

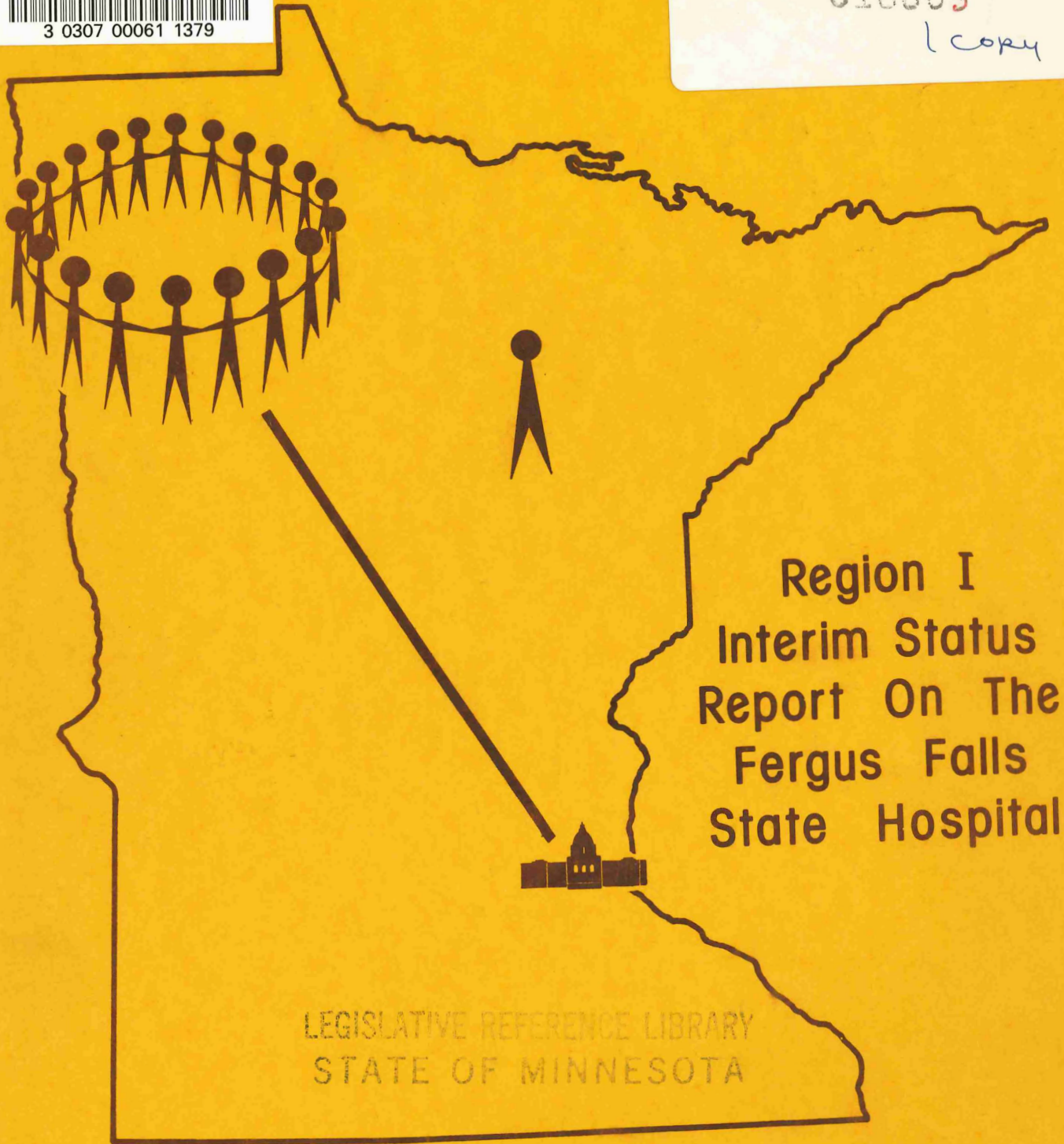
LEGISLATIVE REFERENCE LIBRARY
RA790.65.M6 N67 1976x
Northwest Regio - Interim status report on the Fergus



3 0307 00061 1379

810069

1 copy



Region I
Interim Status
Report On The
Fergus Falls
State Hospital

LEGISLATIVE REFERENCE LIBRARY
STATE OF MINNESOTA

RA
790.65
.M6
N67
1976x

Northwest Regional Development Commission

**NORTHWEST CITIZENS' ADVISORY
TASK FORCE**

**INTERIM STATUS REPORT
ON THE FERGUS FALLS STATE HOSPITAL**

TO THE MINNESOTA LEGISLATURE

LEGISLATIVE REFERENCE LIBRARY
STATE OF MINNESOTA

Submitted by the Northwest Regional Development Commission

January 1976

TABLE OF CONTENTS

	Page
INTRODUCTION	1,2
Legislation Establishment of Task Force Task Force Objectives	
METHODOLOGY OF THE STUDY	2
ACTIVITIES COMPLETED	3,4
Work Plan Data Collection Liaison Function	
ACTIVITIES TO BE COMPLETED	4
TASK FORCE OBSERVATIONS	4,5
APPENDICES:	
A Section 2 - Health and Welfare and Corrections Appropriation Bill	6,7
B Northwest Citizens' Advisory Task Force Membership List	8,9
C Time Schedule for Region I Task Force	10,11
D Region I Citizens' Advisory Task Force Study Plan on Fergus Falls State Hospital	12-17
E Data Collection Materials	18-27
F Northwest Region I Citizens' Task Force Questionnaire on Mental Health Resources	28-39
G Task Force Minutes	40-47
H Letter of Appreciation	48-49

INTRODUCTION

Legislation

The 1975 Minnesota State Legislature required the creation of two citizen's advisory task forces to study the future utilization of the Fergus Falls State Hospital. Each task force was to be comprised of county commissioners, licensed professionals, welfare directors, public members, and a non-voting member appointed by the commissioner of public welfare. (See Appendix A, for a copy of this legislation.)

Establishment of Task Force

Agreement was reached that such an advisory committee was an appropriate function and organizational entity of the Regional Development Commissions. In July 1975, the Region I Task Force membership was selected by the Northwest Regional Development Commission. (See Appendix B, for listing of this membership.) During the month of August, orientation activities for the members were completed. In late September, the Commission employed a Staff Planner to assist the Task Force in completion of its responsibilities.

