



FERGUS FALLS STATE HOSPITAL

FERGUS FALLS MINNESOTA



ANNUAL REPORT

1981

FERGUS FALLS STATE HOSPITAL

ANNUAL REPORT - 1981

The 1980 census report indicates a total census for the 17 counties we serve of 302,590. One third of this population is in Region I and two thirds in Region IV. It is interesting to compare the percentage of admissions as well as the 12-31-81 resident population by region and by disability group. In Chemical Dependency, for example, 63.7% of the admissions were from Region IV, 12.2% from Region I and 24.1% from counties outside of our normal catchment area. The resident population on 12-31-81 indicates 45% were from Region IV, 15% from Region I and 39% were from outside our catchment area. In the Mental Illness program, 73.4% were from Region IV; 18% from Region I and 8.6% from outside the catchment area. The year end population for this group shows 66% from Region IV, 25% from Region I. In Mental Retardation, 60% of the admissions were from Region IV and 32.5% from Region I while the year end resident population indicates 57% from Region IV and 42% from Region I. Totally, we had 1,919 admissions in 1981 with 1,496 of these being in Chemical Dependency. This is an increase of 17.3% over the previous year, continuing the trend that began in 1974 when admissions totalled 831. It would appear that distance is less of a factor than the local availability of appropriate programs. Examples of this are the fine programs for Chemical Dependency at Glenmore in Crookston and for the Mentally Ill at the Day-Night Center in Thief River Falls. Both of these programs account for the less than one third admissions from Region I in these two disability groups, and that's as it should be. This supports the concept, long in place in Minnesota, of providing mental health treatment as close to home as is economically and programmatically feasible.

We experienced our first strike in 1981 and those 22 days were very trying times for all concerned. Although treatment programs were seriously diminished or non-existent, we did manage to provide good care to our residents. The staff that remained on duty did theyoeman work to accomplish this, often working twelve hours a day, six and even seven days a week. Comparatively speaking, I feel our staff that were on strike conducted themselves quite appropriately in their efforts to get their message across to the public and to those involved in the state negotiation process.

Our authorized staff complement increased by 6 to 583.9, but in terms of our ability to fill positions we actually decreased an average of 13 staff because of economic restrictions. We weathered a great many crises and much of the credit for this must go to our very dedicated employees who have always kept the needs of the residents and the counties we serve in the forefront and got the job done in exemplary fashion despite the obstacles.

The following pages written by the individual managers cover their accomplishments and aspirations and we look forward, collectively, to the challenges of the future in a changing world.

I, again, would like to express my gratitude to our county social service departments, our County Commissioners, our mental

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FFSH - Annual Report - 1981 - cont'd.

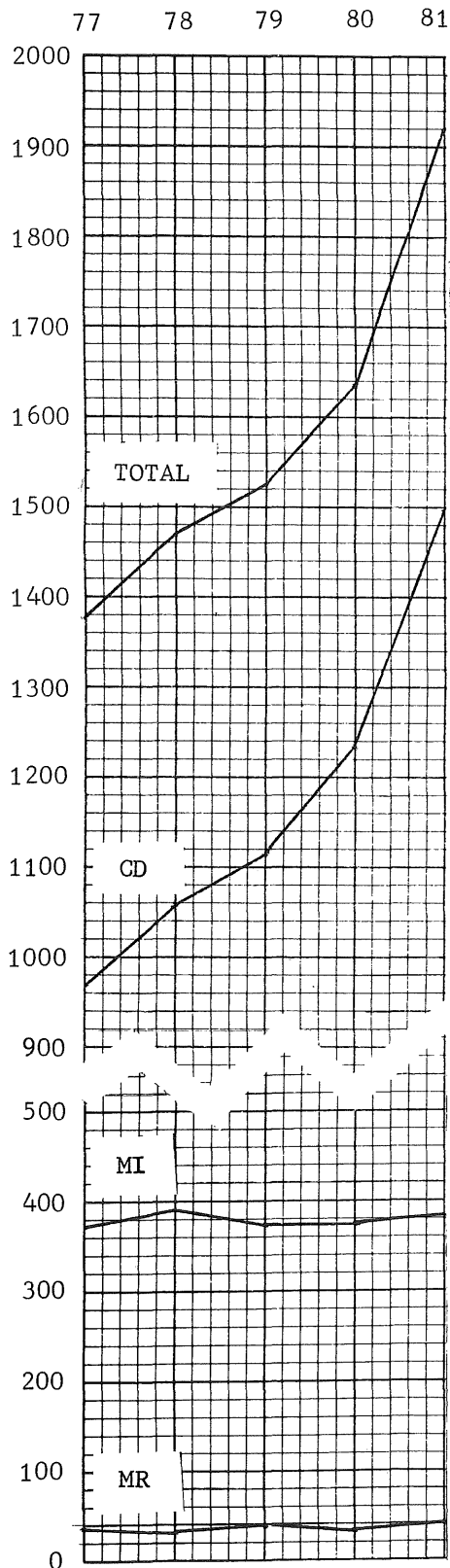
health centers and other community facilities and programs, all of which have been of great positive assistance to us in the past year. I trust we will continue to be responsive to the needs of the citizens of these seventeen counties that we serve at this regional community facility.

A handwritten signature in dark ink, appearing to read "R. Hoffmann", with a stylized, flowing script.

