

ferqus falls state hospital

ANNUAL REPORT

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Fergus Falls State Hospital

ROBERT F. HOFFMANN
Chief Executive Officer

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ANNUAL REPORT - 1982

During the calendar year 1982, we admitted 1,982 persons to this facility. This includes 1,550 admissions to the Chemical Dependency Program, 406 to the Psychiatric Program and 26 to the Mental Retardation Program. This is an increase from the 1981 figures of 1,496 for Chemical Dependency, 383 for the Psychiatric Program, and a decrease from the 40 admissions to the Mental Retardation Program. Despite this increase in total admissions, we have been able to keep our average daily population at a relatively stable level, primarily due to program changes that have reduced the average length of stay on the Chemical Dependency and Psychiatric Units.

The present state of the economy not only places great stress on agencies trying to provide services to those in need, but it also increases the number of persons requiring services as more citizens fall victim to the stress of unemployment and insufficient income to maintain minimal existence for themselves and their family. Laws, rules, and regulations established in times of relative affluence have left counties and suppliers of services with increasingly impossible mandates when faced with the continuously declining dollar. We hear of increasing problems in providing detoxification services, Developmental Achievement Center programs, adequate follow-up and aftercare services, and maintenance of adequate community facilities. These are some of the problems facing all of us in the human services field and we must direct our attention in 1983 to how we can best meet the needs of those we serve with the funds that are available. The problems are complex and while the solutions may not be simple, we must address ourselves to the task of meeting the needs in the best way possible, of those citizens we serve.

One effort that has been instituted to provide service needs at decreased costs is a "2 X 4 Program" for selected chemically dependent persons. Under a cooperative agreement between Otter Tail and Clay counties and this facility, persons meeting established criteria will receive two weeks in-patient treatment including medical, psychological, and counselor assessments and then return to their own community for a specific four-week out-patient program provided by the county. The program will thus provide services at lower total cost and will permit selected clients to more rapidly return to a normal productive role in society.

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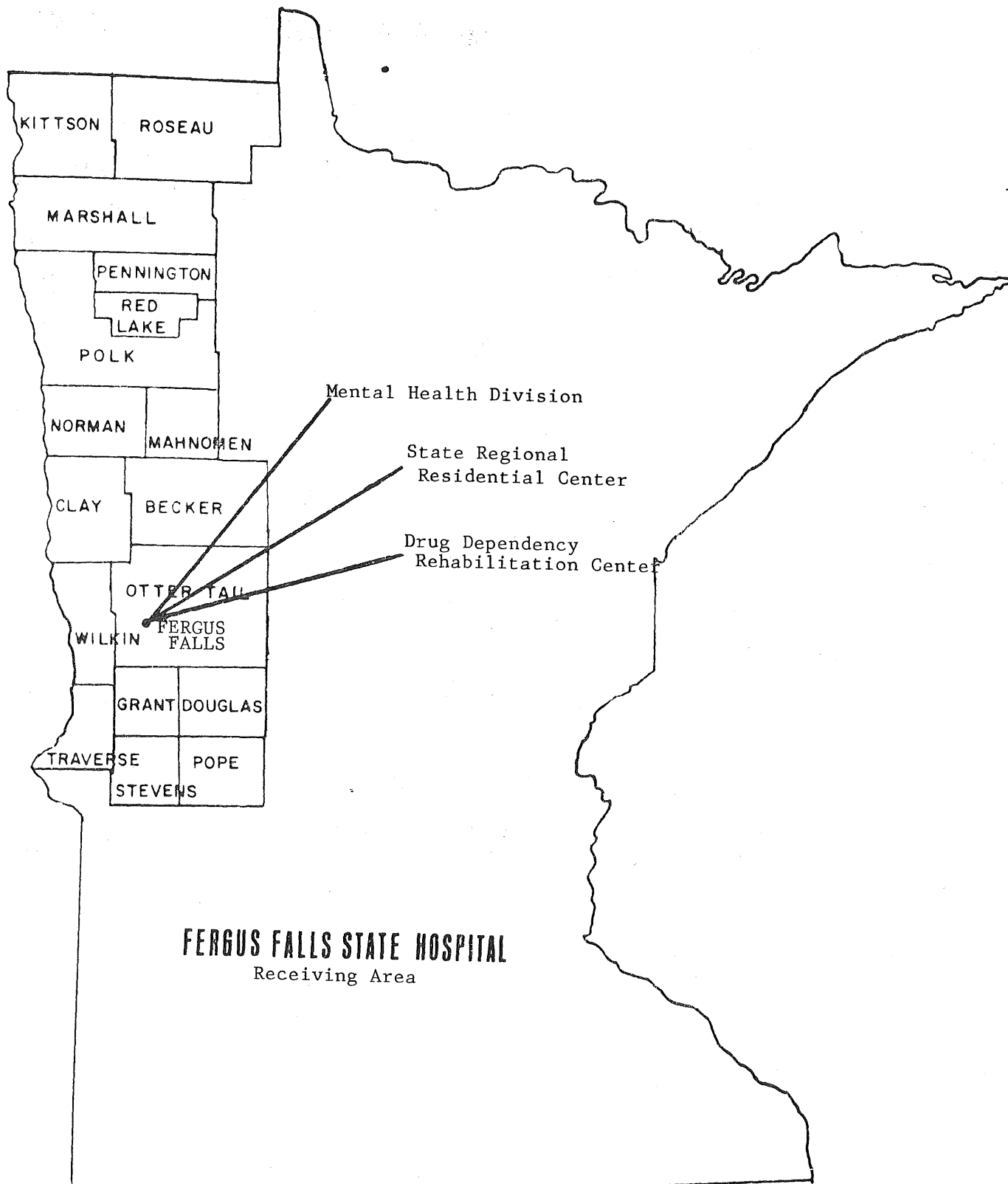
We have realized additional dollar savings per client unit of service by program refinements that have reduced the average length of treatment. Consequently, even though our admissions have increased on chemical dependency and psychiatric services, we have treated more people with the same number of staff.

