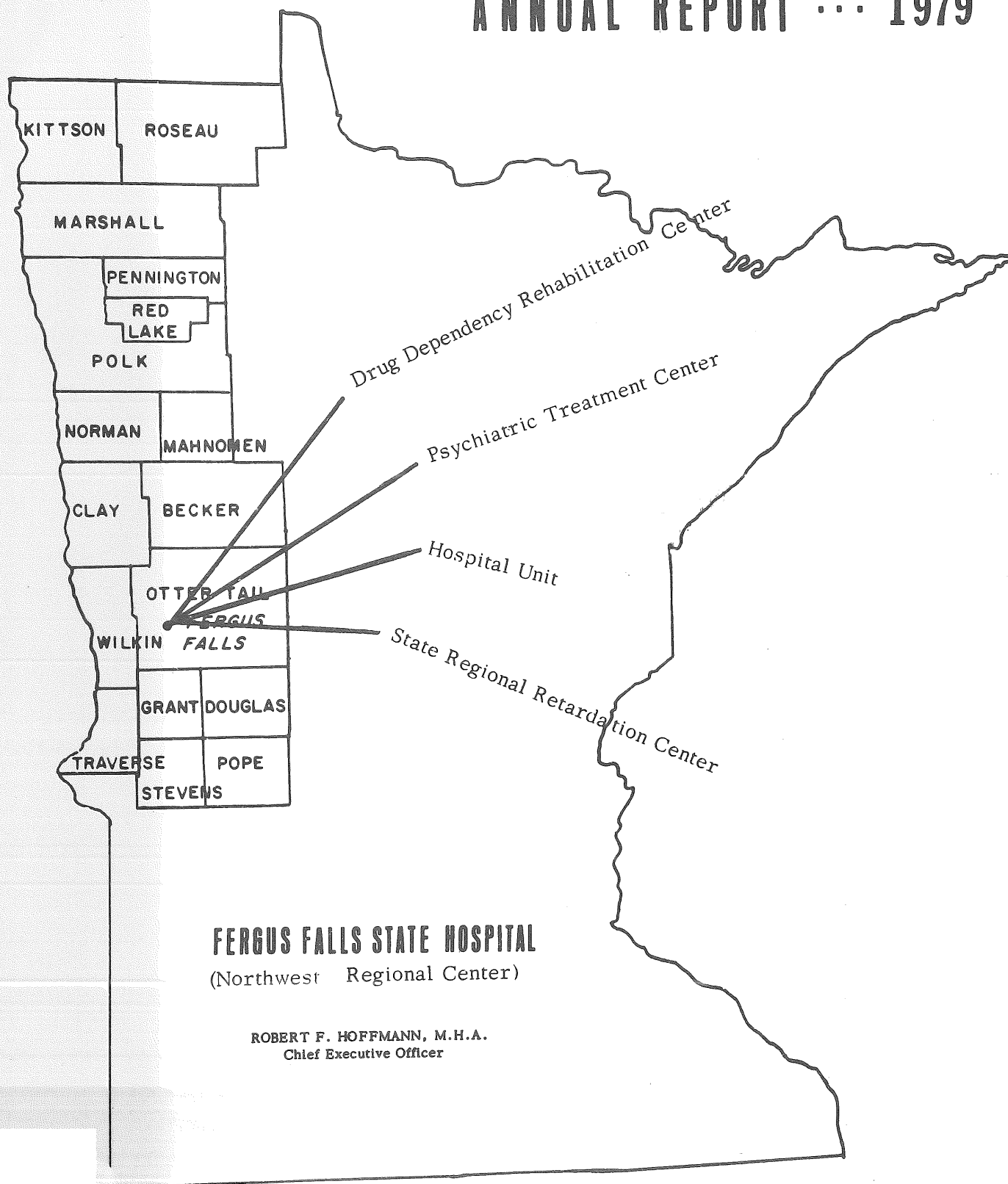


ANNUAL REPORT ... 1979



FERGUS FALLS STATE HOSPITAL

ANNUAL REPORT -- 1979

Nineteen hundred seventy-nine has again been a year of increased admissions and increased numbers of total persons served. The admissions to the facility in total have increased by 3.9% over 1978, from 1466 to 1523. As in 1978, the total admissions increase was caused mainly by the steadily rising utilization of the Chemical Dependency Program. There was a total of 1116 admissions to the Chemical Dependency (CD) Program; 369 admissions to the Psychiatric Program; and 38 admissions to the Mental Retardation services of the Fergus Falls State Hospital. The Psychiatric Program has shown a very slight decrease in total numbers, and the Mental Retardation services remained essentially full and unchanged. Judging by these figures, one can readily assume that Fergus Falls State Hospital has again this year continued to serve this area of northwestern Minnesota as a part of the continuum of human services available to Minnesota citizens.

The Chemical Dependency Program has continued to develop a leadership position in this area and, to some extent, throughout the state. The Youth Program is a struggling, distinctive program on this campus, a service not normally provided in regional facilities in other areas. The demands for the utilization of that program has been very heavy statewide, due to the lack of such resources. During this year, we have made some changes within the Youth Program based on an evaluation of the directions that we have been going. It is a very difficult program to develop; there is little available expertise in the field; and this facility has had to run this program with very minimal resources and "learn by doing" all during the year. Since this need is so heavily identified, and in spite of its being a very difficult program to maintain, we will be continuing to make changes during the coming year in the hopes that it can reach more young people in more meaningful ways. Certainly the largest problem has been the walk-aways from treatment, representing a group of young people who have not been able or willing to involve themselves in a look at their own problems.

Also in the CD program we have seen expanded demands for longer term treatment and have had to limit our responsiveness to this demand because of the lack of physical space. During the year the training program has become accredited by the Department of Education, State of Minnesota, and in spite of difficulties in keeping staff, the total program has shown excellent growth in depth as well as in numbers.

The Psychiatric services of this facility have shown a slight decrease in utilization, though not a significant number. The major change has been in the area of increased need for restriction or containment and serving the role of treating the more chronic and more difficult in our seventeen counties. This program continues to need smaller units, smaller programs, and more specialization throughout its service. It is hoped that the Minnesota Legislature, in 1980, will assist us in our remodeling plans sufficiently to allow this redistribution of programs to occur during the year 1980-81. Our communities continue to identify a need, particularly for psychiatric youth, but we have not been able to develop any specific program in this area because of lack of staffing and space.

