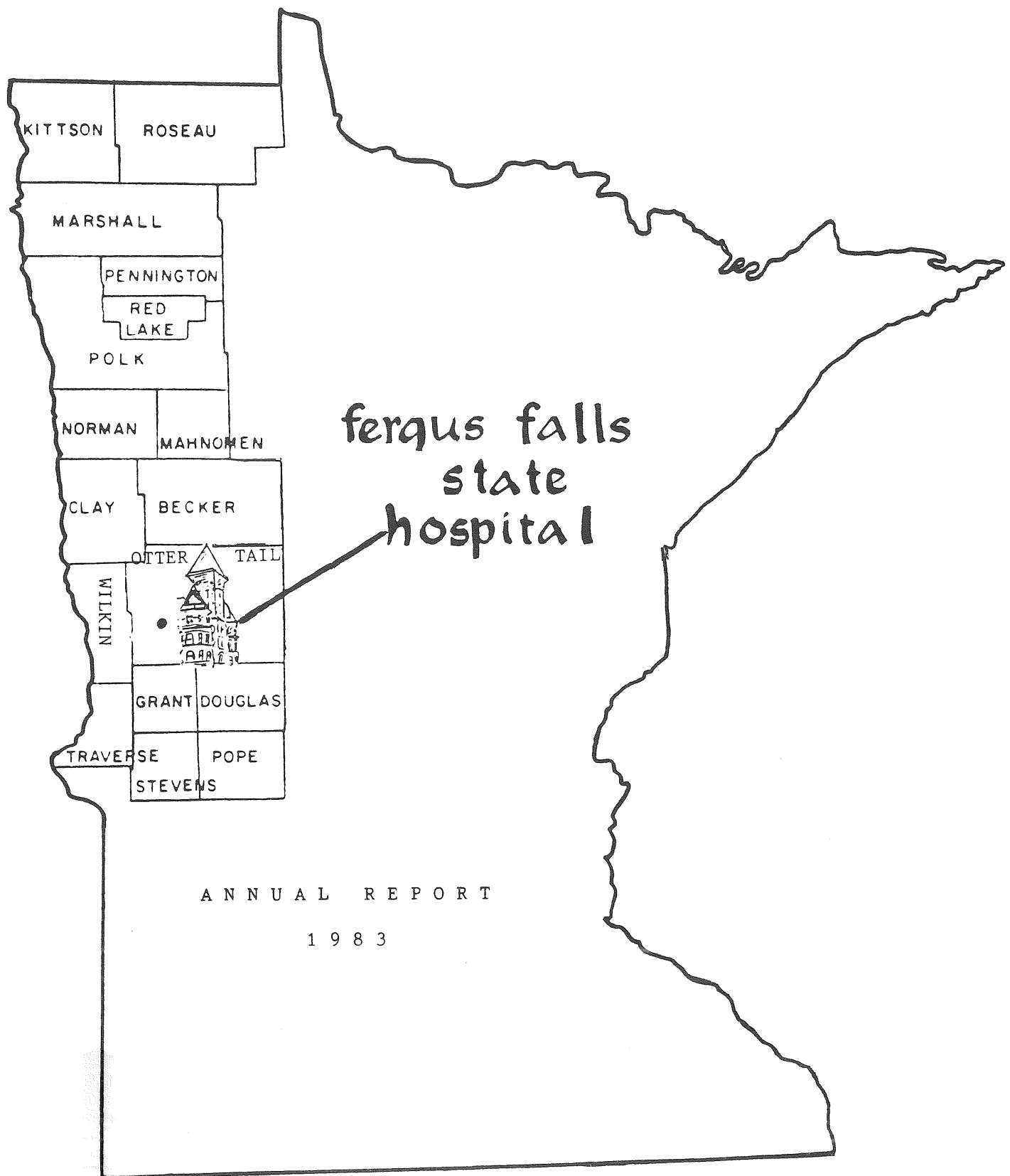


840803



# *Fergus Falls State Hospital*

JOHN BLOOM  
Acting Chief Executive Officer

Box 157  
FERGUS FALLS, MN 56537  
Ph. (218) 739-7200

March 21, 1984

Leonard W. Levine  
Commissioner-Department of Public Welfare  
St. Paul, MN

Dear Commissioner:

The following report is intended to place in writing a short documentation of a few of the highlights and important events of 1983 as seen through the eyes of the several managers of this facility. It also presents some of the statistical data regarding patient-resident admissions, discharges, and financial information. It covers only a few of the multitude of events that, in total, would comprise a tremendous investment on the part of the citizens of Minnesota, their Legislature, the Public Welfare agencies, the staff of this facility in making available to and delivering a high level of state-of-the-art care to the mentally ill, mentally retarded, and chemically dependent who have been the targets of this year's activity at this regional treatment center.

The report will speak for itself, but cannot cover all subjects and I take this opportunity to address some things that are of particular concern to me as the Acting Chief Executive Officer.

It must be noted that in February of 1984, just previous to the completion of this report, Mr. Robert F. Hoffmann - who for 32 years was a leader in this facility and in this area of the state - resigned his employment to begin his years of retirement. His contribution has been great and his loss will be keenly felt. I have been the Assistant Administrator for a number of years and have worked for Fergus Falls State Hospital for the past 30 years - and have now been appointed the Acting Chief Executive Officer while decisions are pursued concerning a more permanent replacement.

In the meantime, it should be noted that we have appointed a Medical Director, Dr. Richard C. Baker, who has been active in this facility during the entire year of 1983. The addition of a strong medical person with administrative interest and responsibility has added greatly to the management services of the institution.

