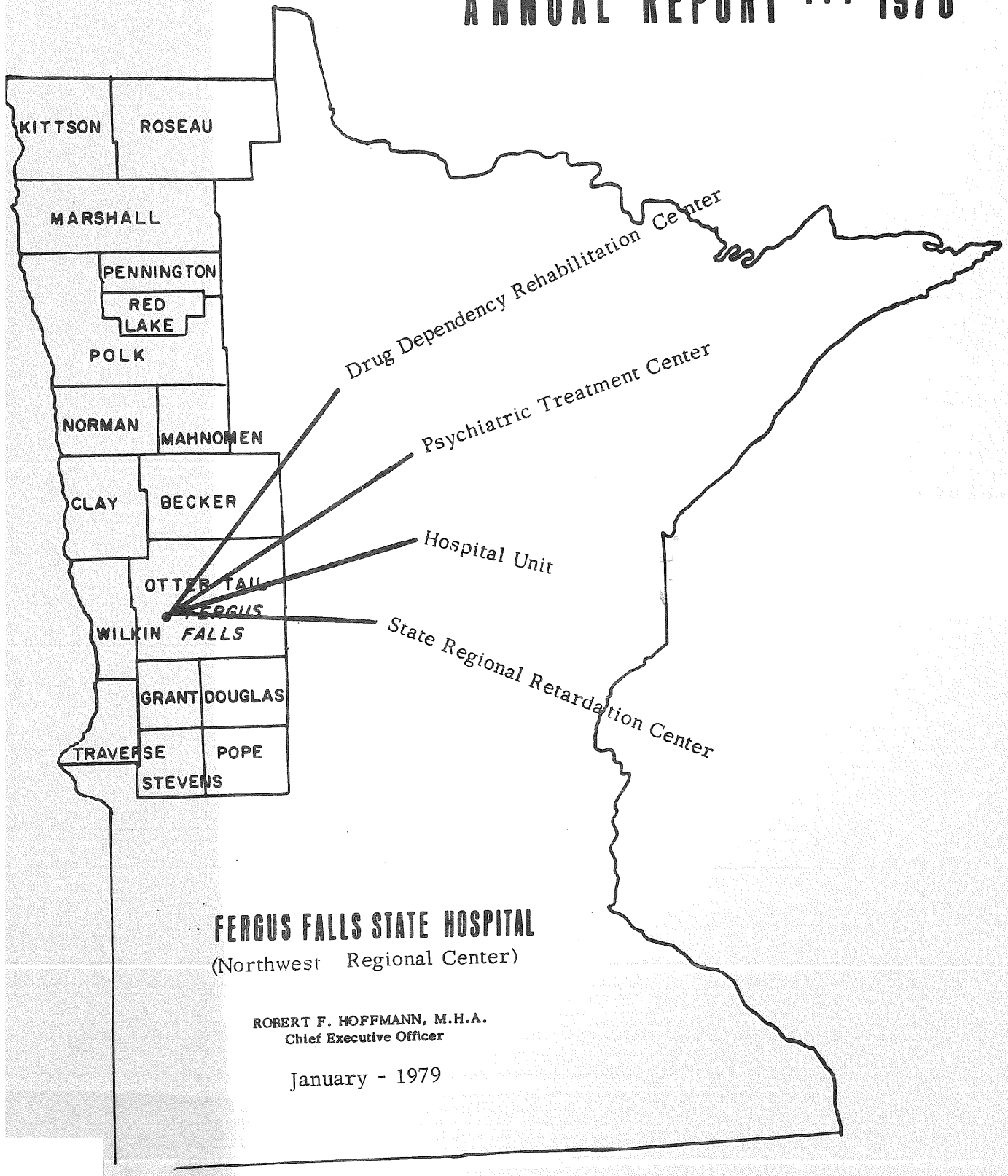


ANNUAL REPORT ... 1978



FERGUS FALLS STATE HOSPITAL (Northwest Regional Center)

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

January - 1979

FERGUS FALLS STATE HOSPITAL

ANNUAL REPORT -- 1978

The number of admissions to this hospital reached an all-time high in 1978, due, primarily to the increase in the chemical dependency admissions (1052). The average daily population, also, showed an increase to 599 for the year. A number of factors contribute to these increases, including the following: The establishment of the special program for chemically dependent youth, which runs an average of twenty-five residents and frequently has a waiting list; improved capability in the area of containment, due to the installation of security screens and increased staff effort to contain involved residents during the crucial early days of admission; and a small increase in admissions to the psychiatric unit and a continuation of a previous level of admissions to the mental retardation unit.

The remodeling of the first Geriatric Building has now been completed, and the CTAC unit of the mental retardation unit will soon be occupying this building. We are very pleased with the results of the remodeling of the building to provide five independent households, each of which will be occupied by 16 residents. Plans are proceeding for remodeling of the second building in a similar fashion although available funds will permit only the complete remodeling of one unit and toilet and bathroom facilities for the other four units.

The psychiatric unit still has a strong need for the capability to create smaller treatment units to more adequately address the needs of the diverse population presently being served. This is particularly true on The Cottage and we are presently examining a proposal to partially meet this need by doing some minor alterations to The Cottage. The long range goal is still to more adequately meet this need when the remainder of the Adult Achievement population is moved into the second Geriatric Building.

The beautification project has been almost completed with the exception of the entryway on 1WD and a small amount of additional landscaping. Both of these projects will be completed in the spring. The results have been very effective by improving the appearance of the grounds; making the residential units more attractive through the use of pictures, murals, painting of walls and beds, bedspreads, improved lighting, and carpeting. Efforts of the Executive Housekeeper and a consultant to achieve color coordination of these various elements of living environment have been most effective.

We are continuing our planning efforts with the assistance of a private consultant and expect soon to be able to set forth our short-term and long-term goals, including methodology and means to attain those goals.

Robert F. Hoffmann
Chief Executive Officer

FERGUS FALLS STATE HOSPITAL
ANNUAL REPORT - OPERATING BUDGET

as of FEBRUARY 7, 1979

<u>ACCOUNT</u>	<u>1977-78 EXPENDITURES</u>	<u>1978-79 ALLOCATION</u>
FOOD	385,123	440,100
FUEL	*247,090	201,360
UTILITIES	88,747	102,410
DRUGS	97,993	117,560
ALL OTHER	233,733	**251,537
INDIGENT	8,585	15,500
	<hr/>	<hr/>
TOTAL CURRENT EXPENSE	\$1,061,271	\$1,128,467
PATIENT PAY	133,647	148,466
CONSULTANTS	88,005	100,000
SALARIES	8,047,066	9,352,480
REPAIRS	86,820	83,523
SPECIAL EQUIPMENT	32,990	24,700
	<hr/>	<hr/>
TOTALS	\$9,449,799	\$10,837,636

*Includes a special energy saving allocation for purchase of windows for \$33,846.