Task Force Objectives

While the legislation directed specific attention to the future utilization of Fergus Falls State Hospital, the Task force considered it necessary to broaden its scope to include the entire catchment area population of the hospital and the total mental health delivery system within and for Region I. Thus, the following objectives were adopted:

- A. The determination of the number of mentally ill, mentally retarded, and chemically dependent persons in the study area.
- B. The projection of such future populations.
- C. A determination of the most appropriate manner and method for

providing necessary community based services to mentally ill, mentally retarded, and chemically dependent persons, including:

1. identification of the total array of community service and program alternatives needed to service these people; and
2. recommendations on the deployment of program and service alternatives throughout the geographical area.

D. Development of innovative methods and programs, in addition to community facilities and programs, as an effort towards deinstitutionalization.

E. Adoption of recommendations on the manner in which service and treatment programs in the Region should be funded and administered.

F. Establishment of recommendations on the future utilization of Fergus Falls State Hospital.

METHODOLOGY OF THE STUDY

This study was designed to provide a description of the current Region I mental health delivery system -- what it is? who it serves? what needs it meets? and how it serves?

Given the constraints of time and resources, this study is intended to be as exhaustive as possible. Methods are being employed to identify at the specific "person" level, individual characteristics and types of services rendered to him/her during the time period of July 1, 1974 through June 30, 1975. This information will serve as one of the primary indices for predicting future mentally retarded, mentally ill, and chemically dependent populations.

Indeed, it is understood that two limitations exist to the study. They are:

- 1) Validity of prediction for future mentally ill and chemically dependent populations is effected by variables of societal attitudes, values, and norms. (i.e. Society defines tolerance level of behaviors.)
- 2) Information from private sector professionals such as clergy and physicians about potential high risk ((and or current) mentally ill and chemically dependent individuals is not readily accessible given timelines of the study.

ACTIVITIES COMPLETED

Work Plan

In October 1975, the Region I Task Force reviewed, modified, and approved a time schedule and a major activities work plan which was developed and submitted by the staff planner. (for a copy of these documents, please see Appendix C and Appendix D.) To date, the task force has met the predetermined time lines.

Data Collection

The Task Force established that information would be collected about identified mentally ill, mentally retarded, and chemically dependent people of Region I during the time frame of July 1, 1974 through June 30, 1975. Thus, data has been collected on:

- A. Fergus Falls State Hospital patients from Region I.
- B. Mentally ill, chemically dependent, and/or mentally retarded clients/patients; of the Northwest Mental Health Center, County Social Service Offices, and other Region I service agencies.
- C. All people who are residents of nursing home facilities located within Region I. (For a copy of printed materials used in data collection, please see Appendix E.)

A Region I Task Force Human Services Questionnaire has been administered by County Welfare Directors to all agencies within their county which offer service to mentally ill, mentally retarded, and chemically dependent people. This survey has provided an extensive data base concerning present resources of the Region. (For a copy of this questionnaire, please see Appendix F.)

Staff is currently collating the information on resources and the characteristics of clients/patients into a digestable format for further Task Force use and consideration.

Liaison Function

Due to the nature of the study, continual emphasis is placed on informing

legislators, Region IV staff, Region IV Task Force members, Department of Public Welfare Officials, area professionals, and the public of Task Force intentions and accomplishments. This is completed by staff primarily through wide dissemination of formally approved Task Force action and documentation. (See Appendix G, for a copy of Region I Task Force Committee Minutes.)

ACTIVITIES TO BE COMPLETED

As information is compiled in final form, it is anticipated that the Region I Task Force will increase its meeting schedule in order to:

- A. Make its final review of the current system.
- B. Write and/or approve a Human Services Mission Statement.
- C. Identify any unmet human service needs and assess the availability of resources to Region I people.
- D. Formulate tentative recommendations (to include alternative sources of funding and service).
- E. Hold Public Hearings.
- F. Approve final report.

As the Task Force completes these major activities, continued emphasis will be placed on maintenance of communication with those concerned.

TASK FORCE OBSERVATIONS

At the January 8, 1976 meeting, the Region I Task Force made the following conclusions:

- A. The study is progressing according to the approved work plan and the allocated budget is sufficient.
- B. The personnel of the Fergus Falls State Hospital, the Northwest Mental Health Center, the County Social Service Offices, the Day-Nite Unit of Thief River Falls, and the Department of Public Welfare have given excellent cooperation in strong support of the study.
- C. Professionals of the region are besieged with requests for data/information. These are most often very legitimate requests.

However, the lack of standardized definitions and efficient record keeping practices causes a hardship on many human service programs.

- D. Decisions on pending Task Force recommendations to the legislature are considered to have, not only important social ramifications, but also political and economic implications.
- E. An emphasis is being placed on Task Force exploration of many alternatives to provision of services which will insure maintenance of meeting peoples needs.
- F. Through this study, the Legislature has enabled the people of Region I to be very directly involved in decisions which effect critical aspects of their life. Indeed, such a state/local decision-making process which ensures that state concerns about the entire mental health system are balanced by a regional perspective is a welcomed opportunity by the people of Region I.

APPENDIX A

**SECTION 2 - HEALTH AND WELFARE AND
CORRECTIONS APPROPRIATIONS BILL**

**SECTION 2 - HEALTH AND WELFARE AND
CORRECTIONS APPROPRIATIONS BILL**

Subd. 23 Commissioner of Public Welfare

The commissioner of public welfare shall pay \$25.00 per diem plus travel expenses in the same manner and amount as state employees to the members of the Northwest Citizens Advisory Task Force on the use of Fergus Falls state hospital. Public employees shall not receive any per diem payments. Staffing and expenses may be provided as necessary from this appropriation. Each task force shall be comprised of county commissioners, licensed professionals, welfare directors, public members, and a non-voting member appointed by the commissioner of public welfare. The efforts of the two task forces shall be coordinated by a joint coordinating committee.

A preliminary report shall be submitted to the legislature on or before February 1, 1976, and a final report on or before January 2, 1977.

Any unexpended balance remaining in the first year shall not cancel but shall be available for the second year of the biennium.

