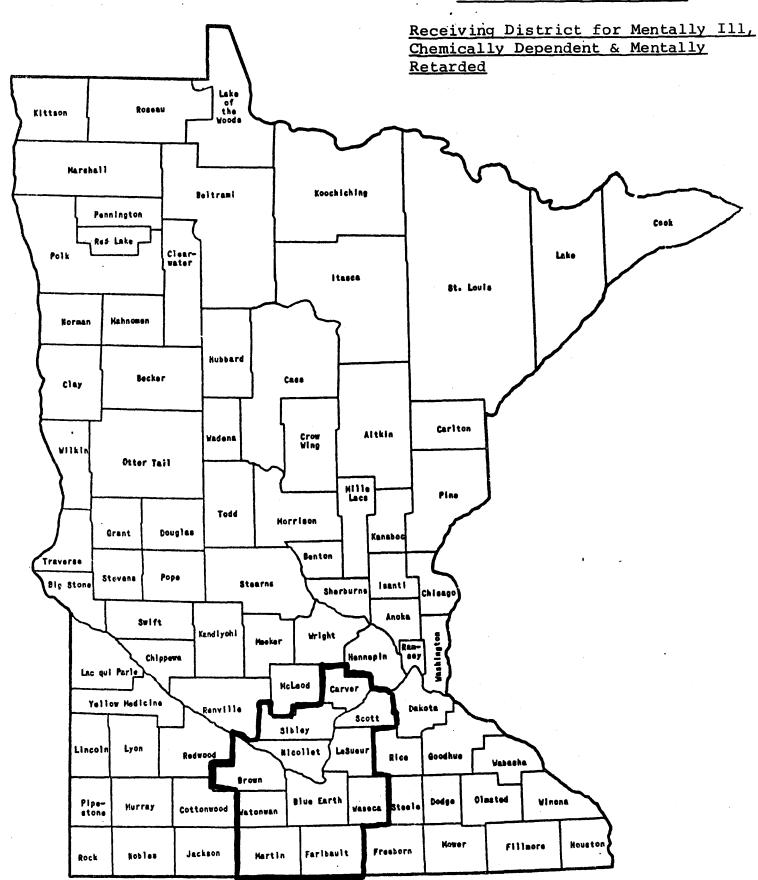
The Minnesota Security Hospital was first opened for use in 1911, charged by the Legislature with the detention of the "dangerously and criminally insane". In the past the primary purpose of the institution was to offer custodial care within a security setting. In 1963 a professional treatment staff was for the first time appointed to work exclusively with the residents at the Minnesota Security Hospital. Since that time much progress has been made in providing for the treatment and rehabilitation of residents of the Security Hospital.

At the present time the hospital accepts on a state-wide basis men whose mental or emotional problems require treatment and whose behavior necessitates that this treatment occur within a maximum security setting. Generally this includes: men having behavioral problems with which the open state hospitals are unequipped to deal; those sentenced to the Department of Corrections and having serious mental health problems; and those committed to the Minnesota Security Hospital directly from the Minnesota courts.

Minnesota Valley Social Adaptation Center

The Minnesota Valley Social Adaptation Center is a state-supported facility which provides service to residents who are mentally retarded. In 1967 the State Legislature directed that this Center be established on the campus of the St. Peter State Hospital as a part of the development of the Regional Multi-Purpose Concept. Therefore, in August, 1968, this new facility began transferring in those residents from twenty-two south central and southwest counties who were residing at the Faribault State Hospital.

The residents living at the Center include a broad range of ages and intellectual and functional levels. Specifically, capabilities range from the profoundly retarded person with little or no speech and the need for training in self-care skills such as dressing, eating, and toileting, to the person who is considered to have "borderline" intellectual functioning. This person may need some special training or teaching in the area of social skills, training for a job, and/or learning how to cope with the complexities of "outside" life in the community.



The <u>Minnesota Security Hospital</u> located on the St. Peter State Hospital campus serves adult males with problems warranting a secure treatment setting from all counties in the state.

St. Peter State Hospital continued

Approved Complement, January 1, 1975 - 551

Population, December 1, 1974 - 632

AVERAGE POPULA	<u> TION - 15-1</u>	<u>lear Pe</u>	<u>riod</u>			
			Total			Campus
<u>Fiscal Year</u>	MI	CD	SPSH	<u>MSH</u>	<u>MVSAC</u>	<u>Total</u>
19 59- 60	2111		2111	239		235 0
1960-61	1993		1993	245		2238
1961-62	1848		1848	244		2092
1962-63	1745		1745	230		1975
1963-64	1588		1588	201		1789
1964-65	1398		1398	186		1584
1965-66	1235		1235	150		1385
1966-67	1044		1044	143		1187
1967 - 68	688		688	138		826
1968 - 69	376		376	144	163	683
1969-70	295		295	142	339	776
1970-71	279	25	304	131	374	809
1971-72	256	34	290	114	371	775
1972-73	226	35	261	107	353	721
1973-74	207	38	245	106	319	670

ADMISSION	DMISSIONS AND DISCHARGES										
	Admissions					Discharges					
Fiscal	SI	SH									
Year	MI	CD	MSH N	MVSAC	<u>Total</u>		MI	<u>CD</u>	MSH	MVSAC	<u>Total</u>
1969-70	201		112	85	398		222		105	20	347
1970-71	223	319	114	16	672		200	2 90	121	27	638
1971-72	204	390	148	34	776		252	486	171	43	952
1972-73	192	353	138	35	718		187	352	118	54	711
1973-74	165	366	145	18	694		170	364	150	82	766