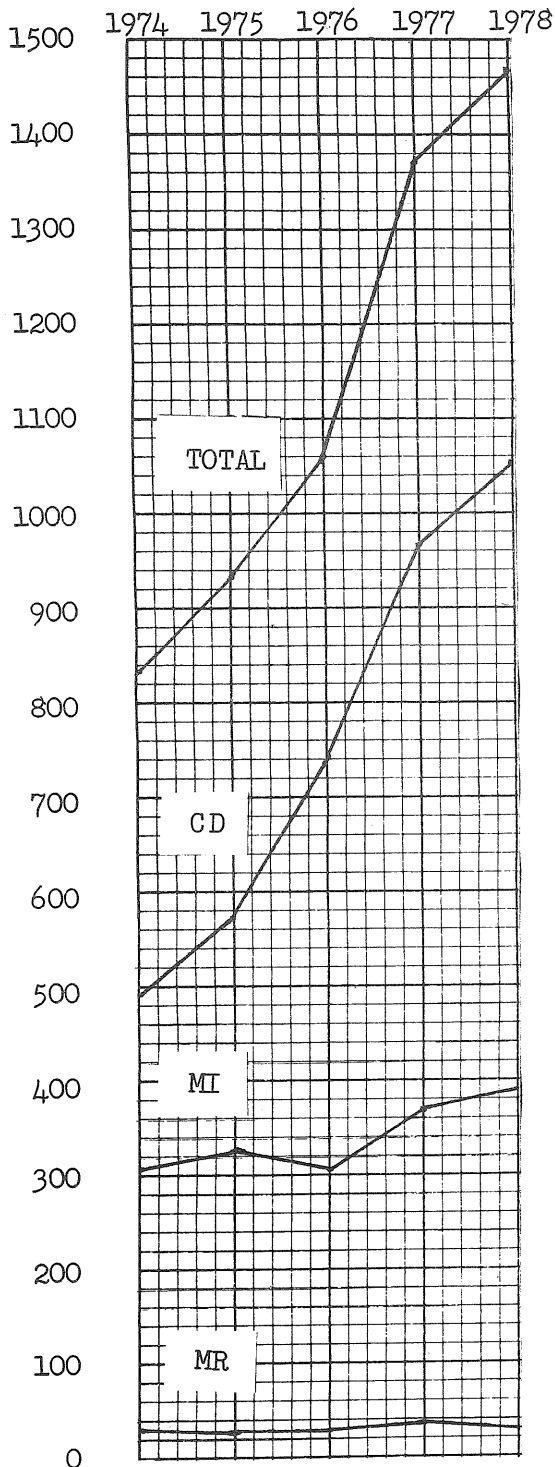
**Includes a deposit for \$1386 from sale of X-ray film. Funds to be used to purchase a piece of X-ray equipment.

Admission by County of Residence, Disability Group, and Status
for Residents to Fergus Falls State Hospital
for calendar year 1978

County	<u>C.D.</u>		<u>M.I.</u>		<u>M.R.</u>	<u>C.D.</u>					<u>M.I.</u>					<u>M.R.</u>											
	Number	Rate per 10,000	Number	Rate per 10,000	Number	Voluntary	Committed	H.O.	Emerg.	Ret.P.D.	Trans.	Total	Informal	Commit.	H.O.	Emerg.	Ret.P.D.	Trans.	Total	Informal	Commit.	H.O.	Emerg.	Par.Rel.	Trans.	Total	
Becker	107	43.90	40	16.41	2	78	3	16	10			107	25	3	4	8			40	1	1						2
Clay	200	42.93	32	6.87	4	190	7	3				200	18	1	11	2			32	2		2				4	
Douglas	66	28.83	38	16.60		52	2	5	7			66	27	1		10			38								
Grant	17	22.78	7	9.38		13		3	1			17	2		2	3			7								
Otter Tail	227	49.24	108	23.43	10	199		13	15			227	60	3	16	29			108	2	2	1	1	4		10	
Pope	36	32.41	15	13.50		33		3				36	13		1	1			15								
Stevens	8	7.13	11	9.81	1	8						8	3		3	5			11				1			1	
Traverse	6	9.59	1	1.60		5	1					6				1			1								
Wilkin	38	40.47	10	10.65		33	1	3	1			38	5	1	3	1			10								
Sub Total	705	(67%)	262	(68%)	17	611	14	46	34			705	153	9	40	60	0		262	5	3	3	2	4		17	
Kittson	8	11.67	8	11.67		8						8	6	2					8								
Mahnomen	30	53.21	10	17.74		27		1	2			30	6		3			1	10								
Marshall	11	8.42	9	6.89	2	10	1					11	7	2					9	1				1		2	
Norman	13	12.99	12	11.99	1	12		1				13	6		4	2			12				1			1	
Pennington	25	18.85	17	12.81	1	24		1				25	14	1	1	1			17			1				1	
Polk	44	12.78	25	7.26	6	38	4	2				44	13	6	5	1			25	5			1			6	
Red Lake	1	1.86	5	9.28		1						1	4	1					5								
Roseau	19	16.42	8	6.92		17	2					19	3	5					8								
Sub Total	151	(14%)	94	(24%)	10	137	7	5	2			151	59	17	13	4	1		94	6		1	2	1		10	
Non-Resident	196	(19%)	31	(8%)		170	21	3	2			196	18	4	5	3		1	31								
TOTAL	1052		387		27	918	42	54	38			1052	230	30	58	67	2		387	11	3	4	4	5		27	

NUMBER OF ADMISSIONS

1974-1978



CD = Chemical Dependency
 MI = Mental Illness
 MR = Mental Retardation

Resident Population on 12-31-78

by County and Disability Group

County	CD	MI	MR	Total
Becker	9	15	18	42
Clay	28	10	32	70
Douglas	6	7	22	35
Grant	3	3	7	13
Otter Tail	30	48	47	125
Pope	9	4	8	21
Stevens	1	4	8	13
Traverse	3	0	6	9
Wilkin	6	12	12	30
Subtotal	95 (58%)	103 (67%)	160 (57%)	358 (60%)
Kittson	1	2	13	16
Mahnomen	2	1	9	12
Marshall	5	4	14	23
Norman	3	7	14	24
Pennington	4	9	8	21
Polk	10	10	30	50
Red Lake	0	3	15	18
Roseau	1	3	19	23
Subtotal	26 (16%)	39 (25%)	122 (43%)	187 (31%)
Non-resident	44	11	1	56
Total	165	153	283	601

Number of Admissions

Admissions in 1978 (1466) showed a 6.8% increase over 1977 (1373), continuing a four-year trend. The CD program increased by 9% and the MI program by 4%.