APPENDIX B
NORTHWEST CITIZEN'S ADVISORY
TASK FORCE
MEMBERSHIP LIST

NORTHWEST CITIZENS' ADVISORY

TASK FORCE

MEMBERSHIP LIST

Voting Members

Mr. Emil Bagley
Representative of
Agassiz Health Council
Polk County
Social Service Center, Director
Crookston

Mrs. Sanna Brovold
Public Member
Gully

Mr. Art Christenson
Pennington County Commissioner
Thief River Falls

Mr. Lee Engen
Public Member
Crookston

Mr. Don Gagner
Red Lake County Commissioner
Mentor

Mr. Harry Hanson, Sr.
Kittson County Commissioner
Hallock

Mr. Richard Jamison
(Vice-Chairperson)
Norman County Commissioner
Ada

Mr. Wayne Juhl
Roseau County Commissioner
Roseau

Mr. Art Kohlase
Marshall County Social Service,
Director
Warren

Dr. Steve Levinson
Day-Nite Center, Director
Thief River Falls

Mr. Oris Moen (Chairperson)
Polk County Commissioner
Fertile

Mr. Leon Pribula
Marshall County Commissioner
Alvarado

Mr. Chuck Stephens
Marshall County Social Service,
Director
Red Lake Falls

Mr. Vernon Scott
Mahnommen County Commissioner
Lengby

Mr. Roy Waters
Northwest Mental Health Center,
Director
Crookston

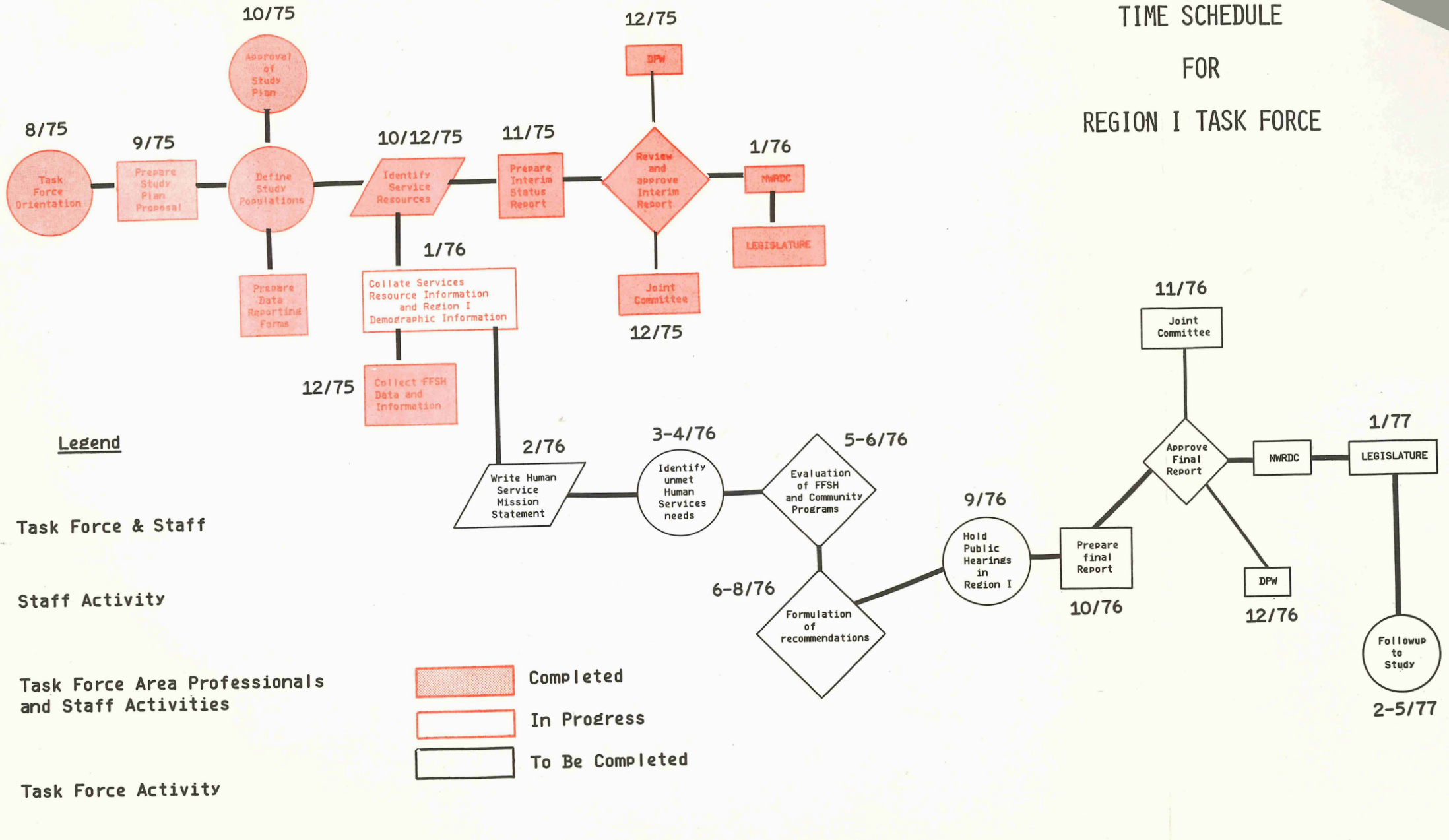
Mr. Ralph Hunt (Ex Officio)
DPW Representative
Thief River Falls

Staff Planner

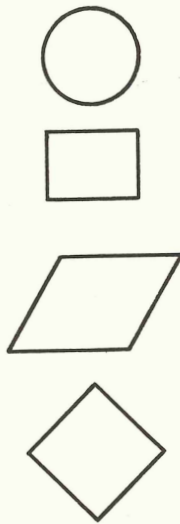
Dr. Michael Kaelke
425 Woodland Ave.
Crookston 56716
218-281-1396

APPENDIX C
TIME SCHEDULE
FOR
REGION I TASK FORCE

TIME SCHEDULE FOR REGION I TASK FORCE



Legend



Task Force & Staff

Staff Activity

Task Force Area Professionals and Staff Activities

Task Force Activity

- Completed
- In Progress
- To Be Completed

APPENDIX D
REGION I CITIZENS ADVISORY TASK FORCE STUDY PLAN
ON
FERGUS FALLS STATE HOSPITAL

Responsibility

Major Activities

Time Line

- D. Identify patients who could be served in community based facilities/programs.
 - 1. By Region I County
 - 2. Type of Disability
 - 3. Projected confinement period
 - 4. Age
 - 5. Sex

Staff

VI. Collect demographic information on all people of Region I.

1-76

- A. Age
- B. Sex
- C. Income
- D. Type / % of Employment
- E. Type/Length of Education
- F. Ethnic Background
- G. Population trends/projections

Task Force, Staff,
Area Professionals

VII. Identify Human service needs not currently met in Region I.

- A. Prospective client/user random sample-questionnaire
- B. Professional human service staff random sample-questionnaire

