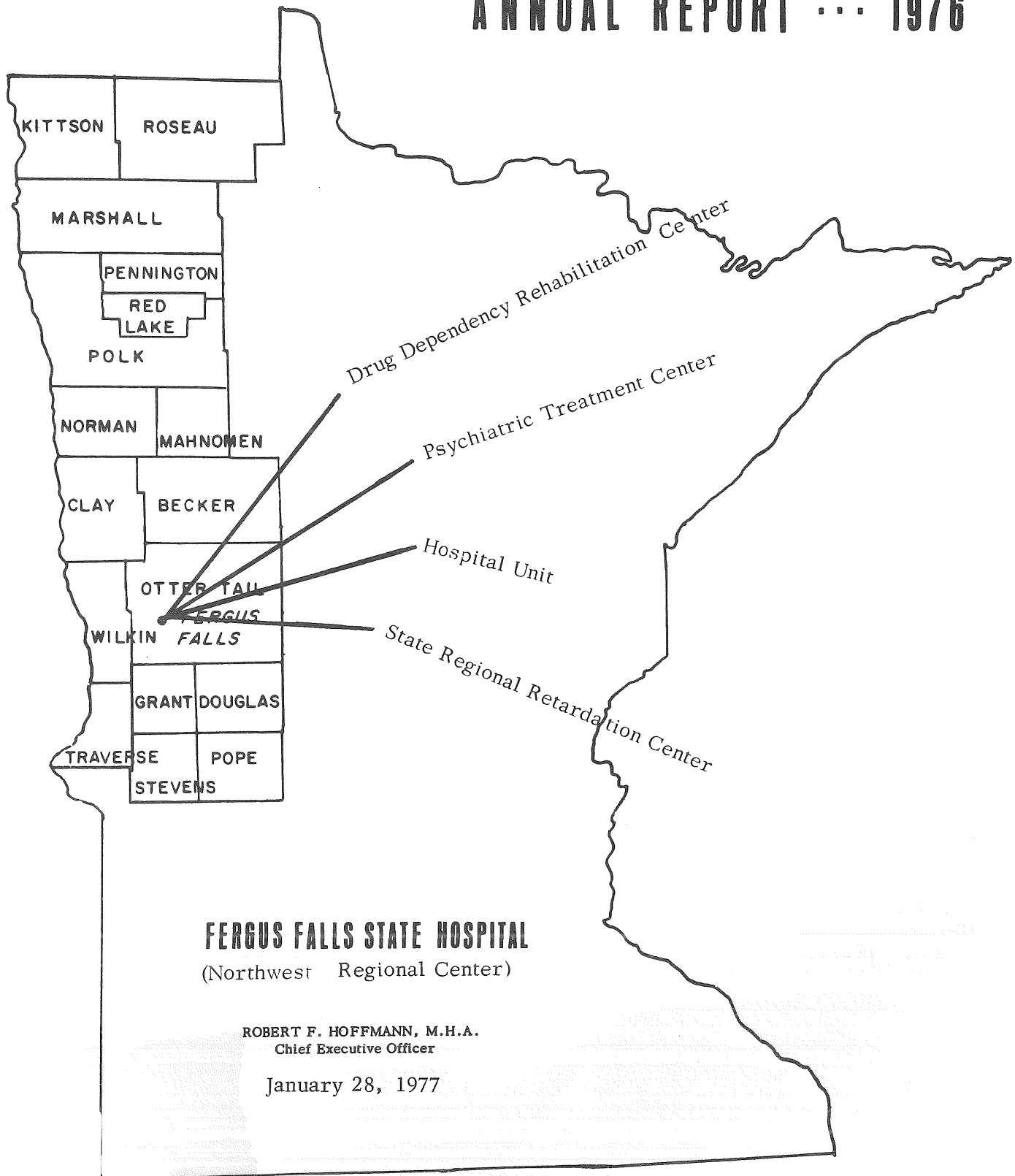


ANNUAL REPORT ... 1976



FERGUS FALLS STATE HOSPITAL (Northwest Regional Center)

ROBERT F. HOFFMANN, M.H.A.
Chief Executive Officer

January 28, 1977

January 28, 1977

REFLECTIONS

In my Annual Report for 1975 I noted the two most significant events as the establishment of the Region I and Region IV Task Forces; and secondly, the increase in the number of agencies' setting standards and conducting on site examinations. The Task Force reports are now ready for presentation to the Legislature and are available through the Regional Development Commissions. The reports cannot reflect the tremendous amount of effort expended in gathering basic data, defining problem areas, and arriving at proposed solutions to those problems. The participation by citizens, agencies, and the Task Forces themselves was most gratifying. I was also pleased that, upon extensive examination, it was apparent that the present mental health system was really fulfilling its obligations quite well. Both Task Forces felt, however, improvements could be made, each from its own perspective. At the risk of over-simplification, Region I emphasized the need to change the funding process so greater authority and responsibility would be assigned at the county level to see that needed services were provided. Region IV proposes transfer of responsibility and authority for management of the Fergus Falls State Hospital to a local board with a strong county commissioner control. Hearings on the proposals will be held by the appropriate Legislative Committees and we will await their decisions.

There are three areas of conflict that presently beg for resolution. The first two will be the subject of today's workshop: 1) Containment - there is a difference in expectation of our treatment units from the viewpoint of the client, the courts, peace officers, county attorneys, family and others. This is particularly true of clients under involuntary admission process but also applies to those entering voluntarily. The "right to non-treatment" concept creates additional conflict between the rights of the individual and the rights of society. 2) Under served - we hear of the frustrations of courts, probation officers, school officials, county social service workers, and others regarding the youth who come to public attention with a wide variety of problems from truancy to emotional problems to drug use and drug abuse. Women and the aged seem to present a larger percentage of uncovered cases of chemical abuse than we would like to acknowledge. The continuum of care for Native Americans needs attention. Nursing Homes are requesting assistance in case evaluation, program implementation and staff education.

The third area of conflict will not be specifically addressed by the Workshop because of time limitations. This has to do with "confidentiality" and "privacy" - the right of an individual to determine which data about him are recorded, to know how and where they are stored, and by whom the data are to be used. The right of privacy includes the right to grant consent for access to one's individual data and to restrict and control such access. The Federal Regulations (42 C.F.R. Part 2, 40 Federal Regulation 27802, July 1, 1975) and the Minnesota Data Privacy Act (Chapt. 401, Laws of 1975, amended 1976) provide the basis of what can and cannot be done in this area. The Rules (Section 2.23) seem to provide that "the Rules demarcate a zone of privacy that cannot be narrowed or diminished by state law." Certain questions must be asked by the custodian of the record: 1) Is the information being sought of the kind protected by the rules? (Subpart B). 2) If the information is protected, can the information be discharged without the patient's consent? (Subpart D). 3) If it cannot be disclosed under Subpart D, then consent is required to avoid liability on the part of the custodian, and we must proceed to ask the patient whether he wants the information disclosed. In addition, the custodian has the affirmative duty to decide whether what the patient wants is in his best interest.

The questions raised by the Rule and the Law will need a good deal of testing and interpretation. For example, if a client of ours receives a phone call, it appears we cannot even acknowledge he is a patient (at least on the chemical dependency unit). It appears we cannot produce a record or oral information covered by the Rules without both a subpoena and a court order. Even then, it cannot require disclosure of communications by the patient to the program, but must be limited to objective data. Under the Data Privacy Law, it appears that private or confidential information can be released on individuals (as long as he is provided notice of such sharing each time information is supplied) to county welfare departments, state hospitals, area boards, and the central office. But again, this release process must be consistent with the Federal Regulations.

There are a multitude of questions to be answered, but I trust the answers will not work to the detriment of the treatment continuum of citizens in need of help.

We have received a full two-year accreditation by the Joint Commission on Accreditation of Hospitals for each of our units separately, and it appears we are one of a very small elite nationally to have achieved this honor. We are also licensed under Department of Public Welfare Rule 34 for the Mentally Retarded; Rule 35 for the Chemically Dependent; licensed by the State Board of Health as a Hospital; certified by Minnesota Department of Health for ICF-MR; approved by OCHAMPUS; and reviewed for Life Safety Standards and OSHA.

Dr. Jeannette L. Baker retired on March 31, 1976 as Medical Director after serving very ably in that capacity for seven and a half years. She served a total of twenty-two and a half years at the hospital. Her services included that of the Chief of the Geriatric Service and the Director of one of the Psychiatric Units. Her wise counsel, boundless energy, and dedication to those in need of help have been an inspiration and she will be sorely missed.

Dr. Leonora Trajano was appointed Acting Medical Director and she competently carries out such responsibilities as time permits in addition to her other duties as Chief of Medical Services on the Mental Retardation Unit.

The admissions and discharges on the Psychiatric and Mental Retardation Units tend to equalize and, therefore, maintain a rather constant population level. However, on the Chemical Dependency Unit the admissions have shown a rather strong increase and even though the Primary Program has been intensified and the length of stay shortened, the net result is an increase in average population.

The following sections of the Annual Report are presentations by members of the Management Team on their accomplishments of the past year and goals for the coming year. The progress reflected therein could not be accomplished without the efforts of the very dedicated staff at the hospital and the cooperation, assistance, and understanding of the communities we serve, including the seventeen county social service departments, the Lakeland and Northwest Mental Health Centers staff, the Advisory Boards, the court system, peace officers, sheltered workshops, half-way houses, group homes, the Task Forces, the area coordinating committees, the Bureau of Residential Services, the Legislature, and the residents and their families.

