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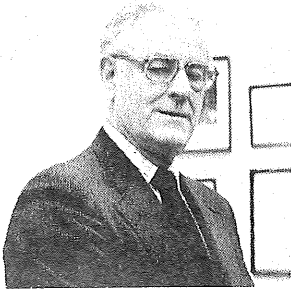
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FERGUS FALLS STATE HOSPITAL
ANNUAL REPORT

1980

FERGUS FALLS STATE HOSPITAL

ANNUAL REPORT -- 1980



Robert F. Hoffmann
Chief
Executive Officer

Nineteen hundred eighty demonstrated a continuing plateauing of the number of admissions to the mental retardation and the mental illness units, and a continuing rise of the admissions to the chemical dependency unit. The 1234 admissions to the chemical dependency unit was an all-time high for this facility. Sixty-three percent of all admissions were from Region IV, 29% from Region I, and 8% from outside of our receiving area. Thirteen hundred (79.5%) of the 1636 total admissions entered the hospital on an informal or voluntary basis.

The psychiatric unit finally realized one of its primary goals - moving from The Cottage into three smaller units. This permits programming for persons with similar needs in smaller groupings and should greatly aid in achieving individualized program plans.

A Consent Decree was handed down from the Federal Court as a settlement for the Welsch vs. Noot suit and will apply to all of the state hospitals serving the mentally retarded in the state. This Decree sets a time frame for reduction of the state hospital populations from the present 2600 to 1850 by July 1, 1987. There are also numerous other provisions in this Decree relating to staffing, restraint and seclusion, medications and environment. A monitor has been appointed to oversee the implementation of the Decree and we are required to make monthly and quarterly reports to the monitor and the attorneys regarding implementation. In addition, the monitor is scheduled to make monthly visits to each facility to review the implementation of provisions of the Decree and review the progress of discharges into community facilities. The Adult Achievement Center (AAC) moved sixteen residents into a newly remodeled unit on the Men's Geriatric Building (GM). As a consequence, all five units of the AAC now house sixteen residents each. Our request to complete the remodeling of the other four units of GM is presently before the legislature, and when funds are provided, we can complete this remodeling and move all of the residents from AAC to GM.

The chemical dependency's HOPE Unit and LIV Unit moved into The Cottage when this place was vacated by the psychiatric unit. This provides them a little more flexibility in program space. The Counselor Training Program received accreditation from the Minnesota Higher Education Coordinating Board. The Freeway Unit for chemically dependent youth suffered through some agonizing months because of deficiencies in our salary appropriations. Because of tremendous community support, we received additional funding from the Department of Public Welfare for continuance of this very vital program in the chemical dependency continuum.

All three programs at this facility continue to be fully accredited by the Joint Commission on Accreditation of Hospitals.

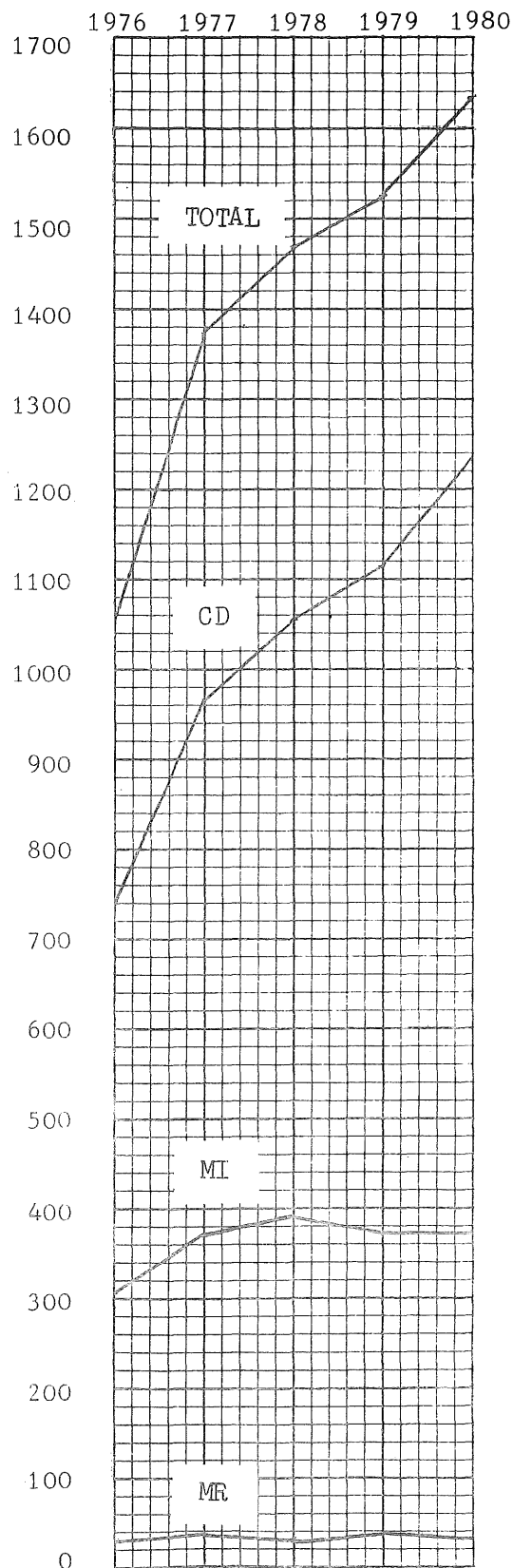
We look forward to a continuation of the very positive and cooperative relationship we have enjoyed with our county social service departments, our two mental health centers, and other community facilities and programs. We will continue to exert every effort to be as responsive as resources permit to the needs that the area defines for the community facility known as the Fergus Falls State Hospital.

A handwritten signature in dark ink, appearing to read "R. F. Hoffmann".

Robert F. Hoffmann

NUMBER OF ADMISSIONS

1976-1980



MR = Mental Retardation

MI = Mental Illness

CD = Chemical Dependency

Resident Population on 12-31-80

by County and Disability Group

County	CD	MI	MR	Total
Becker	18	12	12	42
Clay	22	14	31	67
Douglas	12	4	19	35
Grant	2	2	6	10
Otter Tail	37	40	46	123
Pope	7	5	9	21
Stevens	1	2	9	12
Traverse	5	1	3	9
Wilkin	3	6	12	21
Sub Total	107	86	147	340
	(64%)	(70%)	(59%)	(63%)

Kittson	3	5	11	19
Mahnomen	3	2	6	11
Marshall	1	6	12	19
Norman	2	6	9	17
Pennington	4	3	7	14
Polk	7	8	30	45
Red Lake	1	1	12	14
Roseau	2	1	15	18
Sub Total	23	32	102	157
	(14%)	(26%)	(41%)	(29%)

Non-resident 38 5 0 43

TOTAL 168 123 249 540

Out on Visit 2 14 21 37

Number of Admissions

Admissions in 1980 (1636) increased by 7.4% over 1979 (1523), and have continued to rise each year from a 1974 total of 831.