19/3-/4	02 200 14	J 10 094	170	304 130	02 /00
EXPENDITURES					
	<u> 1969-70</u>	<u> 1970-71</u>	<u> 1971-72</u>	<u> 1972-73</u>	<u> 1973-74</u>
SPSH-MVSAC					
Salaries	\$4,330,976	\$4,404,201	\$4,324,588	\$4,410,687	\$4,821,520
Current Exp.	696,765	720,433	771,933	720,552	779,214
Rep. & Repl.	41,426	56,691	54,713	79,096	59, 910
Spec. Equip.	5,507	19,461	4,689	19,776	21,225
MSH					
Salaries	755 , 934	865,889	897,602	979,400	1,105,058
Spec. Equip.	8,760	7,228	13,521	2,667	
Total	\$5,839,368	\$6,073,903	\$6,067,046	\$6,212,178	\$6,786,927
Per Capita					1
Costs	\$7,522.05	\$7,508.66	\$7,828.45	\$8,628.03	\$10,129.74

WILLMAR STATE HOSPITAL

HISTORY

The Willmar State Hospital was established in 1907 for the care and treatment of the alcoholic patient. The first alcoholic patient was received in the hospital in 1912. By 1917 the program at Willmar was expanded to include the treatment of mentally ill patients transferred to the Willmar State Hospital from other state institu-In 1951 the hospital was assigned a receiving district for referral of mentally ill patients from the 17 southwestern counties of the state. The hospital continues to receive and treat mentally ill patients from the same 17 county area plus 3 additional counties. Major treatment programs now include mental illness, chemical dependency, and mental retardation. The hospital is accredited by the Joint Commission on Accreditation of Hospitals and licensed 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. The mission or role of the hospital has, since its inception, been characterized by slow evolution reflecting the needs and impressions of the contemporary society as reflected by legislative action. During the most recent fiscal year, 1973-74, statistics show that 1587 patients were admitted to Willmar State Hospital. We believe this indicates that this hospital can no longer be considered a holding facility for long term or custodial care, but an active valuable treatment resource to the community and region it serves.

FUNCTION

The following services are provided residents of Willmar State Hospital:

General Psychiatric Care and Treatment

Four area mental health-mental retardation programs (Mental Health Centers) at Luverne, Marshall, Willmar, and St. Cloud, are located in 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 service, chaplaincy services, and other therapies as indicated. It is expected that all patients admitted to the hospital will return to their home commun-

Willmar State Hospital continued

ities 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 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 multi-disciplined 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 followup 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 Willmar State 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 were feasible. Adolescents are admitted directly to the unit following a referral from community agencies and a preadmission interview with the unit staff.

Medical-Surgical Service

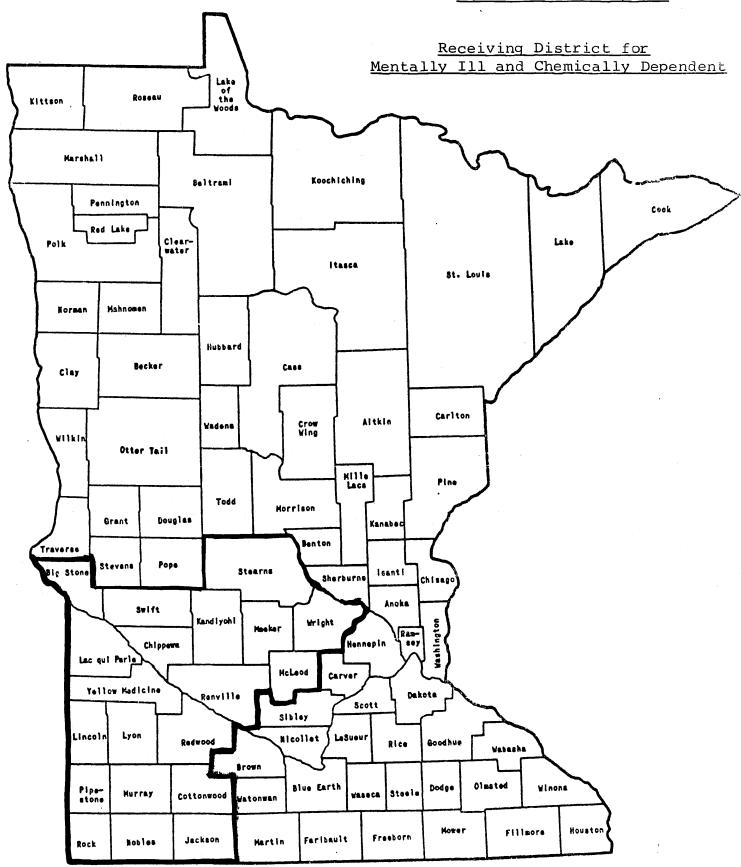
This service takes care of the diagnostic studies and short-term therapy of elderly patients from the Willmar State Hospital receiving area who have been unable to adjust to nursing or convalescent homes or who need short-term intensive medical care to prepare them for return to their families or other placement. This program also provides services for the chemically dependent patient needing major medical or surgical attention. Medical-surgical service is also pro-