Whenever a person is in need of treatment, someone must pay the cost wherever it is provided. Our costs seem to compare favorably with services offered elsewhere. For example, excluding capital amortization and Central Office costs, our per diem cost for chemically dependent is \$54.77 and for psychiatric is \$78.44. A survey of community facilities in this Region indicates per diems for chemically dependent of \$82 to \$109 and for psychiatric \$151 to \$182. All of these latter per diems have additional charges for ancillary services such as lab, x-ray, medical, medications, etc. This is not, of course, an apples and apples comparison because the type of client each of us serves, and level of services is not necessarily the same. Cost is, however, one of the considerations. We have long advocated support for the availability of a continuum of services with as much freedom of choice as possible for the client. Cost, type and quality of service, and proximity are the factors to be weighed in determining treatment resources to be utilized.

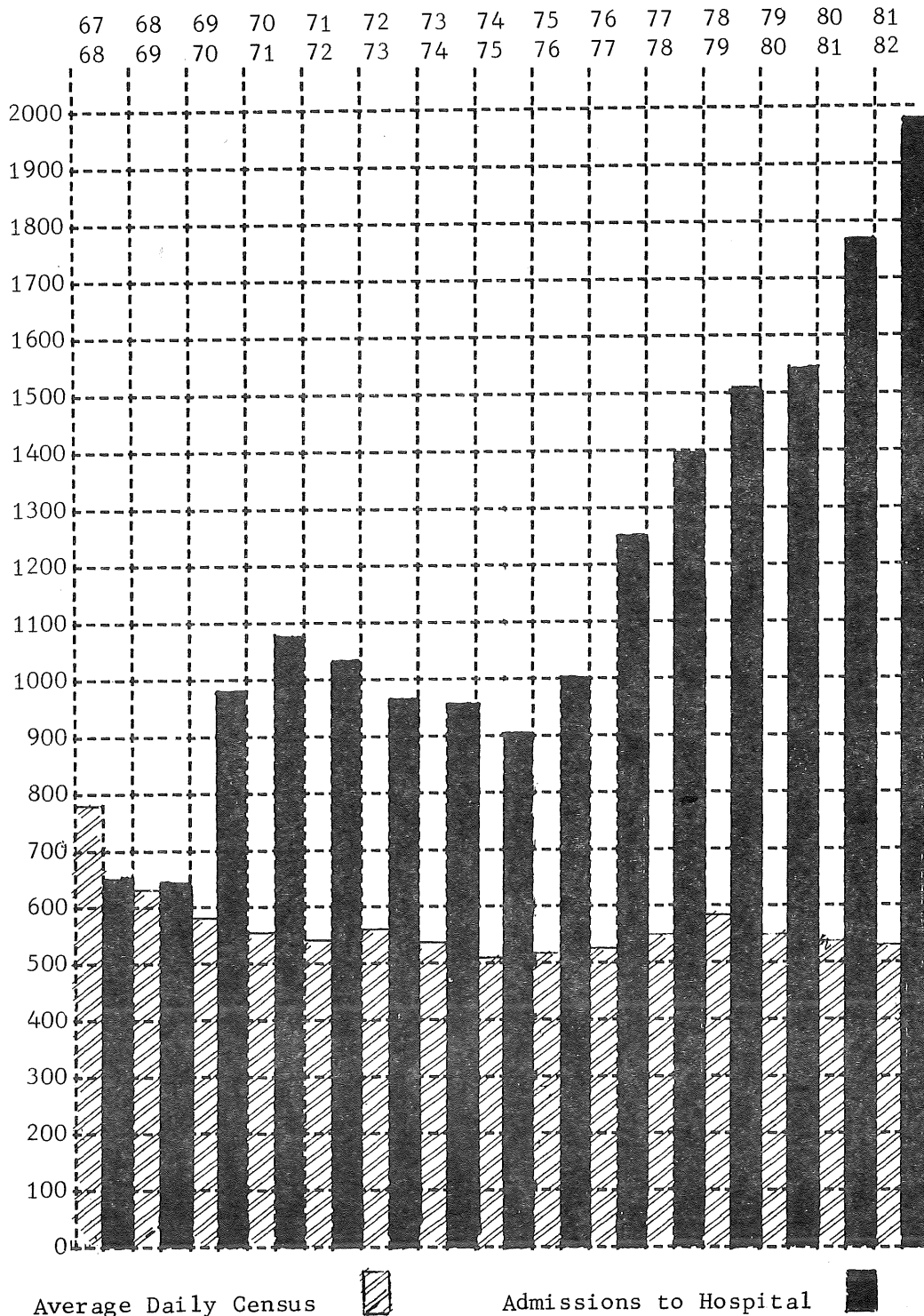
One final note: On page 3, our collections total \$11,017,746. This is 77.8% of our total expenditure of \$14,170,789. The various funding sources indicated would, of course, pay had the services been provided in a qualified community program based upon charges at that facility.



Robert F. Hoffmann
Chief Executive Officer
Fergus Falls State Hospital



Average Daily Census and Admissions to FFSH for Fiscal Years 1968-1982
(July 1 to June 30)