Admission by County of Residence, Disability Group, and Status
for Residents to Fergus Falls State Hospital
for calendar year 1980

	<u>C.D.</u>		<u>M.I.</u>		<u>M.R.</u>	<u>C.D.</u>					<u>M.I.</u>					<u>M.R.</u>										
	Number	Rate per 10,000	Number	Rate per 10,000	Number	Voluntary	Committed	H.O.	Emerg.	Ret.P.D.	Trans.	Total	Informal	Commit.	H.O.	Emerg.	Ret.P.D.	Trans.	Total	Informal	Commit.	H.O.	Emerg.	Par.Rel.	Trans.	Total
Becker	156	53.35	37	12.65	0	124	1	25	6			156	20	1	5	11			37							
Clay	212	43.04	51	10.35	1	198	4	5	5			212	25	1	20	5			51			1				1
Douglas	82	29.39	34	12.19	2	76		1	5			82	22		1	11			34	1			1			2
Grant	20	27.85	10	13.92	0	18		1	1			20	4	1	1	4			10							
Otter Tail	256	49.32	94	18.11	7	213	1	14	28			256	47	4	5	38			94	2		1		4		7
Pope	37	31.86	10	8.61	2	35		1	1			37	7			3			10	2						2
Stevens	20	17.68	4	3.54	0	19		1				20	3		1				4							
Traverse	15	27.05	14	25.25	0	14			1			15	9		1	4			14							
Wilkin	31	36.69	18	21.30	6	26			5			31	9	1	1	7			18					6		6
Sub Total					18	723	6	48	52			829	146	8	35	83			272	5		2	1	10		18
Kittson	9	13.47	3	4.49	1	7	2					9	2			1			3	1						1
Mahnomen	25	45.16	13	23.48	0	16	1	6	2			25	7	1	1	4			13							
Marshall	16	12.27	7	5.37	5	15		1				16	6		1				7	2				3		5
Norman	17	18.99	6	6.70	0	12	1	4				17	3		1	2			6							
Pennington	28	18.37	10	6.56	0	26	2					28	8	2					10							
Polk	53	16.19	22	6.72	3	48	4	1				53	14	3	4	1			22					3		3
Red Lake	4	7.31	3	5.48	2	4						4	2		1				3	1				1		2
Roseau	19	15.14	5	3.98	1	19						19	3	1		1			5					1		1
Sub Total					12	147	10	12	2			171	45	7	8	9			69	4		0	0	8		12
Non-Resident					1	212	15	1	6			234	18	3	2	7			30				1			1
TOTAL					31	1082	31	61	60			1234	209	18	45	99			371	9		2	2	18		31

FERGUS FALLS STATE HOSPITAL
ANNUAL REPORT - OPERATING BUDGET
FISCAL-YEAR ENDING June 30, 1980

<u>ACCOUNT</u>	<u>EXPENDITURES</u>	<u>PER CAPITA COSTS</u>
Current Expense:		
Food	449,040	
Fuel	255,138	
Utilities	109,393	
Drugs	113,652	
All Other	265,090	
	<u>\$1,192,313</u> ÷ 366 days = \$3,257.68 ÷ 550 residents = \$ 5.92	
Salaries:		
General Support	2,875,644 (+366 days = \$7,856.95 ÷ 550 = \$14.28)	
Mentally Ill	1,913,814 (" = 5,229.00 ÷ 129.55 = 40.36)	
Chemically Depend.	1,264,573 (" = 3,455.11 ÷ 148.13 = 23.32)	
Mentally Retarded	4,030,816 (" = 11,013.15 ÷ 272.34 = 40.43)	
	<u>\$10,084,847</u> ÷ 366 days = 27,554.22 ÷ 550 residents = 50.09	
Patient Pay	140,219	
Consultants	88,269	
Students	41,372	
	<u>\$ 269,860</u> ÷ 366 days = 737.32 ÷ 550 residents = 1.34	
Repairs & Replacements	81,384 ÷ 366 days = 222.36 ÷ 550 residents = .40	
Special Equipment	51,589 ÷ 366 days = 140.95 ÷ 550 residents = .25	
TOTAL EXPENDITURES	<u>\$11,679,993</u>	

Average resident population - 550 (MI - 129.55, MR - 272.34, CD - 148.13)

Average cost per resident day:

\$11,679,993 ÷ 366 days = \$31,912.54 ÷ 550 residents = \$58.02

M.I. - \$62.55

C.D. - \$45.51

M.R. - \$62.62

Report prepared 12-12-80

SUPPORT SERVICES - 1980 ANNUAL REPORT

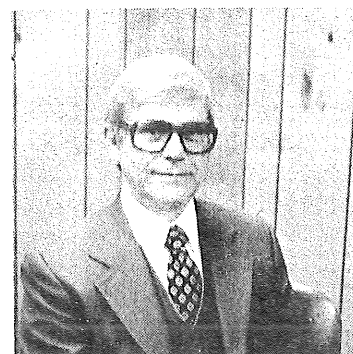
The year 1980 has been an active and changing one for many of our support services. Some of the departments and the changes that have been occurring are as follows:

CHAPLAINCY DEPARTMENT: Please note the chaplaincy annual report for 1980 filed by Chaplain James Tonneson. Rev. Tonneson was appointed this year as the head chaplain for this department upon retirement of Chaplain Armin Mueller. He has taken on the responsibility, at the same time developing a Clinical Pastoral Education Program and had, under his supervision this summer, four clinical pastor students as a beginning point for what we hope will be an ongoing CPE training program on campus here. We have found excellent results from this training program. Because of our deficiencies in the personnel account, we have not been able to fill the position of pastoral or religious education coordinator and, therefore, have left that position vacant. This has left a rather large opening in the chaplaincy program that we hope we can do some work on in the following year. Our chaplaincy department has assisted in keeping the chaplaincy service on the chemical dependency program through the efforts of Chaplain Ralph Peterson and the addition of Chaplain Catherine McDonald, who joined our staff this summer.