Willmar State Hospital continued

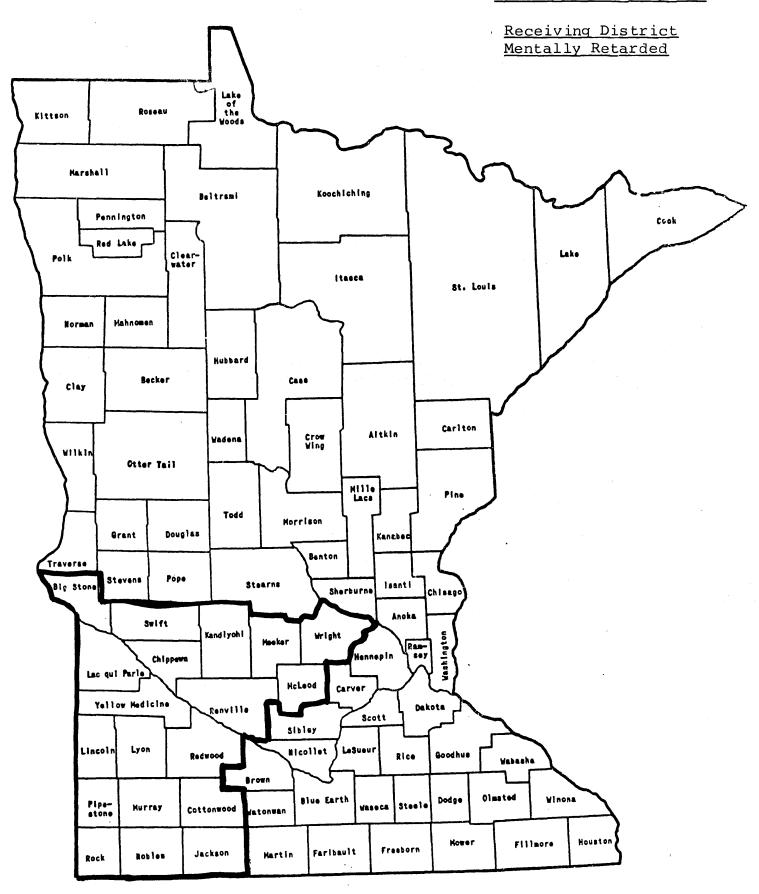
vided for the long-term patients who are housed on the geographic units. Consultant physician service is also provided for the physical problems found on all hospital units. Dental service is also provided by a resident dentist.

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, 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 south—western communities.



Willmar State Hospital



Willmar State Hospital continued

STATISTICAL AND FINANCIAL DATA

Approved Complement, January 1, 1975 - 522

Population, December 1, 1974 - 602

AVERAGE POPULATION - 15-Year Period

Fiscal Year	MI	MR	CD	<u>Total</u>
1959-60	1035		198	1233
1960-61	887		226	1113
1961-62	724		235	959
1962-63	577		234	811
1963-64	566		227	793
1964-65	548		221	769
1965 - 66	566		225	791
1966-67	558		234	792
1967-68	542		224	766
1968-69	458		217	675
1969-70	401		214	615
1970-71	375		206	581
1971-72	358		183	541
1972-73	367	3	155	525
1973-74	351	142	114	607

ADMISSIONS AND DISCHARGES

FΥ

	Admissions					Discharges			
<u>Fiscal Year</u>	MI	<u>MR</u>	<u>CD</u>	<u>Total</u>	MI	MR	<u>CD</u>	${ t Total}$	
1969-70	463		1638	2101	471		1643	2114	
1970-71	462		1598	2 060	439		1609	2048	
1971-72	403		1358	1761	420		1393	1813	
1972-73	489	3	1145	1637	473	3	1142	1618	
1973-74	469	169	949	1587	443	45	947	1435	

FΥ

EXPENDITURES

	<u>1970</u>	<u>1971</u>	1972	<u>1973</u>	1974
Salaries	\$2,637,281	\$2,758,617	\$2,893,615	\$3,310,600	\$4,530,971
Curr. Exp.	489,531	478,509	492,423	510,700	633,071
Rep. & Repl.	30,106	35,335	36,801	54,196	46,439
Spec. Equip. Total	12,118	17,821	16,987	12,878	37,913
	\$3,169,036	\$3,290,282	\$3,439,826	\$3,888,374	\$5,248,394
Per Capita Costs	\$5,153.00	\$5,682.00	\$6,311.00	\$7,406.00	\$8,661.00

FY

 $\mathbf{F}\mathbf{Y}$

FY

AH-GWAH-CHING NURSING HOME

HISTORY

On April 21, 1903, the State Legislature enacted a law establishing the Minnesota Sanatorium for Consumptives. The State Board of Control authorized purchase of real estate for sanatorium site.

A committee of physicians was established between the years of 1903 and 1905 to study the location and suitable site for a sanatorium.

Between 1906 and 1907 a site was chosen - three miles south of Walker on elevation above Shingobee Bay of Leech Lake. Land clearing began.

In August, 1907, Dr. Walter Marclay became the first superintendent and started administrative duties prior to formal opening for patients.

On December 28, 1907, the first admissions were two male patients.

In July, 1908, the first Sanatorium report was prepared, by which time well over 100 patients had been admitted, several released or deserted. Half of the total number of admissions were residents of Ramsey County, one-third were from Hennepin County, and 10 percent were from St. Louis County. Dr. Marclay requested an appropriation of \$150,000 for the construction of new administrative wing, new cow and pig barn, pump house improvement, etc.

During the period 1912 to 1918, several counties or groups of counties organized sanatorium districts and erected hospitals. This decreased the waiting list for the Minnesota State Sanatorium which, after 1918, continued to serve around 40 of the state's 87 counties.

In spite of the fact that additional facilities for tuberculosis care were being developed throughout the state, the census at Minnesota State Sanatorium gradually increased during the following 20 years to a peak of 436 patients in 1939, accommodated in an area offering only 380 beds. Following that date there was a steady downward trend.