NOTE: MR Program started 11/27/68. CD Program started 10/1/69.

Admission by County of Residence, Disability Group, and Status
for Residents to Fergus Falls State Hospital
for Calendar Year 1982

	C.D.									M.I.							M.R.					
	Informal	Committed	H.O.	Emerg.	Trans.	Vol. Detox.	Emerg. Detox.	Total	Rate per 10,000	Informal	Committed	H.O.	Emerg.	Trans.	Total	Rate per 10,000	Informal	Committed	H.O.	Emerg.	Par. Rel.	Total
Becker	100	3	6	4		28	3	144	49.3	21	1	6	15	1	44	15.1	1	1		2	2	6
Clay	174		2			8	5	189	38.4	18		6	12		36	7.3					1	1
Douglas	50		1	5		9	4	69	24.7	22		1	13		36	12.9				1		1
Grant	15			1		2	8	26	36.2	3		2	2		7	9.8						
Otter Tail	120	2	12	14		100	146	394	75.9	50	1	6	32		89	17.2	1	1	1		4	7
Pope	19						1	20	17.2	6			2		8	6.9						
Stevens	13		1			2	4	20	17.7	6	1		2		9	8.0						
Traverse	15	1						16	28.9	3			3		6	10.8						
Wilkin	34					10	5	49	58.0	8					8	9.5				2		2
Sub Total	540	6	22	24		159	176	927	(59.8%)	137	3	21	81	1	243	(59.9%)	2	2	1	5	7	17
Kittson	5					1		6	9.0	5					5	7.5						
Mahnomen	21	2	2			2		27	48.8	9			3		12	21.7				1		1
Marshall	8	1						9	6.9	3	2				5	3.8				1	1	2
Norman	11	1				1		13	14.5	6		2	5		13	14.5						
Pennington	32					1		33	21.7	7	3	1		1	12	7.9						
Polk	42	7		1		4		54	16.5	23	7	5	3		38	11.6	1				1	2
Red Lake	7	1						8	14.6	3			1		4	7.3						
Roseau	32					3		35	27.9	6	3				9	7.2						
Sub Total	158	12	2	1		12		185	(11.9%)	62	15	8	12	1	98	(24.1%)	1			2	2	5
Non-Resident	383	7	1	3	4	23	17	438	(28.3%)	35	7	3	13	7	65	(16.0%)		1	1		2	4
TOTAL	1081	25	25	28	4	194	193	1550		234	25	32	106	9	406		3	3	2	7	11	26