Average Daily Population

This count* has shown a steady rise over the past four years, from about 500 in 1974 to 599 in 1978. During 1978 it ranged from a low of 565 to a high of 639.

*Includes inhouse residents + those on visits + unauthorized absences.

PERSONNEL DEPARTMENT

ANNUAL REPORT 1978.

ACCOMPLISHMENTS DURING 1978

- * Revision of our local Affirmative Action Policy was completed in rough draft on 12-29-78. To be reviewed by Management Committee on 1-9-79 (no meeting on 1-2-79).
- * Resident Abuse Policy implemented and Employee Conduct Committee became operational.
- * Accomplished supervisory training in revised Employee Performance Appraisal System.
- * Individual timekeeping system was fully implemented as of 1-3-79.
- * Revision of personnel section of policy manual was completed in February, 1978.
- * We began group employment and training of HST's.
- * Record keeping systems in the Personnel Office reviewed and changed to include:
 - Revised employment statistics book.
 - Changed posting and requisition book.
 - Established office procedures manual.

(The above were listed as goals for 1978 in last annual report)

Developed and gave timekeeping training module to supervisors (old timekeeping system) which resulted in almost complete elimination of reporting errors.

Increased the number of minority employees from 7 to 9; at one point, we achieved our 2% goal of 11 minorities on staff.

Accomplished the transition from the old Human Services Career Ladder to the revised HST/HSS, Jr.-Sr. Plans of Progression.

Began administration of typing portion of promotional clerical examination for the Department of Personnel.

GOALS FOR 1979

Eliminate use of two separate cost code systems.

Revise internal procedure for recommendation of staff for achievement awards.

Establishment of Affirmative Action goals and timetables by managers in accordance with 1979 guidelines.

Implement new Council 6 Labor Agreement.

Continue timekeeping instructions to those supervisors who demonstrate need for such training.

Write Physical Exam and Annual Health Screen Policy.

Revise employment interview procedures and train appropriate supervisors prior to implementation.

Design and implement the use of patterned interviews for higher turnover job classifications.

Douglas C. Boyer
Personnel Director

PERSONNEL -- STAFF DEVELOPMENT

ANNUAL REPORT - 1978

ACCOMPLISHMENTS DURING 1978:

1. Established Block Training

The Staff Development Department has trained 52 new employees and has 10 presently registered in the winter quarter session. This training meets the requirements within the new Plan of Progression as far as course content and also in delivering classes within the probationary period and one year of employment.

2. Made adjustments and changes from Career Ladder to new Plan of Progression.

3. Established vocational reimbursement (not to exceed \$3000.00) for class.

- A. Nurse Aide Orderly
- B. Medication Course for unlicensed personnel
- C. Communication I

4. Established a Time/Money Reimbursement System

Utilize a request form that requires the supervisor's approval in specific areas of need and divides all training into job assigned or employee initiated training.

GOALS FOR 1979-1980:

1. Expand vocational reimbursement (\$5000.00).
2. Develop programed instruction classes to reduce instructor delivery time and make class more usable by individuals and very small groups.
3. Complete all required and unit agency training for all Fergus Falls State Hospital staff.
4. To operate within the established policies and procedures as identified for training time/money reimbursement. To include identified training needs on the Individual Developmental Planning worksheet.

Neil M. Herman
Staff Development Coordinator

SUPPORTIVE SERVICES

ANNUAL REPORT - 1978

During the year 1978, many improvements have been made to the physical plant. The major jobs were completed by contract and minor improvements were accomplished with hospital maintenance staff.

The contract projects included remodeling the Women's Geriatrics Building into five 16-bed units for the mentally retarded, air conditioning the second floor of West Center, re-roofing part of the kitchen area, and replacing windows in buildings #6, #42, and a portion of #31.

In addition to routine maintenance, the institution maintenance staff painted the interior of numerous buildings and improvements were completed in the I.T. and the East Detached buildings used by School District #544. As a result of a severe winter, roofs had to be repaired on several buildings. In order to meet various codes, rules and survey deficiencies, a number of minor alterations were made, fire doors and walls installed, etc. Improvements and updating of the paging system were started and, when additional funds are available, will be completed.

Considerable ward furnishings and equipment were purchased and deliveries have been received.

The hospital also received a grant for beautification of the grounds and physical plant. Considerable painting was completed on both the interior and exterior of the buildings; wall murals and numerous pictures were painted; flower hangers and other accessories were purchased for interior decorations. New draperies, carpeting and furniture were installed in residential areas and new wheel chairs were purchased for residents' use. Moneys provided were expended for purchase and planting of numerous shrubs and trees; old trees and tree stumps were removed. Improvements were made in tunnel lighting by replacing incandenscent lights with flourescent fixtures.

A gradual transition is occurring in the methods of feeding of residents by our Dietary Department. The mentally retarded residents are now being served on the living units with food being transported to the units in electrically heated food carts. We are gradually replacing obsolete equipment with modern, up-to-date models.

This past year the Supportive Services lost the talents of a number of its older employees due to retirements. The loss of these dedicated employees is greatly felt as they were familiar with all the problem areas of the institution and were always available to provide that extra knowledge needed to come up with that alternate method of repairing equipment, buildings, etc. to meet the needs of the programs.

Edward W. Drechsel
Business Manager

THE ADVOCATE'S OFFICE

ANNUAL REPORT -- 1978

The Office of the Advocate was established at Fergus Falls State Hospital on August 1, 1972 and became the first full time advocacy function in the state hospital system. Since its inception, the office has been involved in 5,159 individual cases while serving residents for the three disability groups, namely the mentally ill, the mentally retarded, and the chemically dependent for the seventeen (17) county catchment area served by the facility.