SWITCHBOARD-COMMUNICATIONS: Our switchboard has finally been replaced with an up-to-date state of the art switchboard and the accompanying telephone system. This change-over has resulted, so far, in a much better communication tool, more accessible trunk lines, and an opportunity to have available to every telephone station a communication tool that should provide for maximum efficiency. We are still in the process of learning its usage and of evaluating the level of the time gains that we get in our present switchboard operation. We will be looking this year at opportunities for some efficiencies within the switchboard operation as a total staffing effort. Also, we have added to the switchboard the responsibility for a much broader level of communication coordination, including the mailroom activities, and have continued the high level of clerical supportive effort in relationship to copy machine work and general typing.

STENOGRAPHIC SERVICES-MEDICAL RECORDS: The efforts of the stenographic area and medical records are have continued to produce at a very high level as a backup service for all clerical efforts in the facility and as an area where a huge amount of the institution's typing is produced. The medical records department has continued a surveillance of records; continued its efforts to keep our records complete in their final form, to keep the records up to standard as has been set by the state and other standard agencies, and to solve the problems as best we can of getting records completed and filed adequately on time.

VOLUNTEER SERVICES, PRINTING, PULSE ACTIVITIES: This department has continued its high level of contribution in terms of its Christmas collections, the backing of various programs throughout the institution through the use of volunteer funds and volunteer efforts, and has had an unusually interesting and full Christmas season just past. The efforts of Ms. Swiontek and Mr. Johnson in keeping this activity a meaningful Christmas contribution have been unusual. Our print shop and supportive service of varityping have had the kind of year that would normally wear out a press. We have introduced a new press in our print shop this year which is in use at regular intervals. We have kept the old press running for backup and, as a matter of fact, is still producing some of the major runs. Having the two presses available for operation causes some increase in efficiency in that entire operation.



O. John Bloom
Assistant
Administrator

PHYSICAL PLANT DEPARTMENT: This department has become more highly organized under the direction of Les Baird and has picked up the responsibility largely for the development for capital improvement activities as well as the maintenance, up-keep, housekeeping of the entire plant. We have made some enormous strides in the area of getting our life-safety standards met and, therefore, in compliance with the Federal Government for medical assistance support funds. Our latest development, this past month, has been to decrease, by negotiations with the fire marshal's office, a considerable investment on the part of the State in making the old Kirkbride building comply with the standards. In addition to that, the plant maintenance department has made some major remodeling changes throughout the institution, one of which was to facilitate the movement of the psychiatric unit to the main building. Our lignite coal plant is operating at a smooth level of efficiency and we have made some considerable updating changes in the boiler plant to keep its maintenance level current.

The Housekeeping Department, while suffering from some staff vacancies being held to finance our personnel account, has maintained this facility at a level that receives compliments from all surveyors that come through. The staff has gone through some organizational changes to cause its efforts to be more efficient and to change with our increase of carpeting throughout the facility. The housekeeping department is now running a night staff to keep that activity up to an acceptable standard; the daytime staff provide a high level of maintenance, as well as waste removal throughout the facility.

The Grounds Department has maintained a program of getting our trees trimmed throughout the campus this last year; this should help protect our investment in forestry on campus, particularly in relationship to maintaining the elms at as healthy a level as possible. The addition of a new and highly sophisticated mower has assisted greatly in lawn mowing. The department has been able to maintain a very nicely put together campus while still providing all the other services such as the garage maintenance, vehicle maintenance, maintenance of our Christmas decorations, removal of waste, snow removal, and all of the other activities involved in grounds keeping. For this winter season, the greenhouse has produced probably the most gorgeous display of poinsettias that could be expected, while last summer, the flower bed throughout the campus looked as if someone really cared.

BUSINESS OFFICE: The business office again had the difficult task of administering an account far behind our present day needs. The State of Minnesota has done little in terms of the basic operating accounts to provide for the ever-increasing inflationary deficits occurring each year. Also, as this facility has expanded its efforts to move in the direction of program budgeting, the business office has been left with the task of accounting and monitoring those various pieces of our growing program. Soon after the end of 1980, Ed Drechsel, our Business Manager (worked in this endeavor for well over forty years) retired. We will find 1981 with many changes occurring because of his retirement and because new people will have to be picking up those reins. For the time being, Ms. Linda Brill will be fulfilling that function from the position of Senior Accountant.

DIETARY DEPARTMENT: Our dietary service has, this year, been busily developing methods of providing a well-rounded balanced diet for an ever-changing population, as well as a larger and ever-increasing demand in the area of special diets. The addition of new and different living areas has caused the dietary department to have to staff more areas and provide for surveillance of the adequacy of the dietary service in an ever-increasing total environment. Following the suggestions of some professional consultants and some personnel changes in the dietary department, in 1981 there will be some rather major organization changes and we would hope to be adding another dietitian and, thereby, increasing our clinical dietetic work with the units and treatment teams. We have made some excellent use of some garden vegetables that have been grown on campus in an otherwise little utilized area and have, by this process, been able to offer a variety of excellent quality meals.

John Bloom

1980 ANNUAL REPORT - PERSONNEL

ADJUSTMENTS TO OUR AUTHORIZED STAFF COMPLEMENT

			12-30-79	571.9 FTE
7-15-80	New Positions	Add 12.0		
			7-15-80	583.9 FTE
			12-30-80	583.9 FTE
			<u>1979</u>	<u>1980</u>
	*Total Manhours		1,234,236	1,212,410
	Average Full Time Equivalents		591.1	580.7

* Includes vacation, sick, and compensatory time use.