Responsibility

Major Activities

Time Line

	C. Comparison of FFSH patients' needs with currently available community based facilities/programs.	
Task Force	VIII. Evaluate the value to the individual of Fergus Falls State Hospital and/or Community Based Program. A. Utilization rate B. Current cost analysis C. Consumer evaluation D. Professional Staff Evaluation	5-6-76
Task Force	IX. Formulate recommendations on meeting the optimal human service needs of people in Region I. A. Future utilization of Fergus Falls State Hospital B. Alternative Community based programs/facilities needed 1. Goals 2. Description of specific service categorized according to: a. crisis intervention b. prevention c. after care rehabilitation-maintenance d. short-term hospitalization in-patient 3. Target individual/groups 4. Projected estimates of future users/clients 5. Geographic location	6-8-76

Responsibility

Major Activities

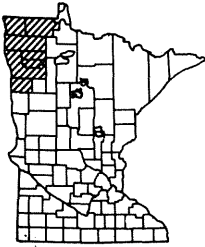
Time Line

- C. Funding and administration of area service and treatment programs.
- D. Planning structure and mechanism to assist in creating and maintaining:
 - 1. An integrated and coordinated set of human services
 - 2. On going evaluation of human services effectiveness

Proposed: MEK 10-75

Approved: Task Force 10-14-75

APPENDIX E
DATA COLLECTION MATERIALS



NORTHWEST REGIONAL DEVELOPMENT COMMISSION

425 WOODLAND AVENUE • CROOKSTON, MINN. 56716 • 218-281-1396

December 9, 1975

Dear Mr.

We have a unique opportunity to effect the future provision of mental health services to people of our Northwest Region in responding to the legislature's request for recommendations in January 1977. The comprehensive study which is required can only be successfully accomplished with the support and assistance of people as yourself.

Your cooperation is appreciated in completing the enclosed forms for your agency and administering the completion of them for all agencies/facilities in your county which service people with mentally ill, chemically dependent, and/or developmental disability characteristics. Due to the nature of the study, please also have these forms completed by all nursing homes in your county.

Given the Task Force's very tight time table, these materials need to be returned to me by January 16, 1976. Should you have questions/concerns about this data collection or any other aspect of the study, please do not hesitate to contact me at 218 - 281 - 1396.

Thank you.

Sincerely,

Michael E. Kaelke
Region I
Staff Planner

MEK/hjv

NORTHWEST REGION I TASK FORCE
MENTAL HEALTH CLIENT/PATIENT
REPORTING FORM

DIRECTIONS

All individuals who have been served due to chemical dependency, mental health, and/or development disabilities are to be noted on this form. (an exception to this is the nursing home population which is to be included). Include those people who received treatment during the period of July 1, 1974 through June 30, 1975.

List the social security number and/or the initials of the client/patient under the appropriate column heading. Note M, if male, or F, if female in the third column under SEX. Give the person's age at the time during the period July 1, 1974 through June 30, 1975, and note in numbers their BIRTHDATE in the next column.

To complete the rest of the information for this individual select the appropriate coding(s) noted on the top of the page. The Roman numerals in columns correspond to the legends at the top of the page. Within each legend, select the characteristics which best fits this specific individual. With the exception of I, County of Residence, you may find that there is more than one appropriate coding in some categories. If so, please then indicate codings in the respective space for that client/patient.

The following is an explanation of the code categories:

I - refers to the client/patient's legal county residence

II - refers to type of disability and it may be that more than one coding applies.

For Mental Health (emotional disability) use the following definitions:

Anti-Social - severe acting out

Incompetent - socially, physically, and/or emotionally not capable of full independence.

Behaviorally deficient - close to or fully independent but an irritant to self, society, and/or family.

Chronic - long term, little change in personality.

Acute - sudden change, short-term and/or situational.

III - FROM - refers to the agency and/or individual from whom the client/patient was referred to your agency.

III - TO - refers to an agency and/or individual to whom your office may have referred the person - NOTE: if you are providing the treatment then this column is to be left blank.

IV - refers to length of service/treatment during the year July 1, 1974 through June 30, 1975 or as of June 30, 1975.

V - refers to type of service - all agencies should use the Mental Health Service Category codings (see attached for definitions), except the Welfare Offices which should use the 844c Social Service Coding which appears on their records.

VI - refers to level of severity for chemical dependent individuals only. Leave it blank if the individual is not CD. The levels are defined as follows:

Crucial-basic Phase

Client displayed behaviors such as the following: grandiose and aggressive, extravagance, unprovoked attacks, evidences of blackouts or memory lapses, reproof by family, problems on jobs, problems within the family, loss of friends, attempted geographic escape, tremors and morning drinking, physical deterioration, first hospitalization, decrease in alcohol tolerance, and/or signs of remorse or fear.

Chronic-Acute Phase

Client displayed lengthy periods of intoxication, pronounced impaired thinking, indefinable fears, pronounced physical and moral deterioration.

Other

Client displayed early signs of alcohol and drug involvement not included in the above.

VII - refers to some characteristics for developmental disabled people and those individuals in nursing homes only. This can be left blank for all other disability groups. The following definitions may be helpful:

Ambulatory - normal, able to walk without assistance.

Non-Ambulatory - **not** able to walk alone.

Mobile - **able to move** from place to place with use of walker, crutches, wheelchair, etc.

Non-mobile - unable to move from place to place.

Two examples have been provided on the attached. The first individual is thus described as: social security number, 536-31-1376 with the initials MAM, is a female (F) aged thirty-eight born on May 20, 1937. Her legal county residence is Roseau (08), her developmental disability is behaviorally deficient-acute (23). She was referred to your agency by self (32) and other (40). You referred her to the NW Mental Health Center (37). She received services for 5 to 12 months (45) and her case was closed (48) during the period July 1, 1974 - June 30, 1975, having received preventive-education treatment (63).

The second individual is described as: social security number 329-30-2336 with the initials, MEK, is a male (M), age of 36, and was born March 10, 1939. He is a legal resident of Marshall County (03) and has a disability which is TMR (Severe, Profound) (15), he was referred to your agency from a Veteran's Agency (35) and you referred him to Other (40). His case was on-going as of 7-1-75 (47) and is categorized by your Welfare Office as "Day Activity Center" (392-844 Social Service Coding). He is ambulatory (67), has hearing problems (76) and is physically threatening to others (79).

All individual record information provided by you will be held in strictest confidence. After collation of the information, all original forms will be returned to you.

Should you have any questions or difficulty in completing these forms, please contact the person who gave them to you or call Dr. Mike Kaelke at (218) 281-1482.

Your help is greatly appreciated.
Thank you.