Our admission rates for the facility remain high - 388 on our mental illness service, 34 on our mental retardation service, 1,485 on our C. D. service for a total of 1,907 admissions. In spite of this, the population in the facility has decreased some which speaks to a decreased length of stay, active primary

cont'd

ACCREDITED BY JOINT COMMISSION ON ACCREDITATION  
AN EQUAL OPPORTUNITY EMPLOYER

March 21, 1984

treatment services, and positive communication with the community served by the facility in terms of making plans for both admission and discharge of citizens from these 17 counties. The processing of nearly 2,000 admissions, treating those folks, finding adequate placements, and arranging aftercare plans require a tremendous investment on behalf of the staff of the facility as well as the staff of the various county agencies, mental health centers and other resources in northwestern Minnesota. It also speaks broadly as to the need for the facility in this area and the important role that it plays in the continuum of services to human beings that is being offered. In order to accomplish this task, the major tool of treatment - and by far the largest expense - is the employed staff. There were 109 persons added to the staff during this year and 95 separations. While the staff essentially in total numbers, or Full Time Equivalents did not increase, the facility made use of temporary employees for special projects, students during the summer time for special activities, and a wide range of services provided through Work Experience Programs, MEED program, etc. It is the gathering of this expertise that makes treatment and training resources available in this facility.

In addition to the treatment training services of the facility, we have also this year graduated 13 trained counselors on alcoholism, a sizeable group of chaplains who have completed a quarter of CPE training while here, and other education affiliated training opportunities on this campus. It is through this exposure that the facility maintains its doors open to being a training ground and also to recruitment in the long run of a high level of professional staff.

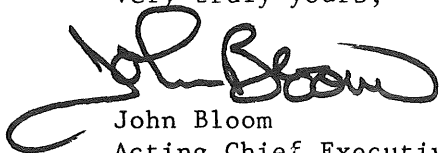
We were able to move our school for the mentally retarded to the I. T. building and consolidate that program into a much more adequate school program and remove it from the fourth floor of the main building.

We have also been able to perform some major functions in terms of protecting the roofs, the tuckpointing on the building, and in other ways protect the state's interest in its investment in real estate.

Our computer services have expanded to where they are now making a major contribution in the day-to-day operation of the facility. We have been able to provide some model programs and participate with other facilities in the development of resident bank computerized services, internal accounting, personnel reports and have made some major inroads into the development of some programs that would serve directly to evaluate resident progress in treatment or training.

Nineteen eighty-three has been a year full of changes and progress. I submit the following more detailed information for review.

Very truly yours,



John Bloom  
Acting Chief Executive Officer

# *Fergus Falls State Hospital*

ROBERT F. HOFFMANN  
Chief Executive Officer

Box 157  
FERGUS FALLS, MN 56537  
Ph. (218) 739-7200

February 29, 1984

"auf Wiedersehen."

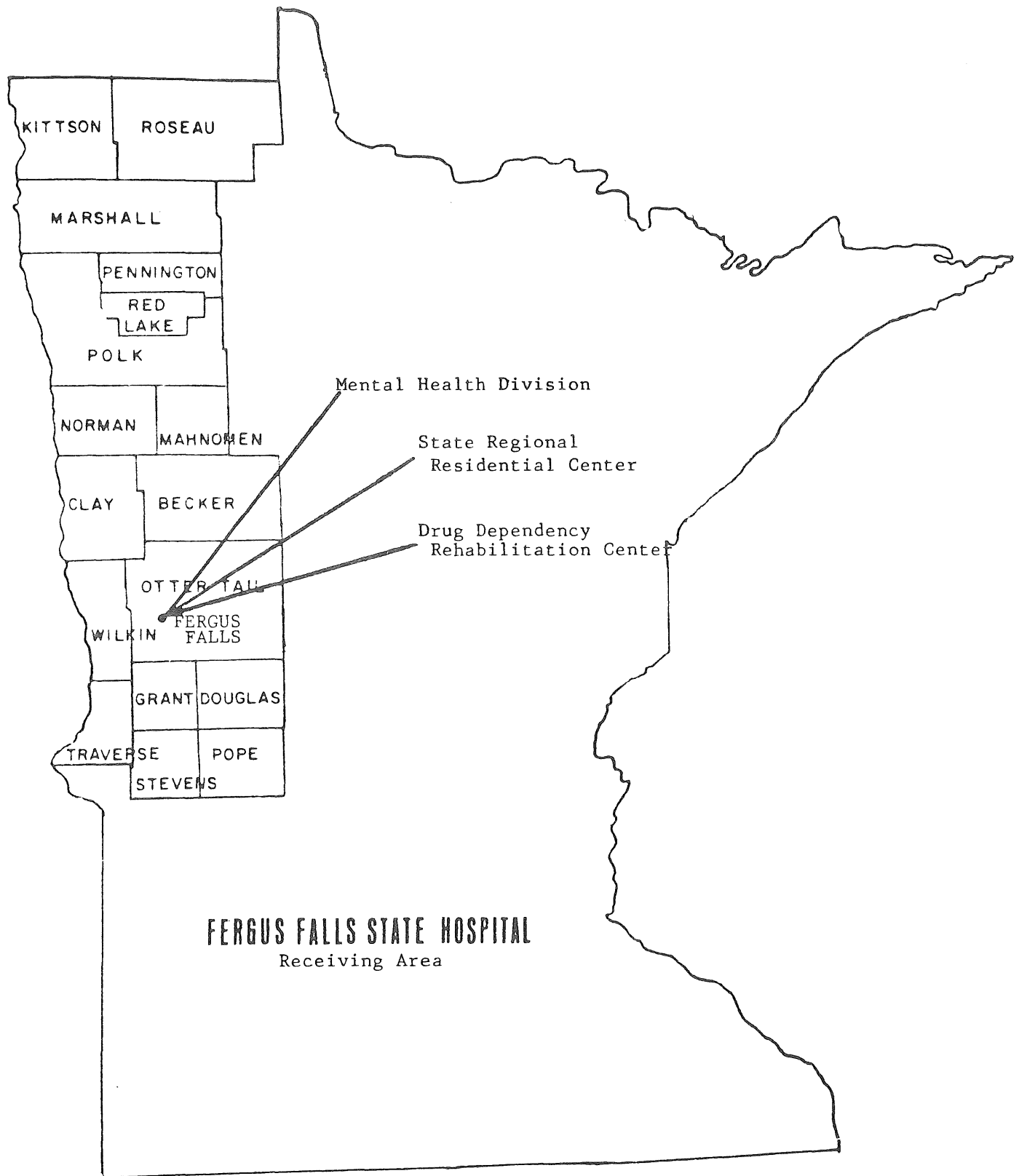
"Til we meet again!" I find that expression of farewell so much more acceptable than a harsh "goodbye." But, after almost 32 years, it seemed time to "hang it up" and make way for new leadership.