Robert F. Hoffmann
Chief Executive Officer

FERGUS FALLS STATE HOSPITAL

ANNUAL REPORT - OPERATING BUDGET

JANUARY 1977

ACCOUNT	1975-76 EXPENDITURES	1976-77 EST. EXPENDITURES	INCREASE OR (DECREASE) OVER 1975-76	% INCREASE OR (DECREASE) OVER 1975-76
FOOD	312,992	350,140	37,148	11.9
FUEL	156,925	186,206	29,281	18.7
UTILITIES	50,510	99,590	49,080	97.2
DRUGS	71,939	85,000	13,061	18.2
ALL OTHER	*187,152	170,824	(16,328)	(8.7)
*Includes Special Allocation of \$15,423 for Storm Windows.				
TOTAL CURRENT EXPENSE	\$779,518	\$891,760	\$112,242 - - - - -	14.4%
SALARIES	5,978,760	6,703,465	724,705	12.1
REPAIRS	70,452	67,758	(2,694)	(3.8)
SPECIAL EQUIPMENT	31,772	22,978	(8,794)	(27.7)
TOTALS	\$6,860,502	\$7,685,961	\$825,459 - - - - -	12%

Patient Days	188,782	191,908 (est.)
Per diem cost	\$36.34	\$40.05 (est.)
Personnel % of that cost	87.1%	87.2%

BUILDING ACCOUNTS FOR 1976:

ROADWAYS & ROOF REPAIRS	\$ 50,000.00
FURNITURE & FURNISHINGS	85,000.00
CARPETING	20,000.00
AIR CONDITIONING FOR INFIRMARY	70,000.00
REMODELING M.R. UNITS	1,101,296.00

TOTAL	\$1,326,296.00
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FERGUS FALLS STATE HOSPITAL

COLLECTIONS BY SOURCE

July 1, 1975 - June 30, 1976

Patient or Relative Income	\$ 317,435 - 4.6%
Medicare	186,987 - 2.7%
Insurance	152,515 - 2.2%
Hold Orders	106,382 - 1.6%
Medical Assistance	<u>4,414,285 - 64.4%</u>
 Total Collections	 \$5,177,604 - 75.5%
Balance of Operating Budget provided by State of Minn.	 <u>1,682,898 - 24.5%</u>
 OPERATING BUDGET 1975-76	 \$6,860,502 - 100%

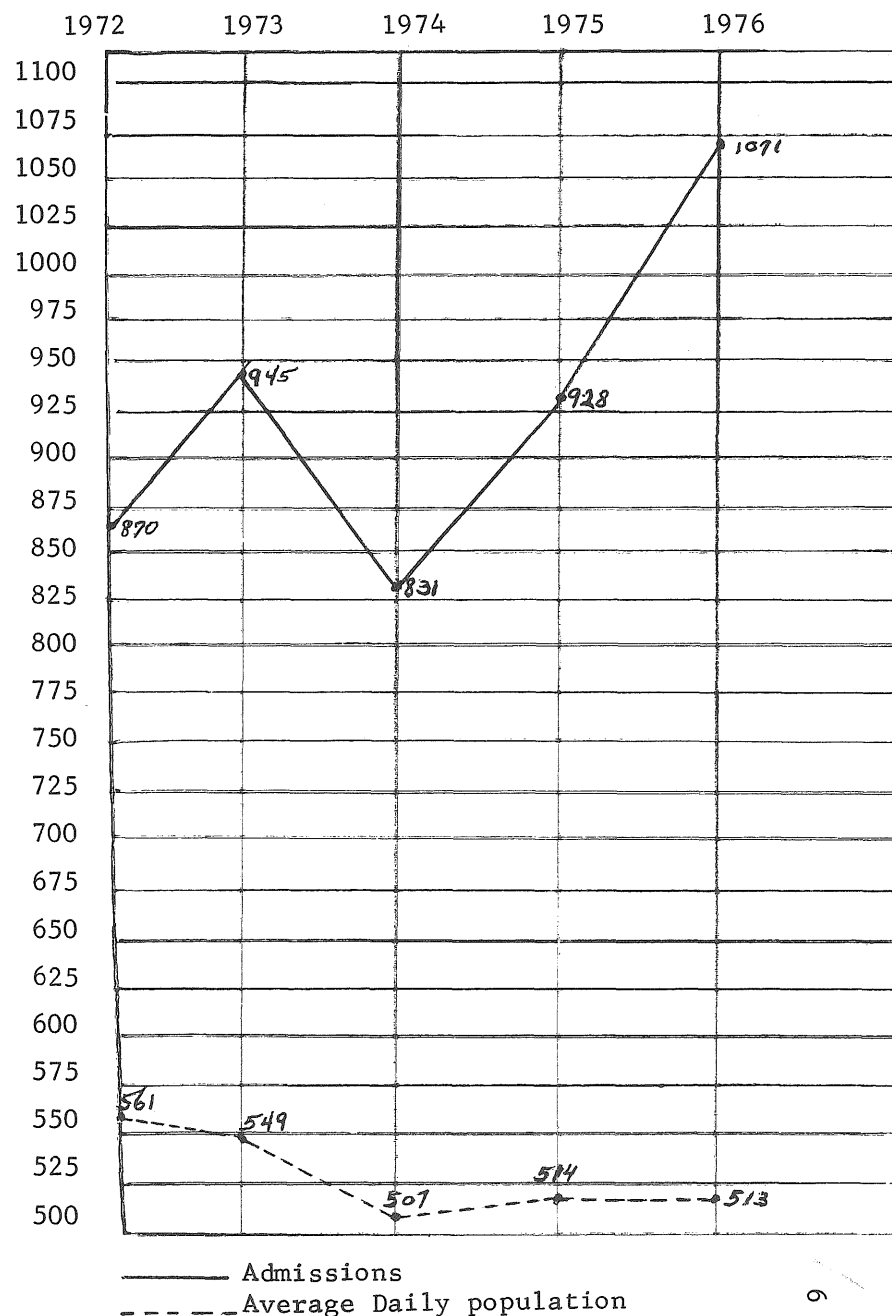
Admission by County of Residence, Disability Group, and Status
for Residents to Fergus Falls State Hospital
for Calendar year 1976

County	C.D.		M.I.		M.R.	C.D.						M.I.						M.R.								
	Number	Rate per 10,000	Number	Rate per 10,000	Number	Voluntary	Committed	H.O.	Energ.	Ret.P.D.	Trans.	Total	Informal	Commit.	H.O.	Energ.	Ret.P.D.	Trans.	Total	Informal	Commit.	H.O.	Energ.	Par.Rel.	Trans.	Total
Becker	128	52.52	34	13.95	2	101	1	15	10	1		128	19	7	8				34	1	1					2
Clay	124	26.62	41	8.80	3	110	11	1	1			123	29	5	2	3	1	1	41	1			1	1		3
Douglas	50	21.84	27	11.80	0	43	1	1	4			49	17	1	1	8			27							0
Grant	10	13.40	5	6.70	3	9		1				10	4			1			5	1				2		3
Otter Tail	175	37.96	80	17.35	3	148	3	22	2		1	176	41	1	16	21	4		83	2				1		3
Pope	22	19.81	13	11.70	0	21	1					22	12			1			13							0
Stevens	31	27.63	9	8.02	1	26		5				31	6		3				9	1						1
Traverse	9	14.39	6	9.59	0	7		1	1			9	3		1	2			6							0
Wilkin	25	26.63	10	10.65	2	23		2		1	1	25	3	7	1	5	1	1	10	1	1	0	1	2	4	2
Sub Total	574		225		14	498	17	48	18	1	1	573	134	7	31	49	6	1	228	7	1	0	2	4	0	14
Kittson	4	5.84	2	2.92	2	4						4	2						2		1	1				2
Mahnomen	15	26.60	5	8.87	0	14	1					15	3	1		1			5							0
Marshall	10	7.66	4	3.06	2	6	3		1			10	2		1	1			4	1				1		2
Norman	25	24.98	10	9.99	1	20		5				25	3		3	3	1		10			1				1
Pennington	15	11.31	6	4.52	3	14				1		15	6						6	2				1		3
Polk	37	10.74	21	6.09	1	31	3	3				37	16	2	3				21	1						1
Red Lake	3	5.57	2	3.71	1	2	1					3	1	1					2	1						1
Roseau	15	12.97	7	6.05	3	14		1				15	5	1		1			7	1	1	2	0	1	1	3
Sub Total	124		57		13	105	8	9	9	1	0	124	38	5	7	6	1	0	57	6	1	2	0	3	1	13
Non-Resident	39		25		0	32	3				4	39	13	2	1	7			25							0
TOTAL	737		307		27	625	29	57	19	2	5	736	185	14	39	62	7	1	310	13	2	2	2	7	1	27

Resident Population for 12-31-76
by County and Disability Group

County	C.D.	M.I.	M.R.	Total
Becker	14	11	22	47
Clay	25	15	31	71
Douglas	5	12	23	40
Grant	4	3	7	14
Otter Tail	23	38	48	109
Pope	4	7	6	17
Stevens	2	6	7	15
Traverse	1	2	6	9
Wilkin	<u>2</u>	<u>9</u>	<u>10</u>	<u>21</u>
Sub Total	80	103	160	343
Kittson	0	2	14	16
Mahnomen	4	4	10	18
Marshall	2	5	13	20
Norman	5	6	16	27
Pennington	4	6	5	15
Polk	5	11	37	53
Red Lake	0	0	18	18
Roseau	<u>1</u>	<u>4</u>	<u>17</u>	<u>22</u>
Sub Total	21	38	130	189
Non Resident	<u>9</u>	<u>6</u>	<u>3</u>	<u>18</u>
TOTAL	110	147	293	550

Average Daily Populations Calendar Years
1972 through 1976



MEDICAL STAFF AND ANCILLARY SERVICES

ANNUAL REPORT

1976

1976 was a very good year. I commend the members of the Fergus Falls State Hospital Medical Staff for being able to provide the residents the best of care. True, we are few in numbers, but we worked hard and were able to accomplish certain goals I had hoped to achieve over the past several years.

In 1976 we learned how to relate better with paramedical personnel thus opening up better communication and understanding. We were able to examine and review the use of medications, not only tranquilizers but others like the antibiotics, anti-hypertensives, etc. Whereas before in certain areas of the hospital the nurses re-wrote the orders quarterly and the doctors signed them, now the doctor, the pharmacist, and the R.N. meet on the unit where the resident and ward personnel are available to go over medications, diet, weight, physical therapy, occupational therapy and other forms of treatment, as well as problems like behavior and school difficulties. The discussion that comes up is very helpful in the doctor's decision making. Through this process we were able to reduce polypharmacy to a minimum; we were able to discontinue medication for those who had no need for them, start medications on those who are in need of them, and regulate their doses better. We were able to reduce the use of major tranquilizers to a minimum, especially on the mental retardation units. We documented why certain medications are being used.