MENTAL HEALTH
SERVICE CATEGORIES
DEFINITIONS

Direct Service

1. Outpatient / Scheduled Intervention - Outpatient service provides **necessary therapies** for individuals whose treatment is conducted with **little disruption** of their regular routine. Outpatient services are usually **provided on a regularly scheduled basis** with arrangements for non-scheduled visits during time of increased stress or crisis.
 - a. Diagnostic Services: That combination of services i.e., psychological, social, medical, physical, education, that define the mental health problem through an evaluation process and allows for the development of a treatment and or disposition plan.
 - b. Treatment: One or more related therapeutic activities which take place between the client(s) and service provider which relates to a defined mental health problem and which is intended to produce a defined outcome.
 - c. Information and Referral: Those activities which relate to the giving of information about the availability and linkages for own or other's program. Services which direct, guide or link to other appropriate community resources.
2. Emergency Service: Any service aimed at the alleviation of acute and or behavioral distress to ensure the safety of an individual or society, available on a 24 hour-a-day, seven days a week basis via face to face contact or crisis telephone service.
3. Residential: Those services available on a 24 hour supervised basis which see to the provision of appropriate and effective treatment as well as meeting the common human needs, such as food, shelter, warmth, and health services for the purpose of mental health disability reduction.
 - a. Hospital: That medical residential facility which serves individuals whose mental health problem is so severe as to require a network of therapeutic services, some of which are only available within such a self-contained unit, e.g. physiological and neurological diagnostic and treatment resources.

- b. Treatment Center: That social-rehabilitation residential facility which serves individuals under age 18 years, and provides total living care and therapeutic intervention, and sees to the provision of educational services and medical care, either within the facility or within the community.
 - c. Transitional Residential Facility: That short-term (usually 6 months) social-rehabilitation residential program which serves adult individuals with acute mental health problems and provides total living care. It sees to the provision of therapeutic services, vocational development, medical and recreational services through emphasized community resource utilization, with the intent of early return to the community.
 - d. Supportive Residential Facility: That social-rehabilitation residential program which serves adolescent and adult individuals with chronic mental health problems who require on-going supervision, and which provides total living care, supportive therapeutic intervention and recreational services within the facility and sees to the provision of medical services. There is encouragement toward use of community resources within an individual program plan depending on the individual's level of functioning.
4. Intermediate: Those services provided for persons who require less than a 24 hour-a-day program, but more than outpatient programming, which provides preparation or training to facilitate the individual's disability reduction and social re-adjustment.
 5. Rehabilitative-Maintenance: Those activities which are outpatient follow-up, aftercare-treatment in nature which assist the individual in re-adjustment of community environment.
 6. Preventive-Education: All programs which assist an individual to increase knowledge and understanding of self and role in relation to their environment. e.g. family planning, seminars on sexism, retirement seminars. These programs are established to anticipate possible developmental problems.

Indirect Services

1. Public Education: Those structured activities, carried out through the use of media, workshops, publications, brochures, public relations, which are

aimed at the development strengthening of mental health knowledge of the general public advocates, parent organizations, other organizations and individuals.

2. In-service Training: Those structured activities provided to staff (and volunteers) for the purpose of sharing of information, orientation, development of technical skills, enhancement of attitudes and motivation and prevention of problems, through the use of workshops, familiarized instruction, forums, seminars, and conferences.
3. Consultation: The provision of mental health assistance through a process of inter-action between qualified mental health personnel and a wide range of community agencies and service providers, including but not limited to schools, courts, county social service departments, police, advocates, parent organizations, clergy, residential programs and health care personnel, via case consultation and/or program consultation.
4. Service Coordination: This is the pinpointing of administrative responsibility within a given community for the provision of the full spectrum of services for any one of the services. It is a planning and resource-mobilizing function rather than a direct service to clients, and it is concerned with the structure and the availability of services rather than with the solution of individual's problems. It may be provided in connection with a multi-service regional system to authority. (Information and Referral Services may be provided in conjunction with service coordination and the two are typically interrelated).
5. Coordination-Community Planning: Coordination and community planning includes those activities aimed at gathering, maintaining, analyzing, reporting and interpreting information in various forms

which describe problems for which the program has direct or indirect responsibility. The collection and analysis of information which increases the effectiveness of the program's interaction with appropriate extra organizational purposes, services, populations. Gathering and analyzing appropriate data as well as associated activities which produce input into decisions about the future allocation of resources minimizing overlap and fragmentation.

6. Research and Evaluation: These activities are aimed at planning, organizing and carrying out studies which describe or measure our effort, effectiveness, efficiency or some other dimension of program performance. Also those activities which develop, organize and gather information which can be used as a basis for program direction and/or modification. The gathering, maintenance and application of information or data which comments on the achievement of program.
7. Administration: Includes such activities as personnel management, record keeping, grant proposal writing, budgeting, property management, etc.

APPENDIX F
NORTHWEST REGION I
CITIZENS TASK FORCE
QUESTIONNAIRE ON
MENTAL HEALTH RESOURCES

If yes, what is the status:

_____ Provisional
_____ Temporary
_____ Regular

By:

_____ Dept. of Health
_____ Dept. of Public Welfare
_____ Federal Agency

Please list the objectives of your agency:

Please list and briefly describe all programs of the agency. (In addition, you may wish to attach pamphlets, brochures, etc.)

<u>PROGRAM TITLE</u>	<u>DESCRIPTION</u>	<u>INDIVIDUAL/GROUP TO WHICH PROGRAM IS DIRECTED</u>
----------------------	--------------------	--

Does your agency have a Board of Directors or other Policy board?

_____yes _____ no

If yes please give background information on the membership.

Name

Role in Community

Please Indicate the location(s) of any satellite service site and the days and hours of operation.

Location of Service

Days and Hours
of Operation

Services Available
(If not full range)

III. AGENCY STAFF RESOURCES

For each category of staff listed below, please indicate the number of staff members and the full-time equivalents (FTE's)

<u>STAFF</u>	<u># STAFF MEMBERS</u>	<u>TOTAL % TIME EMPLOYED (FTE's)</u>
Administrative	_____	_____
Aides/Orderlies	_____	_____
Alcoholism Counselors	_____	_____
Clerical	_____	_____
Group Home Parents	_____	_____
Home Help Aids	_____	_____
Homemakers	_____	_____
Housekeeping	_____	_____
Medical Doctors (except psychiatrists)	_____	_____
Nurses	_____	_____
LPN	_____	_____
RN	_____	_____
Psychiatric	_____	_____
Nutritionist/Dietician	_____	_____
Occupational Therapist	_____	_____
Outreach Workers	_____	_____
Physical Therapist	_____	_____
Psychiatrist Technicians	_____	_____
Psychiatrist	_____	_____
Psychologists	_____	_____
PHD/ED D	_____	_____
MA/MS	_____	_____
BA/BS	_____	_____
Recreation Therapists	_____	_____
Rehabilitation Counselors	_____	_____
Resident Counselors	_____	_____
Speech Pathologists	_____	_____
Social Workers	_____	_____
MA/MS	_____	_____
BA/BS	_____	_____
Volunteers	_____	_____
Other (Please list by occupational category)	_____	_____