FERGUS FALLS STATE HOSPITAL
ANNUAL REPORT - OPERATING BUDGET*
FISCAL YEAR ENDED JUNE 30, 1982

<u>ACCOUNT:</u>	<u>EXPENDITURES:</u>	<u>PER CAPITA COSTS:</u>
<u>CURRENT EXPENSE:</u>		
Food	\$ 505,228	
Fuel	366,295	
Utilities	145,010	
Drugs	142,703	
All Other	294,764	
	<u>\$ 1,454,000</u>	÷ 365 days = \$ 3,983.56 ÷ 546 residents = \$ 7.30

SALARIES:

General Support	\$ 3,152,385	(÷ 365 days = \$ 8,636.67 ÷ 546 residents = \$15.82)
Mentally Ill	2,176,218	(÷ " " = 5,962.24 ÷ 112 " = 53.23)
Chemically Depend.	1,791,016	(÷ " " = 4,906.89 ÷ 166 " = 29.56)
Mentally Retarded	5,179,509	(÷ " " = 14,190.44 ÷ 268 " = 52.95)
	<u>\$12,299,128</u>	÷ 365 days = \$33,696.24 ÷ 546 residents = \$61.71

Workman/Unempl. Comp.	\$ 46,920	÷ 365 days = \$ 128.55 ÷ 546 residents = \$.24
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Resident Pay	\$ 173,565	
Consultants	\$ 97,767	
	<u>\$ 271,332</u>	÷ 365 days = \$ 743.38 ÷ 546 residents = \$ 1.36

REPAIRS & REPLACEMENTS	\$ 82,494	÷ 365 days = \$ 226.01 ÷ 546 residents = \$.41
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SPECIAL EQUIPMENT	\$ 16,915	÷ 365 days = \$ 46.34 ÷ 546 residents = \$.08
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TOTAL EXPENDITURES \$14,170,789

Average Resident Population - 546 (MI - 112; CD - 166; MR - 268)

Average Cost per Resident Day:

\$14,170,789 ÷ 365 days = \$38,824.08 ÷ 546 residents = \$71.11

MI - \$78.44 CD - \$54.77 MR - \$78.16

*These figures represent only direct costs at this hospital and do not include indirect costs. This report is not to be construed as representing the total operational costs of this facility.

Collections by Reimbursement Office - Fiscal Year 1982:

<u>SOURCE:</u>	<u>MI</u>	<u>CD</u>	<u>MR</u>	<u>TOTALS</u>
Medical Assistance	\$1,236,898	\$ 581,768	\$7,580,425	\$ 9,399,091
Insurance	115,405	589,186	25,243	729,834
Medicare	140,542	84,465	5,426	230,433
Other	<u>199,281</u>	<u>165,396</u>	<u>293,711</u>	<u>658,388</u>
TOTALS	<u>\$1,692,126</u>	<u>\$1,420,815</u>	<u>\$7,904,805</u>	<u>\$11,017,746</u>

GENERAL SUPPORT - ANNUAL REPORT - 1982

During this past year, the Personnel Department decreased by one staff member and yet has been able to maintain a very active role in supplying this facility with its major resource, the staff through which the treatment programs are delivered and supported. The average number of employees has increased this past year from a total of 623.5 in 1981 to 642 this year, including part time staff. The full time equivalent number which was allocated to this facility increased from 577.9 in 1981 to 622.9 in 1982. Obviously, this increase in staffing has required additional services on the part of the Personnel Department. Our turnover rate, incidentally, has remained approximately the same - 10.4% - over the past two years.

The Staff Development Department, a part of the Personnel function, assures that our personnel are kept current in the latest methods of treatment and understanding of human interactions and affords supervisory management training as well. Both basic employee orientation and ongoing inservice education are its responsibility.