I am proud to report that seizure control is the best we ever had in this hospital. Infection control is excellent and sanitation is well maintained.

The medical staff made use of their consultants very well. We appropriately referred residents who needed care that our facility cannot provide to other medical centers. We have used Rochester State Hospital, the Mayo Clinic, St. Luke's Hospital, the Fargo Neuropsychiatric Institute, Fargo Clinic, some Veterans Administration Hospitals, and Lake Region Hospital as referral centers.

Most of all, it is a pleasure to report that the members of our medical staff helped each other, supported one another, and learned how to understand each other. Our medical staff consists of the following:

Dr. Leonora Trajano, Acting Medical Director, in charge of the clinical services, assigned to two mental retardation units - Adult Achievement Center and the Community Training Achievement Center.

Dr. Larry Mattson assigned to mental retardation units - Achievement Center for Physically Handicapped and the Youth Achievement Center.

Dr. Julian Pawlyszyn assigned to the Drug Dependency Rehabilitation Center, 2SW and the Medical Unit.

Dr. Jennie Lu assigned to the acute Psychiatric Unit (The Cottage) and the chronic mental illness program on 2WD and 3WD.

Dr. A. C. Kohlmeyer, Psychiatrist, part-time, assigned to the acute and chronic mental illness programs.

Dr. E. C. Colman, Psychiatrist, part-time, assigned to the Drug Dependency Rehabilitation Center.

Our consultants proved to be helpful in difficult diagnostic and management problems:

Dr. Gilbert Westreich, a neurologist from the Nicollet Clinic in Minneapolis, comes here once a month. Aside from doing consultations he delivers one hour inservice for physicians, R.N.'s and other paramedical personnel.

Dr. Donald J. Erickson, a physiatrist from the Mayo Clinic, comes quarterly to evaluate complicated cases in our OT-PT Department. He likewise spends some time giving inservice lectures.

Drs. Mehdi Orandi and Subhi Sharafi, pathologists from the Lake Region Hospital supervise our laboratory. They come on a regular basis and are available for consultation.

Dr. Julius Singbeil, Psychiatrist, provides consultation for the mental retardation units and other areas of the hospital.

The Fergus Falls Medical Group and other specialists in town provide consultation to the Fergus Falls State Hospital residents.

The Rochester State Hospital physicians come upon request to see patients needing consultation in ENT, orthopedics, general surgery, plastic surgery, etc.

The Dental Office. The dentist is also a member of our medical staff. He tries to operate this service just like any dental clinic in the community. Patients are seen by appointment. All admissions have dental examinations within ~~seventy-two~~ hours of admission. Short term admissions receive emergency care when needed. A discharge letter is sent to the family dentist for follow up care. Long term residents, like the mentally retarded and chemically dependent residents get yearly dental exams and more dental care, including prosthesis when indicated.

The Dental Office is staffed by one dentist and one dental assistant. Giving inservice to residents and ward personnel and attending Interdisciplinary Team Reviews are additional responsibilities of the Dentist, and these are being done whenever possible.

The Clinic is staffed by one full time R.N. and a part time L.P.N. All admission physicals are done in the clinic within twenty-four hours of admission. Annual physical examinations schedule was changed in 1976 so that they more or less coincide with the Interdisciplinary Team Review dates. Residents of the mental retardation units go to the clinic as they would go to their family physician in the community.

Hospital food handlers are examined annually in the clinic.

The clinic now also arranges consultation schedules and referral to Rochester State Hospital for Temporary Medical Transfer.

X-Ray Department. The management and operation is handled by one full time registered radiologist. We do all routine procedures here. All those needing flouroscopy are sent to Lake Region Hospital. Our statistics show that our sending them to Lake Region Hospital is more economical than investing in a new flouroscopy machine. Our x-ray department serves the Crippled Children Clinic by doing bone and chest x-rays for them. In 1976 our x-ray department did a total of 2420 x-rays. All of the x-rays done for our residents and staff are read by the radiologists at the Lake Region Hospital.

Laboratory. There are two part time laboratory technicians, each working at least six and one-half hours per day, alternating their time. They take turns taking calls after hours and on weekends. Routine procedures are done in our laboratory. We also do chemistries such as fasting blood sugar and serum lithium determinations. Last year we started sending our cultures and sensitivity studies to Lake Region Hospital because we are not equipped to do them. Other lab works are sent to the Department of Health, the University of Minnesota, Rochester State Hospital, and the Mayo Clinic.

Pharmacy. In 1976 this department was improved tremendously. We now have one full time and two part time pharmacists. Pharmacy prescription dispensing is now accomplished via an integrated profile system which enables active review relative to possible drug interaction, appropriate time of medication administration, medication dosages, frequency of refill, and an on-going medical review process. Pharmacist participates in Interdisciplinary Team Review Process, resident counseling, and also conducts a monthly ward survey. Pharmacy consultants are two pharmacists from the University of Minnesota. One lives in Fergus Falls and is available to us most of the time. Through our contacts with them we are able to research and resolve complex drug problems we at times encounter.

Electrocardiograms and electroencephalograms are being done in the hospital by a qualified Senior HST.

The Physical Therapy Department moved to 2EC in April. Additional space enabled them to set up a butterfly hydrotherapy tub. There are two Registered Physical Therapists and two Physical Therapy Assistants providing medically prescribed services to approximately fifty residents daily. The Physical Therapist participates in the Interdisciplinary Team Reviews and other meetings when her presence is needed.

Occupational Therapy. Two young Registered Occupational Therapists helped improve this department this last year. They both left towards the end of the year. Feeding program was instituted in the Mental Retardation areas, particularly in the Achievement Center for the Physically Handicapped; this proved to be successful. Other activities provided are crafts; movement music program; rehabilitation-occupational therapy program; and individualized treatment program, especially for the multiple handicapped mentally retarded population.

Leonora A. Trajano, M.D.
Acting Medical Director

ANNUAL REPORT

1976

Purpose: Recruit, train and maintain a competent, stable work force.

Statistics:

Number of:	<u>1975</u>	<u>1976</u>
New Employees	86	112
Promotions	48	161
Requisitions Processed	142	169
Emergency and/or provisional appointments	38	31

Most frequently recruited job classifications:

Registered Nurses	12	Licensed Practical Nurses	5
Counselors on Alcoholism	8	Other Professionals	20
Human Services Career Ladder	34		

Career Ladder Promotions:

Human Services	102
Registered Nurses	9
Licensed Practical Nurses	20

New Professionals Employed:

1 Music Therapist	1 Special Teacher
1 Pharmacist	4 Behavior Analysts III
1 Recreation Therapist	1 Psychologist II
2 Occupational Therapists	1 Employee Development Specialist
1 Physical Therapist	1 Group Supervisor
3 Part-time Chaplains	1 Occupational Safety Officer

The hospital's authorized staff complement increased from 470 to 487 with the number of direct resident care positions increasing, while the number of supportive positions was reduced significantly. The Personnel Office was reorganized and one additional clerical position was added to handle increased paperwork demands. The LPN, RN, and Human Services Career Ladder was implemented with a total of 131 promotions during the last six months of the year. In participation with Rural MinneCEP, additional employees hired were twenty-three under Title VI, eleven under Title II, and fifty-nine under WEP.

Goals:

- 1) Split payroll function to reduce pressure on payroll clerk and train one additional person in payroll processing
- 2) Implement revised payroll system
- 3) Implement changes in Labor Agreement with Council 6
- 4) Set up staffing board

AFFIRMATIVE ACTION PROGRAMStatistics:

<u>Category</u>	<u>1975</u>		<u>1976</u>	
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>
Supervisory: Total	30	6	37	6
Female	17	57	18	49
Professional: Total	81	15	96	17
Female	41	51	50	52
Service and: Total	334	62	347	62
Technical Female	199	60	214	62
Crafts and : Total	47	9	40	7
Labor : Female	0	0	0	0

Overall percentage of females in work force increased from 55% to 58%. Four new minorities were hired, bringing the total to six, with promise of one returning minority physician.

The Affirmative Action Committee assured the function of the CARE COMMITTEE and developed and implemented the Employee Assistance Program. Seventy supervisors and Union Stewards were trained in Employee Assistance and the New Employee Orientation Program was expanded to include one additional session on Employee Assistance.

Goals:

- 1) Meet goal of ten minorities (2% of work force)
- 2) Train all Manager and Supervisors in Employment Interviewing
- 3) Increase number of females in Supervisory Positions

RESIDENT PAY PROGRAM

<u>Statistics:</u>	<u>1975</u>	<u>1976</u>
Expenditures	\$57,900.00	\$89,746.00
Average number participating/week	74	93

Goals:

- 1) Change payroll form weekly to bi-weekly
- 2) Change payroll system to computer processing with regular salary account

STAFF DEVELOPMENT DEPARTMENT

The Staff Development program is to provide training which results in improving the quality of service, employee's self improvement, and meeting employees' special needs. The emphasis this year has been on the development of training materials and training programs for direct care staff in the human services area. A total training curriculum has been outlined for this direct care staff.

The 1976 training experience this year includes 20,000 staff training hours in the major training areas of management and supervision, nursing skills, job skills, and safety. (Management and supervision totaling 3,000 staff training hours.)

The Fergus Falls State Hospital staff development program now has individual staff development persons identified in each of the program disability areas. Training records have been decentralized to the program areas so that individual supervisors have this information to be used in their daily job of supervising employees. A closed circuit TV system has been installed connecting each of the program areas so that training and information can be disseminated to the unit locations.