1980 Total number of hours worked by Live-in Students 12,480

Classification	1979				1980			
	Ave. # Emps.	# Hired	# Separated	Turn- over Rate	Ave. # Emps.	# Hired	# Separated	Turn- over Rate
Behavior Analyst	12.0	0	1	8.5%	12.0	0	1	8.5%
CD Counselor	15.0	15	9	60.0%	17.5	9	11	63.0%
Clerical	29.0	5	4	14.0%	27.0	4	3	11.0%
Dietary	40.5	4	2	5.0%	42.5	3	2	4.5%
Housekeeping	25.5	4	2	8.0%	27.0	4	5	18.5%
Human Services	212.5	28	27	12.5%	209.0	27	16	7.5%
Human Services Temp		21	21	100.0%				
Laundry	8.0	1	1	12.5%	7.5	1	1	13.5%
LPN	60.0	11	6	10.0%	66.5	5	7	10.5%
Psychologist	7.5	2	1	13.5%	8.5	0	0	-
RN's	40.0	11	7	17.5%	41.5	4	5	12.0%
Rehab Therapist	14.5	3	4	27.5%	14.5	0	0	-
Social Workers	14.0	1	0	-	13.5	0	1	7.5%
Tradesman	15.5	1	0	-	15.0	2	4	26.5%
All Others					124.0	12	14	
TOTAL	644.0				626.0			
*CETA					*32.0	101	95	

* Not included in average number of employees.

PROMOTIONS

CLASSIFICATION	1979	1980
Account Clerk	1	0
Account Clerk Senior	0	1
Assistant Chief Engineer	1	0
Assistant Group Supervisor	6	0
Behavior Analyst I	1	0
Behavior Analyst III	1	0
Carpenter Foreman	1	0
Chief Cook	0	1
Clerk Typist 2	2	2
Clerk Typist 3	0	5
Chemical Dependency Counselor	0	1
Chemical Dependency Counselor Senior	7	3
Chemical Dependency Counselor Supervisor	3	1
Chief Engineer	1	0
Dining Hall Supervisor	1	0
Electronic Technician	1	0
Employee Development Specialist 2	0	1
Executive I	2	1
Executive II	1	1
Groundskeeper Intermediate	0	1
Hospital Services Assistant	6	2
Human Services Technician Senior	8	8
Human Services Specialist	8	9
Human Services Specialist Senior	1	2
Institutions Program Coordinator	1	0
Licensed Practical Nurse I	0	1
Licensed Practical Nurse II	8	13
Management Analyst Intermediate	1	0

PROMOTIONS

CLASSIFICATION	1979	1980
Management Analyst Principal	0	1
Mechanical Stock Clerk Chief	0	1
Personnel Aide	0	1
Personnel Officer	0	1
Physician - Super Range	0	1
Psychologist II	0	1
Registered Nurse II	5	0
Registered Nurse III	7	4
Registered Nurse IV	3	2
Rehabilitation Therapist Director	0	1
Rehabilitation Therapist Senior	2	3
Social Worker Senior	2	2
Social Work Specialist	1	0
Staff Physician Senior	0	1
Stores Clerk	1	0
TOTAL	83	72

NUMBER OF DECENTRALIZED EXAMINATIONS

<u>Examination</u>	<u>1979</u>			<u>1980</u>		
	<u># Tested</u>	<u># Pass</u>	<u># Fail</u>	<u># Tested</u>	<u># Pass</u>	<u># Fail</u>
RN (E & T)	40	40	0	5	5	0
LPN (E & T)	62	62	0	16	16	0
HST (Written & Oral)	225	195	30	32	24	8
HST (E & T & Oral)				29	28	1
CD Counselor (Oral)	13 *	11	2	14 **	10	4
Clerical (Performance)	21	--	--	6	--	--

* 13 responded out of 64 contacted.

** 14 responded out of 55 contacted.

EMPLOYEE INJURIES REPORTED

	<u>1979</u>	<u>1980</u>
Minor Injuries	185	179
Major Injuries/Workers' Comp. Claims	75	55
Total Injuries Reported	260	234

Major new activity this calendar year involved securing contract for local computer services and implemented computerized personnel budget/expenditures system with salary projections.

We look ahead to 1981 with major changes in the structure of state employees bargaining units as a result of major changes in Labor Relations Laws.



Douglas C. Boyer
Personnel Director

STAFF DEVELOPMENT ANNUAL REPORT

1. Pre-employment Training (Human Service Technician Block Training) a cooperative training program with the Fergus Falls Community College is now accredited for fifteen college credits.

Status report on students involved in the 1980 Human Services Training Program:

Persons having enrolled this past year.	44
*Failed or terminated training (Total Number 7)	- 9
Incomplete (In progress on make-up classes in present training(Total number 2)	<hr/>
Successfully completed Training.	35
Did <u>not</u> seek employment at the Fergus Falls State Hospital or are not on the state employment list for Human Service Technician. (Four completed but too late to get on list.)	-12
Eligible for employment at the Fergus Falls State Hospital	23
Persons employed by the Fergus Falls State Hospital	-17
(63% of persons eligible for employment)	<hr/>
Persons from original 44 waiting for employment at the Fergus Falls State Hospital.	6

Eleven (11) persons are presently attending the Human Service Training Class to complete February 20, 1981.


2. Programmed instruction modules have been developed in 1980 for classes in:
"Leadworker"
"Sign Language"
3. New equipment purchased in 1980:
A. Video Color Camera
B. 3/4 inch Video Cassette
C. 1/2 inch Video Color Portable Recorder
D. 16mm Projector

4. **Total hours of training:

Human Serices Pre-employment Training (Some employees are included in this figure.)	17,600
Off campus training	2,125
On campus training	5,425
	<hr/>
Total Training hours for 1980	25,150

* Actual failure rate is 30%. Students are given the opportunity to repeat failed classes or missed experiences in the following session. Remediation failure rate after make-ups is 16%.

** Some figures are estimated based on average attendance.


Neil M. Herman
Fergus Falls State Hospital
Staff Development Coordinator

NMH:ch

THE ADVOCATE'S OFFICE
ANNUAL REPORT - 1980

Historical Perspective

The office of the advocate was established at Fergus Falls State Hospital on August 1, 1972 and thus became the first full time advocacy function in the state hospital system. Actually, the function started on a part-time basis on May 1 of the same year. The advocate's office handles individual cases and hospital and system-wide problems 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 area of: a. legal status; b. rights under the Minnesota Hospitalization and Commitment Act; c. treatment plans, including length of hospitalization; d. facility, unit and ward policies as they affect residents; e. ward living conditions; f. resident/staff relationships; and g. criminal, civil and welfare policy matters outside the jurisdiction of the hospital. The advocate's office remained accountable to the Chief Executive Officer only and is seen as having an adversary relationship to the facility. Not only can the office represent residents' complaints brought to the office, but the function can also initiate complaints. The office remains centrally located for easy access by residents and, in addition, contacts all newly admitted residents to inform them of services offered.

Incidentally, since the inception of the function, the advocates have been involved in 8,244 individual cases.