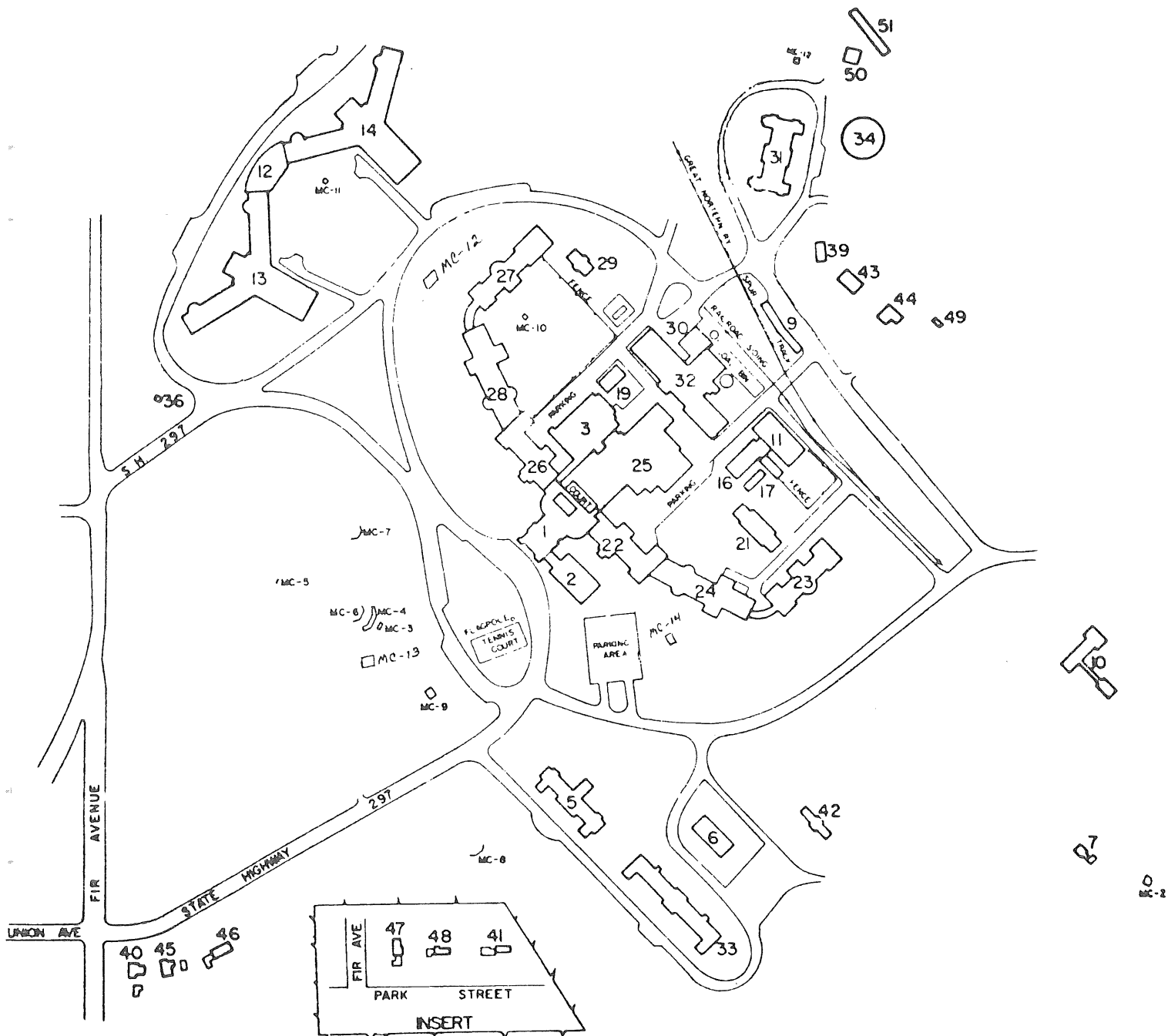
I have thoroughly enjoyed the association of the past years with co-workers and residents within the hospital; with county and other agency staff in the community; with my peers in the other state hospitals; with Legislators and State Department staff in St. Paul; and with many others who have given me guidance, support and friendships throughout the years. Together, we have accomplished much and failed a little, but as Dowden said, "Sometimes a noble failure serves the world as faithfully as a distinguished success."

I find it most comforting to leave the hospital in the good hands of O. John Bloom, the rest of the Management team and you. I know your support and dedication to the tasks will continue in the future to better serve the citizens of northwestern Minnesota.

I now leave with great anticipation to test the concept of Shakespeare that "Our life, exempt from public haunt, finds tongues in trees, books in the running brooks, sermons in stones, and good in everything."