Goals for 1977:

- 1) Development of teaching materials and programs
 - a) Structure more self taught material
 - b) Concentrate on non-career ladder employee training
- 2) Coordinate identified training needs
 - a) Management and supervisory training in interviewing skills
(Disciplinary, employment, performance evaluation interviewing)
 - b) Contract and labor agreement training
- 3) Staff development program changes
 - a) The acquisition of an additional staff development person to perform in the classroom utilizing closed circuit system and be involved with training and curriculum development
 - b) Update all human services career ladder training records on the new career ladder path planning sheets.
 - c) Provide supervisors with more training so that they become more actively involved in the staff development program with their individual employees.

Douglas Boyer
Personnel Officer

SUPPORTIVE SERVICES

ANNUAL REPORT

1976

Dietary Department. During this past year we hired a full time Registered Dietician to manage our food service department thereby completing the compliance with standards to make this a professional dietetic service related to a medical-rehabilitation facility. The addition of Mrs. Elizabeth Daub has allowed us to enter an era of providing cycle menus and bring several other pieces of our already fine dietetic department into professional focus. Along with that, we have been able to offer to the Interdisciplinary Team processes throughout the facility a dietician to consult on patient planning where diets either are, or potentially might be a part of the problem defined for the resident. The dietician has been available to consult with families and other persons that may be affecting the lives of our residents as they leave this facility concerning the need for special attention to dietary needs.

Within the dietary department itself, fire extinguishing equipment has been installed in canopies above all ranges in the cooking areas; fire alarm systems have been installed and an air conditioner placed in the meat processing room to assist in eliminating chances of contamination of meat products. Through the efforts of Stan Frederickson, Fritz Henkes, and Lorraine Holdt, we have not only improved several operations within the facility but have increased our purchasing efficiency and improved our special diet department in some very meaningful ways.

Fire and Safety Monitor. During this past year we have completed the installation of heat and smoke detectors, automatic alarms, automatic notification to the Fergus Falls Fire Department, and changed many of the existing facilities to comply with the Fire and Life Safety Surveys being made on a regular basis. Along with the installation of equipment and continuous inspection processes, we have hired Frank Dowzak to serve as a full time Fire and Safety Officer, serving the entire facility. His prime responsibility is to see that the institution meets all codes relative to safety for our residents and employees. His job is to keep our emergency manuals up to date, observe and critique fire drills throughout the facility, keep documented records of processes that have been completed, assist with inservice training concerning fire and safety, and assist the surveyors in their rounds throughout the facility. The addition of Mr. Dowzak has already resulted in better follow-through and documentation on all the fire and safety processes.

Engineering - Construction. These two departments headed by Robert Shorter and Guy Worden must continuously provide an integrated service to the facility to keep the various buildings and mechanical professions working together toward the end of maintaining the State's property and remodeling almost continually to fit changing and ever demanding program needs. This facility burns lignite coal shipped in on a train that also carries the coal designated for the Otter Tail Power Company in downtown Fergus Falls. By this process and through the purchase of Federal power wheeled in by Otter Tail Power Company, our energy expenditures are kept to a minimum. The burning of lignite coal in itself decreases the cost per B.T.U. several times versus the cost of heating by fuel oil, gas, and/or other energy source.

Since the processes of treating and providing residential and educational care for human beings on a year round, twenty-four hour a day basis is a changing and evermore sophisticated process, these two departments must become a part of the

team that plans for and implements the environment for those changes to occur. In order for this facility to stay "up with the times", it is necessary for these departments to be creative, innovative, and still provide somewhat conservative leadership in remodeling. Even when the remodeling or changes are contracted to outside contractors, the supervision of these projects falls within these departments; as, for example, installation of the fire alarm system fell mainly to the supervision of Kenneth Ranum, Electrician, to be certain that the contracts were completed in a timely and up to standard way.

Grounds and Vehicle Maintenance. Maurice Haugen has been in charge of maintaining the beautiful campus of the Fergus Falls State Hospital as well as the supervision and the coordination of the activities of our garage, staffed by Mechanic, Don Steeves. Mr. Haugen has made many changes throughout the grounds including replacement and trimming of trees, lawn care, snow removal, road repair, hauling of refuse and ashes, and many other activities with a rather small staffing used to its limits. The maintenance of the garage is indeed a part of this facility's communication process. It services the vehicles that not only maintain the plant itself but provides our communication links with various agencies, nursing homes, group homes, the Department of Public Welfare, etc.

Remodeling Architectural Services. The Department of Administration has recently appointed an architectural firm located in Fergus Falls to assist this institution in preparing of plans for improvement that are necessary to meet various rules, regulations and the changing programs themselves. This firm is Roger Keiser and Associates. We feel it will be helpful to have an architectural firm so closely located that will thoroughly understand the needs of this facility and the codes with which it must comply in the process of our planning for necessary changes. During this past year we have completed the remodeling of the First Floor East Side to accommodate 16-bed, or less, living units and feel we have developed within the main building somewhat of a showplace of what can be done with contingent units, small housing capacity, and the development of a program related to a family unit of twelve to sixteen. We have placed carpeting in this area, developed the processes for its maintenance in spite of a population that is very hard on carpeting; provided front and rear doors, doorbells, homelike lighting systems, kitchenettes for each unit, separate living and dining room areas; and, in general, a rather drastically changed environment from that which is usually viewed as an institutional setting. I think we are, at this time, demonstrating the efficacy of using small units in proximity to each other in order to efficiently use a broader array of other services such as Physical Therapy, Occupational Therapy, Speech and Hearing, Psychological Services, etc. that can be found on a campus such as this. We have already seen changes in residents' behavior as a result of the smaller groupings while still being able to maintain a broader array of services available to each resident.

Along with the changes on the residential living areas, we have done some remodeling in the basement of the main building to accommodate some additional office space and to accommodate an inservice training area with a closed circuit video system in a readily available area. Because of our fast developing program, inservice training has become an important function and we feel that our closed circuit video system will give us many opportunities for training on a very efficient level.

Architects assigned to perform the architectural services have completed their schematic drawings and are now in the process of preparing working drawings for the remodeling of one of our Geriatric Buildings and Patterson Hall into 15-bed units for the mentally retarded residents. Opening of bids is tentatively set for June, 1977.

When the remodeling is completed, this building will meet codes, rules and regulations as required. The architects have also prepared preliminary plans for Life Safety requirements covering the entire institution.

Other State Agencies. Within the philosophy of providing space, as available, to other State agencies, we have provided a room for the Petroleum Division so that one of their inspectors can test petroleum products used in this region. This is in addition to those spaces presently occupied by the Regional Office for the Minnesota State Board of Health, a Special Education Regional Office, Alanon and, frequently, classroom space for adult education courses conducted by the Fergus Falls Community College and Moorhead State University.

Edward W. Drechsel
Business Manager

OTHER SUPPORTIVE SERVICES

ANNUAL REPORT

1976

Patient Oriented Information System: During this past year Fergus Falls State Hospital has joined, along with the other residential facilities of the State of Minnesota, a shared medical systems computer services located in King of Prussia, Pennsylvania. This system will accomplish many things in terms of data retention and retrieval in future years. This year it has already been productive in two basic areas.

Collections for residents' care in this facility and the accompanying billings will be done automatically by computerized system. The material placed on the computer by our staff concerning each resident admission and other change in status will be transmitted by computer to billings and automatically sent to the appropriate places. This should result in better and more timely collections so that the cash flow to the State of Minnesota will be more appropriate and dependable.

The system has also produced a readily available terminal at the Fergus Falls State Hospital which can be queried by our own staff for resident information. The numbers of admissions by counties and all descriptive data regarding each resident can be obtained easily and quickly. This has increased our opportunity for obtaining and using management data, being more aware of patient shifts or changes throughout the facility and making studies of the patterns of usage more readily available. You will find in the patient information section of this report some of the resident data taken directly from the computer terminal here. Since the terminal was installed in April, and the first few months were de-bugging sorts of operation, some information available is not for the entire year 1976. It is our hope and plan that by the end of 1977, when this annual report is again submitted, we should be able to pull a complete year's information of a much more complex nature directly from the computer terminal.

Mrs. Addie Foss and Mrs. Sylvia Johnson have taken on the job of learning the data input process as well as the complex set of knowledges that are necessary for data retrieval from this computer. It has been a busy year for them with many new learning experiences along with the opportunity to see new frontiers in the area of the use of computerized data for the Fergus Falls State Hospital.

Switchboard. The activity in the Switchboard area has become a veritable beehive during this past year. We have changed some of the complexion of that area by moving in a copy machine and other clerical activities to be performed by the switchboard operators when they are not actually at the switchboard. Along with that tremendously increased activity there has been a decided increase in the activities on the switchboard itself. This has been so much true that we have had to request a new switchboard of a larger size in order to handle the increased traffic and the increasing number of incoming trunks and the number of telephones on the campus here. Along with the functions of the Fergus Falls State Hospital telephone system, the switchboard handles Tie Line and WATS calls for all of the state agencies in the Fergus Falls area. This gives our state agencies opportunities to call, toll free, to many places throughout the State of Minnesota by dialing certain numbers. The WATS line, of course, gives us a wide area telephone service for the entire state and makes that service available to the institution as well as to the state agencies in the area.

With the retirement of two long tenure employees we have added to our staff two new employees, Merri Bellet and Cindy Maahs. These two switchboard operators, along with Barb Stich and Carol Schaaf, the supervisor, will be heard by the many agencies served in our area as the friendly voice from the Fergus Falls State Hospital, both in person at the reception desk and on the telephone through handling our major communications system.

Chaplaincy. The Chaplaincy Department under the direction of Rev. Armin Mueller has increased its activity considerably this last year by the addition of three one-day-per-week chaplains from the area, and the addition of Betsy Barton and her Sunday School Program for the mentally retarded. We found that the mentally retarded, in order to have a normal Sunday School environment, need the opportunity to attend Sunday Schools in community churches - a project that is just now getting under way - and for those that are unable to get their religious education in that way, we have needed to recruit a corps of Sunday School teachers each Sunday on the grounds of the Fergus Falls State Hospital itself. This function is performed under the supervision of the Chaplaincy Department by Mrs. Betsy Barton and has been growing steadily both in numbers of Sunday School teachers and in stability and effectiveness.