The Mental Retardation services have again discharged and admitted approximately the same number of persons. We have continued to identify mentally retarded persons that have gained sufficiently from our behavior and developmental training programs throughout the area. We have been finding, this past year, however, that our admissions are coming more from those kinds of facilities because we lean in the direction of attempting to place more and more difficult people into smaller programs. We have also seen an increase in demands for care evaluation and program planning

for the more difficult, higher level mentally retarded. These are people with severe behavior problems that tend to move us in the direction of providing more external control and behavior modification kinds of programs.

Our remodeling has progressed into the second Geriatrics Building and will soon have produced one more 16-bed living unit there. Our Capital Improvement request included, at top priority, the money it would take to complete the other four living units and bring our Mental Retardation services up to what we see as an ideal level. Our requests for funds will include Fire-Life Safety money to bring the balance of this facility into total compliance with the Federal Fire-Life Safety regulations, as well as access for handicapped and other regulations that are required of this service.

It is interesting to note that the facility continues to serve the seventeen counties in northwestern Minnesota in approximate relationship to their population. On December 31, 1979, for example, 30% of the persons living in this facility came from Region I; 62% from Region IV; and 8% from outside of the receiving district.

During this past year this facility was staffed with 591.1 average full time equivalents during the year. This is a slight increase in staff over 1978 and represents considerably increased ability to provide meaningful programs to the persons served in this facility. It is our hope that this coming year will see some modest increases in all three program areas.



Robert F. Hoffmann
Chief Executive Officer

FERGUS FALLS STATE HOSPITAL

OPERATING BUDGET --- 1979 ANNUAL REPORT

<u>ACCOUNT</u>	<u>1978-79 EXPENDITURES</u>	<u>1978-79 ALLOCATIONS</u>
FOOD	387,801	452,650
FUEL	250,008	259,360
UTILITIES	90,443	92,410
DRUGS	94,447	117,560
ALL OTHER	246,612	254,461
INDIGENT PAY	7,051	7,500
	<hr/>	<hr/>
TOTAL CURRENT EXPENSE	\$1,076,362	\$1,183,941
PATIENT PAY	135,733	148,466
CONSULTANTS	66,959	110,000
SALARIES	9,348,465	9,348,465
WORKMAN/UNEMPLOYMENT COMP.	65,808	65,808
REPAIRS & REPLACEMENTS	82,191	83,522
SPECIAL EQUIPMENT	26,059	26,180
	<hr/>	<hr/>
TOTALS	\$10,801,577	\$10,966,382

Ed Drechsel
Business Manager

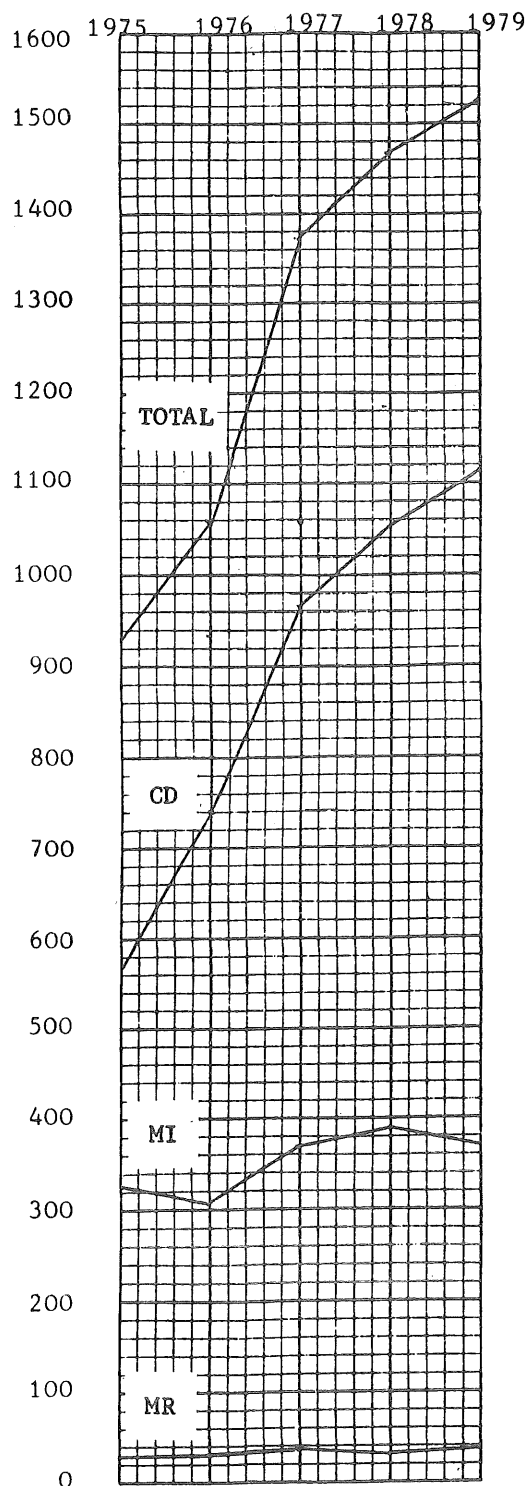
Admission by County of Residence, Disability Group, and Status
for Residents to Fergus Falls State Hospital
for calendar year 1979