Because of the increasing number of vacant beds, a so-called "Pilot Study" was developed and in February, 1956, the first group of committed, tuberculous, senile patients was transferred in from the Anoka State Hospital. Gradually, as space and accommodations permitted, other wards were vacated and were put into service for the tuberculous, committed mental patients, and later, for carefully selected non-tuberculous seniles.

The 1961 Legislature determined that the purpose of the Minnesota State Sanatorium should be changed, effective January 1, 1962, from a tuberculous facility to a geriatric facility. It was proposed that senile geriatrics be transferred to Ah-Gwah-Ching from the other

Ah-Gwah-Ching Nursing Home continued

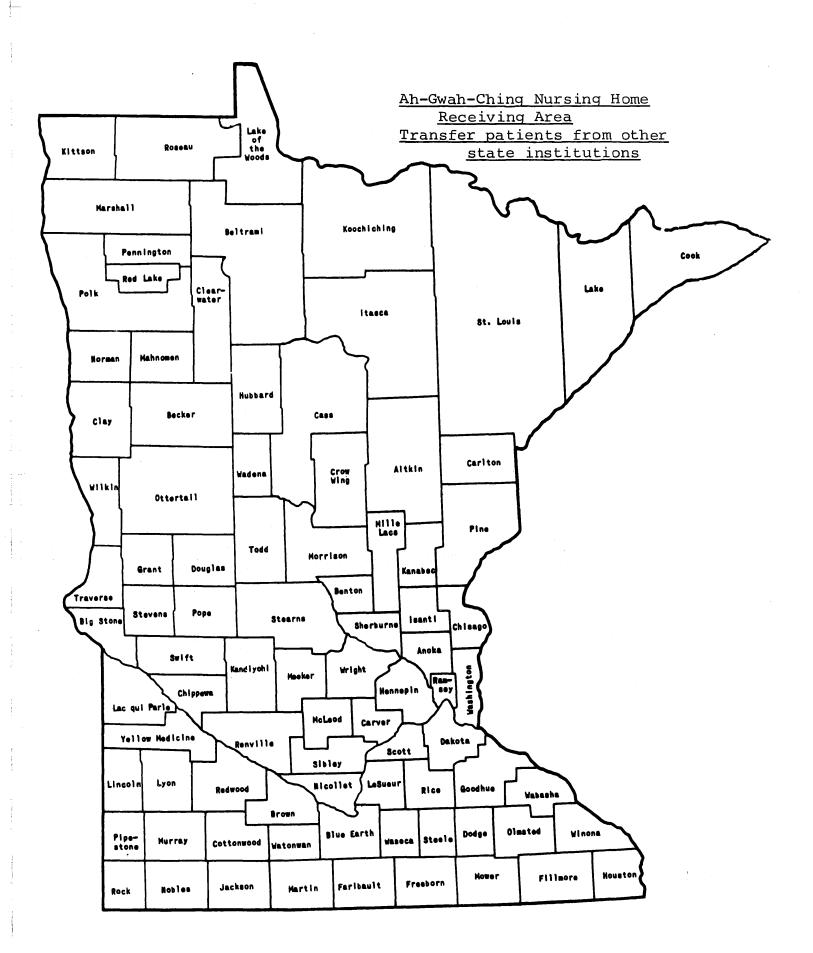
state hospitals throughout Minnesota as soon as bed facilities were available. The name of the institution was changed to Ah-Gwah-Ching Nursing Home.

July 1, 1973, in an overall attempt to update the facility's fire prevention program, requested by the State Fire Marshal, the bed capacity was reduced to 456, alleviating overcrowding in some areas.

FUNCTION

Following a pilot study of six years duration, this facility on January 1, 1962, changed over completely to the care of the geriatric patient.

Our admissions include the senile, confused, burned-out mental patient formerly cared for in the state mental institutions; the person who can no longer function physically and mentally within their own home or a nursing home, both of which are an open setting wherein one must assume the responsibility of his or her own actions. Generally speaking, they must be referred from any situation wherein they can no longer reside -- referred by doctors, nursing homes, welfare departments, detoxification centers, as well as the state mental hospital.



Ah-Gwah-Ching Nursing Home continued

STATISTICAL AND FINANCIAL DATA

Approved Complement, January 1, 1975 - 276

Population, December 1, 1974 - 432

AVERAGE POPULATION

Fiscal Year

1961-62	(6	mos.)	294
1962-63			371
1963-64			422
1964-65			422
1965-66			422
1966 - 67			427
1967 - 68			469
1968-69			479
1969-70			477
1970-71			471
1971-72			465
1972-73			458
1973-74			451

ADMISSIONS AND DISCHARGES

<u>Fiscal Year</u>	<u>Admissions</u>	Discharges (incl.		
		deaths)		
1969-70	96	95		
1970-71	65	69		
1971-72	73	78		
1972-73	63	64		
1973-74	46	68		

EXPENDITURES

	FY	FY	\mathbf{FY}	FY	FY	
	<u>1970</u>	<u>1971</u>	1972	1973	<u>1974</u>	
Salaries	\$1,732,239	\$1,769,790	\$1,864,380	\$2,050,000	\$2,254,856	
Curr. Exp.	278,933	299,322	285,841	308,063	371,305	
Rep. & Repl.	14,508	16,540	12,614	28,500	17 , 588	
Spec. Equip.	24,711		24,912	1,983	····	
Total	\$2,050,391	\$2,085,652	\$2,187,747	\$2,388,546	\$2,643,74 9	
Per Capita						
Costs	\$4,299.42	\$4,435.92	\$4,707.13	\$5,218.50	\$5,862.00	

GLEN LAKE STATE SANATORIUM & OAK TERRACE NURSING HOME

HISTORY

The existence of Glen Lake State Sanatorium and Oak Terrace Nursing Home began with a statutory enactment of the 1961 State Legislature, Chapter 618.