Robert F. Hoffmann
Chief Executive Officer

NUMBER OF ADMISSIONS

1977-1981



Resident Population on 12-31-81 by County and Disability Group

County	CD	MI	MR	Total
Becker	14	10	15	39
Clay	23	12	25	60
Douglas	5	7	20	32
Grant	2	1	6	9
Otter Tail	28	31	48	107
Pope	1	3	8	12
Stevens	3	1	8	12
Traverse	1	1	4	6
Wilkin	5	4	12	21
Sub Total	82 (45%)	70 (66%)	146 (57%)	298 (55%)
Kittson	3	3	12	18
Mahnomen	2	1	6	9
Marshall	4	4	11	19
Norman	1	4	10	15
Pennington	1	3	7	11
Polk	11	9	31	51
Red Lake	2	1	13	16
Roseau	4	1	16	21
Sub Total	28 (15%)	26 (25%)	106 (42%)	160 (30%)
Non-resident	71	10	3	84
TOTAL	181	106	255	542
Out on Visit	1	17	16	34

Number of Admissions

Admissions in 1981 (1919) increased by 17.3% over 1980 (1636), and are continuing the trend that began in 1974, when admissions totaled 831.

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

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

	C.D.		M.I.		M.R.	C.D.							M.I.					M.R.									
	Number	Rate per 10,000	Number	Rate per 10,000	Number	Voluntary	Committed	H.O.	Emerg.	Trans.	Vol-Detox	Emer-Detox	Total	Informal	Commit.	H.O.	Emerg.	Ret.P.D.	Trans.	Total	Informal	Commit.	H.O.	Emerg.	Par.Rel.	Trans.	Total
Becker	153	52.3	47	16.1	5	107	2	21	14		8	1	153	28		11	8			47	1	2			2		5
Clay	240	48.7	44	8.9	7	217	1	5	3		8	6	240	22	4	11	7			44			1		6		7
Douglas	82	29.4	44	15.8		73	1		5		1	2	82	26	1	3	14			44							
Grant	26	36.2	8	11.1	1	18	1	1	3		1	2	26	4	1	1	2			8	1						1
Otter Tail	333	64.2	105	20.2	9	218		11	39		32	33	333	64	1	6	34			105	1			1	7		9
Pope	31	26.7	10	8.6	1	28			1		1	1	31	7		1	2			10	1						1
Stevens	37	32.7	9	8.0		30		7					37	4		1	4			9							
Traverse	13	23.5	5	9.0		10		2			1		13	3			2			5							
Wilkin	38	45.0	9	10.7	1	28			3			7	38	7			2			9					1		1
Sub Total	953(63.7%)		281 (73.4%)		24	729	5	47	68		52	52	953	165	7	34	75			281	4	2	1	1	16		24
Kittson	9	13.5	2	3.0	2	9							9	1	1					2	1			1			2
Mahnomen	30	54.2	22	39.7	1	29		1					30	11		3	8			22			1				1
Marshall	12	9.2	4	3.1	4	12							12	3	1					4	1				3		4
Norman	9	10.0	9	10.0		5	3		1				9	4	1		4			9							
Pennington	48	31.5	5	3.3		45	2		1				48	4	1					5							
Polk	49	15.0	15	4.6	2	45	3		1				49	11	2	1	1			15					2		2
Red Lake	6	11.0	2	3.7	3	4	1		1				6	2						2					3		3
Roseau	20	15.9	10	8.0	1	19	1						20	6	3		1			10	1						1
Sub Total	183(12.2%)		69 (18.0%)		15	168	10	1	4		0	0	183	42	9	4	14			69	3		1	1	8		13
Non-Resident	360(24.1%)		33 (8.6%)		3	302	16	2	9	2	13	16	360	10	7	2	14			33					1	2	3
TOTAL	1496		383		40	1199	31	50	81	2	65	68	1496	217	23	40	103			383	7	2	2	2	25	2	40

FERGUS FALLS STATE HOSPITAL

ANNUAL REPORT - OPERATING BUDGET

FISCAL YEAR ENDED JUNE 30, 1981

ACCOUNT:

EXPENDITURES:

PER CAPITA COSTS:

CURRENT EXPENSE:

Food \$ 495,074
 Fuel 283,887
 Utilities 132,876
 Drugs 114,505
 All Other 207,228

\$ 1,233,570 ÷ 365 days = \$ 3,379.64 ÷ 550 residents = \$ 6.15

SALARIES:

General Support \$ 2,884,237 (÷ 365 days = \$ 7,902.02 ÷ 550 " = \$14.37)
 Mentally Ill 2,106,579 (" " = 5,771.45 ÷ 125.36 " = 46.04)
 Chemically Depend. 1,453,025 (" " = 3,980.89 ÷ 156.79 " = 25.39)
 Mentally Retarded 4,537,979 (" " = 12,432.82 ÷ 268.13 " = 46.37)
\$10,981,820 ÷ 365 days = \$30,087.18 ÷ 550 residents = \$54.70

Workman/Unempl
 Comp.

\$ 22,272 ÷ 365 days = \$ 61.02 ÷ 550 residents = \$.11

Resident Pay
 Consultants
 Students

\$ 156,996
 77,205
 —0—

\$ 234,201 ÷ 365 days = \$ 641.65 ÷ 550 residents = \$ 1.17

REPAIRS &

REPLACEMENTS

\$ 80,004 ÷ 365 days = \$ 219.19 ÷ 550 residents = \$.40

SPECIAL

EQUIPMENT

\$ 5,600 ÷ 365 days = \$ 15.34 ÷ 550 residents = \$.03

TOTAL EXPENDITURES \$12,557,467

Average Resident Population - 550 (MI - 125.36; CD - 156.79; MR - 268.13)

Average Cost per Resident Day:

\$12,557,467 ÷ 365 days = \$34,404.02 ÷ 550 residents = \$62.55

MI - \$68.27

CD - 47.62

MR - 68.60

Collections by Reimbursement Office - Fiscal Year 1981:

<u>SOURCE:</u>	<u>MI</u>	<u>CD</u>	<u>MR</u>	<u>TOTALS</u>
Medical Assistance	\$1,326,341	\$ 587,373	\$6,962,743	\$ 8,876,457
Insurance	149,414	790,060	8,272	947,746
Medicare	151,937	94,843	2,341	249,121
Other	260,071	131,919	281,514	673,504
TOTALS	<u>\$1,887,763</u>	<u>\$1,604,195</u>	<u>\$7,254,870</u>	<u>\$10,746,828</u>

Report prepared 9-23-81

BUSINESS OFFICE: The business office has the responsibility of securing supplies, equipment and services necessary for the operation of the facility within available financial resources. With the advent of the State of Minnesota's revenue shortfalls and the effects of inflation, all State of Minnesota agencies and departments have felt the impact of limited funds and State imposed spending restrictions.