1980

During the reporting period, the advocate's office was involved in a record 1,547 cases. This means that the advocate's office averages 127 cases. The number of cases handled per month is as follows:

Jan.	140	July	154
Feb.	97	August	143
March	105	Sept.	130
April	125	Oct.	127
May	130	Nov.	120
June	108	Dec.	176 (a record)

As usual, the programs serving the chemically dependent was the most significant user of the services offered by the advocate's office. 1016 (65.6%) came from this service and this was followed by the programs serving the mentally ill, which accounted for 340 cases (21.9%) and the services serving the mentally retarded with 164 cases (10%). In addition, 27 former residents, staff consultations,

and community consultations accounted for 2.2% of the cases for the year. 949 cases or 61% had to do with rights under the Minnesota Hospitalization and Commitment Act, criminal matters, or civil matters.

The advocate's office has always attempted to maintain a posture that is immediately responsive to the needs of the consumer and, in fact, 72% of all cases for the year were closed within 24 hours. In addition, a three month sample of cases indicated that the average number of days that a case was open was 1.97 days. The advocacy function also maintained its standard of contacting 95% of all newly admitted residents and it would appear, therefore, that we have attained our goal of responding to residents' problems as quickly as humanly possible. This conviction has, incidentally, been supported by answers obtained from our Consumer Questionnaire which was given toward the year's end, a copy of which is attached to this report.

Grievance Procedure

1980 was, in fact, the third year since the Grievance Procedure was established and mandated under Minnesota Statute 144.651. This procedure is monitored by the Minnesota Department of Health and the mechanism is used 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 procedure has been well utilized by consumers of services offered by Fergus Falls State Hospital.


A total of 330 complaints were filed under the Grievance Procedure. This meant that the average number of grievances was 27.5 per month and the category accounted for 21.3% of all cases brought to the advocate's office. This is, incidentally, a slight reduction from the figures of 1979. Most of these complaints were resolved at the lower levels of the facility and we feel that this speaks well for the units, the services, and the hospital generally.

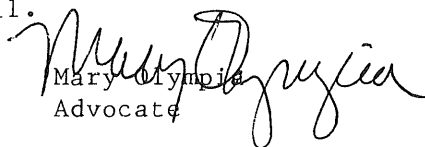
In addition to the above mechanism, the Fergus Falls State Hospital Review Board met on seven occasions and 41 residents utilized this vehicle to bring their complaints and concerns to the attention of the facility and the Department of Public Welfare. In addition, the Review Board visited treatment areas, toured the hospital and did several randomly selected case reviews, in addition to the six brought to their attention by the advocate's office. The Review Board continues to be coordinated by the advocate's office.

Miscellaneous Activities

The advocate's office continues to be utilized as an internship placement for the Moorhead State University and the University of Wisconsin, River Falls. This means that we will continue to have interns involved with the function, though on a less frequent basis. The advocate's office continues to be involved in the hospital Orientation process and, in addition, to make presentations to visiting groups, etc. The senior advocate continues to serve on the Rules and Procedures Committee for Commitments of the Minnesota Supreme Court.

This, then, constitutes the report of the activities of the advocate's office for 1980. If there are any questions or comments relative to this report, please feel free to contact the office (218.739-7250 or 218-739-7375) and we will be most happy to discuss the report in more detail.


Bill Johnson
Advocate


Mary Olympia
Advocate

CHAPLAINCY SERVICES ANNUAL REPORT - 1980

The Chaplaincy Department began the year of 1980 under the direction of Rev. Armin Mueller. Chaplain Mueller retired Feb. 12, 1980 after serving as head hospital chaplain since Dec. 1, 1967. Following his retirement, Chaplain Mueller continued to provide weekly Sunday worship services.

In the interim, while the hospital was searching for a full time replacement, Father Kenneth Brenny served as acting head chaplain from Feb. through July 1, 1980.

On July 2, 1980, Chaplain Jim Tonneson, who had been serving as a full time chaplain on DDRC, became head chaplain of Fergus Falls State Hospital.

Chaplains Tonneson and Brenny have been primarily responsible for providing weekly worship services for the residents and patients. Father Brenny has a Saturday evening mass at 6:30 which is well attended, not only by patients and residents, but by people from the community. This continues to be a very meaningful worship experience for those who attend.

Chaplain Tonneson has coordinated Protestant services, which are held at 8:45 each Sunday morning for the general population of the hospital. A simplified service is held at 9:45 each Sunday morning for people from residential units. During the summer months when CPE students were here, they led the worship services as part of their training experience.

Chaplain Tonneson and Father Brenny have provided pastoral services to all three of the disability areas of the hospital. A real attempt has been made to divide available hours equally between drug dependency, psychiatric units and the mentally handicapped units. As time permits, the chaplains are involved with the treatment teams on the respective units that they are serving. Obviously, there is not enough time to attend all team meetings. As a result, we as chaplains rely heavily on staff referrals of those who need the special ministry of a chaplain.

In many respects, there is a specialized chaplaincy department that serves exclusively on DDRC. Chaplain Ralph Pedersen coordinates the work of chaplaincy services throughout DDRC. With the resignation of Chaplain Tonneson this past June from the DDRC staff, an attempt was made to quickly fill this full time position. On Oct. 1, 1980, Chaplain Catherine McDonald joined the DDRC chaplaincy staff, on a full time basis. She is presently serving as chaplain for LIV and for Silkworth.

Chaplain Pedersen also has the services of four other part-time clergy. Chaplain Vervyle Henriksen is serving on a half-time basis and is the chaplain for HOPE. Chaplain Leonard Dale, who works two days each week, is the chaplain on Wilson. Chaplain Howard Buenting and Father Bob Schmainda each spend a day a week as chaplains on Tiebout. Father Kenneth Brenny is also a chaplain for Tiebout. Chaplain Pedersen is the chaplain for Jellinek, in addition to his coordinating duties. Chaplain Tonneson serves as the chaplain on Freeway.

This past summer, four clinical pastoral education students took a basic eleven week unit of training here at the hospital under the supervision of Chaplain Tonneson. Two of the students were assigned to psychiatric units, PACT and the Cottage. One student was assigned to CTAC, units 1 and 4. One student served as a student chaplain on Silkworth Unit of DDRC for the summer.