This statute authorized the appropriate State officials to lease the Glen Lake Sanatorium facilities from Hennepin County for a period of not less than thirty-five years, beginning January 1, 1962.

It also provided for the discontinuance of the Minnesota State Tuber-culosis Sanatorium program at Ah-Gwah-Ching, (Walker, Minnesota) and its re-establishment at Glen Lake. An initial amount of \$400,000 was appropriated for remodeling, repair, and rehabilitation of the main hospital building.

FUNCTION

The medical care program of <u>Glen Lake State Sanatorium</u> for tuberculosis patients is based on the experience gained during the many years when the Sanatorium was one of the outstanding tuberculosis sanatoria in the country. In addition to the full time medical staff, there is a group of part time consultants representing a wide range of medical specialties.

The work of the physicians is augmented by specialized laboratory, radiological, casework, and rehabilitative services. The laboratory is active in studies designed to improve drug therapy and to reduce the length of hospital stay. Patients are transferred to Hennepin County General Hospital, or Rochester State Hospital, for major chest and lung surgery.

Glen Lake State Sanatorium is accredited by the Joint Commission on Accreditation of Hospitals. The Sanatorium is also certified as a provider of tuberculosis hospital care under Medicare (Title XVIII).

The medical care program of <u>Oak Terrace Nursing Home</u> is designed to provide skilled nursing care for geriatric patients who are discharged provisionally for this purpose from the seven State mental hospitals and from the three institutions for the retarded. A significant number of young and middle-aged adults are admitted for physical rehabilitation services.

The program makes use of the resources of the tuberculosis hospital and also works with other community agencies. The Hennepin County Welfare Department has assigned a caseworker to the program. She acts as a liaison between the Nursing Home and the other counties.

Glen Lake State Sanatorium and Oak Terrace Nursing Home continued

Geriatric patients requiring surgical or medical care which cannot be provided by the Glen Lake medical staff may be transferred to General Hospital on a temporary basis. Geriatric patients who improve to the point where they no longer require maximum nursing care may be discharged to boarding or nursing homes in the community.

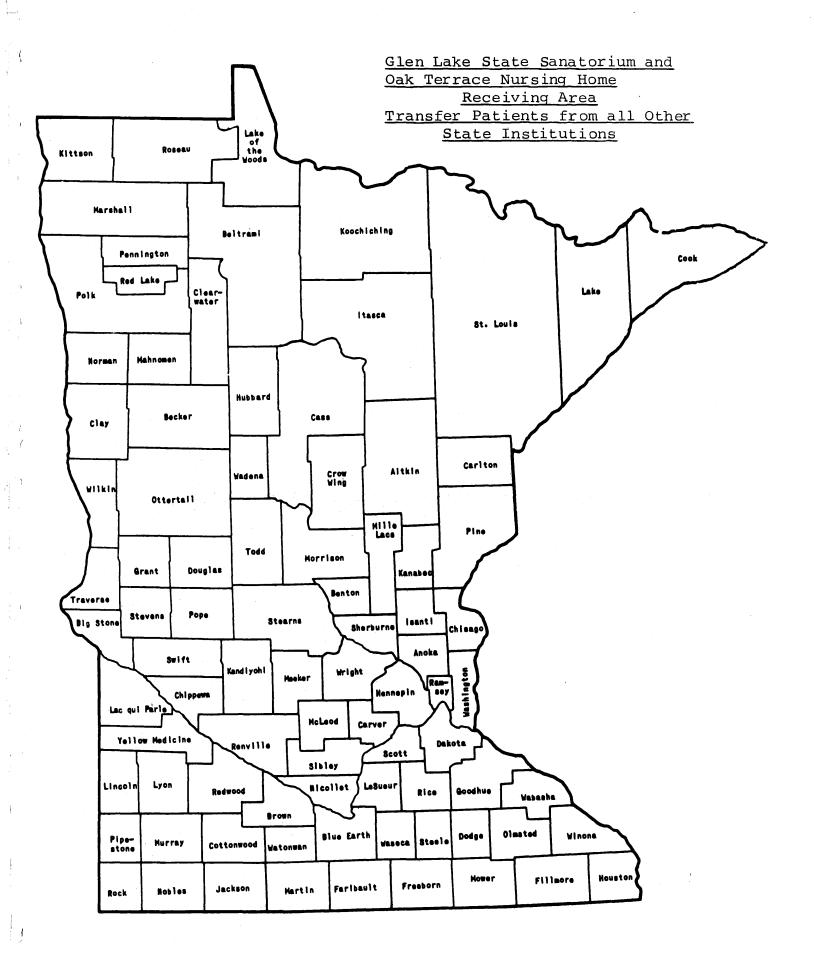
Oak Terrace Nursing Home is accredited by the Joint Commission on Accreditation of Hospitals. It is also certified as a provider of extended care services under Medicare (Title XVIII) by the Minnesota State Department of Health.

The 1965 State Legislature authorized the renovation of the Sanatorium's Children's Building (#6) for use as a training and rehabilitation center for retarded adolescents under the sponsorship of the Public School Districts of the Twin Cities Metropolitan area.