A new area is in the process of being remodeled for the Mechanical Stockroom's maintenance supply inventories. Electrical and plumbing inventories will also be consolidated into this new area and it is hoped that this will provide for better management of the maintenance supply inventories.

In the near future this facility hopes to purchase a computer system to handle our residents' bank accounts, provide salary account projections, dietary department records and many other much needed data processing functions.

Linda A. Wright

GENERAL SUPPORT - ANNUAL REPORT 1981

The General Support division of this facility has continued to provide the staff and supportive services to facilitate our treatment programs throughout this past year. A few of the highlights that might be mentioned follow.

The Personnel Department has continued to wrestle with two major problems - that of an ever increasing and confusing list of contracts that are being negotiated by the State of Minnesota late in the fiscal year and enough different so that it causes an ever increasing load of paper and documentation work. The Personnel Department also has wrestled this year with an attempt to provide salary projections from an account that is, due to the salary negotiation of the various contracts, the strike occurring this past year, and the lack of hard figures, an almost impossible job. On the other hand, we have continued to keep our rosters filled as best we can with only a few vacancies in our General Support division to help balance the personnel account. The normal transactions of filling replacement positions and taking care of the details of retirement and resignations have kept this department busy..

Our Business Office has maintained a balance on a decreasing budget and an attempt to tighten the belt and buy only essentials and live within a decreased budget during high inflation years - another monumental task.

Plant Operations has dealt with remodeling of the Drug Dependency Center Primary building, adding an elevator which is, at the time of this writing, nearing completion. This elevator will provide an entry that meets all handicap codes and there will be some other remodeling in the building to update the access to handicapped persons. In addition to that, the Life Safety remodeling money has gone a long way toward getting the Main Building, and a few other areas, up to Life Safety standards, particularly in those areas housing mentally retarded. The installation of vent dampers, a new stairway at the end of the north east building, replacement of many fire doors and other such things, will make our ability to meet Life Safety standards much easier. Another project shepherded by the Plant maintenance departments is the remodeling or replacing of roofs on the Kirkbride building throughout the Main Administration and north east areas, as well as some other roofs throughout the campus. The energy retrofit project is now completed and we have already noticed considerable decrease in the output of heat due to insulation, improvement of window areas, temper detection devices and so forth throughout the entire facility. We have managed to provide more adequate lighting throughout almost every tunnel area in the facility and have participated in bringing some areas up-to-date for Life Safety in terms of closing transems, building fire retention walls, etc.

Our very excellent Housekeeping Department which gets compliments throughout almost every survey of this facility, has continued its good work in spite of the expansion of areas to be cleaned and increasing pressure for staff time.

The Dietary Department has made some major changes in terms of staff hours and staff utilization and continues to prepare 600 to 650 meals on an average three times a day throughout the year. They have received some excellent publicity in the local newspaper, have managed

General Support - Annual Report 1981 - cont'd

to provide space for storage of the United States Government Cheese Project and is, at this time, expecting the installation of a new dishwasher in a new dishwashing area. It is our intention to dress up the diningroom so that it is more homelike and, certainly, less noisy during meal time.

Our Medical Records, Clerical Support and Communications division has shown some decrease in staffing this year which has kept this whole service somewhat under pressure, but still somehow holding its head above water during the entire year.

Our Chaplaincy Department has maintained a training program again this year with considerable success and in other ways, gone about its business of meeting the spiritual needs of our residents per the residents' choices on a week-by-week basis. In addition, the Chaplaincy Department has provided a considerable number of lectures, fifth step processes, clergy assessments, etc. throughout the year.

It is our hope that during this next year our garbage disposal unit plans can be completed. At the present time, they are held, again, by what seems like an interminable succession of contract reviews by various agencies of the state government. The City of Fergus Falls continues its very active and positive interest in this project and we have received nothing but excellent comments from both our sister agencies throughout the State of Minnesota and other agencies that are interested in what we get done in this direction. The Administration of this facility feels strongly that it is a leadership position to take and will provide long range and lasting benefits to the citizens of this area.

It is also our hope, this year, that we can finally get caught up with the 20th century and get at least some beginnings of computerization during 1982. We have suggested some methods of financing the purchase of a computer and the obtaining of various programs to make that computer useful for the day-to-day work of this facility. The need for documentation and increasing complexity of every facet of administering a facility of this size has increased our need for and, consequently, our efforts toward obtaining computerization as quickly as we possibly can.

A handwritten signature in cursive script, reading "John Bloom". The signature is written in dark ink and is positioned in the lower right quadrant of the page.