The advocate's office possesses the following authorities in assisting residents:

1. The authority to have access to all treatment areas, treatment programs, records, and treatment plans.
2. The authority to utilize all human and material resources pertinent to the performance of the advocacy function.
3. The authority to take unresolved cases directly to the Chief Executive Officer of the facility.
4. If not resolved at the local level, the authority to refer cases to appropriate resources outside of the facility.

The advocate's office is available to consult with residents in the area of a) legal status, b) rights under the Minnesota Hospitalization and Commitment Act, c) treatment plans, including length of hospitalization, d) facility, unit, and ward policies as they affect residents, e) ward living conditions, f) resident-staff relationships, and g) criminal, civil, and welfare policy matters outside of the jurisdiction of the facility. The advocate's office is accountable to the Chief Executive Officer only and is seen to have an adversary relationship with the facility.

During the reporting period, the advocate's office was involved in 977 cases. Not only does this represent a record number of cases, but it also represents a 23% increase over the average number of cases per year since the function was established. The average number of cases handled per month is 81 or 4 new cases per working day. The number of cases handled per month is as follows:

January	61
February	81
March	82
April	73
May	80
June	78
July	80
August	82
September	85
October	110 (a record)
November	85
December	80

The advocate's office has attempted to maintain a posture that is immediately responsive to the needs of consumers and, in fact, 53% of all cases were closed within 24 hours of their opening and the average closure time of all cases was 2.233 days.

The program serving the chemically dependent was the most significant user of the services offered by the advocate's office as 574 (59%) of all cases came from that service. This was followed by the programs serving the mentally ill, which accounted for 315 (32%) of the cases. The programs for the mentally retarded represented 85 (9%) of the case load. Sixty-seven (67) percent of all cases involved legal matters, such as rights under the Minnesota Hospitalization and Commitment Act, civil matters, or criminal matters. The following chart will indicate a breakdown of all the cases handled in 1978:

	<u>CD</u>	<u>MI</u>	<u>MR</u>	<u>Total</u>	<u>%</u>
Rights under MHCA	158	124	22	304	31%
Criminal Matters	126	21	1	148	15%
Civil Matters	158	44	1	203	20.8%
Staff Relations	1	5	16	22	.02%
Ward Living Conditions	1	3	3	7	.7%
Treatment	32	22	23	77	7.9%
Former Residents	7	14	1	22	2%
Relatives	2	1	3	6	.6%
Review Board	10	43	4	57	5.8%
Miscellaneous	82	38	11	131	13%
Total	<u>577</u>	<u>315</u>	<u>85</u>	<u>977</u>	
	59%	32%	9%		

1978 saw the establishment of a Grievance Procedure under Minnesota Statute 144.651 and this became a mandated mechanism to consider and resolve disputes or disagreements raised by a client. This mechanism has been largely coordinated through the advocate's office and it would appear that the mechanism has been well utilized by consumers of services offered by Fergus Falls State Hospital.

A total of 163 grievances were filed. This, incidentally, represented 17% of all cases handled by the advocate's office. In addition, there were three petitions circulated by residents and presented to the Chief Executive Officer for resolution. All three of these petitions were responded to satisfactorily by administration. It should be mentioned that requests by consumers to appear before the Review Board are considered to fall within the scope of the Grievance Procedure and are, therefore, included in the total. The Review Board, incidentally, met six times during the year. A breakdown of the Grievance Procedure cases are as follows:

	<u>CD</u>	<u>MI</u>	<u>MR</u>	<u>Total</u>	<u>%</u>
Staff Relations	1	5	16	22	14%
Ward Living Conditions	1	3	3	7	4%
Treatment Questions	32	22	23	77	47%
Review Board Request	10	43	4	57	34%
Total	<u>44</u>	<u>73</u>	<u>46</u>	<u>163</u>	

It would appear that the advocacy function at Fergus Falls State Hospital has the confidence of the consumers of hospital services as indicated by case frequency. However, in order to check the validity of the function's efforts, a consumer questionnaire was handed out on two different occasions during the year. This questionnaire, a copy of which is attached at the end of this report, indicated a very strong acceptance of, and confidence in, the function. In point of fact, 95.7 of the respondents indicated that they "strongly agreed" or "agreed" to the questions presented. While the tool could be considered as being overly simplistic, I think that it is, in fact, an indication of a high degree of consumer satisfaction.

The advocate's office continues to be utilized as an internship placement for both Moorhead State University and the University of Wisconsin, River Falls. This past year has seen seven students complete their internship requirements and 42 students have been involved since the inception of the program in 1972. Incidentally, the advocate's office was granted a student-para-professional position and the addition of Mary Olympia to the office has had a major impact. In point of fact, there has been a 29% increase in the number of cases handled by the advocate's office since she began her employment on June 5, 1978.

It must be said that the advocate's office and its function would appear to be well understood and accepted by the staff at the facility. This is due, in a large part, to the fact that we are involved in the orientation program for new employees and are also a member of the hospital management group. We are also asked to address outside groups who come to the facility for tours and this may well enhance community understanding and acceptance. However, a little difficulty is still experienced in some counties relative to the need, the purpose, and the activities of the advocate's office in protecting the legal rights and human dignity of residents and proposed residents. However, this has diminished somewhat by the advocate's appearing at area committees and should be further improved by scheduled visits to local county welfare departments, county attorneys, and county judges in the future.

This then constitutes the report on the activities of the advocate's office for 1978. If there are any further questions or comments relative to this report, please feel free to contact the advocate's office and we would be most happy to discuss the report in more detail.

Bill Johnson
Advocate

CHAPLAINCY SERVICES

ANNUAL REPORT - 1978

CENTRAL SERVICES

The Chaplaincy Department, consisting of two full time and six part-time personnel, contributed almost five thousand hours of service to our hospital residents in 1978. The department presently consists of Armin Mueller, Head Chaplain; Fr. Kenneth Brenny; Ralph Pedersen; Steve Streed; Leonard Dale; Vincent Lieser; Veryl Hendrickson; and Kathy Livingood.

Chaplains Mueller and Brenny provided Word and Sacrament to the residents of our hospital regularly on Saturday and Sunday, on church holidays, and on special occasions. Saturday evening Masses have a far reaching effect in that many people from the area attended and assisted the residents with a more meaningful worship experience. Two protestant services were held every Sunday morning - one for the general population of the hospital and one special type service for the people on the mental retardation residential units. The Sacrament of the Lord's Supper was provided in the regular service every other Sunday, and also privately on request. An estimate of the total number of residents at worship services could be in the neighborhood of 15,000. Approximately 700 received communion in the protestant services.