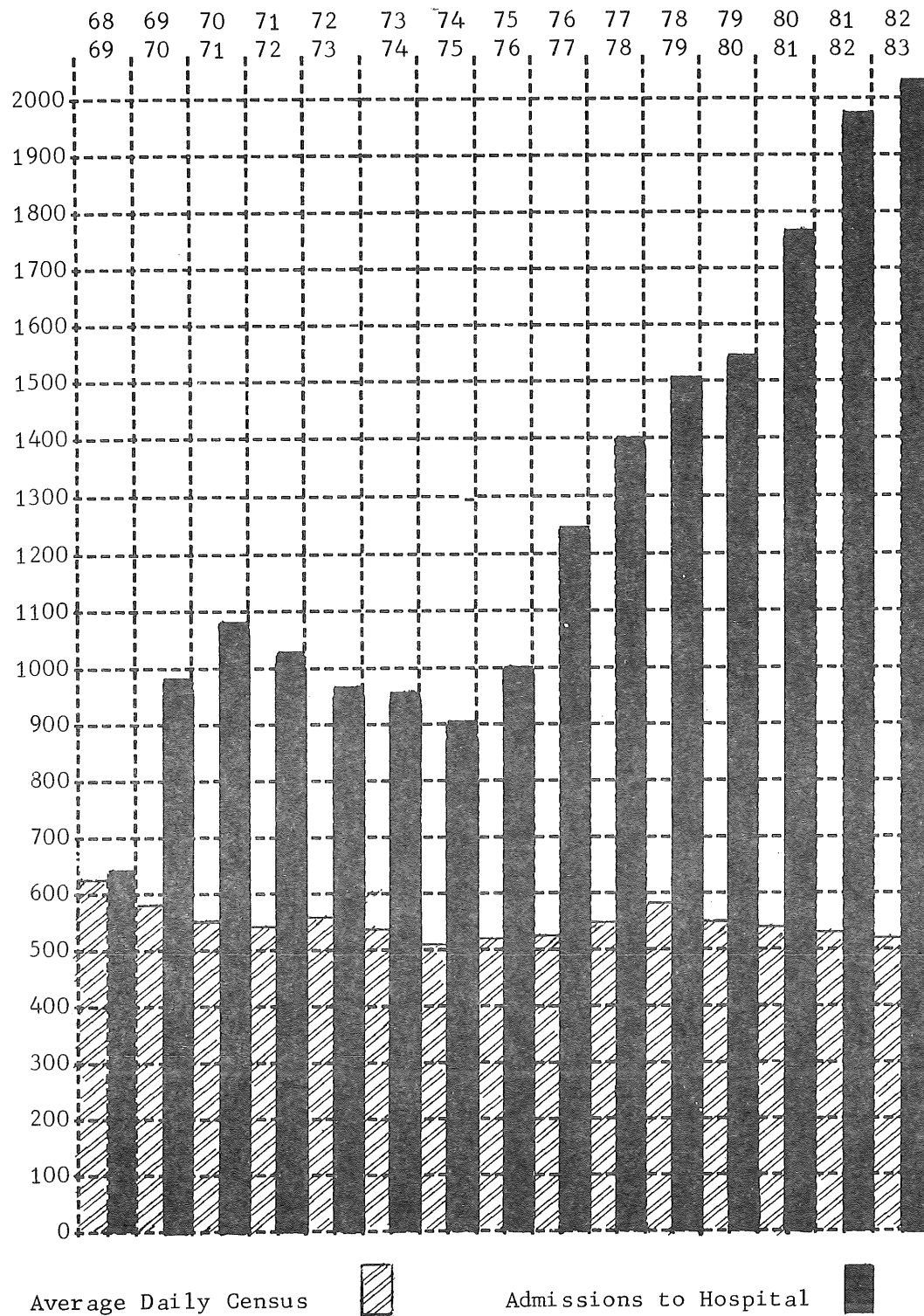






FERGUS FALLS STATE HOSPITAL

Average Daily Census and Admissions to FFSH for Fiscal Years 1969-1983  
(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 1983

C.D.

M.I.

M.R.

	Informal	Committed	H.O.	Emerg.	Ret. PD	Trans. Inf.	Detox.	Emerg. Detox.	Total	Rate per 10,000	Informal	Committed	H.O.	Emerg.	Ret. P.D.	Trans.	Total	Rate per 10,000	Informal	Committed	H.O.	Emerg.	Par. Rel.	Trans.	Total
Becker	90	1	5	5			27	19	147	50.28	19		3	21			43	14.71	1	1					2
Clay	198	1	7	5	1		24	10	246	49.95	26		3	20		1	50	10.15	4			4	4		12
Douglas	67		2	1			9	10	89	31.90	18	1	3	6			28	10.04	1	1					2
Grant	9						7	11	27	37.59	9			6			15	20.89	1						1
Otter Tail	145	2	1	5			66	118	337	64.93	52	3	2	33			90	17.34	4	1		2	2		9
Pope	26			2			2	5	35	30.14	10			9			19	16.36	2				1		3
Stevens	10			1				3	14	12.38				2			2	1.77							
Traverse	12								12	21.64	4		1	1			6	10.82							
Wilkin	24						2	2	28	33.14	13			8			21	24.86							
Sub Total	581	4	15	19	1		137	178	935	(63.0%)	151	4	12	106		1	274	(70.6%)	13	3		6	7		29
Kittson	5						1		6	8.98	1						1	1.50							
Mahnomen	28			1			2	1	32	57.80	4		1	6			11	19.87							
Marshall	7	2					1		10	7.67	1	1					2	1.53					1		1
Norman	15		3	1			2		21	23.46	7		2	2	1		12	13.41							
Pennington	31						2		33	21.65	4	3				1	8	5.25							
Polk	60	1					4	1	66	10.16	17	4		7		1	29	8.86	1						1
Red Lake	9	1					2		12	21.93	2						2	3.66							
Roseau	19						3	1	23	9.56	5	2		1			8	6.38		1					1
Sub Total	174	4	3	2			17	3	203	(13.7%)	41	10	3	16	1	2	73	(18.8%)	1	1			1		3
Non-Resident	300	10		1	1	5	21	9	347	(23.4%)	22		2	12		5	41	(10.6%)				1	1		2
TOTAL	1055	18	18	22	2	5	175	190	1485	37.61	214	14	17	134	1	8	388	11.47	14	4		7	9		34





Fergus Falls State Hospital  
Annual Report - Operating Budget\*

Collections by Reimbursement Office - Fiscal Year 1983:

<u>SOURCE:</u>	<u>MI</u>	<u>CD</u>	<u>MR</u>	<u>TOTALS</u>
Medical Assist.	\$ 1,084,377	\$ 429,226	\$ 9,138,124	\$10,651,727
Insurance	124,575	552,415	42,949	719,939
Medicare	158,498	96,051	504	255,053
Other	<u>241,710</u>	<u>147,230</u>	<u>371,066</u>	<u>760,006</u>
TOTALS	<u>\$ 1,609,160</u>	<u>\$1,224,922</u>	<u>\$ 9,552,643</u>	<u>\$12,386,725</u>

NOTE: The figures presented above do not include funds collected from  
Poor Relief or Probate Recovery.