1981 ANNUAL PERSONNEL REPORT

	1980		1981	
	<u>HOURS</u>	<u>FTE</u>	<u>HOURS</u>	<u>FTE</u>
Average Authorized Full Time Equivalent (FTE)		577.9		583.9
Actual Hours Worked	1,118,160	535.5	1,090,360	522.2
Vacation Leave Used	66,972	32.1	70,253	33.6
Sick Leave Used	40,750	19.5	36,332	17.4
Comp. Time Used	3,617	1.7	4,789	2.3
Alternate Holiday Used	4,737	2.3	6,625	3.2
Total Hours Paid	1,234,236	591.1	1,208,358	578.7
	<u>HOURS</u>	<u>DAYS</u>	<u>HOURS</u>	<u>DAYS</u>
Vacation Leave Used/FTE	113	14.1	121	15.1
Sick Leave Used/FTE	69	8.6	63	7.9

Student Live-In Program

	<u>Students</u>	<u>Hours Worked</u>
Fall Quarter	26	2496
Winter Quarter	18	2808
Spring Quarter	26	2600
Summer Quarter	12	1800
Total Hours Worked		9704

Number of hours required in 1981 = 10 hours per week

Number of hours required in 1980 = 15 hours per week

Employee Injuries Reported

Minor Injuries	172
Major Injuries/Workers' Comp. Claims	44
Total Injuries Reported	216

Cont'd

Turnover Chart


<u>Classification</u>	<u>Ave. # Emps.</u>	<u># Hired</u>	<u># Separated</u>	<u>Turnover Rate</u>
Behavior Analyst	13	1	1	7.7%
C.D. Counselor	21	11	5	23.8%
Clerical	28	3	3	10.7%
Dietary	42	5	7	16.7%
Housekeeping	27.5	1	3	10.9%
Human Services	211	33	24	11.4%
Human Services Temp				
Laundry	7	0	0	-
LPN	67	9	9	13.4%
Psychologist	8.5	0	1	11.7%
RN's	41.5	3	4	9.6%
Rehab Therapist	14	0	0	-
Social Workers	13.5	1	0	-
Special Teachers	18.5	4	3	16.2%
Tradesman	16	2	2	12.5%
All Others	95	2	4	4.2%
TOTAL	623.5	75	66	10.6%

Total Number of Promotions during 1981 was 59

Testing Information

<u>Classification</u>	<u># Tested</u>	<u># Pass</u>	<u># Fail</u>
RN (E & T)	8	8	0
LPN (E & T)	15	15	0
HST (Written & Oral)	85	80	5
C.D. Counselor	15	10	5
Clerical (Performance)	4	0*	0*

* Results not known



Personnel Director

STAFF DEVELOPMENT ANNUAL REPORT - 1981

Pre-employment Human Services Technician Training (HST) a cooperative program with the Fergus Falls Community College.

Persons entered into HST Training	54
Persons failed to complete	8
HST's employed Jan. 1981 - Dec. 1981	24

A goal in 1981 was to improve the overall quality of the HST candidates. The rate of successful completion was around 70% (before remediation and special assignments) during 1980. In 1981 the successful completion rate was 85%. This change I feel was the result of local advertising to interest a bigger and broader group of candidates and possibly some reflection on the availability of jobs.

Areas of emphasis in 1981:

1. The use of independent instruction classes and instructor assisted program modules. In 1981 the following were in use:

M.R. I and II	Overview of Disability Groups
Leadworker	Infection Control
Sign Language	Human Development
2. To increase training to the Dietary and Service Staff. A schedule of training has been established for the Dietary Staff to meet once per month for training in Safety, Food Service, Infection Control, Related Dietary Skills, Supervision, Stress, Housekeeping, etc.
3. To provide additional instructors and more class offerings in the following classes.

Basic Rescuer - C.P.R.	Therapeutic Intervention
Personal Effectiveness Training	Crisis Intervention for the Chemically Involved

The total on-campus training increased during 1981. This may have been due to the reduction in travel to off-campus types of training. During 1981, I emphasized using professionals with practical experience as instructors of the on-campus training. Fifty different individuals were involved as staff training instructors during the year.



Neil M. Herman
Fergus Falls State Hospital
Staff Development Coordinator

NMH:ch

THE ADVOCATE'S OFFICE

ANNUAL REPORT - 1981

Historical Perspective:

The office of the advocate was established at Fergus Falls State Hospital on Aug. 1, 1972. Actually, it had been established on a part-time basis in May of the same year and thus, became the first advocacy function and full time advocacy function in the state hospital system. The advocate's office was established to handle individual cases in the hospital and system-wide and serves residents of the three disability groups, namely, the mentally ill, the mentally retarded, and the chemically dependent for the seventeen (17) counties in the catchment area served by the facility. Indeed, with the expansion of the chemical dependency program, the function has for all practical purposes become state-wide.

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 remains accountable to the Chief Executive Officer only and is seen as to have an adversary relationship to the facility. Not only can the office represent residents' complaints brought to the facility, 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 and to review circumstances surrounding admissions.

Since the inception of the function, the advocate's office has been involved in 9880 individual cases.

1981

During the reporting period, the advocate's office was involved in 1630 cases. This is, incidentally, a new record for the function. This means that the advocate's office averaged 133 cases per month. The number of cases handled per month is as follows:

January	126	July	140
February	114	August	143
March	137	September	140
April	145	October	125
May	131	November	130
June	147	December	131

Cont'd

It should be noted that an additional 22 cases involved staff or community consultations.

As usual, the programs serving the chemically dependent were the most significant users of the services offered by the advocate's office. 1056 (64.8%) came from this service and this was followed by the programs serving the mentally ill, which accounted for 403 cases (24.7%) and the services for the mentally retarded followed with 114 cases (10.7%). Two percent of the cases came from former residents or relatives of residents.

The advocate's office has always attempted to maintain a posture that is immediately responsive to the needs of the consumer and, in fact, 74% of all cases for the year were closed within 24 hours. The average length of time that a case is open is 1.99 days and, in addition, the advocacy function has maintained its standard of 95% in the contact of newly admitted residents. The advocacy function also completed two Consumer Questionnaires during the year and the results would indicate a high degree of satisfaction by the consumer-respondents.