Rev. Glen Anderson, Rev. Gary Leiser, and Rev. Steve Streed are now on the staff one day a week providing services directly to the chemically dependent. Rather than hire a full time chaplain, we have chosen to hire these men who are spending the rest of their working lives in a congregation in our immediate receiving area. They are men who have specific interests in that subject area and have undergone training and orientation on the campus to perform that function. Through the services of Rev. Mueller, Father Kenneth Brenny and these three men we are able to provide not only religious experiences and opportunities for all residents through church services and spiritual opportunities, but also the counseling so directly needed on the chemical dependency unit to accomplish particularly the Fifth Step in the drug dependent's progress toward obtaining a new lease on life.

Library. Mrs. Elizabeth Swenson, along with help from some students, is maintaining a library that performs the function of a staff resource center for professional development and updating. That library, at the same time, provides a place where our residents from all units can obtain reading material, both educational and recreational; a look at their home town papers; and particularly for the mentally retarded, to participate in film strips and audio-visual learning experiences. The library is open as many hours as can be arranged given the staffing available and is located next to the canteen, barber and beauty shops so that it is located in an activity area readily accessible to all.

O. John Bloom
Assistant Administrator

THE ADVOCATE'S OFFICE
ANNUAL REPORT
1976

The advocate's office was established at the hospital on August 1, 1972 and was the first such function in the state hospital system. There is now an advocate in each of our state hospitals by departmental mandate. The advocate's office offers consumers a method of appeal that is recognizable and immediately responsive while articulating their grievances and complaints in a rather partisan fashion. The office is staffed by a full time staff member who in turn is assisted by interns from local universities and from the Law School, University of North Dakota. The advocate is available to consult with residents in the areas of legal status, rights under the Minnesota Hospitalization and Commitment Act, treatment plans, length of stay, policies affecting residents, unit living conditions, resident/staff relationships, criminal and civil matters, and welfare policies outside of the facility's jurisdiction. The most important feature of the function is, however, the fact that the advocate has the authority to go outside the system for resolution of grievances when necessary. Residents of the hospital have free access to the advocate and, in addition, the advocate's office makes regularly scheduled rounds of the facility to make the services available.

The advocate was involved in 721 cases during the past year and in approximately 3,200 since the function was established. This function is utilized most heavily by people on the chemical dependency unit as 39% of all cases come from that group. This is followed by individuals from the units for the mentally ill (34%) and from the retardation services (8%). It would appear that the advocate's office continues to have a high degree of acceptance from residents of all disability groups served by Fergus Falls State Hospital.

Bill Johnson
Advocate

LAUNDRY AND HOUSEKEEPING DEPARTMENT

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The Laundry and Housekeeping Department of Fergus Falls State Hospital is headed by a Certified Executive Housekeeper, Edna Brothen. There are 35 to 40 certified employees that make up the staff.

At the present time, and effective since June of 1976, the laundry for this hospital is being done by the Brainerd State Hospital laundry. This plan was initiated by legislative action. Approximately 17,000 pounds of soiled laundry is trucked daily to Brainerd and clean laundry is returned. At the present time we are not sending resident personal clothing to Brainerd, but all other laundry needs are being taken care of by that process. Where facilities are provided, much of the personal clothing is presently being done on the living units. This plan works out reasonably well except that direct care staff are involved in this project and that time should be more available to residents.

At the time that we were running a full laundry here, we were employing 14 to 16 Lake Region Sheltered Workshop handicapped clients; since we are now sending our laundry to Brainerd we have cut that service to the Lake Region Industries back to where we now have 6 to 7 Sheltered Workshop clients employed in our laundry, involved with the pick-up, sorting, and delivery of laundry.

Housekeeping: At the present time our campus is divided into four major supervisory areas. They are as follows: east side of the main building, west side of the main building, all outlying buildings and the administration and central services area. Each living unit is staffed with no less than a team of two janitors. We are at the present time able to give 6-day coverage to all units. This coverage allows us to take care of the basic housekeeping needs. These needs are: 1) waste removal, 2) maintenance of shower and toilet areas, and 3) floor care.

We have been experimenting with carpeting on the mental retardation units and are working out some of the problems with this type of floor covering for these residents. We do feel that the aesthetic value of carpeting is worth the time invested in the care of the carpet. Our goal is to maintain an environment clean enough to be healthy and (unclean) enough to be comfortable. We have thus far been able to maintain what we feel is relatively odor-free environment without the use of any odor masking agents. Of the many health care facility inspections that we have had at this facility, we have always had the highest praise for the standard of cleanliness that this relatively small housekeeping staff has been able to maintain.

Another area of responsibility in the Housekeeping Department is the maintenance of the sewing room. It is in the sewing room where residents' clothing is maintained in a wearable condition. Another responsibility of the sewing room is that of window dressing. One full time person is not able to keep up with the demands of the window dressings. It is from the sewing room that certain needs are met for physically handicapped residents; that is, alterations on personal clothing as an example. There are certain personal care items that are made such as bibs, restraints, certain therapy type items that are manufactured in the sewing room.

Many employees of the Housekeeping Department are trained to work in the laundry and vice versa. This is a very desirable arrangement as it provides help in times of illness, vacation, or other shortages in one department or the other.

Edna Brothen
Executive Housekeeper

RESEARCH - EVALUATION

ANNUAL REPORT

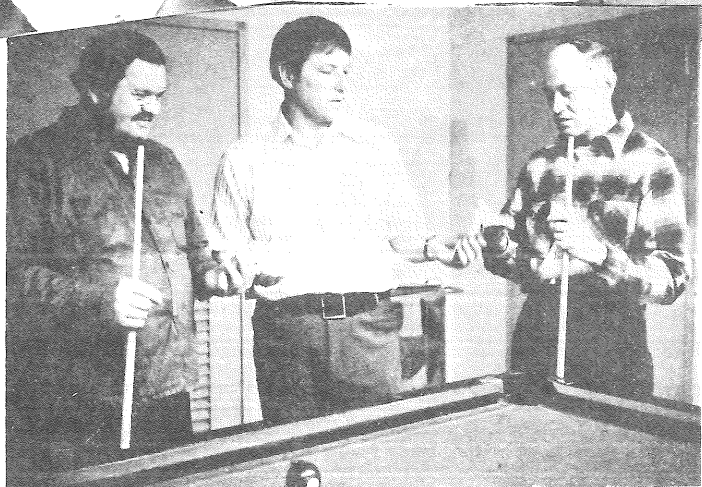
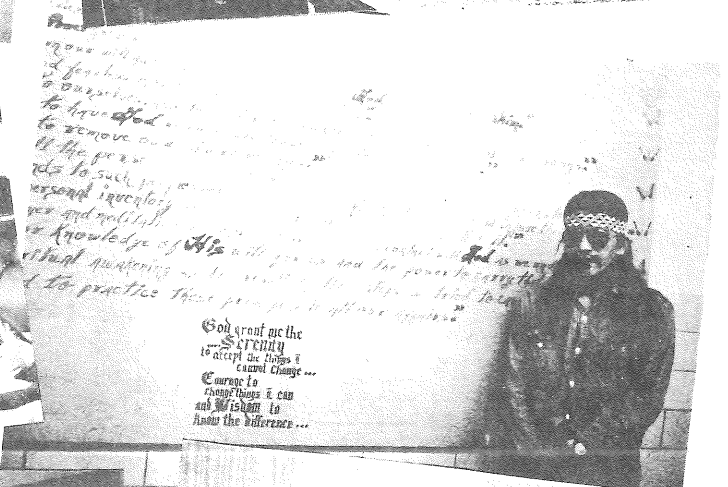
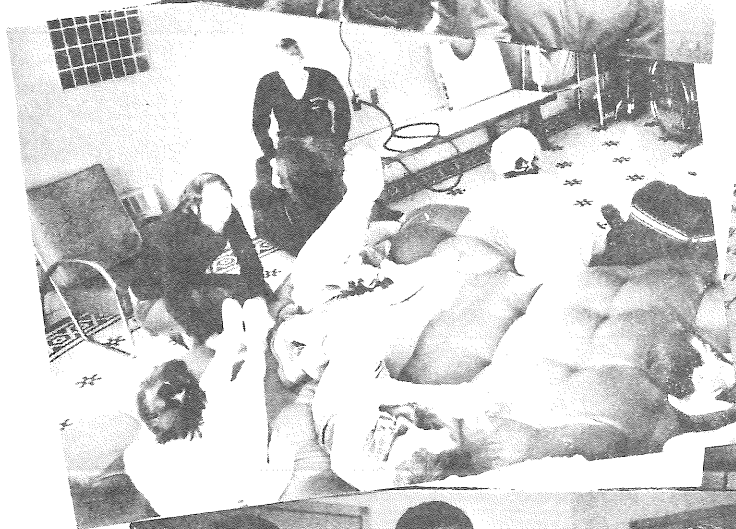
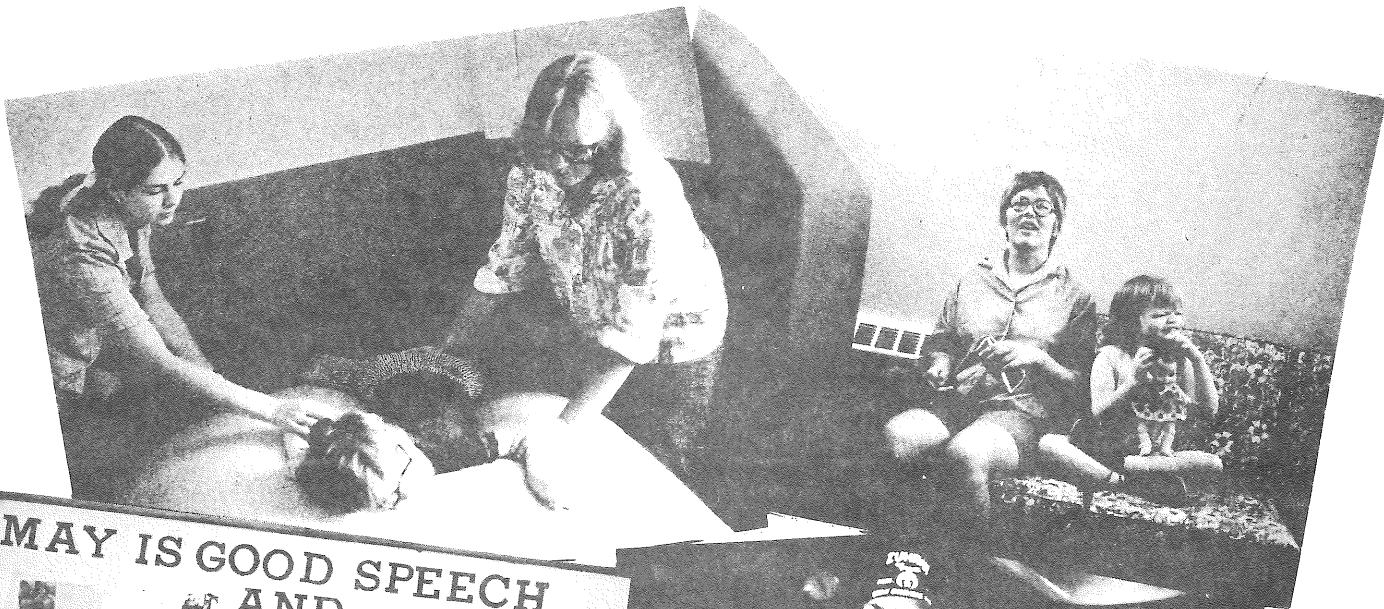
1976