Our Business Office has, this past year, been caught up in many changes to our basic budget process. Decreases in availability of funds have made the process of providing for this facility's basic needs and keeping up with the accounting on ever-changing allocations difficult indeed. Some changes in its accounting procedures and in maintaining a resident payroll account have enabled it to operate with slightly less staff than it has in the past. The Warehousing Department which is responsible to this Division has made a major change in relocating its Mechanical Stock Room and in revising some of its inventory procedures. These changes should improve an already good record in terms of inventory maintenance and accountability. The Canteen services have devised an improved plan for delivery of services that will require some remodeling in that area. It is hoped that within this next year these plans can be brought to fruition.

During 1982, this facility purchased and installed a TI 990 computer and a staff member has been assigned full time to the job of implementing its use. All departments, particularly the Business Office and the Personnel Department are looking forward to some increased efficiencies through its utilization; we have only begun to make the computer available to our various departments, but we anticipate that our data processing and many routine repetitive informational tasks will be greatly enhanced by the use of this tool.

Our Plant Operations Department, which provides heat and light to the facility, maintains its physical environment, performs its housekeeping functions, maintains its vehicles and roads, and provides budget planning for remodeling and improvement, has had a very active year. We have seen the Life Safety contract completed for a large part of the Kirkbride building and for several other areas throughout the facility. The Life Safety remodeling that is left to

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General Support
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be done is minor as compared to what it had been in the past; the task is, for the most part, completed. We have added an elevator to our Primary Chemical Dependency Treatment building which will improve handicapped access throughout that structure and enable us to fully utilize the three stories there. We have also done considerable work, arranged through contract services, in the area of energy savings throughout the facility.

We have done some minor remodeling in several areas to improve operating efficiency, particularly by providing office space where our professional staff can be in closer proximity to the clients they serve. Furniture repair has increased to the point of occupying a major part of our staff time due to the fact that this facility has not had funds to purchase new furniture for some time. The general decrease in funds for the maintenance of equipment throughout the facility will, it appears, be causing some extensive catch-up problems in the future.

During this fiscal year, the Plant Maintenance Department experimented with the leasing of a "cherry-picker." This bucket on a crane, as it were, was used to examine, repair, and paint most of the front side of the Kirkbride building. Our staff discovered that the building was more in need of repair than one would have thought, with large areas of loose bricks that needed to be removed, cleaned, and reinstalled. The tuckpointing was done by one crew, followed closely by a spray-painting crew. This experiment was such a success that we will repeat it as soon as we can find funds for re-leasing this machine and continue the work. I believe we have avoided a major expenditure by this timely repair and have protected the state's interest in its buildings.

Our grounds and roads have received basic maintenance they need; our presentable appearance is a credit to the efforts of the Grounds crew.

Our Housekeeping Department has, once again, received accolades from several surveying agencies concerning its ability to keep this facility in a picked-up and clean condition. It has been very difficult to maintain this level of housekeeping services because we have had to expand the responsibility of this department to new areas again this year without an increase in staff.

The Dietary Department has been waiting this entire year to see the installation of a new dishwashing machine. The machine was received at the end of 1982 and its installation is well on the way at this time. The Department has continued to provide a very high quality of meal service, including special diets, for our residents. If they so choose, employees may purchase meal tickets and eat in the hospital dining room. We have provided for some storage

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General Support
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facilities for the U. S. Government in its cheese and other food products programs.

Our Switchboard area has seen a decrease of a staff member this past year which they have dealt with by operating the Switchboard with only a single shift on weekends. This department is striving to staff its operation to correspond to the times of greatest utilization. Our stenographic services and Medical Records Departments continue to provide for timely and adequate record-keeping throughout all programs.

The Chaplaincy Department this year, in addition to providing for chaplaincy services for all residents including regular church services on a weekly basis, has received its accreditation as a Chaplaincy Training Program from the national organization for Clinical Pastoral Education. This major accomplishment will enable us to train pastors and thereby expand our Clinical Pastoral Program. We hope to see students for a short term quarter of clinical pastoral education and also for some long term programs within this next year.

Our Medical Services Department has plans to add, in January of 1983, a half time Medical Director who will provide for some consolidation of our medical services and clear direction for our professional staff organization.