Grievance Procedure:


The Grievance Procedure was established and mandated under the Minnesota Statute 144.651 in 1977. 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 clients. This mechanism has been completely coordinated through the advocate's office and it would appear that the procedure has been significantly utilized by consumers of services offered by Fergus Falls State Hospital.

A total of 405 complaints were filed under the Grievance Procedure. This means that 24.8% of all cases fell under categories established by the Minnesota Department of Health and the average number of cases per month was 33.7. Incidentally, it would appear that the number of complaints directly affecting the institution vary between 27 and 35 a month so there is no significant increase from previous years. Most of these complaints were resolved at the lower levels of the facility, though approximately one dozen came to the attention of the Chief Executive Officer for resolution. It is the feeling of the advocate's office that this speaks well for the units, the services, and the hospital generally. Complaints coming to the attention of the Chief Executive Officer are, invariably, handled within 48 hours.

In addition to the above mechanism, the Fergus Falls State Hospital Review Board met on five occasions and 44 residents utilized this vehicle to bring their complaints and concerns to the attention of the facility and to the Department of Public Welfare. In addition, the Review Board is now reviewing forced medications as mandated by a departmental policy. The Review Board continues to be coordinated by the advocate's office.

Miscellaneous Activities:

The advocate's office continues to be involved with the Resident Abuse Committee and the Human Rights Committee of the facility. The function continues to be utilized as an internship placement for various colleges and universities. The Sr. Advocate completed service on the Rules and Procedures Committee for Commitments of the Minnesota Supreme Court in 1981.


Bill Johnson
Advocate


Mary Olympia
Advocate

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CHAPLAINCY SERVICES ANNUAL REPORT - 1981

Chaplain Jim Tonneson continues to serve as the Protestant chaplain for the entire hospital. He also serves as the head of the Chaplaincy Department. Father Kenneth Brenny serves at the hospital on a half time basis. He is responsible for the Roman Catholic residents and patients throughout the hospital. Father Brenny also serves as pastor of St. Elizabeth in Elizabeth, Mn.

Chaplain Jim Tonneson and Father Kenneth Brenny have continued to carry the primary responsibility for providing weekly worship services for residents and patients here at the State Hospital. Father Brenny's Saturday evening mass at 6:30 continues to be very popular. There is usually a good representation of patients and residents as well as people from the community who share in this meaningful worship experience.

Chaplain Jim Tonneson continues to coordinate Protestant services which are held on Sunday mornings at 8:45 for the general population of the hospital. Communion services are offered twice a month at this service. There is also a second service on Sunday morning at 9:45 for residents from the SRRC units. Simple Bible lessons and singing are a major part of this service. Protestant services during the summer months are led by CPE students who are here for their training experience.

Since Chaplain Tonneson and Father Brenny are part of Central Services, there is an attempt made by them to provide for the needs in all three disability areas of the hospital. DDRC has the most clearly defined needs for chaplaincy services so there are continuing requests for more services from that unit. On the Mental Health Division, chaplaincy services are in the developing stages as both staff and patients become more aware of what possible ways there are to use chaplaincy services. Chaplain Tonneson and Father Brenny continue to rely heavily on staff referrals for those who have specific needs for a chaplain.

In 1979 there was confirmation offered to residents on the State Regional Residential Center. That program will again be offered this year or next depending on the availability of instructors for this special program. Father Brenny and Chaplain Tonneson have begun taking names of residents who could benefit from this special experience.

The deficiency that was identified a year ago was the lack of any religious education classes during 1980. Budget cuts have continued to prevent any further movement in that area in 1981 as well. Without the services of a religious development coordinator and the volunteer workers that they are able to supervise, there is a deficiency in learning opportunities for those residents on the SRRC units.

On DDRC Chaplain Ralph Pedersen continues to coordinate the work of chaplaincy services and serves as chaplain on Jellinek. Chaplain Catherine McDonald serves on a full time basis, dividing her time between LIV and Freeway. There are also four other part time clergy who serve on various units on DDRC. Those chaplains are Vervle Henriksen, Leonard Dale, Father Bob Schmainda, and Howard Buenting.

This past summer five Clinical Pastoral Education students took a basic 11-week unit of training under the supervision of Chaplain Tonneson who is an Acting CPE Supervisor. Two of the students were on DDRC, two students were on the Mental Health Division, and one was on CTAC. The students found their learning experience here very valuable and the program of Clinical Pastoral Education continues to develop and become more clearly defined as a part of the hospital's ministry.

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In addition to Clinical Pastoral Education, there have been other educational opportunities offered to area clergy. Another clergy seminar was offered to clergy from Wilkin and Becker Counties. Chaplain Ralph Pedersen has also offered seminars on pastoral counseling to the chemically dependent family.

The chaplains on the staff continue to be fine representatives of our hospital to the community. Several chaplains have been involved in outside speaking engagements. They also have regular contact with clergy and residents in the area at various denominational meetings.

Chaplain John Bonneson

STATE REGIONAL RESIDENTIAL CENTER ANNUAL REPORT 1981

The State Regional Residential Center began the calendar year 1981 with a population of 272 and ended the calendar year with a population of 271 residents. During the course of the year, our population fluctuated from a low of 265 to a high of 278. There were 42 admissions and 43 discharges during the calendar year. The majority of admissions and discharges were Respite Care.

In 1981, further refinements were made in the Interdisciplinary Team Programming Process utilized at the SRRC. The timeliness by which the Team became involved in the Individual Program Plan was significantly increased and also the Team's role was expanded to include the development and finalization of the Individual Program Plan. Implementation of these changes were scheduled to begin January of 1982.