## PLANT OPERATIONS - ANNUAL REPORT - 1983

The Plant Operations Department maintains the physical plant and consists of the Housekeeping/Laundry, Garage/Grounds, Fire/Safety and Construction/Engineering Departments. There are currently 70 permanent persons on staff and also temporary help from Government agencies such as CEP and MEED.

The Construction/Engineering Dept. has had a very busy year. They have completed a dishwasher room project, are nearly finished renovating a 2700 sq ft area in the Canteen, tuckpointed 35,280 sq ft of wall on the back side of the Kirkbride building, painted 20,000 sq ft on the back side of the Kirkbride building, completed a preventive maintenance program on 60% of all pneumatic controls that operate the heating/venting and air conditioning systems, a new roof was installed on the West Center building, have modified the hot water systems to avoid a problem of excessive water temperature while bathing/showering and designed the system to be fail-safe, cleaned all roof drainage systems, painted two coats on all wooden surfaces on the exterior of the Administration building, did extensive work on the rafters and roof boards of the Cottage by removing deteriorated materials and replacing with new material, performed annual maintenance on fans, fire alarm systems and electric motors.

The Fire/Safety Officer held 144 separate fire drills, has surveyed the facility determining area where there is asbestos material and reported those findings to DPW, held 6 sessions on fire training and 2 exterior disaster drills during the last year. This facility has the best record in Workman's Comp claims, the lowest in fire claims and least number of fires.

In summer, the Garage/Grounds Department is occupied with maintaining a car fleet, grooming 60 acres of lawns, trimming trees on 60 acres, planting about 13,000 flowers on the grounds, providing about 3,000 plants for inside the hospital and keeping the parking lots and streets free of pot holes. In winter, besides maintaining a car fleet, the Grounds/Garage Department keeps the streets, sidewalks and entrances free of snow and ice. The Grounds/Garage Department also gets involved in furniture moving, fly ash and garbage removal. A frequent remark by outsiders is how nice the grounds/streets look.

The Housekeeping/Laundry Department has again met, and in some areas exceeded, standards set by state/federal law and survey teams who have surveyed this facility. The Laundry Department operated a collection and distribution center for linens and personal clothing. The Laundry interacts with the operating laundry at Brainerd and the staff at the various areas of this facility. The Housekeeping staff performs all cleaning and hygienic tasks needed by this facility. Only purchased services that are needed are rodent and pest control.

In summary, Plant Operations reports that the buildings/grounds are in better condition than one year ago. This is based on the addition of new roofs, continued tuckpointing of building exterior walls, implementing of several preventive maintenance programs and renovation of several areas. Work on Life Safety projects has continued so that this facility can meet all Life Safety Standards.

An asset has been the rental of an aerial lift. Its flexibility has saved many man hours of work and allowed employees to do a closer examination of the exterior walls.

PERSONNEL - ANNUAL REPORT - 1983

	<u>1982</u>	<u>1983</u>
Average Number of Employees	642	657
Number Hired	113	109
Number of Separations	67	95 * 1
Number of Promotions	26	187 * 2 & 3
Turnover Rate - All Classes	10.4%	12.2%

	<u>1982</u>		<u>1983</u>	
	<u>HOURS</u>	<u>FTE</u>	<u>HOURS</u>	<u>FTE</u>
Average Authorized Full Time Equivalent (FTE)		622.9		622.9
Actual Hours Worked	1,106,654	530.0	1,117,424	535.2
Vacation Leave Used	80,568	38.6	79,379	38.0
Sick Leave Used	45,421	21.8	40,189	19.2
Comp. Time Used	7,260	3.5	7,012	3.4
Alternate Holiday Used	8,940	4.3	10,512	5.0
Total House Paid	1,248,843	598.1	1,254,516	600.9

	<u>HOURS</u>	<u>DAYS</u>	<u>HOURS</u>	<u>DAYS</u>
Average Vacation Leave Used/Employee	125.5	15.7	120.8	15.1
Average Sick Leave Used/Employee	70.7	8.8	61.2	7.6

	<u>1982</u>	<u>1983</u>
Employee Injuries Reported		
Minor Injuries	269	281
Major Injuries/Workers Comp Claims	49	90
Total Injuries Reported	318	371

- \* 1 15 of these were termination of temporary/emergency appointments
- \* 2 76 of these resulted from Human Services Study
- \* 3 64 of these resulted from contract requirement to grant satisfactory performance increases to Human Services Technicians

STAFF DEVELOPMENT ANNUAL REPORT - 1983

PRE-EMPLOYMENT TRAINING

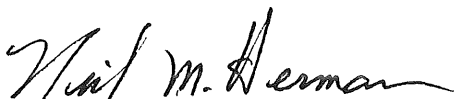
A cooperative program with the Fergus Falls Community College.

Persons trained HST Training.	20
Persons failing to complete.	0
Persons not seeking employment at the Fergus Falls State Hospital	2
Persons trained and employed as HST at the Fergus Falls State Hospital 01/01/83 - 12/31/83	20
Persons trained and eligible for employment	23

Independent Study material has been completed for training in the areas of Therapeutic Intervention, Sexual Harassment, Resident Abuse, and Lifting.

All quality assurance training guidelines have been integrated into the Fergus Falls State Hospital training and are delivered prior to resident contact.

Goals for 1984: Computerize more of the training functions, obtain additional hard and software components to compliment existing systems.



Neil M. Herman  
Fergus Falls State Hospital  
Staff Development Coordinator

## ADVOCATE'S OFFICE - ANNUAL REPORT - 1983

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 1 of the same year became full time. 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.