John Bloom
Assistant Administrator

PERSONNEL DEPARTMENT - ANNUAL REPORT - 1982

	1982 <u>HOURS</u>	<u>FTE</u>
Average Authorized Full Time Equivalent (FTE)		622.9
Actual Hours Worked	1,106,654	530.0
Vacation Leave Used	80,568	38.6
Sick Leave Used	45,421	21.8
Comp Time Used	7,260	3.5
Alternate Holiday Used	8,940	4.3
Total Hours Paid	1,248,843	598.1

	<u>HOURS</u>	<u>DAYS</u>
Vacation Leave Used/FTE	134.7	16.8
Sick Leave Used/FTE	75.9	9.5

Employee Injuries Reported

Minor Injuries	269
Major Injuries/Worker's Comp Claims	<u>49</u>
Total Injuries Reported	318

<u>Average #</u> <u>Employees</u>	<u>#</u> <u>Hired</u>	<u>#</u> <u>Separations</u>	<u>#</u> <u>Promotions</u>	<u>Turnover Rate</u> <u>All Classes</u>
642	113	67	26	10.4%

Douglas Boyer
Personnel Officer

STAFF DEVELOPMENT - ANNUAL REPORT - 1982

Pre-Employment Training

The cooperative program with the Fergus Falls Community College:

Persons enrolled in HST Training 1982	36
Persons failing to complete	7
Persons not seeking FFSH employment from this training class	5
Persons employed as HST at FFSH January '82 - December '82	38
Persons presently trained and eligible for FFSH employment as HST's	22

The 1981-1982 goal to improve the overall quality of students and reduce failure rates was realized with a 19% rate of failure compared to 30% in 1980.

In 1982, emphasis was placed on training all new employees in areas of Affirmative Action, Resident Abuse/Neglect, Sexual Harassment, and Therapeutic Intervention.

Emphasis for 1983 will be on professional training utilizing consultants from outside this facility, and on supervisory training needs.

Neil M. Herman
Staff Development Coordinator

ADVOCATE'S OFFICE - ANNUAL REPORT - 1982

Historical Perspective: The Advocate's Office at Fergus Falls State Hospital was established on a part time basis in May of 1972 and on August 1st of the same year became full time. To our knowledge, the facility had the first defined advocacy function in a state hospital system anywhere in the United States and, of course, in the Minnesota state hospital system. The office was established to give residents of the facility a grievance mechanism which was immediately responsive to their concerns and the function itself is adversarial as it represents the residents of the three disability groups served by the hospital from its seventeen (17) counties in the catchment area served by the facility.

The Advocate's Office possesses the following authorities in assisting residents:

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

The Advocate's Office is accountable to the Chief Executive Officer only and is available to consult with residents in the area of: 1) legal status, b) rights under the Minnesota Hospitalization and Commitment Act, c) treatment plan, including length of hospitalization, d) facility, unit and ward policies as they affect residents, 3) ward living conditions, f) resident-staff relationships, and lastly, g) criminal, civil, welfare policy matters outside the jurisdiction of the hospital. The office remains centrally located for easy access by residents and, in addition, attempts to contact all newly admitted residents to inform them of services offered and to review the circumstances surrounding their admissions.

1982: During the reporting period, the Advocate's Office has, in fact, been involved in 1,543 cases. The average number of cases handled per month is 128 or an average of approximately 6.5 cases per day.

The services for the chemically dependent accounted for 880 cases (57%), the services for the mentally ill accounted for 468 cases (30%) and the services for the mentally retarded accounted for 110 cases (7%). In addition, 38 former residents (2.5%) were assisted by the Advocate's Office, as well as 47 staff (3%) were given consultation at their request. Fifty-six percent of cases opened involved legal matters, so it was quite obvious that the Advocate's Office provided a para-legal service to residents. The Advocate's Office managed to close 68% of its cases within 24 hours and the vast majority of them within 2.25 days. Because of the staff reduction in the time of one Advocate (reduced to 40%), we no longer attempt to maintain the standard of 95% contacting new residents, we have ceased the Consumer Questionnaire and the time that cases are open has increased.

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Advocate's Office
Annual Report - 1982

Grievance Procedure: The Grievance Procedure was established and mandated under the Minnesota Statutes 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 clients. The facility experienced 344 cases which fell under the criteria established by the Department of Health. This was 22% of our cases and is, in fact, a drop from the usual percentage of cases in a given year. Of this number, approximately 26 cases went as far as a hearing before the Chief Executive Officer while the rest were resolved to some degree of satisfaction at the lower levels. The grievance mechanism is, in fact, completely coordinated through the Advocate's Office and it would appear that the procedure has been significantly utilized by consumers of services offered by the institution.