The Minnesota Developmental Programming System is no longer mandated due to its expense. As an alternative assessment, we have adopted the West Virginia Assessment and Tracking System and for most of the multiply handicapped the Wisconsin Behavior Rating Scale. This in turn has enabled us to implement an annual summary record for the Individual Program Plan. We implemented a behavior modification review and documentation system in compliance with Welsch v. Noot. The Interdisciplinary Team is now choosing one or more of its members to monitor progress of the resident in his developmental program and make a monthly documentation. During the latter part of 1981, we were surveyed by the Accreditation Council for Services for Mentally Retarded and Other Developmentally Disabled Persons (AC-MRDD) and expect to receive the results of this survey early in 1982.

We have been patiently awaiting the remodeling of the Geriatric Men's building so that the entire AAC could move to this facility. The plan would be to move mentally ill residents from the second and third floors, west side of the main building, to the vacant facilities on the east side, thus permitting our Adult School, Occupational Therapy, Physical Therapy, Audiology and Speech Therapy to occupy second and third floors, west side. Early in 1982 we are, as a temporary measure, moving a part of AAC from LWC to the GM building. Therefore, two of the five AAC units and all of CTAC will receive adult education in the GM building. The vacant area on LWC will be the Adult School for the multiply handicapped. Although this move is a temporary measure pending remodeling, it should go along way in reducing the problem of transportation. Four of AAC residential units and the adults of YAC will continue to receive their developmental programs on the fourth floor, east side. It is our hope that the current Legislative session will permit the needed remodeling of GM to continue.

The following activities, listed chronologically, rather than in order of prominence, occurred on the Community Training Achievement Center, CTAC, during the 1981 calendar year: King and Queen of Hearts contest, coronation and dance, Spring Carnival, Residents' Appreciation Day (pig roast), summer camp (over 50% attendance), pontooning on West Lost Lake, county fair, Shrine circus, Dalton Threshing Festival, Special Olympics (regional and state), second annual Christmas pheasant feed, Christmas home visits (over 50% went one day or more), and residents' birthday recognition (by a local community church).

During 1982, the staff at CTAC, will attempt to improve and increase these resident oriented special events.

The Achievement Center for the Physically Handicapped, ACPH, has now become Achievement Center for the Multiply Handicapped, ACMH. This title more appropriately

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describes the non-ambulatory, the non-verbal, the visual and hearing impaired, the mild to profound mentally retarded and the seizure afflicted along with those who have chronic medical problems.

Through structured programming, a concerted effort is being made to prepare each resident to become as self-sufficient as possible, despite handicapping conditions, and when possible, to diminish or relieve those handicaps. Emphasis is also placed on providing for happiness in a life that approximates, as closely as possible, that enjoyed by other individuals.

Burlington Northern Christmas for Kids Fund donated \$625.00 to ACMH. The money will be used to purchase a 20 gallon aquarium, a tricycle, and a twin single water bed. Another gift was a queen size water bed given by the Harley Davidson Riders of Fergus Falls.

By means of Inter-center transfers or discharges, ACMH has reduced its residential population to 54. This decrease in the number of residents has allowed the center to comply with standards of four or less in a room, contributing to a more home like environment.

The environment was expanded for three of our young residents who since fall have been transported downtown to Adams Elementary School. Here they are a part of a classroom of eight where they have a grand day with their peers from the community. Another one of these three have become quite skilled in semi-independent ambulation.

ACMH is enjoying the reduced number of residents, and is looking forward to February 1982, when they will realize a dream and goal - that of transporting just next door (LWC) to the Adult School for the Multiply Handicapped. This will enable the residents and staff to experience less hassle in transporting, with a greater opportunity timewise, to realize further potential and maximized programming in overall care.

The Adult Achievement Center, AAC, completed and distributed a survey of Region I and IV regarding relatives' attitudes towards identified elements of a health care continuum. In general, those surveyed were quite satisfied with the care being given and the degree of development their relative was receiving. They were not anxious to see the relative move to any other state facility and movement to a community alternative would be approved only if they could be assured that the needs of their relative would be met with an appropriate developmental program. Should the reader wish further details on this survey, copies are available.

The Youth Achievement Center, YAC, continued maintenance and improvement of units with floor covering, carpeting, painting and wall dressing. The initial movement of YAC from a youth oriented center to a center serving adults, youth and a growing percentage of multihandicapped individuals was accomplished. The Public School Individual Education Plan has been included in the residents' Individual Program Plan file.

It is anticipated that in 1982 about one-half of the Youth Achievement Center will be individuals 25 years of age and older. Therefore, the center will soon be one-half youth and one-half young adults.

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The Psychology Department completed routine psychological testing to maintain the standard of updating individual testing each two years for residents attending public school and each three years for all other residents. Also, testing was completed for all new admissions and upon request, for persons being discharged. Psychological testing routinely involved testing to measure intelligence and adaptive functioning in areas of social abilities and self-care skills. In individual cases, persons were tested for academic abilities, perceptual motor abilities and sensory motor integration. Psychological reports were written for all persons tested which totalled 177 residents.

Long term individual psychotherapeutic counseling was provided to 21 residents of SRRC in 1981. Counseling was offered in order to deal with persons needing attention due to psychotic and neurotic conditions, maladaptive behaviors and/or deficits in social interaction skills. In addition to long term counseling provided to selected residents, short term therapy was provided to residents experiencing special situational difficulties as requested.

A group therapy program was conducted on a weekly basis throughout the year. The group was designed to aid persons in decreasing maladaptive behaviors and to help the development of social interaction skills. Also, the group aided persons in considering community alternatives, exploring the range of alternatives and adjusting to community placement. A total of 26 residents took part in the group therapy sessions during the year.

The Psychology Department attended all I.C.P. and Pre-Admission Meetings during 1981. The department also attended I.T.R. and Core Meetings when psychological services had been provided during the year or when it was assessed that there might be a need for psychological services concerning the individual resident.

The diagnosis of each SRRC resident was reviewed during 1981 and where it was thought that the diagnosis was inappropriate or vague, a recommendation was sent to the medical staff for a change of diagnosis.