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 available to consult with residents in the area of:

- a) 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, e) 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.

1983: During this reporting period, the Advocate's Office has undergone two major changes. The first of these occurred on April 1 when Bill Johnson and Mary Olympia left their positions with the Advocate's Office to assume newly created positions with the Mental Health Association of Minnesota in Bloomington. On that date, I assumed the responsibilities of Patients' Advocate and have continued in that position. With the change in leadership, has come a change in style, which is the reflection of the differing philosophies/personalities between Bill, Mary and myself. I have attempted, however, to continue their emphasis on expediency in responding to clients' needs/requests, along with responding in a reasonable and effective manner.

The second major change came in the reportability and supervision of the Advocate's Office. This was previously handled by the chief executive officers at the various facilities, but was moved directly to the Commissioner of Public Welfare this past fall. The move has resulted in a closer working relationship with the Client Protection Office at the Department of Public Welfare, but other significant daily operational changes have not been experienced locally.

Because of the change in leadership, I will report the statistics for the past 9 months, which will reflect the activity with only one advocate operating out of the office. I will preface the statistics, however, by saying that the office dealt with a total of 1,219 cases during the year, with 986 cases occurring after April 1. This results in an average of 109.55 cases per month for the past 9 months with 83% of the cases closed within 24 hours.

Advocate's Office  
Annual Report - 1983

The services for the chemically dependent accounted for 524 cases (53%), the services for the mentally ill accounted for 351 cases (36%) and the services for the mentally retarded accounted for 111 cases (11%). Of the various issues dealt with, those involving legal matters were in the forefront, followed by issues regarding the Minnesota Hospitalization and Commitment Act and then financial matters.

Grievance Procedure/Review Board: The Grievance Procedure was established and mandated under the Minnesota Statutes 155.651 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 grievance mechanism is coordinated locally through the Advocate's Office and during 1983, there were 31 cases which went as far as the Chief Executive Officer for resolution.

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 and is coordinated locally by the Advocate's Office. The Review Board met on four occasions during the year and saw 16 individuals personally, along with reviewing the charts of 9 other individuals. During the coming year, it is planned that the Review Board members will be meeting with Roland Peek of the Client Protection Office for a "refresher course" on duties, roles, responsibilities, and authorities of the Review Board.

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 office also provided a speaker for nursing students and tour groups during the year, along with consultations with county welfare departments, courts, and legal representatives. Overall, it has proven to be a year of growth and learning for the "new" advocate, which will hopefully lead to even more effective functioning within the office in the coming year.

Jerry Hanson  
Advocate

RESIDENT BANK & CANTEEN - ANNUAL REPORT - 1983

Resident Service, during 1983, has made several changes. The major change is the remodeling of the area establishing two separate areas - the Resident Bank and the Canteen. The Resident's Bank goal being to establish a function to resemble as much as possible the atmosphere and service of a real bank for our residents. We now have all our residents' bank accounts on the TI 990 computer which is giving more information more readily and more efficiently than before.

Our Canteen area is in the process of remodeling, striving to establish an enjoyable atmosphere giving the residents a feeling of being in a non-hospital establishment. Our construction includes an automatic door which will enable our handicapped people to come and leave on their own. We also have an area in our Canteen which will be available to residents and staff during hours when the main Canteen is closed. It will have machines with snack items and tables.



## CHAPLAINCY DEPARTMENT - ANNUAL REPORT - 1983

One of the main thrusts of the Chaplaincy Department during 1983 has been to expand our services to patients, residents, and to the treatment teams. For a number of years, the Chaplains on the Drug Dependency Rehabilitation Center have been doing initial interviews with each patient and providing a spiritual diagnosis of the patient's condition. On DDRC, it is called the Clergy Evaluation. The AA treatment philosophy used on DDRC realizes that the spiritual dimension of the person can be a powerful force in a chemically dependent person's recovery. The Chaplain's spiritual assessment is used along with the other consultants' reports in treatment planning. There has been a growing need for increased chaplaincy services. In response to this increased need, a third full time Chaplain has been hired and the hours of the three part-time Chaplains have been increased.

Mark Lundholm joined the DDRC staff in August after completing a 15-month residency program in Clinical Pastoral Education at Hazelden in Center City, Minnesota. Mark is an ordained minister of the Minnesota Baptist Conference.

Spiritual assessments are now also being done for all residents on the State Regional Residential Center. These were updated and completed with the help of a pastor who worked here several months under the CEP program. Having these spiritual evaluations completed will pave the way for our hiring another person to work half-time in the Chaplaincy Department. This person will work with volunteers, providing small group classes of religious instruction for residents of the SRRC.

One of the roles of chaplaincy is to not only provide services to our patients and residents, but also offer educational programs to area clergy. Members of the chaplaincy staff have also spoken in our communities, in schools and in churches. Some of these programs have been in the area of education in chemical dependency. Others have spoken on other topics related to spiritual care for families and residents. Another educational opportunity that was offered this past summer was to five students who participated in the 11-week Clinical Pastoral Education Program. Two students were on DDRC; two students were assigned to the Mental Health Division; one student was the Chaplain on CTAC.

The CPE students, under the supervision of Chaplain Jim Tonneson, helped by providing a number of spiritual assessments for patients on the Mental Health Division. The vast majority of patients who have been here for some time have a spiritual assessment filed in their respective charts. The last frontier for providing spiritual diagnosis services is to the PACT Unit of the Mental Health Division. This is the unit with the highest admission rate on the Mental Health Division. Chaplaincy services are being provided on this unit too as our time will allow.

The biggest event of this past year for chaplaincy was certainly the confirmation, instruction and service that was held on our campus in June. Sister Bernadette Weber of the St. Cloud Diocese provided outstanding leadership in the confirmation instruction for our residents.

Chaplaincy Department  
Annual Report - 1983 - cont'd

Sister Bernadette brought a number of volunteers who provided music and help with the classes that were held each day. Father Brenny and Chaplain Tonneson also assisted in the instruction of our residents.