The Cooperative School Rehabilitation Center was established in temporary quarters (West Cottage) on July 1, 1965. The first students were enrolled in September. Building renovation was completed in January, 1966, allowing the project to move into its permanent facilities. Approximately 100 students were enrolled in the Center during the school year 1966-67. There are currently 300 students using Buildings 6, 7, and 16. An increase to 350 students is planned for Fall, 1973.

The Center provides relatively long term personal social development and vocational training aimed at preparing seriously retarded young people for employment and other adult roles and responsibilities.

The 1967 State Legislature authorized the discontinuance of the tuber-culosis program at Anoka State Hospital. The functions of the Anoka tuberculosis unit, which provided treatment and care for mentally ill and mentally deficient patients, and for recalcitrants and convicts, have been substantially absorbed by Glen Lake State Sanatorium. (Facilities for patients requiring maximum security are not available at the Sanatorium.)



Glen Lake State Sanatorium & Oak Terrace Nursing Home continued

STATISTICAL AND FINANCIAL DATA

Approved Complement, January 1, 1975 - 297

Population, December 1, 1974

- 338

AVERAGE POPULATION

Fiscal Year	Sanatorium	Nursing Home	<u>Total</u>
1961-62 (6 mos.)	161	73	234
1962-63	137	157	294
1963-64	97	253	350
1964 – 65	79	287	366
1965-66	57	294	351
1966-67	47	303	350
1967-68	51	301	352
1968-69	51	317	368
1969-70	37	321	358
1970-71	35	320	355
1971-72	30	322	352
1972-73	22	325	347
1973-74	18	322	340

ADMISSIONS & DISCHARGES

	Admissions				<u>Discharges (incl. d</u> eaths)			
		Nursing			Nursing			
Fiscal Year	Sanatorium	<u>Home</u>	Tota	1 Sanatori	um	<u> Home</u>	<u>Total</u>	
1969-70	92	48	140	79		3	82	
1970-71	80	36	116	81	•	12	93	
1971-72	61	52	113	60		9	69	
1972-73	53	58	111	42		15	57	
1973-74	45	51	96	44		17	61	
EXPENDITURES								
	FY	$\mathbf{F}\mathbf{Y}$		FY		FY	FY	
	<u>1970</u>	<u>1971</u>	<u>L</u> ,	<u>1972</u>		<u>1973</u>	<u>1974</u>	
Salaries	\$2,137,312	\$2,265,	354	\$2,316,994	\$2	,414,741	\$2,723,556	
Curr. Exp.	.340,430	357 ,	780	399,431		403,226	439,077	
Rep. & Repl.	29,672	19,	957	33,500		38,961	37 , 258	
Spec. Equip.			857			2,005		
Total	\$2,535,545	\$2,643,	,948	\$2,779,419	\$2	,858,933	\$3,231,427	
Per Capita Costs (Daily rates)								
ТВ	\$32.47	\$35	.80	\$43.24		\$54.99	\$63.56	
Nursing Home	\$16.63	\$17	.30	\$18.45		\$19.34	\$21.97	

BRAILLE AND SIGHT SAVING SCHOOL

HISTORY

The Braille and Sight Saving School was established in 1866. Since its inception, the School (formerly known as the School for the Blind), has enrolled approximately 1500 students.

In 1907 summer sessions for visually handicapped adults were established. These were held continuously until 1965, with the exception of 1962. More than 800 adults have attended these sessions. These summer sessions have now been discontinued. The summer of 1973 marked the first program on the Minnesota Braille and Sight Saving School campus for visually handicapped children who attend public schools. Thirty-three students attended and over fifty applied to participate. In addition, the University of Minnesota taught courses in the Education of the Visually Handicapped on the Minnesota Braille and Sight Saving School campus.

In 1931 a tri-state library was established on this campus to serve visually handicapped readers from North and South Dakota and Minnesota. The library ceased serving South and North Dakota in 1970 and 1973 respectively. The library has expanded services to include physically handicapped readers and now serves 4511 readers.

The Braille and Sight Saving School was originally established as the Department for the Blind of the Deaf and Blind School in 1866 and remained so until 1874. At this time authorities sought a new location for the blind since problems had long existed in the operation of a dual school. By 1879, the two departments had been completely separated. Several states have since followed Minnesota's lead in this respect and one as recently as 1973.

FUNCTION

During the 38-week school year (August-June) approximately 65-70 students are in attendance. These residents of the State range in age from five years to twenty and attend grades one through twelve. A number of junior and senior high school students who have sufficient compensatory skills are enrolled for part of their day in the Faribault Public Schools. Special textbooks in braille, large type, and magnetic tape are provided to all students, as well as any additional special materials or equipment needed to adjust for the visual loss.

Braille and Sight Saving School continued

Courses of study are adapted to the students' abilities. These cover, roughly, four levels of intelligence: the slow learner, the trainable and educable child, the average student and the gifted youngster. Presently, a high proportion of the students have special learning disabilities besides their visual handicap. In addition to the academic curriculum, which meets the requirements of the State Department of Education, the school has music, industrial arts, arts and crafts, home economics, independent living, career development, deaf-blind and multi-handicapped, and state-wide library services to blind and physically handicapped readers. Students are also instructed in personal living skills and orientation and mobility (cane travel).

Because we educate and service visually-handicapped children, it is necessary to compensate for their handicap by giving them a superior education and extensive services. In that way only can we hope and be assured that they will be able to compete in a sighted world.

Reading materials for visually handicapped people are bulky and expensive. Our <u>World Book Encyclopedia</u> in braille, for example, numbers 145 volumes and covers 45 lineal feet of shelving. Books, printed with large type, are also large and costly.