PSYCHIATRIC UNITS

Chaplains from Central Services (Brenny and Mueller) provided pastoral services on all areas of the hospital. Statistics for all areas include: 300 introductory visits, 210 short visits, 260 counseling sessions, 50 lectures, 75 confessions, and five funer/memorial services. However, the above statistics reflect mostly the work done on the psychiatric units.

The psychiatric units do not have a rigid schedule of chaplaincy services, except on the Cottage where they conducted a lecture/discussion session every Friday for staff and residents. Much of the spiritual guidance and support is on a "chance meeting" basis and in "unofficial" discussion and conversation with residents on or away from their living units. However, chaplains are available - make themselves available for conversation/counseling and are used by residents because of individual initiative or by staff referral. A chaplain seldom participates in individual treatment or discharge planning. One of the most significant persons and resources in the lives of many residents is their pastor. We ought to tap that resource. However, this can be accomplished only by engaging another chaplain who would devote his time to those units.

DRUG DEPENDENCY REHABILITATION CENTER

The bulk of chaplaincy services was invested in the chemical dependency program with one full time and four part-time clergy persons, plus Chaplains Mueller and Brenny participating. About 1,000 residents on DDRC had at least one private session with a chaplain; most had exposure to a chaplain in various group sessions by way of church services, lectures and small group therapy sessions. Those who completed treatment were in close association with a chaplain at least four times.

The chaplains (chiefly Fr. Brenny) took part in the Family Program, having given two hours to approximately 600 people in group settings during the course of the year.

Other specific services include: 275 staff audits, 212 lectures, 450 counseling sessions; chaplains took 450 residents through fourth step prep, fourth step checks, and heard 450 fifth steps.

There are constant and continuous requests by residents and staff for additional clergy time to do second and third step work, one-to-one counseling on spiritual issues, and to participate more fully with units in the total care of residents.

Ralph Pedersen participated in a clergy seminar on alcoholism at Fergus Falls, one morning a week for six weeks for seven clergy. He conducted a clergy seminar one morning per week for six weeks for 10 clergy and county counselors at Warren. He also spoke at seven churches on alcoholism and recovery with an attendance of about 1,000.

RELIGIOUS EDUCATION PROGRAM

Religious education classes for the mentally retarded were started the first week in October, 1978, and continued until the last week in December, 1978. Approximately 120 residents out of 277 participated in a religious class consistently on a weekly basis. There are classes held on the four main mentally retarded units which include the Youth Achievement Center, Adult Achievement Center, and Community Training and Achievement Center.

Approximately 18 volunteers participated in teaching in the religious education program. Another 25 commitments were given to teach classes at the beginning of the new year, 1979. The teachers were recruited from a variety of places and sources, including the following: the student live-in program at the Fergus Falls State Hospital, the Hillcrest Lutheran Academy, the Lutheran Brethern Bible College, the Inter-varsity Christian Fellowship, Fergus Falls Community College, Our Lady of Victory Catholic Church's confirmation service project, HST staff from the Fergus Falls State Hospital, and from the community.

Another recent project that developed under the religious education program was the beginning of a choir made up of residents from the Community Training and Achievement Center. Weekly choir practices were scheduled with approximately 10 to 15 residents participating. Performances were given at the annual hospital's Christmas program, and occasional appearances at the Sunday morning worship service at FFSH.

COMMUNITY ACTIVITY

Fr. Brenny served on the State Chaplain's Executive Board, was/is a member of the Special Ministries Committee of the Fergus Falls Ministerial Association, was/is a member of the Association of Mental Health Clergy, Inc. (AMHC). He lectured at five AA/special groups, etc.

Chaplain Mueller was the secretary of the Fergus Falls Ministerial Association and its executive board and program committee as well as a member of its Special Ministries Committee. He was program Chairman of his pastoral conference, and was/is a member of the AMHC and the Association for Clinical Pastoral Education (ACPE). He conducted a workshop on mental/social/spiritual health for church women in Detroit Lakes, Minnesota. He represented the hospital at pastoral conferences and spoke to four congregations.

Chaplain Armin Mueller
Head of Chaplaincy Department

HOSPITAL UNIT

ANNUAL REPORT - 1978

This unit was established under its present organization on July 17, 1978. The major change on that date was the closing or discontinuing of the 10-bed infirmary unit. The space formerly used for the infirmary was added to the unit caring for the geriatric infirm residents. This increased the capacity of this sub-unit to a total of 18 beds.

The Hospital Unit (a total capacity of 53) is responsible for the care and treatment of geriatric type residents who also have psychiatric problems, which prevents them from being admitted and cared for in the community nursing homes.

The admissions to this unit are by referral from the psychiatric unit where all mentally ill residents are admitted and seen by their treatment team, at which time a determination is made as to where the resident can be best served.

There were 18 admissions to the unit, 12 of which came from community nursing homes.

There were 16 discharges:

7 were through death

8 were through discharge to nursing homes

1 was transferred to the psychiatric unit

Some of the goals in process are:

1. Concentration on staff education to enhance the skills of the direct care staff in giving better care and improved programming for the residents.
2. Creating a more home-like environment.
3. Develop positive attitudes toward improving the life-style of these residents which are often thought of as having no chance for improvement.
4. Increasing the living space and have smaller unit census.

Mrs. Gene Hegman, R.N.
Director of Hospital Unit

PSYCHIATRIC UNIT

ANNUAL REPORT - 1978

PROGRAM RELATED ACTIVITIES

The Psychiatric Unit had more admissions (415) in 1978 than in any previous year since the hospital's service area was reduced to seventeen counties in 1971. The admissions from Region IV were nearly the same as the previous year - 281 vs. 283 for 1977. Region I showed an increase - 99 in '78, 68 in '77. Another significant admission indicator was the increase by transfer from the chemical dependency unit, 22 versus 9 in '77.

The Psychiatric Unit has retained the same organizational and treatment program structure reported in the last annual report. This has permitted us to accomplish short term treatment goals in the psychiatric and crisis treatment (PACT) Unit. Average treatment time there has been reduced to about 31 days.

The unit has again been the subject of surveys by the Joint Commission on Accreditation of Hospitals (JCAH) and by the Minnesota Department of Health (DOH). In both cases we have retained our JCAH accreditation and our license. However, we were reduced from a two year to a one year JCAH accreditation. The Joint Commission found us in substantial or partial compliance in all program categories but limited our accreditation on the basis of deficiencies in safety. These short-comings are being addressed. Many of them have already been corrected.