(Does not need to be completed by Mental Health Centers and Welfare offices)

IV. BUDGET RESOURCES

Please indicate the percentages of your revenues from the following sources:

	<u>Percent</u>
General Operation Funds	
Federal	_____
State Local	_____
Reimbursement for Services	
Medicare	_____
Medicade	_____
Welfare	_____
3rd party reimbursement	_____
Direct client (patient) fees	_____
Other sources (specify)	_____
_____	_____
_____	_____
TOTAL	<u>100 %</u>

What was the total amount of your agency's operating budget for fiscal year 1974-1975? \$ _____.

Please attach a copy of your detailed budget statement for July 1, 1974-June 30, 1975 which shows all expenditures for personnel, equipment, printing, etc. If you are a new agency as of this year, please provide a detailed copy of your current spending plan.

Do you "write off" any percent of your operating budget as charity care?

_____ Yes _____ No

If yes, please indicate the percentage _____.

Does your agency charge a fee for services?

_____ No

_____ Yes, Fixed Fee

_____ Yes, Sliding Scale Fee

If yes, please indicate specific charges.

Fixed Fee

Sliding Scale Fees

V. FUTURE AGENCY PLANS

Will you definitely be establishing any new programs in the next two Years? _____ Yes _____ No

If yes, please complete the following:

<u>Program Title</u>	<u>Brief Description</u>
----------------------	--------------------------

Will such programs require additional facility space? ____ Yes ____ No

If yes, please complete the following:

<u>Activity Function</u>	<u>Required Additional Sq. Ft.</u>	<u>Additional No. of people served</u>
--------------------------	------------------------------------	--

Will such program additions require more staff? _____ Yes, _____ No.

If yes, please note the added number required on the following checklist.

<u>STAFF</u>	<u># STAFF MEMBERS</u>	<u>TOTAL % TIME EMPLOYED (FTE's)</u>
Administrative	_____	_____
Aides/Orderlies	_____	_____
Alcoholism Counselors	_____	_____
Clerical	_____	_____
Group Home Parents	_____	_____
Home Health Aids	_____	_____
Homemakers	_____	_____
Housekeeping	_____	_____
Medical Doctors (except psychiatrists)	_____	_____
Nurses		
LPN	_____	_____
RN	_____	_____
Psychiatric	_____	_____
Nutritionist/Dietician	_____	_____
Occupational Therapists	_____	_____
Outreach workers	_____	_____
Physical Therapists	_____	_____
Psychiatric Technicians	_____	_____
Psychiatrists	_____	_____
Psychologists		
PHD/ED D	_____	_____
MA/MS	_____	_____
BA/BS	_____	_____
Recreation Therapists	_____	_____
Rehabilitation Counselors	_____	_____
Resident Counselors	_____	_____
Speech Pathologists	_____	_____
Social Workers		
MA/MS	_____	_____
BA/BS	_____	_____
Volunteers	_____	_____
Other (Please list by occupational category)	_____	_____

Will you be expanding any current programs in the next two years? Yes No.

If yes, please complete the following:

Program Title

Brief Description

Source of Funding

Person in Charge

Will such expansion require additional facility space? Yes No.

Activity Function

Required Additional Sq. Ft.

Additional Number of People Served

Will additional staff be required to expand these programs?

_____ Yes

_____ No.

If yes, please note the added number required on the following checklist:

<u>STAFF</u>	<u># STAFF MEMBERS</u>	<u>TOTAL % TIME EMPLOYED (FTE's)</u>
Administrative	_____	_____
Aides/Orderlies	_____	_____
Alcoholism Counselors	_____	_____
Clerical	_____	_____
Group Home Parents	_____	_____
Home Health Aids	_____	_____
Homemakers	_____	_____
Housekeeping	_____	_____
Medical Doctors (except psychiatrists)	_____	_____
Nurses		
LPN	_____	_____
RN	_____	_____
Psychiatric	_____	_____
Nutritionist/Dietician	_____	_____
Occupational Therapists	_____	_____
Outreach Workers	_____	_____
Physical Therapists	_____	_____
Psychiatric Technicians	_____	_____
Psychiatrists	_____	_____
Psychologists		
PHD/ED D	_____	_____
MA/MS	_____	_____
BA/BS	_____	_____
Recreation Therapists	_____	_____
Rehabilitation Counselors	_____	_____
Residents Counselors	_____	_____
Speech Pathologists	_____	_____
Social Workers		
MA/MS	_____	_____
BA/BS	_____	_____
Volunteers	_____	_____
Other (Please list by occupational category)	_____	_____

Do you plan to limit or discontinue any programs in the next two years?

_____ Yes _____ No

If yes, please complete the following:

<u>Program Title</u>	<u>Reason(s) for Limiting</u>	<u>Number of People Not Served</u>
----------------------	-------------------------------	------------------------------------

If yes, please indicate any staff reductions which would occur on the following checklist:

<u>STAFF</u>	<u># STAFF MEMBERS</u>	<u>TOTAL % TIME EMPLOYED (FTE's)</u>
Administrative	_____	_____
Aides/Orderlies	_____	_____
Alcoholism Counselors	_____	_____
Clerical	_____	_____
Group Home Parents	_____	_____
Home Health Aids	_____	_____
Homemakers	_____	_____
Housekeeping	_____	_____
Medical Doctors (except psychiatrists)	_____	_____
Nurses	_____	_____
LPN	_____	_____
RN	_____	_____
Psychiatric	_____	_____
Nutritionist/Dietician	_____	_____
Occupational Therapists	_____	_____
Outreach Workers	_____	_____
Physical Therapists	_____	_____
Physical Therapists	_____	_____
Psychiatric Technicians	_____	_____
Psychiatrists	_____	_____
Psychologists	_____	_____
PHD/ED D	_____	_____
MA/MS	_____	_____
BA/BS	_____	_____
Recreation Therapists	_____	_____
Rehabilitation Counselors	_____	_____
Resident Counselors	_____	_____
Speech Pathologists	_____	_____
Social Workers	_____	_____
MA/MS	_____	_____
BA/BS	_____	_____

Volunteers _____

Other (Please list by occupational category) _____

If yes, please describe any facility including square footage which would be available for other use.