One of the deficiencies in our total chaplaincy program is the lack of religious education classes during 1980. With the budget cuts, that half-time position for a religious development coordinator was frozen. It is my hope that during 1981 that situation can be rectified so that we can again hire a qualified religious development coordinator and continue serving more fully the needs of our residents on the mentally handicapped units.

Part of the task of chaplaincy is to not only be a consultant on the treatment teams and to address the spiritual needs of patients and residents, but also to act as a liaison with clergy and parents and families in the communities. Chaplains have been involved in outside speaking engagements with various groups.

We have offered clergy seminars for area county clergy. One seminar, which was very well attended, was offered to Fergus Falls Conference of the American Lutheran Church. A second clergy seminar was offered to Otter Tail County pastors. Chaplain Pedersen has offered seminars for clergy, specifically in helping those struggling with chemical dependency. This type of activity and other attempts will be made during the coming year to continue bridging the gap between the hospital and local communities.


James Tonneson
Head Chaplain

STATE REGIONAL RESIDENTIAL CENTER - ANNUAL REPORT 1980

During calendar year 1980, there were 33 admissions. Seventeen admissions were for the purpose of providing Respite Care and 16 admissions were for the purpose of developmental programming. Of the 16 admissions for developmental programming services, 11 were admitted from family homes, one from a nursing home, one from a general hospital, two from group homes and one transferred from a psychiatric program. During 1980, there were 44 discharges from our Center. The most frequent type of place to which people were discharged were group homes. Overall, our population decreased by 11 over the past year. This is a significant though small decrease.



George E. Bang

Eight years ago a class action suit was instigated by relatives of residents in five state hospitals against the Commissioner of Public Welfare and the Chief Executive Officers of the hospitals. It was decided among the parties concerned to pursue the suit at the Cambridge State Hospital. This past year, agreement was reached and a Consent Decree handed down from the federal court. The suit was carried to the remaining four hospitals and the decisions ultimately reached applied to seven facilities, in addition to Cambridge, providing for the retarded in Minnesota. The Legislature, last year, made available 300 new positions and 59 of these were assigned to Cambridge to facilitate attaining that Consent Decree. The balance of 241 positions were assigned to the other seven hospitals on the basis of the number of living units at each facility. Our Consent Decree report of 12-31-80 was based on 270 residents, 76 of whom are handicapped and 70 of whom are attending TMR school. The report shows that we would require a total of 313.8 positions in the employee categories listed in the Decree to be in total compliance. As we currently have 248.4 positions in these categories, we have a deficiency of 65.4. It is our interpretation that the Consent Decree does not say we are short positions but rather we have too many residents. As the Decree will be in effect for seven years, and it is mandated that the total system reduce the number of residents by specified quantities, it is implied that as time goes on reallocation of positions will result.

On the lighter side, our staff came to enjoy the visitations by the Deputy Attorney General and plaintiff's attorneys as well as the expert witnesses they both brought to visit our facility. Preparing for the court case involved assembling large quantities of paper and filling out numerous forms in preparation for the event. Several staff spent a few long days listening to the testimony of the witnesses given in federal court. It can be presumed that as the attorneys became familiar with the living facilities and the programming for the retarded in the four facilities they visited that they found few things to criticize and, as a consequence, were willing to enter into a Consent Decree. Eight years ago conditions in our state facilities required some gross improvement and through the cooperative efforts of the Legislature considerable change has been brought about.

As we have set a goal to have all retarded persons living on the ground floor of the facility, last year saw us take one more step in that direction. Sixteen residents of the Adult Achievement Center were able to prepare for their move into the building known as Geriatric-Men. With favorable action by the presently convened Legislature, we are hopeful to see completed this condominium of five 16-bed living units. Achievement Center for the Physically Handicapped will then be able to expand into one of the vacated areas and thus reduce their currently crowded conditions. The Adult School, which is scattered around the campus, will be able to be housed on the second and third floors immediately over ACPH. The program time wasted moving

residents from the residential area to school should be greatly reduced. Our plan includes airconditioning of ACPH. It is interesting to note that these remodeling plans which had been determined by us a number of years ago are all endorsed in the Consent Decree.

The SRRC has utilized an Interdisciplinary Team program process since 1972. A number of revisions of that process have occurred since that time. The revisions have greatly improved the quality and efficiency of our Interdisciplinary Team process. January of 1980 saw the implementation of our latest revisions. A number of major changes occurred at that time. They were:

1. Pre-Admission Interdisciplinary Team meetings were to be called by the client's respective county social service department.
This was done in an attempt to support and enhance the role of the county social worker as case manager. Supporting this role, we felt, would support the overall continuum of services and the case management role that the county social worker has in following residents through that continuum.
2. A three-year cycle for annual Interdisciplinary Team meetings was established.
The first year would be an Individual Comprehensive Plan Team meeting where the client would receive a comprehensive evaluation by the Team and the Team would establish behavioral goals with the client which would give direction to the agency in terms of program direction. In each of the following two years, an Interdisciplinary Team Review would be held which would have as its major focus, an evaluation of the resident's progress toward previously established behavioral goals. At the I.T.R., the focus was shifted from the concept of comprehensive evaluation to the concept of resident movement or progress. The focus was moved to a new plane of expectation - an expectation of client skill development. This had the positive impact of forcing a closer look at resident movement over time.
3. At the I.C.P. meeting, the Team was to evaluate the resident through the mechanism of domains.
Prior to 1980, each department Team member presented its assessment of the resident to the Team with the other Team members free to ask questions and make comments. This worked well, but it was felt that a more "inter-disciplinary" method could be utilized. Beginning January 1980, we then began conducting the resident's comprehensive evaluation at the I.C.P. through the means of domains. This decreased "departmentalization" as department members were not called upon to give their reports. Team members were expected to participate based upon their assessment information and knowledge of the resident as appropriate to the domain under discussion. This increased the freedom of discussion and exchange between Team members. For example, by discussing the behavior of the resident under the domain of "Behavior", it allows everyone to provide input. The psychologist can input behavior during testing, the houseparent the behavior in leisure time, etc., etc. There is no department report by the Behavior Analyst that has exclusiveness in terms of presenting information on the resident's behavior. By moving to domains, we have successfully increased the flow of participation and the information and knowledge shared during the comprehensive evaluation.
4. The Team, in developing goals, would no longer assign those goals to departments for action, but instead would assign those goals to the agency.
This, although subtle, was a major change and, in essence, placed responsibility upon the highest levels of management to see that program services were brought to bear upon the developmental needs of clients.