Staff changes have been few but significant in 1978. We both gained and lost a full time psychiatrist. Dr. Salvador Sambitan came to us in March and departed in December. He is presently in the Philippines with hopes of returning to us in late 1979.

On the recommendation of JCAH, we have added a registered nurse, Jeanne Schetnan to our night staff. Also, the Unit's Nursing Services Supervisor, Aletha Quam, R.N., has become qualified and subsequently assigned as a Nursing Practitioner. These additions upgrade our nursing and medical capabilities. Our new potentials have helped us, in part, to deal with the consequences of the closing, in July, of the hospital's infirmary. This has generated more skilled nursing care service delivery on the units.

In late December Dolores Saurer, MSW, our Social Services Supervisor, has taken on the duties of Unit Researcher. She has already designed some audits to be presented for approval of hospital management.

Our Environmental Manager, Dale Stein, with the resources provided to him, improved the habitability of the unit's living spaces. Part of the "wherewithal" came from a federal grant that was earmarked by Governor Perpich for hospital beautification. These and other funds gave us re-painted walls, pictures, murals, light fixtures, carpet and furniture. The grounds area surrounding the treatment/living settings have also been made more attractive with the use of "beautification" funds by our grounds crew.

Community relations is a broad subject that has led us into some new areas and was given new emphasis to older beginnings. For the first time we have the opportunity to support and encourage the establishment of a chapter in the Mental Health Association. The Fergus Falls Chapter, under the leadership of Mark Oyloe, had its beginning in this year and has determined to become affiliated with the MHA of Minnesota as a chartered

chapter. This fledgling group has lost no time in taking on responsibilities. They have recruited and given orientation to a group of one-to-one volunteers who will be a primary contact with former psychiatric residents discharged in the Fergus Falls area. Dolores Saurer, MSW, has been the unit's prime mover in this project.

In a more far reaching move, we have formalized the unit's aftercare plan. It has been structured to insure the involvement and participation of the resident the unit physician, a hospital staff person, and a member of a county social services department in individualized plans. Every social services department director in our seventeen counties and all three mental health center directors have agreed to participate in the broad plan. Implementation started in June. We hope to see positive results and expect to do some audits in 1979 to give us a reading on how we are doing.

We have placed more emphasis on our mutually profitable relationship with colleges and universities. These contacts stimulate us, help prevent an isolationist view and serve both them and us with their interns. This past year we had successful internships in social work by students from Moorhead and St. Cloud State Universities. We also had successful Occupational Therapy Internships by students from Wahpeton State School of Science and from Anoka Vocational and Technical Institute. At the close of 1978 we had students on campus or agreements with colleges for internships in 1979 from the University of North Dakota, Moorhead and Southwest State Universities. In addition, the Alexandria Area Vocational Technical LPN class of about 25 students had their psychiatric affiliation with us. Their students have a three week academic and clinical experience here.

Also in 1978, there were community liaison thrusts by Dale Klaessy, Unit Manager. He has become a member of the Northwestern Mental Health Center (NWMHC) Mental Health Advisory Committee in a reciprocal arrangement in which Dan Wilson from NWMHC represents them on the FFSH Mental Health Advisory Committee. This group shows great promise in accomplishing the advisory function. Mr. Klaessy has also served on DPW's Forensic Plan Advisory Committee. This group was appointed to be regional representatives to make recommendations for a statewide Forensic Plan. Further, Mr. Klaessy has been one of the motivators to bring about joint meetings of the state hospital program directors in mental illness treatment and the Mental Health Centers' mental health coordinators.

UNRESOLVED PROBLEMS

As seen by the account already given, we have made progress in some areas. Nevertheless, there are problems that need solution. Primary among them is the great mix of disabilities in program areas. Another bothersome unresolved problem is the constant struggle to attempt to meet the needs and demands of various forces for containment or freedom of residents.

The first of these calls for resources not now available - space, capital funds and more staff. The second has been and is being continually addressed. The two are partially related - when the solution to the problem of environment (space properly remodeled, staff, etc.) is accomplished, this will allow a new design of more and smaller program units. This, in turn, should reduce the anxiety levels, decrease client's need to elope, and provide greater staff awareness of individual resident's status. Both of the problems listed here have been perpetuated by inequitable allocation of resources. This has its genesis at the federal level. It has been complicated by Judge Larson's decision in the Welch vs. Likins case. At present it is not solvable here. Depending on the outcome of legislative action, we can foresee relief, but we do not expect that to come in 1979.

A complication of our multi-disability mix problem is the increase in the drug related mental illness admissions, some of which are transferred to the unit from the

hospital's Drug Dependency Rehabilitation Center (DDRC). The DDRC's explosive increase in admissions has had a commensurate effect on the Psychiatric Unit. Another complication is the total absence of unit authority to be client selective. The solution, for the present, seems to be accept a result of reduced effectiveness.

GOALS

A part of the management of the Psychiatric Unit is the development of plans. Developing goals and objectives is a part of planning. Our long-range plans call for a greater division of programs to reduce the broad mix of disabilities. One of these groups might be a specialized treatment program for persons who are mentally ill and drug dependent. Also, in the long range planning now being addressed is how to meet the needs that have been identified by our community partners-in-service for a youth program and for expanded geropsychiatric services.

We anticipate that the Hospital and Psychiatric Units will become one unit in 1979. It shall be our goal to merge and integrate these units to the advantage of both. The supervision of Rehabilitation Therapies for both units is already a reality. These objectives are within the goal to merge and integrate units: Increase the freedom and improve the environment of long-term residents; make progress toward a more balanced staff (disciplines, youth and experience, male and female); strengthen treatment goals and aftercare coordination; and increase our behavior modification capabilities.

Other objectives are to design, implement and complete several patient care audits; and to continue our effort in staff skill development.

Dale S. Klaessy, Unit Manager
Psychiatric Unit

DRUG DEPENDENCY REHABILITATION CENTER (DDRC)

ANNUAL REPORT - 1978

1978 was a banner year for DDRC in treating not only this region's chemically dependent, but also contributing highly toward treatment of out-of-area long-term residents, as well as many clients in our new youth program. As a result, staff and space shortages arose. The unit finally ended up with bed space for 220. At one time an all-time high of 197 residents were on board. A record number of 120 residents were admitted in the month of November. Total admissions went over the thousand mark, with 1059 admitted within the calendar year 1978.