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.	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	123	50.47	43	17.64	5	108		9	6			123	33		2	8			43	2		1	1	1		5
Clay	153	32.84	23	4.94	3	144	5	3	1			153	8	2	10	1		2	23			2		1		3
Douglas	79	34.51	37	16.16	2	69		3	7			79	27			10			37				2			2
Grant	29	38.86	7	9.38	1	24	1	2	2			29	4			3			7		1					1
Otter Tail	234	50.76	96	20.83	6	197		22	15			234	51		14	31			96	3		1	1	1		6
Pope	58	52.22	18	16.21	5	51	1	6				58	11		4	3			18			1	1	3		5
Stevens	19	16.94	9	8.02	1	15		3			1	19	2		4	3			9		1					1
Traverse	12	19.19	9	14.39	0	12						12	5	1	1	2			9							0
Wilkin	34	36.21	14	14.91	4	29	1	3	1			34	8		4	2			14					4		4
Sub Total	741	(66%)	256	(69%)	27	649	8	51	32		1	741	149	3	39	63		2	256	5	2	5	5	10		27
Kittson	7	10.21	7	10.21	1	6		1				7	5	1		1			7	1						1
Mahnomen	28	49.66	7	12.42	0	21	1	5	1			28	4		2	1			7							0
Marshall	14	10.72	2	1.53	3	12	1	1				14	1		1				2			1		2		3
Norman	12	11.99	7	6.99	1	9		2	1			12	3		3	1			7			1				1
Pennington	40	30.15	16	12.06	1	37	3					40	14	1		1			16	1						1
Polk	44	12.78	31	9.00	3	35	2	6	1			44	18	3	9			1	31	1				1	1	3
Red Lake	3	5.57	5	9.28	0	3						3	3		1			1	5							0
Roseau	15	12.97	10	8.64	0	15						15	3	4		2		1	10							0
Sub Total	163	(15%)	85	(23%)	9	138	7	15	3		0	163	51	9	16	6		3	85	3	0	2	0	3	1	9
Non-Resident	212	(19%)	28	(8%)	2	191	14		6		1	212	11	0	1	13		3	28	1			1			2
TOTAL	1116		369		38	978	29	66	41		2	1116	211	12	56	82		8	369	9	2	7	6	13	1	38

-4-

NUMBER OF ADMISSIONS

1975-1979



CD = Chemical Dependency

MI = Mental Illness

MR = Mental Retardation

Resident Population on 12-31-79

by County and Disability Group

County	CD	MI	MR	Total
Becker	12	10	16	38
Clay	18	10	30	58
Douglas	5	7	21	33
Grant	7	3	7	17
Otter Tail	30	40	49	119
Pope	6	8	9	23
Stevens	4	2	9	15
Traverse	4	1	6	11
Wilkin	5	7	9	21
Subtotal	91	88	156	335
	(61%)	(68%)	(60%)	(62%)
Kittson	1	2	11	14
Mahnomen	3	1	6	10
Marshall	1	2	12	15
Norman	0	7	10	17
Pennington	2	6	8	16
Polk	9	13	30	52
Red Lake	1	2	12	15
Roseau	2	3	16	21
Subtotal	19	36	105	160
	(13%)	(28%)	(40%)	(30%)
Non-resident	38	6	1	45
TOTAL	148	130	262	540
Out on Visit	1	17	20	38

Number of Admissions

Admissions in 1979 (1523) increased by 3.9% over 1978 (1466), and have continued to rise each year from a 1974 total of 831.

PERSONNEL DEPARTMENT -- 1979 ANNUAL REPORT

ACCOMPLISHMENTS

Began decentralized testing at Fergus Falls State Hospital for Chemical Dependency Counselors in October and clerical classifications in January.

New Council 6 Contract implemented.

New payroll/personnel system implemented.

New individual employee timekeeping system implemented.

Eliminated use of two separate cost code systems.

Revamped record keeping systems in Personnel Office.

NUMBER OF DECENTRALIZED EXAMINATIONS

<u>Examination</u>	<u>1978</u>			<u>1979</u>		
	<u>Tested</u>	<u>Pass</u>	<u>Fail</u>	<u>Tested</u>	<u>Pass</u>	<u>Fail</u>
RN (E & T)	36	36	0	40	40	0
LPN (E & T)	48	48	0	62	62	0
HST (Written & Oral)	265	189	76	225	195	30
CD Counselor (Oral)				13*	11	2
Clerical (Performance)				21	--	--

* 13 responded out of 64 contacted

EMPLOYEE INJURIES REPORTED

	<u>1978</u>	<u>1979</u>
Minor Injuries	172	185
Major Injuries/Workers' Comp. Claims	58	75
Total Injuries Reported	230	260

ADJUSTMENTS TO OUR AUTHORIZED STAFF COMPLEMENT

1-1-79	New Positions	Add 11.0	12-30-78	550.0 FTE
	CVRP to Dept. of Ed.	Less 3.0		
	Recruiter - DPW	Less .1		
7-1-79	New Positions	Add 14.0	1-1-79	557.9 FTE
9-5-79	Non-funded Overcomplement	Add 17.0	7-1-79	571.9 FTE
11-30-79	Non-funded Overcomplement	Add 9.0		
			12-30-79	597.9 FTE

	<u>1978</u>	<u>1979</u>
Total Manhours Worked	1,227,632	1,234,236
Average Full Time Equivalents	587.9	591.1

<u>Classification</u>	<u>1978</u>				<u>1979</u>			
	<u>Ave. # Emps.</u>	<u># Hired</u>	<u># Separated</u>	<u>Turn- over Rate</u>	<u>Ave. # Emps.</u>	<u># Hired</u>	<u># Separated</u>	<u>Turn- over Rate</u>
Behavior Analysts	10.5	3	1	9.5%	12.0	0	1	8.5%
CD Counselors	14.0	12	9	65.5%	15.0	15	9	60.0%
Clerical	31.5	5	2	6.5%	29.0	5	4	14.0%
Dietary	40.5	5	5	12.5%	40.5	4	2	5.0%
Housekeeping	25.0	2	1	4.0%	25.5	4	2	8.0%
Human Services	212.5	70	40	19.0%	212.5	28	27	12.5%
Human Services Temp.						21	21	100.0%
Laundry	8.0	0	0	-	8.0	1	1	12.5%
LPN	56.5	15	10	17.5%	60.0	11	6	10.0%
Psychologist	5.5	3	1	18.0%	7.5	2	1	13.5%
RN's	38.5	9	11	28.5%	40.0	11	7	17.5%
Rehab Therapist	13.5	3	2	15.0%	14.5	3	4	27.5%
Social Workers	11.5	2	0	-	14.0	1	0	-
Tradesman	16.0	1	1	6.5%	15.5	1	0	-
Other	137.0	36	27	19.5%	150.0	15	24	16.0%
TOTAL	620.5	166	110	17.5%	644.0	122	109	17.0%