To understand the impact of these changes, it is necessary to look at them in the light of the basic principles underpinning an Interdisciplinary approach to programming. Those major principles are:

Individualization - This principle forces a look at the total individual, the whole person. The Team looks exclusively at the needs of one person and sets aside the needs of the agency and the other clients.

Membership - There can be no static composition of team members. Team membership must be determined by the needs of the client.

Equality - All team members are equal; all members, including the client and the family, participate on an equal basis with every other team member.

Participation - Team members are free to participate based upon their knowledge of the resident and are not restricted to a particular area of expertise. Members interact on a face-to-face basis which allows for a direct interplay of discussion, elevating the knowledge of the team to a higher level.

Freedom - The team is free to discuss the needs of the resident, free from the constraints of the agency and the agency's ability to meet those needs. This "ideal" atmosphere, rather than an atmosphere of "what we can do", holds up the highest expectation in regard to accurately identifying the needs of the client and of the agency in the challenge to meet those needs.

If the focus of the team is on the client, the membership complete, and there is equality, knowledge, and freedom, the team will be able to make informed decisions balanced in the direction of what is in the best interest of the resident.

We have now had over a year's experience with our present Interdisciplinary Team programming process. We have built upon our past efforts and the improvements have been significant. The 3-year cycle has increased efficiency in department assessments and it has forced us to look at where we were, what we have done, and where we are presently.

The mechanics of the Review process has brought new continuity to our program effort. We now must openly report what impact our efforts have had in remediating the needs of a resident. This report is documented in the meeting minutes.

We have now begun the second year of the revised Interdisciplinary process and have conducted over 10 Interdisciplinary Team Reviews. The continuity of programming has been highly evident in these reviews. The experience on the part of the ITR process reveals that an effective tool for needed self-correcting information has been created. This information holds a significant challenge to the agency as to whether it can organize and gather this information to further improve its services and positive impact.

Our experiences with the January 1980 revisions in the Interdisciplinary process have been rewarding. We have made major improvements by building upon our past experiences and will continue our developmental approach in our programming process in working toward greater future success.

It should be noted that in the 1980 revision, management has set a significant challenge to itself; it has further developed a team process based upon freedom, knowledge, and openness and it has placed within the idealism of that process an evaluation of itself. The challenge concerns whether the agency can take that evaluative information, organize it, understand it, and take action to make even further improvements.


George E. Bang
Institutions Program Coordinator
Mental Retardation Unit

PSYCHIATRIC DIVISION - ANNUAL REPORT 1980



In our 1979 Annual Report, the Psychiatric Division reported goals for 1980 of establishing a single admission area and functioning Admission Team, revising our Problem Oriented Record Manual, increasing our small group therapies on PACT, adding a Behavior Analyst, beginning a Biofeedback Therapies program, involving our Advisory Committee in the ongoing development of our comprehensive plan and, if resources became available, to hire an Art or Dance Therapist.

Dale S. Klaessy Not only did we not realize an increase in resources, we found ourselves in a continuation of 1979's plight of reduced availability of salary moneys. That problem gave us a constant awareness that we were to be limited in nearly all of our efforts to improve our services. Nevertheless, through willingness and sacrifice our staff made it possible to realize the accomplishment of most of our goals.

In January of 1980, Dolores Saurer organized, established and directed our new Admission and Transfer Team. This was an additional duty for her as well as for her team members. The advantages of the Admission Team to the division and to our community are that we have reduced confusion as to where the admissions will be seen, who will first see them and how decisions will be made concerning placement. Finally, it removes the conflict of interest that exists when admission placement is made on treatment units.

As previously mentioned, the POR Manual was revised. That gives us a better capability to document necessary information in order to provide better treatment. As a follow-up to that revision, our Staff Development Coordinator, Alice Lyng, conducted classes on all of our units on the new revision.

Our Psychology Department completed the goals of adding a Behavior Analyst to their crew and beginning of Biofeedback Therapies. In addition to reaching those goals, Joe Herder, Psychologist, has been carrying on Relaxation Therapy, which we had not done previously.

Late in 1980 we seized the opportunity to move out of The Cottage and into space on the third floor of the west side of the main building. This permitted us to divide that one large Cottage program into three smaller units - an unwritten goal for several years. Although this goal was not realized until the beginning of 1981, the planning was completed, with the help of our Advisory Committee, in 1980.

Looking forward to the coming year, it appears that we will again be hampered by inadequate funding for salaries. This is certain to exist until the mid-year point, and the prospect for the latter part of the year is not bright. Inadequate funding forces us to leave positions vacant in order to balance our account. This, of course, affects our goals and expectations for 1981. Regardless, we shall formalize our medications reviews; we shall sophisticate our quality assurance organization, methods and corrective measures; and we shall also formalize our classes in activities of daily living.


Dale S. Klaessy
Psychiatric Division Manager

DRUG DEPENDENCY REHABILITATION CENTER - ANNUAL REPORT 1980

D.D.R.C. admitted 1240 clients during 1980 - 1006 from within the seventeen county receiving area and 234 from counties outside of the receiving area.

Notice was received early in 1980 that D.D.R.C. had received a two-year accreditation from the Joint Commission on Accreditation of Hospitals. Licensure was granted through the Minnesota Department of Health and the Department of Public Welfare Rule #35.

The D.D.R.C. Counselor Training Program is accredited as an Institution of Higher Education by the Minnesota Higher Education Coordinating Board. A full five-year accreditation of Chemical Dependency Counselor Training Program Accreditors was granted.

PRIMARY UNITS: Seven hundred seventy clients were admitted to primary units in 1980, with the average length of stay for completion of treatment being 46 days. A goal attained in 1980 was the utilization of one Counselor Supervisor for two units, on each floor of the primary building, providing more direct treatment supervision and assurance of consistency in the delivery of units of service. The placement of nursing staff within the primary building has been accomplished; this has enabled us to provide a more complete and personal relationship to residents - resident to staff members, and resident to resident, within the multidisciplinary team approach.

Staff recruitment continues to be a major roadblock to providing a consistent complete team.

ADMISSIONS/EVALUATION UNIT: A most notable accomplishment in 1980 was the assignment of nursing staff directly to treatment units; this process allows the nursing staff to become a more integral part of the treatment team. Admissions, if physically able, may be assigned to a unit after initial brief admissions work, rather than spending one to two days within the Med Unit. It is hoped this process will assure a smoother transition into treatment and an opportunity to build a rapport and closer interaction with the client.