In 1982, the Psychology Department will:

Test all new admissions within 30 days of admission, test residents attending public school within two years of their last evaluation and test all other SRRC residents within three years of their last evaluation.

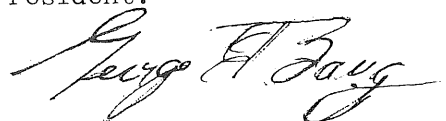
Individually assess each SRRC resident to determine appropriateness for either individual or group therapy and to provide that service where identified.

Promote, through Staff Development, an understanding of the functional level of residents, understanding the nature of various M.R. syndromes and an understanding of how to communicate with and teach or care for residents at various levels.

Develop more comprehensive techniques for evaluating the intellectual level of physically handicapped residents.

Continue the policy established last year of reviewing all SRRC diagnosis for appropriateness and recommend change of diagnosis.

Participate in the Behavior Management Committees on the four centers and provide the committees with psychological information that may be useful to the committee in developing behavior programs for the residents or determining the need for pharmacological changes for the resident.



MENTAL HEALTH DIVISION
Annual Report
1981

We will probably look back on 1981 with a measure of great pride and satisfaction for the MENTAL HEALTH DIVISION. Early in the year we moved out of The Cottage and into areas on the third floor, West wing of the main building, and into one wing of the geriatric (GM) building. By so doing we accomplished a goal that we had sought to reach for several years. The Cottage was poorly suited for treatment of the mentally ill. Our new areas gave us the opportunity to create three smaller program areas from the one large, cumbersome, nearly unmanageable space that we vacated. The new programs consisted of a semi-independent program (PORT), a heavily programmed mid-term treatment area (Hursh) and a new intensive treatment program that separated the assaultive and manic resident into a ten bed protection area (Vail).

The result of this re-organization into more homogeneous groupings, removed the trauma of the assaultive resident from other treatment areas and provided treatment units to get down to the main business of treatment. Of course, this was done at high cost in staff investment for the small Vail protection unit. Nevertheless, the investment has paid off. Since we were able to concentrate on our main mission of treatment rather than being side-tracked into keeping order we were able to reduce the average length of stay through the year. This has meant that our census has steadily decreased. In January we had an average of 130 residents; by December that had been reduced to 110. Our average for the entire year was 120.

In addition to the reorganization that provided us with desirable results, we also have had an increase in programs offered. Among the new programs are PACT's new Family Care and Counseling Program. This is marked by an early identification of families in trouble which is communicated to the resident and family with an urge that they participate. As soon as there is an agreement secured from the necessary participants there is an intense follow up to assure that it happens. Vail's pre and post behavioral evaluations have contributed to more objective judgments concerning the behavior modification program used on that unit. Biofeedback programming has been increased by the Division. Even though we are limping along on borrowed equipment we have seen increased interest and use in Biofeedback. We finally have ready access to video taping for program use. We were fortunate to get a surplus camera, recorder and monitor which has been placed in use.

The most traumatic event this past year was, of course, the employee strike. Fortunately, we had adequate numbers of working people to meet all of the basic needs and more. During that period we closed PORT. Since the strike we have not re-opened that program because we have not had a sufficient number of clients to justify it.

Our outlook for the coming year is, indeed, bleak. At the time of this writing we have been informed that our MENTAL HEALTH DIVISION staff will be reduced by 22 positions. Further, that allocation was based on our census for September 1980, when we averaged 126 residents. As stated before, we now have 110. The projection is that there will be another staff allocation accounting in July of this year, 1982. Unless our average daily census increases by that time we can expect a further substantial decrease in staff. In light of these facts, we have terminated our internships with colleges and universities in music therapy, occupational therapy and recreational therapy. We have given up all hope of re-opening PORT, and we are no longer projecting the possibility for an adolescent program or a combined mental illness/chemical dependency treatment program. Obviously, the programs that we now have in existence will suffer somewhat. Nevertheless, we intend to keep our present six units operating and delivering services to the best of our ability. We are now in the act of re-assigning rehab and central staff to units to maintain the highest level of professional standards that we possibly can. We intend to remain accredited and licensed and we intend to meet the needs of the community we serve.

Dee S. Klaessy

DDRC ANNUAL REPORT

DDRC admitted 1512 clients during 1981. Admissions came from a total of 71 Minnesota counties.

Admission breakdown by Hospital Catchment Area:

Fergus Falls State Hospital	- Region #4	953
	Region #1	183
Anoka State Hospital		76
Brainerd State Hospital		106
St. Peter State Hospital	(Including Rochester area)	114
Willmar State Hospital		50

Licensure was granted from Department of Public Welfare and Dept. of Health. JCAH survey, which was scheduled for December of 1981, was postponed by the surveyors and will be held in March of 1982.

August 1, 1981 DDRC established a detoxification program to provide detox services for Otter Tail, Grant, and Wilkin Counties.

Admissions/Evaluation/Detox Unit:

Detox Unit is a part of the Admissions/Evaluation Unit and provides subacute detoxification services under medical supervision. Each person admitted for detox is seen by an Otter Tail County Counselor who evaluates and makes determination for future disposition, i.e., AA attendance; in-patient treatment; out-patient treatment; discharge; etc. Otter Tail County Dept. of Social Services hired two full-time staff (one R.N. and one L.P.N.) who work on the detox unit, along with the current DDRC staff.

The Admissions/Evaluation/Detox Unit was divided, with 6 beds provided for persons seeking in-patient treatment, and 13 beds for detox admissions and those requiring closer supervision. The decision to divide this unit was based on observation of the negative influence of the detox admission on the new patient entering treatment.