During 1976 fourteen professional papers were completed explaining and addressing questions and problems in the field of mental health. A number of these papers were completed in conjunction with other community agencies. Such cooperative efforts have increased the efficient utilization of work effort and has greatly expanded the problem areas that can be addressed from a research-evaluation standpoint. In continuing the hospitals long tradition of original contributions to the mental health knowledge base, two of the papers have been published in national professional journals.

During the past year the research department assumed major responsibilities for the implementation of a new computer-data system called the Patient Oriented Information System (POIS). This system is designed to increase the amount and timeliness of patient information available.

As of November, 1976, the hospital eliminated its primary research position but has been successful in maintaining an active research function and looks forward to a continuing strong and effective research evaluation effort.

Dave Aanes
Research Director



HOSPITAL UNIT

ANNUAL REPORT

1976

This unit was established under its present organization in April, 1976; before that time it had been an extension of the Psychiatric Unit. It was felt at that time that the 34 long term chronic residents living on 2WD could be more appropriately programmed for by transferring the responsibility of its management to the manager of the Psychiatric Unit for acute and long term residents, namely, Dale Klaessy.

The newly formed Hospital Unit is responsible for the care and treatment of the chronic residents whose needs are more commonly referred to as the geriatric resident. These residents have behavior disorders and other disability problems, which presently cannot be met by the nursing homes in the community.

Community placement continues to be the goal in programming for these residents, but the rehabilitation progress is very slow and sometimes nil.

The placement process is slow because of the type of client to be served from this unit and the number of beds available in an appropriate facility in the community.

There are no direct admissions to the unit. All residents are admitted to the Psychiatric Unit and transferred to the Hospital Unit if appropriate.

The other segment of the unit is a small 19 bed ward which cares for all residents on this campus who are acutely ill or have acute medical problems, which can be cared for here without the services of the local general hospital.

The unit census stays stationary. There were 16 admissions and 16 discharges in 1976. The geriatric service is always 100% occupancy. The acute medical services, of course, varies.

Mrs. Gene Hegman, R.N.
Medical Unit Program Director

PSYCHIATRIC UNIT

ANNUAL REPORT

1976

During the past year all psychiatric unit services have been consolidated under the clinical direction of Albert C. Kohlmeyer, M.D., Psychiatrist. The administrative coordination of Dr. Kohlmeyer's three separate treatment programs is managed by Dale Klaessy. The two programs that have been added to the unit are the long term ward on second floor at the end of the west wing of the main building, and a new program on the third floor at the end of the west wing, called Project 365.

Dr. Kohlmeyer's clinical involvement here and at the Lakeland Mental Health Center gives us a closer relationship with that part of the treatment service delivery system. We believe that this unique arrangement accrues to the benefit of those we serve. We are grateful to the board and staff of the Lakeland Mental Health Center for agreeing to this.

Project 365, directed by Dick Quaal, psychologist, was started in September for a small group of people who function adaptively in the institution and who have the potential to adjust ultimately to complete independence from the hospital. This one year program has two primary goals: 1) to gain, or regain, the ability to function vocationally; that is, to become employable; and 2) to develop a realistic, viable plan for independent living in the community.

In addition to combining our psychiatric treatment wards into a unit, as we have, some of the other actions that have given us improvements are: 1) hiring additional professional staff (registered nurses, rehabilitation therapists, and a registered occupational therapist), and 2) reorganizing our rehabilitation, psychological, and nursing services. Now we are getting more occupational and recreational therapies to more people. We are providing more complete and more timely psychological evaluations to treatment teams and counselors. We are receiving improved medication review from our acute treatment team nurses. By assigning registered nurses to each acute treatment team we are able to provide each resident with a constant medication review by criteria based on therapeutic response until the problem for which medications was prescribed is inactivated. The results of this program have been a quicker favorable response to medication and fewer cases of over medication.

In November we began using the Problem Oriented Record (POR) at our acute treatment ward, The Cottage. The POR system is based on a scientific problem-solving process which pre-supposes a clear and concise problem identification. With problems clearly identified in behavioral terms, it logically follows that goals, too, can be established in behavioral terms. The next step then is to provide a method of obtaining that goal and this is the treatment plan. Thus, there is a direct and obvious relationship of problems to goals to treatment.

We understand that all Minnesota state hospitals will be using the POR system. Dolores Saurer, MSW, our Social Service Supervisor, has developed a POR instructional manual that will be helpful to others as well as to us.

Total unit admissions in 1976 remained about level with other recent years-- 308 compared to 297 to 320 for the past few years. More young adults and more senior citizens came for treatment. There was an increase of young men with both mental illness and chemical dependency problems. Fewer adolescents and middle aged adults were admitted.

Psychiatric Unit, continued.

The Psychiatric Unit possesses the full two year psychiatric accreditation from the Joint Commission for the Accreditation of Hospitals (JCAH). We have federal certification as a psychiatric hospital--provided by the Minnesota Department of Health as a result of their survey for Medicare and Medicaid. We are also licensed by Minnesota Department of Health and have a license to provide treatment services as a Civilian Health and Medical Program to the Uniformed Services (CHAMPUS).

It is our goal to retain these certifications, accreditations, and licenses. We also intend to attain program license under Minnesota Department of Public Welfare, Rule 36. Our first Rule 36 survey will occur in 1977.

Other 1977 goals are: 1) to recruit new members for an expanded Mental Health Advisory Committee and help that group develop criteria to become a viable body; 2) to provide more individualized treatment to long term residents by more interdisciplinary involvement throughout the residential treatment continuum; 3) to upgrade behavioral therapies by recruitment of a professional behaviorist, by inservice education, and by new programs; 4) to continue to build good community relations through regular contact; open, objective communications, and the development of realistic expectations; 5) to develop a more organized approach to inservice education to meet the increasing professional growth needs of staff; 6) to continue to explore improved methods for the treatment of persons with both mental illness and chemical dependency problems; and, 7) to design and implement ongoing basic program evaluation methods that will give us the foundation for improved treatment programs.

Dale Klaessy
Psychiatric Unit Manager

DRUG DEPENDENCY REHABILITATION CENTER

ANNUAL REPORT

1976

The year 1976 was a year of change for chemical dependency treatment at Fergus Falls State Hospital. John Hendrickson was hired December 1, 1975 as Institutions Coordinator for Chemical Dependency. John instigated a badly needed process of treatment into primary treatment brought from "Starting Point" in California (similar to Hazelden). It stresses intensive treatment in groups of about 20 people. Treatment takes place in a small unit with a Counselor I seeing one-half of the patients on a one-to-one basis. A Counselor II counsels the other one-half of the patients. These two counselors then trade patients for group session thereby exposing the patient to more than one counselor. The unit coordinator ties this process together on each unit.

Patient programming is a full schedule until 8:30 at night, Monday through Saturday, including three lectures daily, group counseling, individual counseling and a constant peer group living situation. Books, movies, tapes, and literature are used extensively. Visitors, except for clergy, AA, and other cleared by counselors, are permitted on Sundays only. The average patient stay at "Starting Point" is now about 34 days. We do not consider people who stayed less than 10 days as having taken treatment. A known way to lessen the number of people running from treatment is adequate staffing. When staff has a chance to get the patient involved in the program, the patient is less likely to run. There were approximately 130 of these patients. Mr. Hendrickson resigned in August and Mr. Curt Ramberg was appointed Institutions Coordinator on September 1, 1976.

In June, we moved the entire center from the Geriatrics Building to the Receiving Hospital Building, the Annex, and the Adolescent Ward Building. An extensive redecorating took place in the Receiving Hospital Building and new bright-colored carpeting has been installed.

The Annex Building houses the American Indian Program, which because of our involvement with White Earth Receiving Center brings a constant flow of Indians through our Center. We have two American Indian counselor trainees who, with Larry Mitchell, American Indian Counselor, are now trying the process of Indians working with Indians. We are and will be evaluating this process in 1977.

Because of the increase of women patients and our advisory board wanting a separate unit for women, we are in a pilot project now to see if this is feasible. The added emphasis is women treating women. The four women trainees will be assisting on this unit at different levels of training. This will also be evaluated in 1977. Women constitute 15½% of total admissions. The average age of women was 34.27 years.

"Continuum of Care Program": John Peterson has been doing a beautiful job of coordinating our Family Program which has been upgraded into a 2½ day live-in program that takes twelve significant others and offers them a chance to look at their part of this family illness. In this program there is intensive emphasis on education and peer group to help them understand their enabling role and to understand chemical dependency as an illness.