PROMOTIONS AND POSITIONS RECLASSIFIED

<u>Classification</u>	<u>1978</u>		<u>1979</u>	
	<u>Promotions</u>	<u>Reclassifications</u>	<u>Promotions</u>	<u>Reclassifications</u>
Account Clerk			1	1
Account Clerk, Sr.	1	1		
Accounting Officer	1	1		
Asst. Chief Engineer			1	1
Asst. Group Supervisor			6	6
Behavior Analyst I	2		1	
Behavior Analyst III			1	
Carpenter Foreman			1	1
Clerk Typist, Intm.	3	3	2	2
Clerk Typist, Sr.	1	1		
CD Counselor, Sr.	2	2	5	7
CD Counselor, Supvr.	2		3	
Chief Engineer			1	1
Dining Hall Supvr.			1	
Electronics Technician				1
Executive I			2	2
Executive II				1
Hospital Services Asst.				6
HST, Sr.	5	5	8	8
HSS	4	4	8	2
HSS, Sr.	11	11	1	1
Inst. Prog. Coord.			1	1
Janitor, Sr.	2	2		
LPN II	9	9	8	8
Management Analyst	1	1		
Management Analyst, Intm.			1	1
Personnel Aide	1	1		
RN II	11	11	5	5
RN III			4	7
RN IV			1	3
Rehab Therapist, Sr.			2	2
Social Worker, Sr.	1	1	2	2
Social Worker, Specialist	1	1	1	1
Special Teacher	3			
Stores Clerk			1	1
TOTAL	61	54	68	71

STAFF DEVELOPMENT -- 1979 ANNUAL REPORT

1. Developed and implemented a pre-employment training program for Human Services Personnel.

The Fergus Falls State Hospital Staff Development Department has engaged the Fergus Falls Community College in a cooperative effort to train persons interested in working in a Human Services Technician job. Since August, 1979, the start of this cooperative program, 33 persons have been trained and 21 others are currently attending the winter quarter Human Services Training.

Status report on students involved in the Fall 1979 Human Services Training Program:

Full time employees of Fergus Falls State Hospital attending training.	3
Persons employed by Fergus Falls State Hospital	17
Persons employed by other facilities	1
Persons failing to complete training successfully	7
Persons completing training but not employed in Human Service area	4
Persons continuing on in college	1
Total	<hr/> 33

2. The goal of having all required entry training completed on Human Services Technicians has been attained.
3. Each major disability grouping has identified an individual responsible for coordinating training.
4. Programmed instruction modules have been developed for classes in:
 - Mental Retardation I
 - Mental Retardation II
 - Human Development
 - Infection Control

*Total hours of training during 1979:	Hours
Human Services (Block Training), a pre-service training program conducted in conjunction with FFCC	21,600
Off Campus Training hours attended	3,200
On Campus Training hours attended (including employee Orientation)	<hr/> 8,550
1979 Total Hours	33,360

*Some figures are estimated based on average attendance.

Neil M. Herman
Staff Development Coordinator

SUPPORT SERVICES -- 1979 ANNUAL REPORT

As in the past, many improvements have been made to the physical plant. Many of the smaller improvements were accomplished by hospital maintenance staff; contracts were awarded for major projects.

A contract was awarded for starting the remodeling of the former Men's Geriatrics Building into 16-bed units for the mentally retarded. Inasmuch as sufficient funds were not available to complete the entire building, one unit is being remodeled at this time, and all mechanical services in the main area are being updated. Funds have been requested from the Legislature to complete this project.

Another contract was awarded to replace the flat roofs on the CTAC and Patterson Hall buildings. This work should be completed in the spring of 1980.

A new entrance was constructed in the West Detached Building for the Psychiatric program, and a ramp was constructed to the connecting corridors between the West Detached and Southwest buildings.

In October, the State of Minnesota, under the direction of Materials Management, conducted an auction sale at the hospital where the institution sold much of its old and obsolete equipment and supplies. Other state agencies in the vicinity of Fergus Falls also participated in the sale. Moneys derived from this sale will be used to purchase other needed equipment and furnishings.

The hospital has been participating in the Federal Child Nutrition Program and moneys received have been used to purchase replacement equipment for the kitchen area, food preparation tools, and food items.

During the year, the administration of the hospital has been developing a Capital Improvement request for the 1980 session of the Legislature. The process has resulted in developing a six-year Capital Improvement request which can be updated annually.

The Veterans Administration Service Agency has been conducting a study on the possibility of using surplus buildings on the hospital campus to determine the feasibility of their use for a Veterans' Home. All veterans organization; legislators; state veterans personnel; and staff from the Architect's Office, Department of Administration and our hospital administration have been participating in this study.

As in past years, the hospital was inspected by the Department of Health, the Department of Public Welfare, and the Fire Marshal's office (Life-Safety). As a result of these inspections, we continue to meet the licensing and certification standards for all our programs. We will continue to make necessary repairs to correct the deficiencies as listed in the Fire Marshal's report.

In December, the Joint Commission on Accreditation of Hospitals surveyed the hospital's Psychiatric and Chemically Dependent Programs for accreditation. We are presently awaiting the results of this survey.

The Minnesota Safety Council, at their safety awards dinner, presented the Fergus Falls State Hospital with a Meritorious Achievement Award in recognition of outstanding accident prevention performance in the safety program. This is the second consecutive year that the hospital has received this award.

This past year we added a Plant Operations Director to our staff to supervise and coordinate the engineering, maintenance, grounds and housekeeping services.

Support Services (continued)

This next year we intend to pursue the possibility of a solid waste burning unit to augment or replace some of the lignite coal presently being used to generate steam. There is an engineering study in progress at this moment to determine the feasibility of this project.

Our largest need for capital funds this next year is related to the Life-Safety Code compliance. It is our hope that this legislature will assist in completing this much needed update. As that becomes completed, we should be able to move several programs to more satisfactory areas and support our treatment services with up-to-date and adequate environment.

O. John Bloom
Assistant Administrator

THE ADVOCATE'S OFFICE -- 1979 ANNUAL REPORT

The office of the advocate was established at Fergus Falls State Hospital on August 1, 1971 and became the first full time advocacy function in the state hospital system. Since its inception, the office has been involved in 6598 individual cases while serving residents of 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 continues to possess 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 areas 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 remains accountable to the Chief Executive Officer only and is seen as having an adversary relationship with the facility. Not only can the advocate's office represent residents in complaints brought to the office, but the function can also initiate complaints.