The unit received Joint Commission accreditation in March, after being surveyed in January, and also received full licensure under the Department of Public Welfare Rule #35 in October. A full licensure was granted by the Department of Health, State of Minnesota.

ADMISSIONS-EVALUATION UNIT

The Admissions-Evaluation Unit provides an accepting, supportive admissions area for the initial admission process and initial evaluation of each person entering the DDRC program. This unit will perform evaluations as requested to provide reports to appropriate agencies. Evaluations have been provided for the court system, especially in regards to the youth. Placement within the various units is determined by an evaluation team. The team is composed of a Chemical Dependency Counselor, a Psychologist, and a member of the nursing department. Other staff members may be asked to provide input and/or participate as a member of the evaluation team, when this is deemed necessary. Ken Toso, R.N., who formerly was employed on DDRC, was rehired to become Director of the Admissions-Evaluation Unit. Dr. S. Fedders is the physician assigned to this unit. She transferred here from Hastings State Hospital following its closure. Recruitment of a full-time counselor to be assigned to this unit is in process. The Admissions-Evaluation Unit expanded during 1978 and now has a total of 16 beds.

PRIMARY UNITS

The in-patient primary treatment model at DDRC was designed to provide intensive short-term treatment for chemically dependent persons who require an interruption in normal social activities for treatment purposes but who also indicate a clear potential for return to the community as fully functioning persons. Three primary units, each with 22 beds, house male residents. Their program generally consists of 35-45 days of treatment where many methods are used to help the individual work through four basic areas of his illness - denial of the problem, compliance, acceptance of the disease and his powerlessness over mood-altering chemicals, and surrender to the reality of the need to help handle life without the use of a chemical. Methods of treatment utilized are: one-to-one and group counseling, lectures, films, reading assignments, peer group concern, AA oriented programs, contractual aftercare involvement and follow-up services. A fourth primary unit of 14 beds houses female residents in the program. The model of treatment utilized on this unit was designed to address the problems peculiar to women, in general, as well as the problem of chemical dependency. All staff on this unit are female. The same methods of treatment are used as in the three men's units.

Primary units saw staff changes as well as some staff additions. Two twilight counselors were added; this provides for a counselor to be on duty seven days a week until 12:00 midnight. Statistical data processes were developed to make it possible to evaluate treatment on individual units and as a total treatment unit. Also, in

process are evaluation tools to summarize Family Program and a reporting system on "Aftercare Planning" follow-up. Several new forms were developed to simplify time involvement in paperwork for the counselors and to assure resident self assessment.

Much needed furniture was purchased for these units, with plans made to purchase additional furniture and furnishings.

Presently there is one full-time clergy on staff. He supervises part-time clergy in evaluations and fifth steps. Plans are to add one full-time clergy in 1979.

YOUTH (FREEWAY) UNIT

The youth treatment model was designed to accommodate and facilitate the complex reconstruction of chemically dependent youth and the problems peculiar to his age level; i.e., more intensive interfacing with family and educational systems in order to address total rehabilitation of the CD youth.

Freeway Unit is for adolescents between the ages of 12 and 18, and is based on the philosophy that youth live in three different systems of life - family, school, and society. Through close involvement with families, schools, etc. communication, personal and behavioral problems, and learning disabilities are approached to develop strengths to handle life's problems without chemicals. The unit is set up on the family model with structure and peer group systems of decision-making with staff being part of this peer group. Length of stay is individualized, but six months or more may become necessary in many cases. A significant aspect of adolescent treatment is interfacing with the criminal justice system.

Freeway Unit relocated during 1978 and, with that move, increased their bed capacity to 36. A decision was made that a more quality treatment could be provided with less residents, therefore, the maximum number of residents on that unit is presently 30. The unit has gained maturity considerably in 1978, with this continued growth expected in 1979. Bud Remboldt is the full-time Director of Freeway Unit.

HOPE UNIT

The HOPE Program at DDRC is for the recidivist chemically dependent person who has been through primary treatment three or more times with little success. The program deals with the same basic areas of the illness - denial, complaine, acceptance and surrender. Average length of stay is four to six months. Additional objectives are in helping the residents in the areas of resocialization and job skills and placement, which is accomplished through AA, hospital and work adjustment training, Department of Vocational Rehabilitation, and job placement resources.

HOPE Unit relocated in 1978 and is occupying the space previously occupied by Freeway Unit. Gordon Benson, who returned to DDRC after having lived in Colorado, is the Supervisor of Hope Unit.

Strong emphasis is being placed on continued involvement with the Department of Vocational Rehabilitation and Lake Region Rehabilitation Industries.

Again, staff and space requirements prevent expansion of the HOPE Program. Presently, there is a waiting list for HOPE and all indications are that the need for expansion will continue to increase.

LIV Unit

The long-term LIV Program at DDRC is for the chronic recidivist chemically dependent person with the average age of these residents being 60 years old. Admissions to this unit generally have had numerous treatment and, in many cases, may have brain damage affecting comprehension and insight abilities. This program uses

one-to-one counseling and group therapy to help the person accept the reality that he is in need of help in dealing with life, without chemicals and with AA involvement to expose him to recovering alcoholics. Through the patient pay rehabilitation program the residents on this unit are helped in reclaiming self-worth, self-confidence, social and work skills.

Floyd Hill, who came to us from the Metropolitan area, is the supervisor for LIV Unit. Floyd has extensive experience in treating the recidivist chemically dependent person.

Even though the major portion of residents on LIV Unit are involved in domiciliary programming, the quality of care for these residents has been expanded. The addition of more staff, including a third counselor, a full-time nursing staff, and consistent involvement with members of the psychology department, has resulted in a more structured program. Many social activities and parties were held through the year, one of which was a 42nd wedding anniversary party for a couple, both of whom were in treatment on the Unit at that time.

DDRC CHEMICAL DEPENDENCY COUNSELOR TRAINING PROGRAM

A service being provided at DDRC is the Counselor Training Program which trains eligible individuals in skills, knowledge, and abilities to become quality chemical dependency counselors. This program has been of great benefit to the community. The Training Program is a 58 week program which provides both experimental training in all treatment units at DDRC and six to 9 hours per week of classroom education, as well as continued personal growth programming. Persons who complete this training program may subsequently acquire positions in Minnesota treatment facilities, county social service agencies, etc.