We have added two secretaries. This should correct some of our communication problems to counties and courts.

The Governor's Bill will bring on an intensive effort to get people into the continuum of care sooner. As this happens, there will be many found who will need treatment. We feel we are ready for this influx of new patients, no waiting! We also agree they should be found soon enough for outpatient treatment. We plan to fit this into our continuum for at least a part of our receiving area. As a licensed and Joint Commission Accreditation of Hospitals accredited program that served 737 admissions, we have an obligation to the people of Minnesota to continue at this level or better. This is also true of our training program which will be accredited and turn out trained staff to meet the rising need in Minnesota for certified counselors. We will be looking to intern some of our trainees in social services settings as some of their desires and talents lie in that area. We feel that delving into the problems of the elderly will show a need to expand Liv programs to treat our senior citizens and return them to their "high rise" to groups that will be started by the delivery system established through the Governor's Bill. Nineteen and one-half percent (19½%) of our admissions were over 55 years of age. The average age of males is down from over 40 to 34.95 years, with the overall age average of all residents at 39.08.

Curt Ramberg
Institution Program Coordinator
Drug Dependency Rehabilitation Center

The other part of our "Continuum of Care Program" is aftercare. Patients who are discharged from the Drug Dependency Rehabilitation Center are given the opportunity to return either of two nights a week to take part in group or counsel with a counselor or counselor trainee. It is great support for the adjustment period. Discharged patients are referred to the aftercare programs in their community if one has been established. We have also in the last eight months of the year referred 50 patients to halfway house programs. The majority of these patients were referred to area halfway houses at Barnesville, Fergus Falls, and White Earth.

The continuation of the Hope Program and the Liv Program to care for the recidivistic alcoholic is still a large and ongoing part of the center. LaVern Thompson has been promoted to Counselor Supervisor and will supervise long term and American Indian programs. The Liv Program moved to an area in the main building because of space needs. This enlarged our bed capacity to 147. These patients as well as the Hope program patients are involved in the patient pay program and are doing meaningful tasks around the hospital. In other words, these patients are productive. This is a big change from the continual costly detoxification revolving door they are caught in when in their communities. The Hope program shares the Annex with the American Indian Unit. This has also been painted and now awaits new carpeting.

We are also enlarging our training program. It will now handle twenty plus trainees in different quarters of training. These trainees receive room and board while they are on board for 52 weeks. They are also funded in various ways to offset expenses at home by the Minnesota Concentrated Employment Program, the GI Bill, the Department of Vocational Rehabilitation and the Bureau of Indian Affairs. They share part of the basement of the Receiving Hospital Building, besides sleeping quarters shared with the Continuum of Care Program and two houses formerly used by hospital staff.

1977 - We now have the process to give as good treatment as anywhere in Minnesota (and it's the best in the world). We are upgrading staff to deliver this treatment better. We are putting on staff to replace people who have left and have added two new positions.

Donna Slagle was hired as Group Supervisor to supervise "Starting Point" (our name for primary treatment). Donna comes from St. John's in Fargo, North Dakota. She has a wealth of knowledge of alcoholism plus a background in state delivery systems from Missouri and Oklahoma.

Delano "Bud" Remboldt will be our new Trainer. Bud is finishing his Master's Degree at North Dakota State in alcohol counseling. He has worked at St. John's in Fargo as a counselor for three years. He will be involved with the Minnesota Chemical Dependency Association training section so that we can continue to improve our training program to meet credentialing and accreditation.

Dean Larson comes here already trained in the process. He will be an asset to primary treatment. He was trained in Vancouver, Washington.

Bart Davis has joined primary. He is a knowledgeable young man who is about to finish his Master's Degree at North Dakota State University. He will be addressing area needs in the youthful abuser program which we will be piloting in the coming year. Those 25 years of age and under were 24% of 1976 admissions.

STATE REGIONAL RETARDATION CENTER

ANNUAL REPORT

1976

INTRODUCTION

The State Regional Retardation Center (SRRC) was established on the Fergus Falls State Hospital campus in January 1969. It was established under the regionalization concept which supported having residents located as close to their families and home counties as possible. The SRRC provides 24 hour services 365 days a year to the mentally retarded residents who have been placed here from the 17 county area of Regions I and IV. Of the approximately 500 residents who have been transferred to the SRRC, approximately 200 have been placed in the community. The resident population in January of 1975 was 292. Since that time, the admissions and discharges have balanced and the population has remained at approximately the same level for the past two years.

The State Regional Retardation Center (SRRC) is fully accredited by the Joint Commission on Accreditation of Hospitals (JCAH), a national organization which conducts in-depth accreditation surveys at the request of MR facilities. It is generally considered the most stringent to pass and has provided the SRRC with valuable information for continued improvement. The stringency of the JCAH survey is exemplified in that the SRRC is one of only two public facilities in the entire state of Minnesota which has received a full two-year accreditation. The SRRC is also licensed by the Minnesota Department of Public Welfare, Rule 34 and by the Minnesota Department of Health as a Supervised Living Facility (SLF). It has also met the requirements of the Federal Intermediate Care Facility standards for institutions serving the Mentally Retarded (ICF-MR).

The role of the SRRC is to induce higher levels of independent functioning for all residents in the most normal environment possible. In order to implement this philosophy, each resident is looked upon as an individual. Their needs are assessed individually and their Program Plan is individually developed to meet their assessed needs.

DESCRIPTION OF POPULATION

The age range of the present 290 residents at the SRRC is 7 years to 69 years. Sixty two are 21 years of age and under. One hundred fifteen are female and 175 are male. Of these 290 individuals, approximately 81% are profoundly or severely retarded. This figure is notably higher than the 73.8% who were classified as severely or profoundly retarded in 1974. During 1976, 32 of the SRRC's highest functioning residents who were semi-independent were placed in the community. In their stead, 27 considerably more dependent individuals were admitted. A substantial proportion of the population have problems in addition to retardation. Of the present population at the SRRC, approximately 17% are non-ambulatory and an additional 9% have ambulation difficulties, or slightly greater than one fourth of the population are deficient in the area of ambulation. In addition to ambulation, other physical or psychological problems occur. These range from severe seizure problems to various types of psychotic disorders.

The SRRC population trends reflect the placement of semi-dependent individuals into community alternatives. These individuals are being replaced by persons

admitted from the community who possess fewer self-help skills and more crippling deficiencies. In general, the residents at the SRRC today require a more highly concentrated service from a variety of human services specialty staff than was necessary in the past.

STAFF COMPOSITION

Staffing at the SRRC has changed commensurate with the changing needs of the residents served. The following disciplines are currently represented in the SRRC's staffing: Audiology, Behavior Analysis Specialists, Dentistry, Dietary, Library, Medicine, Nursing, Occupational Therapy, Pharmacy, Physical Therapy, Psychology, Recreation, Religion, Social Services, Special Education, Speech Pathology, Vocational Habilitation and Volunteer Services. Supplementing the SRRC's staff are the following consultant services: Neurology, Pharmacology, Physiatry, Orthopedics and Psychiatry. In addition to this, working services are available from the two mental health centers in our receiving areas; a local medical clinic, a local medical hospital, and the services of the Rochester Medical/Surgical unit.

Program services available to the SRRC include the Foster Grandparent Program which has on its staff 37 Foster Grandparents and the services of 55 staff from School District #544 for 92 SRRC residents who are 25 years of age and under. Also provided are volunteer services from various church groups, a Sunday School Coordinator, a full time Volunteer Services Coordinator and a Boy Scout troop, sponsored by the Disabled American Veterans, for all appropriate boys below age 21.

Allotted to the SRRC are 187.6 full time equivalent positions who are dedicated to the delivery of comprehensive and quality services for the retarded.

DELIVERY STRUCTURE

The organizational structure of the SRRC is centered around the Inter-disciplinary Team concept. This means that the individual resident is the key determinant in establishing staff and resident groupings. The SRRC's organizational structure is presented in Appendix A. The staff groupings reflect the result of composite individual resident needs. The Interdisciplinary Teams direct the staff's efforts in training for each of the individuals making up the resident group. The resident groupings are located in four Achievement Centers. The first of the four centers is the Community Training Achievement Center (CTAC). The CTAC provides services to the semi-dependent residents of adult age who live at the Center. The mean age of the residents on CTAC is 40 with a range of 16 to 69. These residents have been identified by the Interdisciplinary Team process as being most likely to be placed in the community in the foreseeable future. The programming which reflects the needs of these residents centers around sophistication of self-care skills, pre vocational habilitation, socialization skills, and a concentration of community involvement programs provided by the Human Services Technician staff. The primary educational approach is that of vocational education which is provided by the Vocational Education section of our Educational Department.

The second Achievement Center is the Adult Achievement Center (AAC). The AAC is comprised of the adult dependent population at the Center. These residents are primarily in need of basic self preservation and self-care skills. The mean age on AAC is 36 years and the age range is 24 to 69. The individuals on this unit present needs which require a highly structured and supervised living situation.

The AAC emphasis is on language and pre-language development, self preservation, basic socialization, and grooming, dressing, and eating skills. The educational program is delivered by the Special Education section of the Adult Education Department. Language and pre-language development are delivered by the Speech & Hearing Department.

The third Achievement Center is the Achievement Center for Physically Handicapped (ACPH). ACPH is comprised of individuals ranging in age from 7 to 61 years with a mean age of 33. The majority of these individuals are non-ambulatory and virtually all of them present major health needs because of a multiple handicapping condition. Most of these persons require individually designed prosthetic devices to decrease their dependency. These individuals receive a high concentration of services from the ACPH Human Services staff, Occupational Therapy, Physical Therapy, Nursing, Dietary, Speech & Audiology, and Medicine, but also receive a developmental education program from the Special Education division of our Adult Education Department, or School District #544 depending on their age.