During the reporting period, the advocate's office was involved in 1287 cases. Not only does this represent a record number of cases, but it also represents a 41.96% increase over 1978. This due, in large part, to the addition of another staff member, Mary Olympia, to the advocacy function. The average number of monthly cases is, therefore 115.6 per month and it is interesting to note that the last eight months have seen over 100 cases each. One hundred cases used to be thought of as the high water mark but, apparently, this "magic" number will become quite commonplace. The number of cases handled per month is as follows:

January	79	July	113
February	91	August	101
March	119	September	128
April	97	October	161 (a record)
May	124	November	108
June	129	December	131

The advocate's office has always attempted to maintain a posture that is immediately responsive to the needs of the consumers and, in fact, 54.23% of all cases for the year were closed within 24 hours of their opening and the average closure time in all cases was 3.34 days. Incidentally, the closure time on all cases since the inception of the function is 4.72 days, so it would appear that we are, in fact, responding as quickly as possible to residents' complaints. This conviction has, incidentally, been supported by answers obtained from our Consumer Questionnaire. This continues to be given at random at least twice yearly.

As usual, the program serving the chemically dependent was the most significant user of the services offered by the advocate's office. 779 cases (56%) came from this service and this was followed by the programs serving the mentally ill, which accounted for 326 (23.5%) of the cases. Last, but not least, the programs serving the mentally retarded accounted for 152 cases (10.9%). Former residents enter the advocate's office in significant numbers (5%), and staff problems accounted for 3.2% of the cases. The remaining small percentage came from relatives, guardians and other concerned individuals.

1979 was, in fact, the second year since the Grievance Procedure was established under Minnesota Statute 144.651. This Minnesota Department of Health mechanism became the mandated mechanism to consider and resolve disputes or disagreements raised by the client. This mechanism has been completely coordinated through the advocate's office and it would appear that the said mechanism has been well utilized by consumers of services offered by Fergus Falls State Hospital.

A total of 298 grievances were filed under the categories as listed by the Department of Health. This number did, in fact, constitute 21% of all of our cases and this was, interestingly enough, an 80% increase over 1978 when 163 grievances were filed. Of these grievances, 41 individuals were seen by the Fergus Falls State Hospital Review Board which met on five occasions during the year. This was, incidentally, a lower number of meetings than was usually held by the Review Board. It is hoped the number of meetings of the Review Board will be increased to at least six, or possibly 8 during 1980. By and large, the vast majority of grievance cases were satisfactorily handled at the lower level and I think this speaks well for the units, the services and the hospital generally.

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 saw the involvement of six students who successfully completed their internship requirements. This means that 48 students have been involved since the inception of the program in 1972.

The advocate's office made an attempt to visit significant parties in our catchment area and we did, in fact, pay visits to 14 of the 17 counties in our catchment area. We contacted county welfare directors, caseworkers, sheriffs, county attorneys, and judges in an effort to improve the understanding of the advocacy function at our facility. Along this same line, the advocate's office participated in orientation for new employees, spoke to tour groups and, in addition, responded to the request for legal rights and human dignity workshops at five nursing homes in the immediate area. In addition, a presentation on behalf of DPW was made at a Mental Health Alternatives conference in Minneapolis. The senior advocate was personally honored by being elected to the Board of Directors of the Mental Health Association of Minnesota and, especially, by being appointed to the Rules and Procedures Committee (for commitments) by the Minnesota Supreme Court.

This, then, constitutes the report of the activities of the advocate's office for 1979. If there are any further questions or comments relative to this report, please feel free to contact the office and we will be most happy to discuss the report in more detail.

Bill Johnson, Advocate
Mary Olympia, Advocate

CHAPLAINCY SERVICES -- 1979 ANNUAL REPORT

The Chaplaincy Department, consisting of three full time and six part time personnel, contributed a great deal to the spiritual dimension of the treatment process. The department presently consists of Armin Mueller, Protestant Chaplain, Director of Chaplaincy Services; Father Kenneth Brenny, Catholic Chaplain; Ralph Pedersen and James Tonneson, full time chaplains on DDRC; the following area clergy who have served as part time chaplains on the Chemical Dependency Unit - Vervyle Henriksen, Leonard Dale, Leonard Gaida, Vince Lieser; and Kathie Livingood Aarhus, Coordinator of Religious Education on the residential areas.

Central Services

Chaplains Mueller and Brenny provided Word and Sacrament to the residents/patients 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 people from the residential units. The Sacrament of the Lord's Supper was provided in the regular service every other Sunday and also privately upon 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.

Chaplains from Central Services (Mueller and Brenny) provided pastoral services on all areas of the hospital, whereas the other chaplains served exclusively on the Chemical Dependency Units. Theoretically, the chaplains on the psychiatric and the mental retardation units are part of the treatment team and should have been taking part in team meetings; practically, however, there was not sufficient time for the chaplains to attend those meetings. Much of the work done on these units was by referral of residents by staff, by the resident's own initiative, or by the visitation/chance-meeting process.

The bulk of chaplaincy services was invested in the chemical dependency program with two full time and four part time clergy persons, plus Chaplains Mueller and Brenny participating. DDRC has a more structured program which called for specific duties to be performed by the chaplains. Chaplains functioned as part of the treatment team providing evaluations and counseling in spiritual areas, lecturing, conducting second and third step groups, and working with fourth and fifth steps.

The chaplains have reached out beyond our hospital confines, educating and sensitizing people to the difficulties that some people were experiencing in the communities by speaking to youth groups, congregations, ministerial associations, and business-people. Intervention and aftercare for residents and residents' families have been strengthened by such training and education in the parishes of our region.

With the addition of Chaplain Tonneson, who is an acting Clinical Pastoral Education (CPE) Supervisor, CPE will again be offered as an educational experience for pastors and seminarians. Two units a year will be offered; this will provide on-campus experience in the three disability groups that we have at our hospital. The students who will be attending eleven-week courses will be under the supervision of Chaplain Jim Tonneson. They will be assigned to clinical units throughout the hospital. They will be a part of the treatment teams and considered members of those teams. The goals of CPE include helping the students become more effective pastors as they minister to people in crises.

Chaplaincy Department (continued)

Religious education classes were held under the direction of the Chaplaincy Department for the first half of the year. Twenty-five volunteer teachers were under the supervision of Kathie Livingood Aarhus who arranged the classes and provided material for the volunteer teachers. 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 Intervarsity Christian Fellowship, Fergus Falls Community College and some of the churches.

One of the highlights of this year's chaplaincy program was the confirmation of forty-one residents of the State Regional Residential Center here at the hospital. Thirty-one people were confirmed in the Catholic faith and ten persons were confirmed in the Lutheran faith. Bishop George Speltz of the St. Cloud Diocese of the Catholic Church and Bishop Cecil Johnson of the Northern Minnesota District of the American Lutheran Church at Moorhead performed the rite of Confirmation. This is the first time that a confirmation service was held at our hospital. It was received with great rejoicing on the part of the residents, their families, and other concerned people.