On June 17, 1983, a confirmation service was held in the hospital Auditorium. We were privileged to have Bishop Victor Baulke of the Crookston Diocese and Bishop Gilbert Lee of the American Lutheran Church's Northwestern Minnesota District participate in the confirmation service, where a total of 42 residents were confirmed. This was an ecumenical service. We had fantastic cooperation from parents, from staff members and it was a very special period and high point in the lives of 42 of our residents.

As we look forward to 1984, we are hoping to soon hire a social worker who will provide religious instruction for our residents on the SRRC units. We are also hoping to continue strengthening the other chaplaincy services that we offer.

VOLUNTEER SERVICES DEPARTMENT - ANNUAL REPORT - 1983

During 1983, volunteers contributed a total of 24,688 hours of volunteer service while assisting in the treatment programming at the hospital.

The Fergus Falls State Hospital Volunteer Council filled a total of 1,097 financial aid requests in order to provide for the personal needs of hospital residents and to provide support services for hospital treatment units and service departments. During 1983, \$52,563.27 in total funds were disbursed.

Hospital public information tours and community programs were provided for 655 persons. The department published 52 issues of The Weekly Pulse during 1983. A total of 39 information releases were issued to area news media.

The hospital Print Shop completed a total of 600 jobs while providing offset printing services for the hospital during 1983.

During 1983, an average of 25 students were enrolled in the Student Program at the hospital.

Submitted by: Emery Johnson, Jr.  
Institution Community Relations Coordinator

## SRRC - ANNUAL REPORT - 1983

In my annual report for 1982, I stated that the "imminent task now is developing efficiency and demonstrating accountability." As I recount the activity of this organization during 1983, I must alter that statement. The imminent task which the SRRC has and is currently attempting to address is developing and demonstrating program quality, efficiency and accountability.

Frequently, the question is asked, "How can we improve the quality of life of the residents we serve?" From all quarters of this organization this question is being addressed in some fashion. If the reader of this report were a participant to the discussions we have had in this organization you would hear things like, "How can we develop more age appropriate activities for our residents?" "How can we provide better quality assessments of our resident needs?" "How can we develop training programs that will create better opportunities for our residents to learn and become more independent?" "How can we better manage inappropriate resident behaviors through use of more positive than aversive programs?" "How can we alter the residential and day program environments so they are more conducive to safety, comfort, development, health and independence?" "How can we improve upon the availability of skilled staff input to our resident services?" The questioning goes on in search of answers. As we feel we have addressed with suitable action one question, another develops. To me that is demonstration of a healthy organization that is continuing to address the task of developing quality program.

We have sought answers and help from within our staff group and from outside our facility. Not only have we asked the questions but we have dialogued with and have received suggestions on how to improve our programs from others such as our consumers, licensing and program overseers, training consultants at workshops our staff have attended and from our visits with staff in other community and state facilities.

We have developed improvements in the writing and content of goal statements in our individual program plans. Now in place is an expanded monitoring system of resident progress in response to our program plans. We have examined the assessments used in evaluating our resident's needs and are taking action to improve upon their quality.

During the year we laid plans to make improvements in the physical environment. The day program location for ACMH was relocated as well as the residential unit. The size of the residential units was decreased and all children were located on 1WD. We also moved the day programs from the 4th floor to the IT Building and 1ED. These changes have created much improved environments for training and have improved upon our efficient use of space and staff.

A change was made in our residential center management structure. Each of the centers now serve four living areas with a better staff distribution, both supervisory and professional. Along with this has been an increased emphasis on developing better communication methods among staff in order to bring about better coordination of services to the residents.

The year ended with an in-resident population of 230, which is 15 residents fewer than 12-31-82. During the year, we have been able to maintain full

SRRC

Annual Report - 1983 - cont'd

employment thus the availability of staff services has been excellent. Our residents have benefited from an improving staff-to-resident ratio.

By the end of the year, nearly all residents under commitment to this facility by the various county courts have had their commitment reviewed by the court to determine the appropriateness of their placement here. This review is to be completed in early 1984. Through this process of individual review, we are assuring our residents that their rights are being regularly reviewed and respected. The recommendations we receive will be addressed and responded to with the goal of improving our services.

In late 1982, this facility purchased a computer in order to strengthen our information services. During 1983, we developed a staff group to assess ways in which we could utilize this equipment to strengthen our program and manage our information needs. With a year's effort we now are beginning to put into place several programs which, hopefully, will provide us data for improved program review and progress evaluation and also reduce staff paperwork. This effort is still in its infancy but has significant promise.

Our task for 1984 is more of the same. We must continually utilize our experience and the evaluation and input of others to move in the direction of providing programs and services of quality, with efficiency and demonstrated accountability.

Respectfully submitted,

Charles E. Johnson, Program Director

MENTAL HEALTH DIVISION - ANNUAL REPORT - 1983

In contrast to most of the Minnesota state hospitals, the Fergus Falls Mental Health Division had an unfilled treatment capacity for most of the year. While other state psychiatric facilities were overloaded, we were faced with a slightly declining patient census. This decrease has followed the pattern established in 1979 which has continued through 1983.

Statistically, the numbers are as follows:

	<u>1979</u>	<u>1980</u>	<u>1981</u>	<u>1982</u>	<u>1983</u>
Admissions	369	371	383	406	388
Average Daily Census	140	129	120	113	100

While these figures may appear to be unremarkable they are not insignificant. With the decline in the average census and the accompanying level of care studies carried on throughout the state hospital systems, we were contemplating a reduction of assigned staff by departmental reallocation. Consequently, we allowed our staff attrition to decrease our numbers to the point of dictating the closure of a treatment unit.

By closing a unit, we have increased the number of residents per unit. This, in turn, contributes negatively to interpersonal dynamics among residents and sometimes creates tensions that are non-therapeutic. We are not happy with that result. Ironically, the assumption on which we based the closure (departmental reallocation/reduction of staff) did not materialize. Therefore, we are now in the process of assessing our best courses of action. Some decisions are certain: We will fill our vacant positions and we will continue our efforts to increase our professional staff, particularly psychiatrists.