VI. AGENCY PERSPECTIVES

List and briefly describe the major problems of your agency.

Problem List

Description

What are the most important mental health needs in your:

TOWN

COUNTY

RELIGION

What specifically should be done on a regional basis to better meet the needs of the following group of people?

MENTALLY ILL

MENTALLY RETARDED

CHEMICAL DEPENDENT

APPENDIX G
TASK FORCE MINUTES

TASK FORCE MINUTES

N.W. Citizens Advisory Task Force on Fergus Falls State Hospital January 8, 1976

N.W. Regional Development Commission Office
Crookston, Minnesota 56716

Members present: Richard Jamison, Roy Waters, Emil Bagley, Wayne Juhl, Sanna Brovold, Ralph Hunt, Richard Larson for Vernon Scott, Leon Pribula, Dr. Steve Levinson, Don Gagner.

Members Absent: Harry Hanson, Sr., Art Christenson, Oris Moen, Art Kohlhasse, Chuck Stevens.

Staff: Mike Kaelke, Helen Ranum.

The meeting was called to order by Acting Chairman, Richard Jamison at 10:45 a.m. at the N. W. Regional Development Commission Office.

Preliminary Review Of Data From FFSH For Region I People

Chairman Jamison called on Mike Kaelke who went through the preliminary data collected on the Fergus Falls Hospital for Region I. Kaelke reported there was 109 people with chemical dependency problems from the region from July 1, 1974 to June 30, 1975. The average length of treatment for these people was 68.9 days. The age group from 22-30 ranked highest, two to four months was high for length of treatment and there were 102 males to 9 females treated. There was 85 voluntary and 19 committed admissions. 56 were re-admitted.

There were 127 people with mental health problems treated at Fergus Falls for the same time period. As of June 30, 1975, 41 of the 127 people were still hospitalized. The age group with highest mental problems were the 51-60 and 61 and older groups. Again the number of males were greater than the female. There were 42 cases with on-going treatment as of 7-1-75.

There were 127 admitted to Fergus Falls Hospital from Region I for mentally ill care. 10 were from hold order, 62 informal (informal means patients who admitted themselves without application, they must stay 12 hours, but can leave after that time if they wish), 4 emergency, 47 committed, 2 transfers.

There were 149 people with mental retardation from Region I who were served at Fergus Falls State Hospital during this same period. The average length of treatment was 4.4 years. 123 of these cases were on-going, 3 discontinued, 9 for 5 to 12 months, 11 for 2-4 months and 3 for 1-2 weeks. There was 81 male and 68 females. Thirteen were voluntary admissions, 134 committed and 2 transfers.

Consideration Of A Task Force January Visit At The FFSH

The Region I Task Force was invited to visit the Fergus Falls State Hospital. It was decided to hold their March meeting at Fergus Falls.

The Task Force regular meeting date is set for the 1st Thursday of each month.

The February meeting will be held at Glenmore in Crookston.

Decision On Changes In Budget To Cover Cost For Data Processing

Kaelke went over the budget and showed areas where some money could be better used elsewhere. He requested authority to spend \$1,500 for data processing computer time. The motion was made by Juhl and seconded by Dr. Levinson to recommend to the Commission to spend the \$1,500 for computer time. Motion carried.

Approval To Include Only Mentally Retarded, Mentally, Ill, And Chemically Dependent In The Study Population

The motion was made by Pribula, seconded by Levinson to collect data for only mentally retarded, mentally ill, and chemically dependent in the study population. Motion carried.

Review, Modify, And Approve Interim Status Report To The Legislature

The roughdraft of Region I Task Force's Interim Status Report on Fergus Falls State Hospital was reviewed and a few changes were recommended. Under "Activities to be completed", Roy Waters recommended that funding of alternative programs be included. Under "Methodology of the study", a more positive statement be prepared.

The motion was made by Waters and seconded by Engen to include these changes in the report. Motion carried.

Report On Joint Coordinating Committee Meeting

Roy Waters gave a report on the Joint Coordinating meeting that met at the Corrections Center, Crookston November 11, 1975. Waters reported the Coordinating Committee's role and functions would include liaison between the Regional Task Forces. Each of the Task Forces would submit a final report to the Legislature. The issue of the closing of the Fergus Falls Hospital laundry was discussed. Waters said they were planning on sending the laundry to Brainerd. Waters stated that they felt it was not a Task Force issue and they could take no action on this issue.

Other

The motion was made and seconded that Chairman Moen, Gene Abbott and Mike Kaelke represent the Task Force at the State Senate and House hearing in February. Motion Carried.

Meeting adjourned at 12:45 p.m.

The next meeting will be held at Glenmore in Crookston February 5th.

Helen Ranum (Acting Secretary)

TASK FORCE MINUTES

N.W. Citizens Advisory Task Force on Fergus Falls State Hospital October 14, 1975

N.W. Mental Health Center
Crookston, Minnesota 56716

Members Present: Oris Moen, Dr. Steve Levinson, Sanna Brovold, Art Kohlhase, Chuck Stephens, Richard Jamison, Harry Hanson, Roy Waters, Lee Engen.

Members Absent: Wayne Juhl, Leon Pribula, Art Christenson, Don Gagner, Vernon Scott, and Emil Bagley.

Others Present: Dr. Mike Kaelke, Gene Abbott.

The meeting was called to order at 1:45. Chairman Moen called upon Gene Abbott to introduce planner Kaelke to the Task Force.

On motion of Art Kohlhase, seconded by Steve Levinson the minutes of the August 1, 1975 meeting were approved as mailed.

Chairman Moen called upon Mike Kaelke to present the proposed work plan.

During the presentation of the work plan discussion ensued on the following points:

Community Based Treatment Resource - After much discussion the task force agreed that a thorough and complete assessment of community based resources is necessary for the study. This assessment should consider services provided by regular Mental Health service providers as well as service provided by peace officers, Association of Retarded Citizens, Lutheran Family Service, Churches, Nursing Homes, etc.

Data Collection - The Task Force asked Dr. Kaelke to meet with area professionals in developing the questionnaire for data collection and in collecting the data needed for the study. Dr. Kaelke is to meet with County Welfare Directors, a Representative from the Day-Nite Unit, Roy Waters, Dick Jenson and others to develop the data. The Task Force agreed that the study would have an impact on every Mental Health service provider and that the area professionals would probably want the opportunity for input.

Categories of Service - It was agreed that the work plan should add "short term in-patient service" to the categories of service to be considered in the study.