Admission Unit and Evaluation Unit were combined and decreased to thirteen beds, as a result of direct movement of clients to treatment units. The staff of these two units are able to work more closely as a treatment team to serve those residents who are required to spend more time within that area.

HOPE UNIT: Hope Unit has moved to the second floor of the Cottage Building and have increased to thirty beds. Program changes for HOPE Unit include Relaxation Therapy for residents on a weekly basis conducted by Tim Sheehan, Psychologist, and Assertiveness Training seven hours weekly for Level II residents, if identified in individualized treatment planning. Total discharges from HOPE in 1980 totaled 87, with 26 (30%) of those discharged with medical advice.



M. Curt Ramberg

LIV UNIT: LIV Unit moved into the first floor of the Cottage Building, with the number of beds decreased to 42. LIV Unit is working on a more individualized treatment plan to serve the chronic alcoholic needs. More involvement by concerned others has been achieved. Total discharges from LIV Unit in 1980 was 167, with 42 (25%) being discharged with medical advice. Twenty-seven of the admissions to LIV Unit are persons who have not had previous treatment exposure and are in the 60-70 age bracket.

Staff coverage (i.e., nursing, H.S.T.) for the two long-term units is provided on a 24-hour basis, seven days a week, which is an improvement for those units. Also, the addition of a part-time recreation therapist has added a treatment service to those clients; this was not previously provided in a consistent manner.

FAMILY UNIT: A total of 556 persons participated in the D.D.R.C. two and a half day Family Live-in Program. Participants included 74 spouses, 45 children, 87 parents, 26 siblings, seven other relatives, one employer, 16 friends, and 100 residents in D.D.R.C. Other participants were outside referrals, including: social service staff members, clergy, FFSH staff, school staff, and halfway house staff. Referrals came from 55 Minnesota counties and eight states. Four hundred twenty-six were from within the Fergus Falls State Hospital seventeen county receiving area.

FREEWAY UNIT: There were 138 admissions and 134 discharges during 1980, with an average daily population of 16.6. Eighty-four of the total admissions were from counties in the FFSH receiving area. Discharges included: With Medical Advice discharges (medallion), 20; other With Medical Advice discharges, 13; transfer to other units, 8; other discharges, 93. All discharges from Freeway Unit were involved in some aftercare planning.

Program format changes included - revision of expectation and information sheets, discharge policies reviewed, emphasizing multi-disciplinary approach in all phases of treatment.

Freeway Unit, as a result of inadequate funding, was threatened with closure in 1980. Strong community support and administrative efforts resulted in the Department of Public Welfare's decision to provide funding to continue Freeway Unit. An application for an NIDA federal grant to fund additional slots for Freeway Unit was submitted in late 1980, with approval granted in early 1981.

CHAPLAINCY DEPARTMENT: Presently there are two full-time and four part-time clergy hired and working on D.D.R.C., as well as part-time service provided by the two hospital chaplains. Staff changes during 1980: Jim Tonneson, full-time chaplain, assumed the duties of Hospital Head Chaplain. Cathie McDonald was hired as a full-time chaplain for D.D.R.C. Cathie is an ordained Episcopal priest with six quarters of Clinical Pastoral Education training and brings to us a wide variety of experience and training. Bob Schmainda, Roman Catholic priest, and Howard Buenting, Lutheran pastor, were hired as part-time clergy. Clergy time on D.D.R.C. has been spent doing evaluations, counseling, 4th and 5th step groups, lectures, working with family program, Counselor Training Program, and hospital worship services. The Clinical Pastoral Education program, supervised by Chaplain Tonneson, provided D.D.R.C. with a full-time chaplain student for ten weeks this summer. Chaplaincy outreach to community included: speaking to church groups; participation in alcoholism education at the Fergus Falls Community College; speaking at AA and Alanon meetings; and participating in alcoholism seminars with area clergy.

COUNSELOR TRAINING PROGRAM: John Whalen was appointed Director of the D.D.R.C. Counselor Training Program; Brad Laabs was appointed the assistant. A total of 147 letters of interest were received; 47 applicants were interviewed with 30 accepted. Currently there are 17 enrolled in the Training Program. Five trainees completed and graduated from the Counselor Training Program in 1980. Curriculum changes included the addition of doubled classroom hours during the first quarter. New evaluation forms were developed and implemented. Quarterly projects and exams were instituted to allow for more objective evaluation of knowledge gained. Staff training provided during 1980 included six 4-hour training sessions in areas identified as staff needs; i.e., sexuality, adolescent treatment and chemical

dependency, etc. Ten presentations were delivered in the community - a total of 136 hours with approximately a total of 1950 persons in attendance.

PSYCHOLOGY DEPARTMENT: The Psychology Department has continued its commitment to individualized services for D.D.R.C. residents, including psychological testing for all residents, specialized group services based on individual needs, training regarding psychological principles and practices, and ongoing direct service consultation to treatment staff. Approximately 1000 residents have received psychological evaluations during 1980. Specialty groups provided have included assertiveness training, sexual awareness group for adolescents, relaxation training, and group work for adolescents who are victims of incest. Individualized testing has been provided upon referral and request. Loss of the psychology trainee has been a limiting factor in providing more complete and individualized services to clients.

ACTIVITIES AND PARTICIPATION - STAFF AND OTHERS:

Clergy Department have provided education seminars to community clergy. Counselor Training Program staff have provided educational programs for various community schools.

D.D.R.C. staff, including Curt and Lorraine Ramberg, Ralph Pederson, Tom Geiser, Ginny Thom and Floyd Hill participated in the Fergus Falls Community College Drug Education Seminar.

LaVern Thompson served as Vice President of Minnesota Chemical Dependency Assn.

The D.D.R.C. Advisory Board met regularly during 1980. The guidance and support from this group has been most helpful in providing professional, objective input to the administration in programming, planning, direction and change. New members on that board are: Chuck Richards, Sheriff, Pennington County; and the return of Lowell Enerson, Oklee, Minnesota.

Staff members continue to serve on various boards, including Alano Corporation and the Lake Region Halfway Homes. D.D.R.C. staff are members of the following professional organizations: Minnesota Chemical Dependency Association, Minnesota Association of Counselors on Alcoholism, and Northwest Counselors Association.



M. Curt Ramberg
Institutions Program Coordinator
Chemical Dependency Unit