In October, machinery was set in motion to find a replacement for Chaplain Mueller who designated his resignation or retirement date as February 12, 1980. To date, no replacement has been found but is still in process. Father Kenneth Brenny has been designated as the Acting Director of Chaplaincy. The fact that we have not yet found a qualified person to coordinate the religious education program among our residents must be taken into consideration in filling the chaplaincy position in order to fulfill our responsibility to our residents and to the community.

Chaplain Armin Mueller
Director of Chaplaincy Department

DRUG DEPENDENCY REHABILITATION CENTER (DDRC) -- 1979 ANNUAL REPORT

Admissions to DDRC continued to increase in the year 1979 with a total of 1116 persons being admitted. Of these admissions, 904 were residents of the seventeen county receiving area served by Fergus Falls State Hospital; 212 came from 41 other counties in Minnesota.

DDRC was surveyed by the Minnesota Department of Health, Minnesota Department of Public Welfare Rule #35 Licensure, and the Joint Commission on Accreditation of Hospitals. As a result of these surveys, full licensure under Rule #35 and the Department of Health was granted. To date, the results of the JCAH survey have not been received.

The Counselor Training Program has been surveyed under the State Accreditors for Training Programs guidelines. We are awaiting a decision on the results of that survey.

DDRC was allocated an additional eleven FTE (Full Time Equivalent) staff line items in 1979. Seven were allocated in July and were designated as follows: 3 Chemical Dependency Counselors; 1 Psychologist; 1 Chaplain; and 1 Human Services Technicians. Four were allocated in December and were designated as HST's. The addition of these staff have assisted in providing more adequate staffing for the various treatment units of DDRC.

Primary Units:

Admissions to the primary units have continued at a very high rate, with units remaining at full capacity much of the time. Program changes have included the development and implementation of a more individualized treatment plan. The addition of the services of a Recreational Therapist on a part-time basis has allowed for more consistency in providing scheduled recreational activities as a part of the treatment process on these units. Staff recruitment continues to be an ongoing process. Considerable time and effort have been expended to providing education and training to meet the identified developmental and training needs of the staff.

Admissions/Evaluation Unit:

Admissions/Evaluation Unit was expanded to include the entire first floor of their present building (AW). The expansion and remodeling will allow for more adequate space for nursing/medical services, including examination and treatment room, better observation, on the west end of the building; and provisions for a containment area on the east end of the building. Three full-time and two part-time HST's were hired to provide staffing and programming services for the containment area. A full-time counselor was transferred to the Admissions/Medical Unit. This counselor's primary responsibilities include evaluation of admissions and coordination/supervision of programming on the containment unit.

Freeway Unit:

The maximum number of residents to be treated on Freeway Unit was decreased to 22 to assure more quality treatment. Cathie Whelan, CD Counselor Supervisor, was appointed Supervisor of Freeway Unit, with additional staffing to include 4 CD Counselors, thereby maintaining the ratio of 5 residents to 1 CD Counselor. Program changes on Freeway have moved in the direction of more specific attention to CD treatment as the major focus, utilizing many facets of the treatment model of the DDRC primary units. Freeway staff have been involved in receiving continued training in this process. The need for a containment area, separate from Freeway Unit, continued to be apparent and the decision to establish a containment area as

Part of the Admissions/Medical Unit of DDRC will hopefully meet this need for Freeway Unit. Pat Stevens, Director of the New Connections Treatment Center, provided consultation services to Freeway Unit, spent one day on the Unit to observe, make recommendations for changes, etc. This consultation provided an objective viewpoint in the ongoing process of program evaluation.

Hope Unit:

Hope Unit, because of the expansion of Admissions/Medical Unit, was required to decrease their bed capacity to 24 beds. It has become apparent that there is a need to increase the number of beds, when space and staff are available, based on the fact that the unit has maintained full capacity at all times with an active waiting list for clients evaluated and recommended for admission to Hope Unit. Total admissions to Hope in 1979 were 111, with admissions coming from the 17-county receiving area (largest number from Clay County, second largest number from Otter Tail County), and also from 19 other Minnesota Counties. One aspect of the Hope Unit has been to provide programming and treatment for the MI-CD client, with 21 persons being served in 1979. Program changes have included: development and implementation of the individualized treatment plan, inclusion of scheduled and planned recreational activities and additional specialized groups such as First Step groups, relaxation, etc.

LIV Unit:

LIV Unit, under the supervision of Floyd Hill, increased bed capacity to 49 beds, with staffing to include: 1 Counselor Supervisor, 1 Chemical Dependency Counselors, and 1 Unit Coordinator. Program changes have included: development and implementation of the individualized treatment plan; development of and increase in recreational services to assist these clients in learning/relearning social skills. Total number of admissions to LIV Unit in 1979 was 126. Involvement of families, and referral to DDRC's Family Unit, as well as utilization of community resources (county social service agency staff, halfway houses, etc.), have enhanced the quality of programming services being provided and offered to clients served on the LIV Unit.

Chaplaincy Department:

A second full-time chaplain, Jim Tonneson, was hired. His services, along with the one full-time and four part-time clergy already employed, allows for chaplain services on all DDRC treatment units two days per week. Jim Tonneson is an Acting Clinical Pastoral Education (CPE) Supervisor and has submitted a proposal to provide CPE training at this hospital. When final approval has been granted, this program could be underway by the summer of 1980. This program would provide additional chaplaincy services for DDRC and other hospital units by those students participating in that program.

Family Unit:

Family Unit increased to two sessions weekly for part of the year of 1979 to meet demands. A total of 646 persons participated in the 1½ day Family Live-In Program. Participants were family members or significant others of DDRC residents, including: 95 spouses; 71 children; 108 parents; 45 siblings; 10 other relatives; 1 employer; and 21 friends; as well as many outside referrals, including social service agency staff, Lakeland Mental Health Center staff, Fergus Falls State Hospital staff, DDRC staff, in-patients, etc. Of those who attended, 515 were residents of the 17-county hospital receiving area; 112 were residents of other Minnesota Counties; and 19 were out-of-state residents.