Evaluation - After a great deal of discussion the Task Force agreed to modify item VIII in the work plan from "Evaluate effectiveness of Fergus Falls State Hospital and Community Based Programs" to "Evaluate the Value of the impact to the individual, of Fergus Falls State Hospital and/or Community Based Programs." Population groups to be considered - Dr. Kaelke presented a list of population groups which Region IV is including in

their project. This list included Mentally I11, Mentally Retarded (EMR), TMR, (Severe profound), Cerebral Palsied, Epileptic, Chemically Dependent (alcoholic, other drugs), Juvenile with behaviorial disorders, Veterans needing in-patient care, individuals with deteriorating Neurological problems. The Task Force agreed to include these population groups in the study by requested that visually handicapped and hearing impaired be included if time and resources allowed.

The Task Force also set the first Thursday of each month as a standard meeting date.

The next meeting will be held on December 4, 1975.

FERGUS FALLS STATE HOSPITAL STUDY

STATEMENT ON THE JOINT COORDINATION COMMITTEE

Voting Membership

Norman Anderson
Chairperson, West Central Citizens Advisory Task Force

Mr. Oris Moen
Chairperson, Northwest Citizens Advisory Task Force

Mr. Wayne Juhl
Member, Northwest Citizens Advisory Task Force

John Snowberg
Member, West Central Citizens Advisory Task Force

Ex-Officio Membership

DPW assistant Commissioner for Comprehensive Planning

Mr. Roy Anderson
Director, Lakeland Mental Health Center

Mr. Robert Hoffman
Administrator, Fergus Falls State Hospital

Mr. Wesley Restad
DPW Assistant Commissioner for Residential Services

Mr. Roy Waters
Director, N.W. Mental Health Center

Representative Eugen Wenstrom
State Representative

Senator Roger Moe
State Senator

Role of Committee

The Joint Committee will review the work plans, any submitted tentative recommendations and the final reports of the two Task Forces. This coordinative function will be accomplished in order to:

- 1) share information;
- 2) evaluate the level of success in meeting the legislative mandate;
- 3) assess the extent of reaching the necessary and appropriate level of compatability in the final two reports; and
- 4) make recommendations to the respective Task Forces on areas which may require additional study.

Committee Mechanics

The Joint Committee will be convened upon the consensus of need by the Chairpersons of the Task Forces and the Executive Directors of the West Central and Northwest Regional Development Commissions. The two Task Force Chairmen shall alternate in announcing, chairing, and recording the meetings.

TASK FORCE MINUTES

The first meeting of the N.W. Citizens Advisory Task Force on the Fergus Falls State Hospital was held at the Erie Jr. Restaurant, Detroit Lakes beginning at 1:30 p.m., August 1, 1975.

Chairman Oris Moen called the meeting to order - Members present were: Harry Hanson, Wayne Juhl, Leon Pribula, Art Christenson, Oris Moen, Richard Jamison, Vernon Scott, Roy Waters, Dr. Steve Levinson, Art Kohlhase, Chuck Stephens, Sanna Brovold, Lee Engen, Emil Bagley, Ralph Hunt. Members absent were: Don Gagner. Others present: Gene Abbott; NWRDC.

On motion of Jamison seconded by Juhl, Gene Abbott was nominated as secretary to the committee. There being no other nominations a unanimous ballot was cast for Abbott.

Chairman Moen opened nominations for Vice Chairman - on motion of Roy Waters, seconded by Art Kohlhase, Richard Jamison was nominated. There being no other nominations a unanimous ballot was cast for Jamison.

Chairman Moen asked Gene Abbott of the NWRDC to explain the proposed budget for the project. The following budget was proposed for the 22 month duration of the project:

FERGUS FALLS STATE HOSPITAL PROJECT

22 Month Budget

Sept. 1, 1975 - June 30, 1977

STAFF	Monthly	Yearly	Project Duration
Project Director	1,295.00	15,545.00	28,500.00
Fringe	147.00	1,795.00	3,225.00
Health Insurance	20.00	240.00	440.00
Travel	200.00	2,400.00	4,400.00
COMMITTEE			
Travel	210.00	2,520.00	4,620.00
Per Diem	250.00	3,000.00	5,500.00
OFFICE EXPENSES			
Printing - Copying	50.00	600.00	1,100.00
Supplies	30.00	360.00	660.00
Telephone	70.00	848.00	1,555.00
TOTAL	\$2,272.00	\$27,272.00	\$50,000.00

After discussion a motion was made by Juhl seconded by Scott to adopt the budget as proposed. Motion carried.

Abbott presented a summary of the applicants qualifications for the staff position with the Committee. After this brief review it was moved by Kohlhas seconded by Pribula that Chuck Stephens be nominated to participate in interviewing and on motion of Juhl seconded by Brovold, Roy Waters was nominated to participate in interviewing. Waters and Stephens are to sit in with the Personnel Committee of NWRDC when it interviews applicants for the Committee staff.

The Committee discussed coordination which is to take place between the two Regional Task Forces. Roy Waters nominated Wayne Juhl to serve with the Chairman on this Committee. Seconded by Bagley. There being no other nominations unanimous ballot was cast for Wayne Juhl.

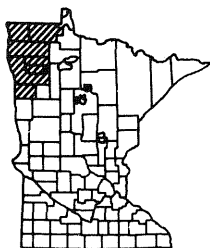
Gene Abbott explained the relationship of the Task Force to the Regional

Development Committee. The Task Force is created as a Committee of the RDC and as such it is advisory to the Commission. Any plans which are proposed must have public hearings and must be adopted by the RDC to have official standing.

The Task Force agreed to meet in Red Lake Falls next time with the specific date to be set by Oris Moen and Gene Abbott.

There being no further business the meeting adjourned at 2:45.

APPENDIX H
LETTER OF APPRECIATION



NORTHWEST REGIONAL DEVELOPMENT COMMISSION

425 WOODLAND AVENUE • CROOKSTON, MINN. 56716 • 218-281-1396

January 14, 1976

Members of the House and Senate
Minnesota Legislature
St. Paul, MN

Dear Senators and Representatives,

On behalf of the Northwest Minnesota Regional Development Commission, I convey our appreciation for your support of this study of the Fergus Falls State Hospital and other mental health services of our region.

We thank you for the opportunity to make direct input into the decision-making process and look forward to submission of our final recommendations next January.

With best wishes for a successful interim session.

Sincerely,

A handwritten signature in cursive script that reads "Ervin Strandquist".

Ervin Strandquist
Chairperson, Northwest Regional Development Commission