The residents of the facility also have available the services of the Review Board which is appointed by the Commissioner of the Department of Public Welfare. The said Board met on four occasions during the year and, in fact, saw 37 individuals. It is hoped that the Review Board will increase their frequency of visits this coming year to at least every other month. The Review Board function continues to be coordinated by the Advocate's Office.

Miscellaneous Activities: The Advocate's Office continues to be involved in the Human Rights Committee of the facility and, in addition, is involved in the orientation program for new employees. The Advocate's Office provided a speaker for some 14 tour groups during the year and also had several consultations with county welfare departments, courts, and legal representatives. The Senior Advocate was invited to speak on the Governor's Mental Health Forum and was also appointed to the Mental Health Advisory Committee of the McKnight Foundation. This is for a four year term.

Bill Johnson
Advocate

Mary Olympia
Advocate

STATE REGIONAL RESIDENTIAL CENTER - ANNUAL REPORT - 1982

The development of an annual report suggests the review of the events, accomplishments, changes and trends that took place during the span of a year. Mere recounting or recollection, however useful, is only one aspect. Consideration of future directions, the setting of new goals and objectives and the challenge of new problems is also inherent in the process. Some of the history of 1982 experienced by SRRC will be reported on with our future in mind. One is reminded of the "good news-bad news" paradigm as a way to express the events of 1982.

A significant "good news" occurrence was the allocation of 32 additional positions in July of 1982. The result of additional manpower has greatly increased the ability of the SRRC to increase its services to the residents. In other words, more staff time and effort is now available to individualize resident needs and address them and respond with better habilitative services and care. The SRRC is able to move beyond the crisis of not having enough personnel available to an acceptable level of staffing that is able to accomplish the expectations of standards of care and training as set by our staff and others such as the courts, accreditation agencies, licensing bodies, etc. Now expectations and goals are more realistically achievable. The health of the organization is stronger and the lives of our residents more enjoyable and the morale of staff high.

In the past year, we have seen a significant number of our residents move on into the greater independence of community living. In past years, the net population reduction was small as admissions have nearly equaled discharges. From January to December 1982, a net population reduction of 26 residents occurred. This suggests a greater availability of community services. It is anticipated that the trend will continue into 1983 as new facilities are being developed in the communities the SRRC serves.

A frequent topic of discussion during 1982 has been the effect of declining state monetary resources upon our programs. The net effect is yet to be realized. Cuts in salaries and other funds will obviously have a net reduction of services. Despite the strengthening of our program as experienced in 1982, the outlook for 1983 is having to plan for cutting back and reducing services where possible to cause the least harm to the residents. The SRRC will likely not see the goal of remodeled facilities particularly the GM building. Also, repairs and minor remodeling and refurbishing of our residential and training areas will be significantly less. The available supplies needed to provide enhanced residential and developmental activities will be short.

In response to the likelihood of reducing resources, particularly in staff time through reduced salary accounts and encouraged voluntary staff leaves of absence, the SRRC staff are evaluating how available staff time may be better utilized. Fortunately, the institution in late 1982 acquired a computer and staff will attempt to develop its capability to use its

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State Regional Residential Center
Annual Report - 1982

services. The goal is to automate those activities that consume staff time and hopefully this will result in labor savings. Efforts will be directed toward maximizing the use of such labor-saving devices so that vital resident services are maintained and improved.

The SRRRC has developed a vital, aggressive and responsive program to meet the needs of our residents. This is verified by the evaluations of our programs by accreditation and licensing bodies. The imminent task now is developing efficiency and demonstrating accountability. In times of reducing resources, we must be able to demonstrate that we can provide quality services at the lowest possible cost. 1983 offers some difficult challenges. The task will test SRRRC's creativity and determination to maintain and improve its services.

Respectfully submitted,

Charles E. Johnson
Program Director

MENTAL HEALTH DIVISION - ANNUAL REPORT - 1982

The Mental Health Division has suffered a double whammy in 1982. First, our staff was reduced from 108 to 86. The decrease came to us because our average daily census is down since the last state staff allocation. Staff are provided on the basis of numbers of residents being served. Secondly, the State of Minnesota's fiscal austerity provides us with reduced salary money. This translates into leaving staff positions unfilled to stay in the black.

The payoff has been a reduced capability to keep all units functioning well. By November 1982, it became evident that we could no longer afford our Vail Unit - the most staff expensive unit, on the basis of staff to resident ratio. Vail was our smallest unit - 10 beds. It was designed to provide intensive treatment of the assaultive, threatening or manic resident while reducing the risks of injury and emotional trauma on all units.