Our instructors, certified by the State Department of Education, must master braille reading and writing (even though they are sighted). They must, furthermore, take graduate courses in our special field at the University of Minnesota and/or other colleges. Many have already secured special certificates.

Houseparents, too, attend workshops and receive in-service training.

The Superintendent is an ex-officio member of the Board of Trustees of the American Publishing House for the Blind, Louisville, Kentucky, and a member of their Publications Committee. This publishing firm is the prime publisher of specialized educational materials, and the five-member Publications Committee determines the materials to be prepared.

A program for multiply-impaired children was established in 1966. These children have at least two, and some as many as six, handicapping conditions. During the fall of 1969 a program for children who have both severe hearing and severe vision problems was established. These children cannot be properly served in any other existing program.

The current school enrollment is 67 distributed over the 12 grades and special programs. This will increase during the school year. Even though the School's enrollment has been as high as 120 students,

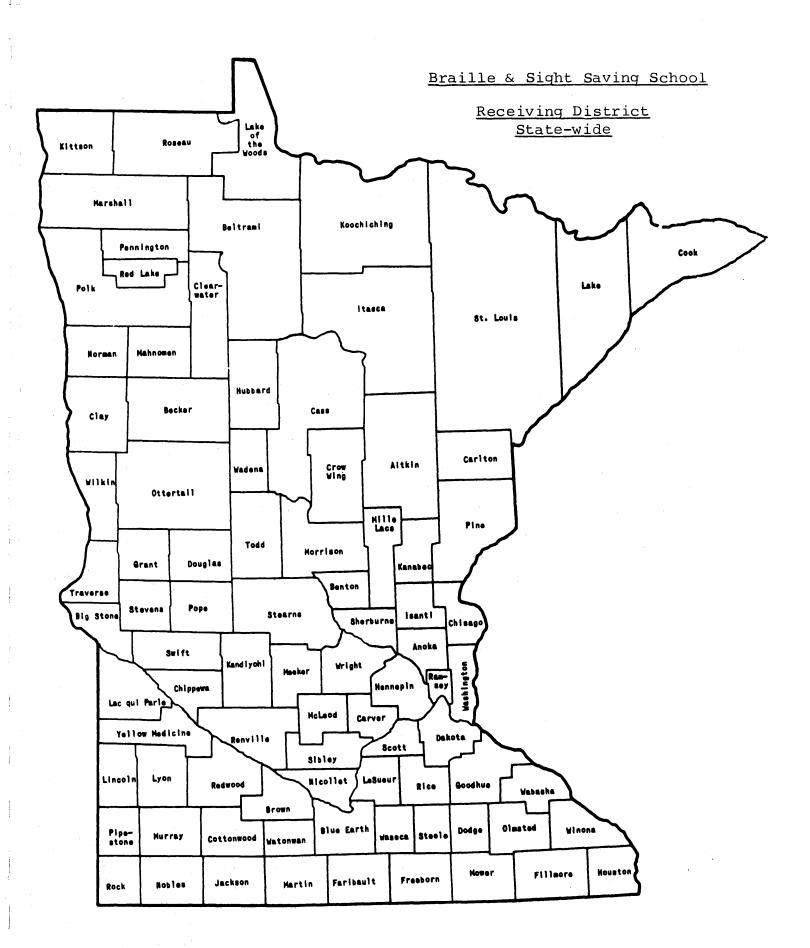
Braille and Sight Saving School continued

our current capacity is 85 in programs and dormitories. This change in capacity is a result of the changing needs of visually impaired children and the Minnesota Braille and Sight Saving School's role in meeting these needs.

STATUS OF BUILDING PROGRAM

Currently the Minnesota Braille and Sight Saving School has no buildings under construction.

A fire in Dow Hall in August, 1974 has prompted the Department to undertake a study regarding the future of the School. If the School remains at its present location, major expenditures will need to be made to repair Dow Hall or construct a new building.



Braille and Sight Saving School continued

STATISTICAL AND FINANCIAL DATA

Approved Complement, January 1, 1975 - 73 + Regional Library for Blind - 6.5 Total 79.5

Population, November, 1974

- 64

AVERAGE POPULATION - 15-Year Period

<u>Fiscal Year</u>		<u>Fiscal Year</u>	
1959-60	94	1966-67	100
1960-61	94	1967-68	98
1961-62	91	1968-69	89
1962-63	87	1969-70	74
1963-64	87	1970-71	73
1964-65	88	1971-72	77
1965-66	86	1972-73	69
		1973-74	68

ADMISSIONS AND DISCHARGES

Fiscal Year	<u>Admissions</u>	Discharges
1969-70	15	19
1970-71	18	9
1971-72	15	3
1972-73	10	5
1973-74	13	14

It must be remembered that fiscal years and school years do not coincide.