Counselor Training Program:

John Peterson assumed the role of Director of the Counselor Training Program. John Whalen was hired in July of 1979 as the Assistant Director. John Whalen is

a graduate of the DDRC Counselor Training Program, has a Bachelor's Degree in the field of education, and has completed requirements for a Master's Degree with a specialty in Addiciton Counseling. During the year 1979, 28 people were evaluated for acceptance into the Counselor Training Program; 22 were accepted; 14 actually began training; and 14 completed their training and graduated from the program.

Activities and Participation - Staff and Others:

DDRC Alumni Association reorganized in 1976. Meeting of this organization was held in April of 1979 with about 150 alumni in attendance. The Association, with assistance from DDRC staff, hosted the DDRC 10th Anniversary celebration which was held Saturday, September 19, 1979, at the Fergus Falls Armory. Activities included speakers, potluck supper, and dance. Approximately 450 persons were in attendance.

Freeway Unit staff and Counselor Training Program staff, in cooperation with DDRC, hosted an 8-hour workshop, "Together We Can", November 5, 1979, which offered community and agency contacts (school staff, probation officers, halfway house staff, county social services staff, etc.) knowledge of Freeway Unit and the continuum of care when serving chemically dependent adolescents.

DDRC Chaplaincy staff, Family Unit Staff and Primary Treatment Unit staff participated in providing training and experience to 36 area parish clergy through various treatment and training modalities to assist those clergy in gaining more knowledge, personal awareness, and skills to assist them in their parishes when dealing with chemically dependent persons and their families.

The DDRC Advisory Board has met bi-monthly and has been helpful in providing guidance, input and support for the direction of DDRC. New members on the Advisory Board are: Minnesota State Senator Collin Peterson from Detroit Lakes and Donna Olson, Director of Serenity Manor Halfway House, Barnesville, Minnesota.

Activities Outside of DDRC:

The Administrative, Professional and other staff on DDRC have participated in a number of activities off campus. Curt Ramberg, Program Director, served as President of the Minnesota Chemical Dependency Association (MCDA) during 1979; while LaVern Thompson served as Vice President. Approximately 20 DDRC staff are members of MCDA, and five staff are members of Minnesota Association of Counselors on Alcoholism (MACA). Mr. Ramberg also served on the Governor's Task Force for Chemical Dependency Concerns in Minnesota.

DDRC Chaplains have been active in the community, serving as participants in the Fergus Falls Ministerial Association, speaking at several area church gatherings and service organizations, and training clergy in ministering to alcoholics.

Several of the DDRC staff have served as Board Members of the Lake Region Halfway Homes, Inc. and of the Alano Corporation. Staff have also been trainers for various programs in the area, including Teenage Health Consultant Program, Drug Education Course at the Community College, and Counseling the Family of the Chemical Dependent. A number of the staff are members of the Alano Corporation and have been volunteers and active participants in their programs, as well as in the Northwest Counselors Association. A number of workshops related to the chemical dependency programs have been well attended by staff. These are to mention only a part of the activities and educational programs in which the DDRC staff have actively participated.

Curt Ramberg
Institutions Program Coordinator, CD Unit

PSYCHIATRIC UNIT -- 1979 ANNUAL REPORT

In our report for 1978 we developed some expectations for our efforts this year. Among our short-range goals were to merge and integrate the Psychiatric and Hospital Units. This was done in the spring of the year. We also had goals to increase the residents' freedoms, to conduct patient care audits, to increase our efforts in developing staff skills, and add a greater balance in staff membership/disciplines, age, sex. In the latter goal we were particularly interested in increasing our male staff. Unfortunately, when we had staff attrition, equal opportunity regulations and our contract with the Union prevented us from recruiting men. Consequently, we are in the same condition as a year ago.

Our patient care audits revealed that the after-care planning system that we developed in 1978 appears to be more of a paper work exercise than an actual delivery of after-care services. We hope that appearances are misleading. We have no real way of knowing what happens after residents leave here; particularly when we are not privileged to receive the reports of agencies and individuals delivering after-care services. Another audit showed us that we needed to place an increased emphasis on treatment documentation. Therefore, we developed and delivered training in the Problem Oriented Record.

There was both good and bad news in our goal to increase residents' freedom. One of our geriatric units (2SW) has been able to provide for more freedom of movement within the total unit. Residents have more access to their own bedrooms. Contrary to our hopes, we have had an increase for the need and use of restriction and seclusion. It appears that this increase is due, at least in part, to the many more adolescents and young adults that we see who have an involvement in illicit drugs.

Our long-range goals of acquiring new spaces and attaining capital funds for the remodeling of those spaces has not been realized. Those hopes will remain long-range. We do not expect to make significant progress in 1980, except to do a more complete and better job of gathering statistics and thus be in a better position to plan for more homogeneous small treatment units.

Aside from our goals for 1979, there were several happenings of note. Among them were some significant staff changes. We added a psychologist, Joe Herder. Although he just reported to us in August, he has already taught a significant number of staff in the basic skill of small group counseling, in addition to carrying a heavy load of psychological services. We have added a consulting psychiatrist, Dr. Russell Huffman. Evan Dalluge, R.N., has been added to our night staff. Debby Schmitt has joined our rehabilitation staff. Alice Lyng, R.N. IV, is filling a long needed staff development position. We have been fortunate to have the availability of Art Therapy by a volunteer who is on sabbatical from a public school. Jeanne Schetnan, R.N., has moved from the night staff to a management position on a geriatric unit. Jerry Hanson, Social Worker, and Mae Haugen, HSS, Sr., have taken up management leadership positions on P.A.C.T.

The Psychiatric Division underwent an accreditation survey by the Joint Commission on Accreditation of Hospitals in December. We expect that our accreditation will be continued. The Department of Health surveyed us in early December also. Their certification is expected.

In our treatment programs we have had a significant increase in the use of small group counseling at The Cottage. We have developed a swimming program for residents.

Psychiatric Unit (continued)

This came about through the generosity of the Fergus Falls Kiwanis group called the Otter Risers. They paid our YMCA membership fee to enable us to develop this program. We have more persons in our long-term treatment in work therapy than ever before, and we have developed a plan to begin the use of Biofeedback in a treatment program. We have procured, and have in use, a bath tub chair lift on our least ambulant geriatric unit. This is a big help to both residents and staff.