The Counselor Training Program received accreditation from the Minnesota State Department of Education as a post-secondary vocational institution. This accreditation makes it possible to obtain grants and provides eligibility for the trainees to receive loans while attending training. Eight counselor trainees completed training and graduated from the program in 1978. Presently there are 19 trainees in various stages of the training program. The curriculum for this program has been well documented and was written to comply with DPW Rule #29. The program matured and has grown within itself with part-time training and services being provided on an ongoing basis by many DDRC staff.

An intern was hired in the summer of 1978. His time was spent developing a recreation program plan for DDRC. This plan was based on the philosophy that the essential treatment task for these people involves cognitive activities with provision for physical activity incorporated for essential welfare of the residents. The recreation program, consistent with all treatment here, is provided through the unit concept, and the unit staff are responsible to provide planning and coordination of recreational activities for each unit.

The Psychology Department of DDRC has expanded and now employs three full-time psychologists and two psychology students who provide psychological services to all DDRC Units.

ACTIVITIES AND PARTICIPATION - STAFF AND OTHERS

DDRC was very active as a treatment center in outside activities in area communities. Ralph Pederson, Chaplain, conducted a series of training seminars for northwest area clergy. LaVern Thompson served northwest area representative to M.C.D.A.

Gurt Ramberg, Program Director, was President-Elect of M.C.D.A. this past year and will serve as president of that organization in 1979. He also served as Chairman of State Hospital Chemical Dependency Program Directors again in 1978.

The Freeway Unit and Training Department conducted a well-attended seminar on youth treatment at New Pioneer House in Minneapolis, Mn. in June of 1978. This was accomplished in conjunction with M.C.D.A.. Carole Schlader, Director of Training, coordinated a very comprehensive and informative seminar where much interaction took place.

We provided much assistance to our sister hospital at Anoka in their efforts to initiate "Starting Point" treatment programming at that hospital.

We appreciate the guidance and counsel of Rev. Curt Rotto, Dr. E. C. Colman, John Hendrickson, and Steve Norby this past year. We are also indebted to our Advisory Board for their input and support to our unit. Members of the Advisory Board are: Ron Brusven, Referral Counselor, Mahnomon County; Mike Marxen, Director, Stevens County Social Services; Garmon Jackson, Fergus Falls; Levi Mahlen, Referral Counselor, Polk County; Lowell Enerson, Inter-County Community Council, Oklee, MN; Jack Brush, Fergus Falls; Jerry Gullickson, Referral Counselor, Clay County; Natalie Herzog, Alexandris, MN; and Barbara Solvie, Morris, MN. Ben Edwards, CD Coordinator in Region IV, and Rick Ramey, CD Counselor in Region I, provided advisory services to this board.

ADDITIONAL ACTIVITIES OUTSIDE OF DDRG

Lorraine Ramberg, Counselor Supervisor, served as a group facilitator for the International School on Counseling Family of the Chemically Dependent, Moorhead, Minnesota, June 1978. She also served as a panel member of Region IV Workshop on Incest Victims.

Ralph Pederson, Chaplain, and John Peterson, Training Department, presented a program on Family Illness and Clergy Involvement to the Fergus Falls Conference of American Lutheran Church, Fergus Falls.

Leonard Dale and Armin Mueller, Chaplains, and Cathie Whelan, Counselor, presented a program on the Youth Program to the Fergus Falls Ministerial Association.

Carol Hovland served as a member of the Lake Region Halfway Homes, Inc. Board of Directors, Fergus Falls.

Curt Rotto and Ralph Pederson, Clergy Department, presented a clergy seminar on Alcoholism to Fergus Falls area pastors.

LaVern Thompson is active as an Advisor to the Lake Region Halfway Homes, Inc. He serves on the Advisory Board to the International School of Counseling Family of the Chemically Dependent. Served on Committee for Region IV on Criminal Justice/Chemical Dependency Interface.

Ralph Pederson, Clergy, spoke at eight local churches on spiritual dimension of recovery.

Curt Ramberg served on Committee for Region IV Criminal Justice/Chemical Dependency Interface.

M. Curt Ramberg, Institutions Program Coordinator
for Chemical Dependency

STATE REGIONAL RESIDENTIAL CENTER

ANNUAL REPORT - 1978

Accomplishments of 1978 and Our Goals for 1979

Accomplishment:

Full accreditation by the Joint Commission on Accreditation of Hospitals for the second consecutive time. This accreditation means that we are one of 85 residential facilities to share this honor in the nation, and one of five in the State of Minnesota.

Goal for 1979:

To work toward remediating our known discrepancies, to attend workshops, to learn the application of the new standards, to work cooperatively with all persons in the State service interested in continuing or attaining accreditation.

Accomplishment:

Completion of the remodeling of the Community Training Achievement Center's five 16-bed residential areas.

Goal for 1979:

Occupy this area by February 15, 1979, and develop residential programming in five 16-bed units.

Accomplishment:

Decision to remodel second Geriatric Building for the Adult Achievement Center (AAC) with funds available.

Goal for 1979:

Move four of five AAC units to this building and the fifth to first floor, west center. Request needed funds from legislature for completion of this remodeled work. Move Occupational Therapy, Physical Therapy, Speech and Audiology to Second Southwest, and move the Adult School from its scattered locations to Second West Detached and third floor west.

Accomplishment:

Determination made of personnel needs to comply with Judge Larson's decisions.

Goal for 1979:

Secure two Assistant Group Supervisors for each center, six needed at present.

Accomplishment:

Block Training of all Human Services Technicians (HST) personnel through employment of 20 over-complement positions.

Goal for 1979:

Complete training of those direct care persons who have missed a few courses.

Accomplishment:

Remodeling and movement of part of our Adolescent School to the first floor of First East Detached.

Goal for 1979:

Shortly following the movement of CTAC into its newly remodeled area, we will be able to have all of Youth Achievement Center (YAC) housed in the area initially planned for them with a capacity of 56 residents.

In Conclusion:

I would like to acknowledge that one of the prime purposes of management should be to strive to improve employee productivity. I think our plan to move the Adult School and the prescription therapies to a central location will significantly reduce employee time now involved in "tow-trucking" of residents. The establishment of two rooms for interdisciplinary team meetings and proper office space will facilitate the productivity of the individuals involved. Our major operating policies have been written and are currently being reviewed by the membership of our Advisory Board. It is an example of our continuing effort to involve this group in an active and meaningful way.

George E. Bang
Institutions Program Coordinator
Mental Retardation