FYDEMDITHIDES

EXPENDITURES							
	FY	FY		FY	\mathbf{FY}		FY
	<u> 1970</u>	<u> 1971</u>		<u> 1972</u>	<u> 1973</u>		1974
Salaries	\$ 535,944	\$ 563,573	\$	580,890	\$ 629,649	\$	677,708
Curr. Exp.	30,852	31,447		36,489	33,735		46,564
Rep. & Repl.	9,229	6,782		11,602	10,793		8,010
Spec. Equip.	<u>3,399</u>	407		6,125	0 -		11,499
Total	\$ 579,424	\$ 602,209	\$	635,106	\$ 674,177	\$	743,781
Per Capita							
Costs	\$ 8,047.58	\$ 8,249.46	\$7	,938.84	\$ 8,989.03	\$1	0,938.00

MINNESOTA SCHOOL FOR THE DEAF

HISTORY

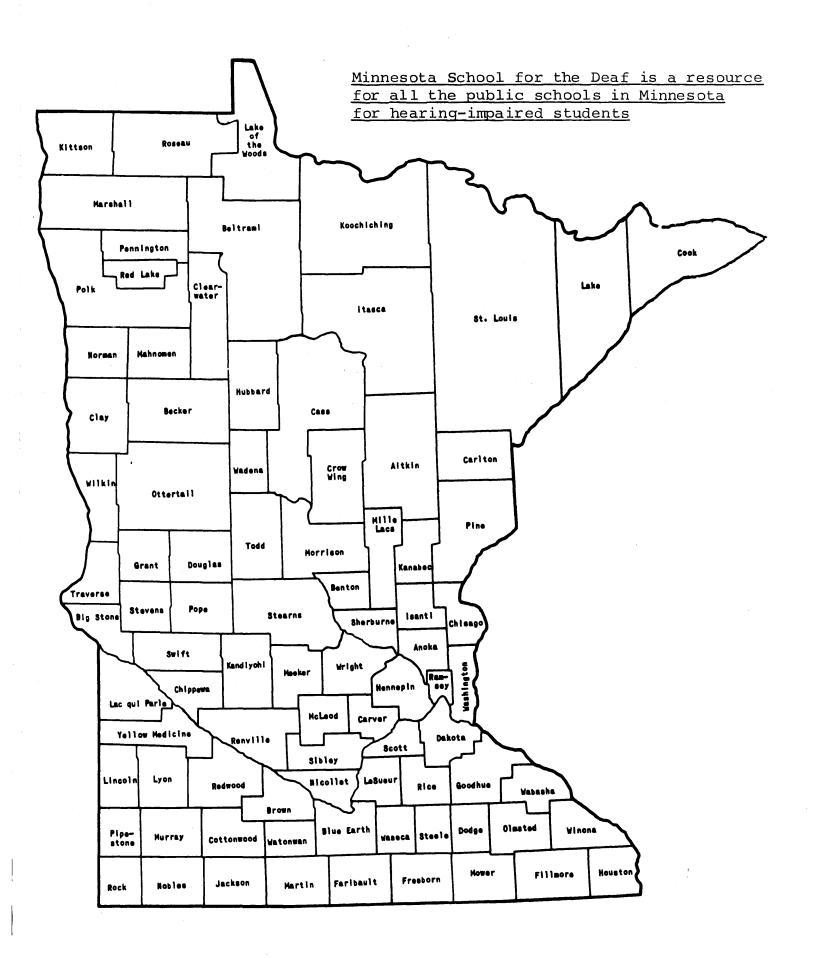
The Minnesota School for the Deaf was founded in 1863 by the State Legislature. It is now in its lllth year of service to the hearing handicapped children of the state between the ages of 5 and 20.

FUNCTION

The School for the Deaf provides elementary education, secondary education, and pre-vocational training for its students. The school is a resource for the public schools in the State of Minnesota. If the local school superintendent is unable to provide an educational program for the hearing impaired child, he can make application for the child's admission to our school. (more and more the local public schools have programs that can serve the hard-of-hearing child, but not the profoundly deaf child). Since the School is a residential school all but about 25 students are in residence in our dormitories and much training is done with activities outside the academic setting during the afternoons, evenings, and weekends.

The School offers a full range of activities, much the same as public schools. Some of these are: football, basketball, track, girls athletics, girl scouts, boy scouts, all activities with the Faribault Recreation Department, Jr. National Association of the Deaf, clubs, etc. In all activities we are constantly having the students participate with their hearing counterparts and the local community. We feel that this is an essential part of our program since it helps them to adjust when they return to their own community when their educational program here is completed.

Qualified students are prepared to take the college entrance examination for Gallaudet College, a federally-supported college for deaf students. Others go on for further technical training at the Rochester Institute in New York, Many go to the St. Paul Area Technical Vocational Institute for further vocational training or other area vocational schools.



Minnesota School for the Deaf continued

STATISTICAL AND FINANCIAL DATA

Approved Complement, January 1, 1975 - 150.5

Population, December 1, 1974

- 214

AVERAGE POPULATION - 15-Year Period

<u>Fiscal Year</u>	•	<u>Fiscal Year</u>	
1959-60	262	1966-67	2 97
1960-61	27 0	1967-68	278
1961-62	270	1968-69	270
1962-63	265	1969 - 70	266
1963-64	267	1970-71	275
1964-65	287	1971 - 72	248
1965-66	283	1972-73	248
		1973 - 74	228

ADMISSIONS AND DISCHARGES

Fiscal Year	Admissions	Discharges
1969-70	28	24
1970-71	31	37
1971-72	21	32
1972-73	31	36
1973-74	21	39

EXPENDITURES

TALL TIND I I OKTIO					
	FY	FY	FY	FY	Fy
	1970	1971	<u>1972</u>	<u>1973</u>	1974
Salaries	\$1,117,572	\$1,180,136	\$1,263,960	\$1,332,910	\$1,411,262
Curr. Exp.	107,354	108,866	128,077	133,517	155,327
Rep. & Repl.	21,925	15,200	20,678	24,884	13,711
Spec. Equip.	23,099	1,666	24,420	1,040	25,428
Total	\$1,269,950	\$1,305,868	\$1,437,135	\$1,492,351	\$1,605,728
Per Capita					
Costs	\$4,551.80	\$4,582.00	\$5,464.39	\$5,527.23	\$7,043.00