Oxygen and life-saving equipment have been installed. A Certified Chemical Dependency Practitioner has been added to the staff of the Admissions/Evaluation Unit, whose responsibility is to complete an intake assessment and placement evaluation for each individual, and to provide counseling and support to the patients on that unit.

Primary Units:

During 1981, 892 patients were admitted to the primary units, an increase of 122 from the previous year. Average length of stay has been reduced to 30 days on the male units, and 40 days on the women's unit, with units

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still running near capacity, and patients being admitted from counties throughout Minnesota. Staff employment has been stabilized through efforts of management to recruit good staff, better salaries, etc. Through these efforts skilled and effective treatment staff continue to provide quality treatment for each patient. Greater efforts to work with county social services agencies and other community resources to improve and provide better aftercare have been made. An elevator is being installed in the primary building which will provide access to treat the handicapped. Projected completion date is early 1982.

Hope Unit:

Hope Unit admitted 173 persons in 1981. Hope Unit has expanded to an additional unit (Hope Two) which gives this program a total of 60 beds. The Hope Two Unit is on the second floor of the Admissions Building. Even with this expansion, the program remains near capacity at all times. Additional staff have been hired to provide treatment on the new unit. The staff have received training to gain further knowledge in providing treatment for the chemically dependent person who has a secondary diagnosis in the area of emotional problems. Male and female sexuality groups are being provided on a weekly basis by the chemical dependency counselors, as additional programming.

Liv Unit:

Onehundred twenty-five (125) persons were admitted to Liv Unit in 1981. Liv Unit has gone through a period of reassessment and reorganization. Program changes include group therapy with small groups of 5-7 patients, dealing with specific areas of need two hours weekly; group therapy facilitated by Counselor other than focal therapist; lectures on the unit 2 times weekly by the counselors and the clergy; bi-weekly RN lectures on medical problems and how they affect the body and healthy alternatives to chemical usage. More individualized treatment planning, and more group experiences have been emphasized. A revised Liv program philosophy and treatment plan guideline have been developed.

Freeway Unit:

Early 1981 saw some significant change in the Freeway program design, most significant being the change from a 4-6 month stay to a 60-day average stay for completion of the treatment program, the goal being to provide good treatment to more individuals at 1/3 the cost. Staff employment has stabilized, thus

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providing a more stable environment and improved treatment for the patients. Improved aftercare support from the community is also an asset in providing shorter-term treatment. Freeway Unit has maintained near capacity much of the year and often has a waiting list. Clients were admitted from throughout Minnesota in 1981. There were 181 admissions and 177 discharges during 1981 (an increase from the previous year), with average daily census of 19. Of the 177 discharges 92 were discharges with medical approval; and 85 were discharged against staff approval. 128 of the 181 admissions were from DDRC's catchment area. Continuation of the NIDA grant was of great financial benefit to Freeway Unit in 1981.

Family Unit:

Family Unit served 751 individuals in 1981. 402 of the referrals were from significant others; 349 were outside referrals. Referrals came from 60 Minnesota counties and 7 states. Referral sources included: Social Services; Lakeland Mental Health Center; employees; DDRC staff; Women's Crisis Center; clergy; internships; halfway houses; and school systems. Carolyn Tonneson did a 10-week internship on Family Unit as part of her program at Moorhead State Univ.

Chaplaincy Department:

Chaplaincy services are provided for DDRC by two full-time chaplains; 4 part-time chaplains, and two central services chaplains. Focusing on the spiritual dimension of recovery, chaplains work with the treatment teams doing evaluations, counseling, 4th & 5th steps, spirituality groups and lectures. They have worked with the family program, counselor training program, and hospital worship services. The Clinical Pastoral Education program, supervised by Chaplain Tonneson, provided DDRC with two full-time chaplain students for 10 weeks during the summer of 1981. Chaplaincy outreach to the community included: seminars for area clergy; speaking to church & clergy groups; participation in alcoholism education at the Fergus Falls Community College; speaking at AA & Al-Anon meetings; a spirituality seminar for area treatment center.

Counselor Training Program:

One hundred fifty-eight (158) letters of interest were received, with 65 persons interviewed for the training program. A total of 36 were accepted in 1981. Currently, there are 18 enrolled in the program. Eighteen trainees graduated in 1981. Of the 73 persons who had graduated from the program,

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currently there are 58 (80%) working in the field, with 84.5% working in rural Minnesota. Maribeth Shriner joined the Counselor Training Program in July and Rob Mayer in August of 1981. The Training Program maintains its accreditation as an Institution of Higher Education by the Minnesota Higher Education Coordinating Board. Notification was received of a full five-year accreditation of Chemical Dependency Training Program Accreditors. Training staff provided 10 community presentations in 1981, for a total of 54 hours involved and 486 persons contacted.

Staff Participation:

DDRC staff continue to be involved in various professional organizations: Minnesota Chemical Dependency Association; Minnesota Association of Counselors on Alcoholism; Alano Corporation; Northwest Counselors Association Offices, etc. held by DDRC staff;

Floyd Hill, Vice-President of M.A.C.A.

John Peterson, President, Alano Corporation

John Whalen, Training Program Accreditors, President; Chemical Dependency Practitioner Credentialing Board

LaVern Thompson, Nancy Wasberg, Carol Hovland - Lake Region Halfway Homes, Inc. Board of Directors

Ginny Thom - Serenity Manor Halfway House Board of Directors

LaVern Thompson - Moorhead State University Family Summer School Advisory Board

Maribeth Shriner - Hazelden Ad hoc committee - Women's Out-Patient Program

Curt Ramberg - Chairman, State Hospital Program Directors for CD Units

The DDRC Advisory Board met three times in 1981. They continue to provide input and recommendations re: DDRC current programming; projected needs; etc. Hilding Hagen, Clay County Commissioner, has agreed to serve as a member of the Advisory Board in 1982.