Looking to the future at the end of 1979, we intend to have a single admission area with a functioning Admissions Team. This will reduce confusion to prospective residents, to community agencies and their staff members, and to our own staff. We have begun to develop and will complete a revision of our Problem Oriented Record Manual and our Division Policy Manual. These will help us to more easily identify and comply with JCAH Standards as well as provide us with a training and procedural instrument in the documentation of charts. We expect to use more small group therapies on our P.A.C.T. Unit in 1980. We have been recruiting for a Behavior Analyst and expect to develop a behavior program. We will also use Biofeedback in 1980. Then, if we have the opportunity to add to our staff, we will consider the advisability of adding either an Art Therapist or a Dance Therapist. Finally, we are inviting our Advisory Committee to work with us in the development of the second edition of a comprehensive plan for the future.

Dale S. Klaessy
Institutions Program Coordinator - Psychiatric Unit

The State Regional Residential Center (SRRC) is divided into four residential groupings called Achievement Centers. They are the Community Training Achievement Center (CTAC), Adult Achievement Center (AAC), Youth Achievement Center (YAC), and Achievement Center for Physically Handicapped (ACPH). When reference is made to any Center in this report, the abbreviations are used; i.e., CTAC, AAC, YAC, ACPH, SRRC.

The census of the SRRC was the same at the end of 1979 as it was at the beginning. The number of admissions equaled the number of discharges, 39 each. Excluding the years when there were large numbers of residents transferred from other state institutions to the SRRC, 1979 represents the highest number of admissions for any year. The 39 discharges in 1979 ranks second with only one other year in terms of discharges. On an average, once every 4.7 days someone was being either admitted or discharged. In examining the data, one discovers that of the 39 admissions 21 had been prior admissions to the SRRC. This probably reflects on the large number of mentally retarded persons who have been discharged from this facility which created an equally large number of potential recidivists. Prior to the community placement/normalization effort in our Regions, this would not have occurred. The data also confirms the additional responsibility to this facility of serving as a regional back-up resource to our communities. It seems evident that as we and our communities take more "risks" the return rate or percentage increases sharply.

Nineteen hundred and seventy-nine saw an additional eight line items added to the SRRC program. This number, taken in itself, would appear to be almost insignificant; however, when added to the 10 additional line items received in July '77 and the 14 additional line items received in July '78, one can see that the impact of 32 line items over a course of 30 months is significant. It is hoped that the end to the law suit of Welsch vs Noot is in sight and that any additional line items which this facility receives as a result of the law suit will come to us around mid '81.

We not only added new line items to the program, but we also changed the thrust of some line items within the program in 1979. We added six Assistant Group Supervisor positions to the two which were developed the year before and thus were able to give two Assistants to each Center Director. In addition, we reallocated several positions to Behavior Analyst I positions and ended up with a total of eight Behavior Analyst I's. These were also divided equally to each Center Director. We filled out our allotment of four Behavior Analyst III's, each of which is assigned to a Center. A Recreator was assigned to each Achievement Center. The effect of these moves was to increase professional assistance available to each Center Director. We also saw, in 1979, the end to hiring untrained direct-care staff. We now hire persons who have completed what we refer to as "block training". The concept of block training started in mid '78 with this facility hiring 20 people and then training them in a "block" of time. This method was extremely expensive in that this facility was paying HST wages, 40 hours per week per person for about ten weeks while staff were being trained. Of the approximately 20 people currently enrolled at the Community College working toward their HST certification, approximately half paid \$200 tuition for the privilege of attending the training, and the other half are attending under some type of grant. This facility will not be responsible for any financial obligations until a potential candidate has actually been hired. With only a few exceptions all direct-care staff now have at least 160 classroom hours of training or some approved equivalent.

In addition to more staff, the SRRC was able to add on to our residential environment. In one case, this move was not directly related to the residents but, rather to the program planning for residents. That particular area was remodeled into two Interdisciplinary Conference Rooms, thus eliminating the need for makeshift planning rooms. Also, in 1979 a minibus was donated to the Community Training Center. This new minibus has given the CTAC residents the opportunity to become more involved in community events. School District #544 (which serves residents from YAC and ACPH) was also involved in expanding the environment for some of our residents in that a new classroom was set up at the Fergus Falls Junior High School

to accommodate approximately eight of our YAC students. This setting gives these students exposure to a normalized environment and also exposure to non-handicapped students.

Our residents' environment not only was expanded, it was improved by the completion of CTAC remodeling. CTAC residents now live in five 16-bed condominium-type apartment units with an attached recreational area. This area is furnished with jukebox, pool table, pinball machines, etc. and an auditorium which allows residents to have dances, plays, shows, popcorn parties, bingo parties, etc. 1979 also saw the beginning of construction for AAC to have a similar environment in the adjacent building known as GM.

In an attempt to utilize staff time more effectively and also to normalize the noon meal, the SRRC began feeding the noon meal for ACPH residents and AAC residents in the school area. This arrangement allows for better use of housekeeping staff to clean the home units and also reduces the need for tow-trucking of residents to and from their home units over the noon hour.

During this year we saw the near-culmination of a tremendous effort to give our residents better behavior management programs. The SRRC Behavior Management Team, composed of a physician, pharmacist, behavior analyst, registered nurse, and psychologist, along with input from other staff and visitation from consultants, review any resident program that involves the use of any aversive technique or psychotropic drugs, every month. This same Team also reviews all medications other than the psychotropic drugs once every three months. The dietitian reviews the diets with the Behavior Management Team, also on a three-month basis.

The SRRC had a first in the area of religion, in 1979, in that 41 residents of the SRRC were confirmed in their religious faith in a ceremony held in the hospital auditorium. The confirmation was attended by over 200 parents, sponsors, and friends of the confirmands.

Nineteen hundred and seventy-nine saw the second time that an SRRC resident went to the National Special Olympics. A resident from CTAC was one of 65 Minnesotans competing in the International Games of the Special Olympics at Brockport, New York. This female contestant won two silver medals in New York - one for the softball throw and one for the 50-yard dash.

There were many other happenings, too numerous to mention, that had an effect on our residents during the year. The events mentioned were chosen to be representative or were chosen because of their obvious importance. This year also had special significance to the SRRC in that we, as a program, celebrated our tenth birthday. Our efforts during the next ten years will have to be tremendous in order to come close to matching the accomplishments which this facility and staff realized during our first ten years. Be that as it may, the staff at this facility can always be counted on for one thing - they will try.

George E. Bang
Institutions Program Coordinator - Mental Retardation Program