The fourth Achievement Center is the Youth Achievement Center (YAC). YAC is comprised of individuals age 25 and below. They range from 10-25 years and have a mean age of 19.8. The individuals range in development from semi-dependent to near total dependency. All of these individuals attend public school #544 and some of them participate in school programs located in the community. YAC is the only Achievement Center, at this time, with 16 bed units for their residents. The intent of the 16 bed living unit is to ensure the development of meaningful interpersonal relationships among residents and between residents and staff.

Plans have been initiated, and continue toward the goal of all residents on the SRRC residing in 16 bed units located at ground level. Within these sixteen bed units, Human Services staff are assigned to a small number of residents as houseparents. These groups are referred to as family groups. The intent of the family groupings is to normalize the living situation of each resident by giving each resident fewer peers and staff members to relate to on a concentrated family type basis.

The above organization reflects the individual needs of the residents as identified and determined by the Interdisciplinary Team process. Residents are placed within an Achievement Center based on these needs.

INTERDISCIPLINARY TEAM PROCESS

In the Interdisciplinary Team approach, each participant in the evaluation and planning process exercises his or her skills, competencies, insights and perspectives and participates with other team members in identifying the developmental needs of the residents and in devising ways to meet those needs. Participants in the Team share and discuss, on a face-to-face basis, all of the information and recommendations so that a unified and integrated plan is developed for each individual. These plans identify objectives which are addressed by an appropriate area or department. The progress which the individual resident makes in working toward the completion of the objective is evaluated every 30 days for all objectives assigned.

The Interdisciplinary Team method of assessment and program planning is applied prior to admission, within 30 days of admission, on an on-going basis at least annually and prior to discharge. The purpose of the pre-admission Interdisciplinary Team Review (ITR) is to determine appropriateness of placement. The purpose of the

ITR within 30 days of placement at this facility and the annual ITR is to assure that the needs of the resident are being addressed. The purpose of the pre-discharge ITR is to assure that the individual's needs can be met at a comparable level of service following discharge.

The Interdisciplinary Team is comprised of representatives from each appropriate service area within the SRRRC, along with the resident, interested family members, the respective county social service center, and any other appropriate campus and/or community resources relevant to the needs of the resident.

ACCOMPLISHMENTS DURING 1976

The following list of accomplishments reflect the dedicated work of many, many people. They include our own staff, the campus staff, the county social service employees, the mental health center employees, the ARC members, parents of the retarded, our own local school district and the other school districts throughout our region, all of our area legislators and regional boards, the businessmen and citizens of Fergus Falls, and a host of other persons scattered throughout the state system including staff from our sister institutions and, especially, the staff at Glacial Ridge Training Center located on the campus of Willmar State Hospital.

Following are listed some of the accomplishments of 1976 as seen from the perspective of the SRRRC:

Accomplishments in Accreditation/Licensure

As mentioned earlier, the SRRRC achieved a full two-year accreditation from JCAH in 1976. The SRRRC has also attained licensure by the Department of Public Welfare (Rule 34). The SRRRC is approved by the Minnesota Department of Health as a Supervised Living Facility, and it is also approved by the Federal government as an Intermediate Care Facility for the Mentally Retarded. Additionally, we have been surveyed and qualify for participation in Title XIX funds (Federal Medical Assistance funds).

Accomplishments in Remodeling

As noted earlier, there are now four newly remodeled small units on YAC. They are fourteen bed, twelve bed, fifteen bed and sixteen bed units. Each unit is autonomous and self-contained in that it has its own kitchen, diningroom, livingroom and bedrooms consisting of one or two beds to a room. Also remodeled was the Physical Therapy and Occupational Therapy areas enabling us to have on campus one of the finest PT/OT areas in this part of the state. Another welcomed remodeling effort was the addition of dining areas on each of the living units so that only 32 residents out of the entire SRRRC population now eat in the Congregate Dining Room. In the immediate future, they, too, will be eating in a newly remodeled dining area on their home unit. In addition to the actual changes in the physical structure, 1976 saw the completion of architectural drawings and plans to create five 16-bed living units in each of the two buildings on campus known as the geriatric buildings. It is expected that one of these buildings will be remodeled within the next year and the second one the following year.

Accomplishments in Reorganization

The SRRC completed its final phase of reorganization during 1976. The new organizational structure super-imposes the departmental system on top of the unit system. This allowed the establishment of the four Achievement Centers mentioned earlier in the report. Each of these four Achievement Centers is directed by an appropriate professional so that the general direction and policies of the Center reflect the needs of the residents living there. Also assigned to each Center is an appropriately qualified Behavior Analyst. By utilizing Behavior Analysts in this way, the SRRC was able to abolish a unit for residents with behavioral problems. They have now been assimilated into the mainstream of their appropriate Achievement Center and their behavioral problems are monitored by a Behavior Analyst. Also accomplished with the reorganization was the development of a Recreation Services Department, directed by a Master's Degree level Recreation Therapist. The Department consists of five Recreation Therapists with one Therapist assigned to each of the four Achievement Centers. The reorganization allowed the development of an Occupational Therapy Department and the coordination of Occupational Therapy and Physical Therapy services. Finally, and perhaps the most notable accomplishment which reorganization allowed, was the upgrading of the Interdisciplinary Team process, by clearly identifying departmental responsibility to a specific group of residents.

Departmental and/or Programming Accomplishments

Perhaps the area of most accomplishments in 1976 was the expanded capability to deliver programming to our residents. A significant number of appropriate professionals were employed; for instance, we have added specialties in the Education Department such as Adaptive Physical Education, Home Economics, Language Development, and Audiology. We have developed a licensed Work Activity Program within the Education Department and the Education Department itself is directed by an appropriately qualified and trained School Principal. We have added several Special Teachers to our staff and two-year degree equivalent Teacher Aides. We have expanded our nursing department so that each Achievement Center has the services of one full time and one part time clinical nurse. We have developed an expanded Occupational Therapy department which includes 3 Registered Occupational Therapists and 3 Certified Occupational Therapy Assistants. As mentioned earlier, we hired 4 Behavior Analysis Specialists. We have replaced two vacancies in our social work staff by one M. S. W. social worker and one Ph. D. social worker as Director of the Department. We added the position of Director of Inservice which allows us to have a continuing program of education for new staff and an upgraded effort of inservice education for old staff. One notable example of the usefulness of this inservice is that residents' lives have been saved using the Heimlich Maneuver, taught to the staff by our Inservice Director. The SRRC has also expanded the consultant services available so that we now have the services of a neurologist, a pharmacologist, a physiatrist, a psychiatrist, an orthopedist, plus a much stronger base for bringing in virtually any specialist which we deem necessary.

The SRRC has made significant strides in developing the utilization of community resources for our residents. This expansion includes eating programs in community cafes and restaurants, swimming at the Holiday Inn pool, a resident bowling league at the local bowling alley, a Boy Scout program, community shopping trips, use of community recreation facilities such as the theater, parks, campgrounds,

attendance at the County Fair and various carnivals, the Junior High School/Senior High School and Fergus Falls Community College athletic events, plays, etc. The final effort of community involvement discussed here is that of School Dist. #544. The accomplishments of School Dist. #544 are quite significant in that they accepted the premise that no school age resident should be denied education, regardless of handicap. With the exception of one home school district refusing to cooperate in the case of one resident, they were able to put their philosophy into practice and they accept virtually every resident at the SRRRC below age 25.

Accomplishments in Inter-Agency Cooperation and Coordination

Significant strides were made in inter-agency cooperation in 1976. The counties in our catchment area have made great efforts to become intimately involved in each ITR held on this campus. They have also made substantial progress in developing community group homes and placing appropriate residents from this facility into those homes. The SRRRC has also increased its utilization of regional services; such as the two mental health centers in the receiving area, the Lake Region Medical Group, the Lake Region Hospital, Lake Region Rehabilitation Industries, the Regional Development Commission, the Developmental Disabilities Councils, the Crippled Children's Clinic, and the Services for the Blind & Deaf. We have also expanded our use of college students and have a much broader base to offer the colleges and universities in our area. As a result, we have had college students affiliate with the SRRRC from Moorhead State University, North Dakota State University, Concordia College, St. John's University, the College of St. Benedict, North Dakota State School of Science, and lastly, our own Fergus Falls Community College student Live-In Program which allows students to receive credit, plus free room and board for working 15 hours per week in a variety of work settings on campus. In general, the SRRRC has developed a professional staff which has encouraged the use of our facility as an educational placement facility both within and without the state of Minnesota for student placement in Psychology, Occupational Therapy, Physical Therapy, Recreation, Nursing, Special Education, etc.

Accomplishments in the Interdisciplinary Team Process

A final, but most significant achievement of 1976, was the implementation of the Interdisciplinary Team process so that every resident of the SRRRC has been evaluated by an Interdisciplinary Team and an Action Care Program Plan has been developed by an Interdisciplinary Team for each and every resident.

1977 Goals

Goals of the SRRRC for 1977 include some very ambitious and noteworthy projects which include the following:

1. We expect that CTAC will occupy five new 16-bed units by September 1977 and, hopefully, by the end of 1977 work will have begun on a second group of 16 bed units for AAC. When the remodeling is done for the AAC, we will have

reached the goal of all mentally retarded residents living on the ground floor.

2. We intend, in 1977, to continue to have good survey results.
3. We are hopeful that the apparent intent of the Legislature to increase the staffing at institutions throughout the state will allow us to expand our staffing by a few more positions.
4. It is our intent to develop a stronger inservice education program so that we can deliver even more hours to more staff than was possible in 1976.
5. We intend to further refine the Interdisciplinary Team process used at the SRRRC and to go from the annual I. T. Review to a bi-annual I.T. Review for each resident.
6. We intend to develop a method to better describe the placement potential of our residents.
7. We intend to implement a program in early 1977 whereby all SRRRC residents, regardless of handicaps, will have education opportunities in either School Dist. #544 or adult education, unless contraindicated by an Interdisciplinary Team.
8. A final goal for the immediate future is to work even more closely with the community agencies and the regional boards so that the SRRRC can, indeed, become a regional facility truly responsive to the needs of the region which it serves.

STATE REGIONAL RETARDATION CENTER

APPENDIX A
1-1-77