Vail was closed on December 1, 1982. Vail's residents were placed on other units - a step backward in managing the environment to enhance treatment.

It is a peculiar phenomena that has contributed to our present situation: Success in the total spectrum of organization and treatment has reduced our residents' average length of hospitalization. This results in a decreased average daily census which, in turn, "justifies" allocation of fewer staff, and a smaller staff cannot provide the same organization and services. The eventual outcome is expected to be inefficient treatment, longer length of stays in treatment, increased census and justification for more staff. In summary, it is punitive to both residents and staff to reduce resident census by efficiently reducing the average length of stay in treatment.

The numbers that have contributed to our present situation are:

	<u>1979</u>	<u>1980</u>	<u>1981</u>	<u>1982</u>
Admissions	369	371	383	406
Average Daily Census	140	129	120	113

Further, these figures represent a decrease of about 2,555 patient days in 1982 and a total estimated 9,845 patient day reduction in the past three years. Meanwhile, admissions have increased steadily.

The Minnesota Commitment Act of 1982 became effective on August 1st. We expected to see a decrease in commitments. We have not. We thought we might see a decrease in court hold orders and an increase in emergency admissions. They are about the same as previous periods. Our biggest change, so far, is an increase in paper work.

One of the brighter notes of the year has been our contribution to, and our enrichment by, the presence of Clinical Pastoral Education students; interns in social work, recreation and music therapy, and the LPN affiliates from Wahpeton State School of Science and Alexandria Area Technical School. In addition, members of Project Overcome have aided us in keeping our perspective as a resident oriented treatment organization.

Looking forward to 1983, it shall be our goal, first of all, to survive as a viable treatment organization. Secondly, we shall work to retain our JCAH accreditation and we shall apply for licensing under DPW Rule 36.

Dale S. Klaessy
Mental Health Division Manager

DRUG DEPENDENCY REHABILITATION CENTER - ANNUAL REPORT - 1982

1,560 persons were admitted to the Drug Dependency Rehabilitation Center during 1982, with 1,130 persons from the Fergus Falls State Hospital 17-county receiving area, and 430 from 54 other Minnesota counties.

Summary of 1982 discharges:

Region I	187
Region IV	939
Total	<u>1,126</u>

Out of Receiving Area	418
Grand Total	<u>1,544</u>

Age 18 and under	263
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# discharged from Freeway Unit	155
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Age 56 and older	176
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A 3-year accreditation status was attained from the Joint Commission on Accreditation of Hospitals and full licensure was granted under DPW Rule # 35.

Detox/Admission/Medical Unit:

Detox services were provided to 368 persons in 1982.

The most significant change in medical services was the addition on staff of a full time Nurse Practitioner. She provides health care services to DDRC clients, monitors health care assessments, and provides patient health care education.

Primary Units:

The goal of primary treatment continues to be to provide a program directed toward recovery in as short a period of time as possible. Consistent with this goal, the length of stay on primary units was reduced so that treatment is provided in an average of 30-32 days.

Freeway Unit:

One hundred sixty-seven (167) persons were admitted to Freeway Unit in 1982. The 60-day program proved successful with a larger percentage of adolescents successfully completing the program.

Hope Unit:

The total bed capacity for Hope Unit has increased to 70. A 90-day program on Hope was added which provides another option for specific needs of clients who have the knowledge of the principles of AA, but
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Drug Dependency Rehabilitation Center
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require a period of time to put these into practice for daily living.

Liv Unit:

Liv Unit has developed more individualized treatment planning for their clients with greater involvement of members of the multi-disciplinary team, i.e., psychologist, chaplain, medical staff, etc. The treatment units of service being provided to each Liv unit client has increased.

Family Unit:

Family Unit provided a longer ($4\frac{1}{2}$ day) program for a period of time in 1982 based on community/consumer requests. Because of inadequate referrals, this was changed back to a $2\frac{1}{2}$ day program. Six hundred ninety (690) persons participated in Family Unit, coming from 63 Minnesota counties and 7 states other than Minnesota.

Counselor Training Program:

The DDRC Counselor Training Program sent out 175 applications in 1982; 71 applicants were tested and evaluated; 51 applicants accepted; 31 trainees entered the program; 15 trainees graduated; 16 did not complete.

Curt Ramberg
Program Director