We have just completed the first full year of experience with the Minnesota Commitment Act of 1982. We have found it to be a constructive document that protects the rights of psychiatric patients and gives adequate guidance to residential treatment facilities. Further, MCA '82 required a "catch-up" of judicial reviews for persons committed prior to its effective date. As a consequence, we were participants in forty-two reviews. This required a great staff investment that payed dividends in the protection of patient rights and the solidification of good relationships with courts and social service departments.

In July 1983, we held our first annual Family Day. We celebrated with a bounteous picnic, music, games and much visiting. We will build this event into a tradition that we expect will attract more family and alumni as the years go by.

Looking forward to 1984, we will be involved in admission and discharge criteria development, the design and implementation of management information systems, and the certain indepth evaluation of mental health programs by DPW program staff. With their help and the aid of others we shall look forward to identifying our strengths and weaknesses and resolve to be open-minded and constructive. Also, it shall be our goal to continue to be accredited by JCAH and licensed by the Department of Public Welfare and the Department of Health.

Dale S. Klaessy  
Mental Health Division Manager

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DDRC admissions for 1983 totalled 1485 and came from a total of 76 Minnesota counties. A cooperative effort with Clay and Otter Tail counties provided a combination inpatient/outpatient program (2 X 4).

A statewide program evaluation system, DAANES, was implemented July 1, 1983.

### Admission Detox Unit:

In 1983, 347 people were admitted to our unit on a detox status. Of these admissions, 25% remained for treatment. A full time RN was hired for the night shift to provide 24-hour RN nursing coverage. To facilitate nursing observation of patients needing to be secluded, a room adjoining the nursing station was remodeled to be used for seclusion. Implementation of insulated tray packs has greatly improved our meal service with food now being served to patients at the proper temperature.

### Primary Unit:

During 1983, 836 patients were admitted to the Primary Unit. Average length of stay for the male patients was 28 to 30 days and for the female patients 36 to 38 days. Some of the patients were a part of the 2 X 4 program and were on the unit through their individualized treatment plan (about two weeks). With additional staff, more services were added to recreational activities including a recreational assessment for the patients and also a greater effort in the area of vulnerability, particularly in the area of documentation and follow-up. We have continued our efforts of developing more community resources and better communication with county social service agencies, to provide better aftercare for patients upon discharge. During 1983, patients were admitted from counties throughout Minnesota as well as our receiving area.

### Freeway Unit:

During 1983, clients were admitted from throughout Minnesota and there were 164 admissions. The patients from the Freeway Unit are being bussed downtown for school each day from 2:00-4:30 p.m. We have added a chemical dependency counselor supervisor who serves as supervisor of the unit; a p.m. chemical dependency counselor will be added in the future and a full time social worker who works with patients and their families. We added more recreational activities. Freeway is continuing to emphasize family involvement, developing more community resources for aftercare and developing better communications with county social service agencies.

### HOPE Units:

In January of 1983, the HOPE II Unit moved into the first floor of the Cottage with HOPE I being on the second floor. This created more staff time and improved environment and programming that could be utilized by

## DDRC

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both units. A patient population survey was conducted during the spring of 1983 indicating an increasing change in the type of patient that is being treated in the HOPE program. During the past two years, the survey indicated an average of the overall population being 25% with chemically dependent personalities, 50% with classifications of a personality disorder, and 25% that were classified as being chemically dependent and mentally ill as well as chemically dependent and borderline mentally retarded. Because of the increase with the admission of the multi-disorder type person, a staff overload was noted and a need for more staff hours to meet the treatment needs of the multi-disorder person. This was accomplished by reducing the size of the units from 40 beds on HOPE I and 30 beds on HOPE II to two 24-bed units beginning September, 1983. Since September, 1983, a decrease in unauthorized absences has been noted, staff overload has been eliminated, the number of AMA discharges has decreased and the number of WMA discharges has increased. Total admissions for 1983 was 226. From this number, 36% successfully completed treatment.

#### LIV Program:

With the movement of LIV from the Cottage area to the second floor of the Admission Building of DDRC, the bed capacity was reduced from 40 to 30. There were some negatives with this move, but also some positives. The residents seem closer to one another and more able to help one another through confrontation. The average age has decreased. With the addition of a full time recreational therapist, use of the gym and exercise room have become part of the schedule. Group therapy seems to be on a more therapeutic level than before with smaller groups. More patients have attended AA out-of-town and in the community with positive feelings about their involvement. Total admissions for 1983 was 78. From this number, 37% successfully completed treatment.

#### Family Unit:

The 2½ day Family Program remains at a minimal cost of \$16 per person. This year, there were a number of scholarship donations allowing those otherwise unable to participate to experience Family Program. Average attendance per week was 13 clients per program. A total of 667 persons participated in the Family Program in 1983. Participants were from 66 Minnesota Counties and from three other states. Most referrals are significant others of patients in treatment. Other referrals came from other agencies, i.e., mental health centers, social services departments, halfway houses and community clergy. (See attached reports).

#### Counselor Training Program:

Thirteen trainees were graduated from the DDRC Counselor Training Program in 1983. January 1, 1984 there were 20 trainees enrolled in the program. John Whalen serves as Director of the program and is assisted by Tom Geiser. A full-time secretarial position was



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assigned to the training program during this year. The program continues to be accredited as an Institute of Higher Education by the Minnesota Higher Education Coordinating Board by the Institute for Chemical Dependency Professionals in Minnesota.

2 X 4 Program:

DDRC, in cooperation with Clay and Otter Tail counties, implemented a combination inpatient/outpatient treatment program. Patients meeting the criteria for admission to this program participate in two weeks of inpatient treatment at DDRC and they participate in 4 to 5 weeks of outpatient treatment in their respective county. A fulltime chemical dependency counselor was hired for each county and the position is funded through a grant.

DAANES:

DDRC is participating in a statewide data collection system for chemical dependency treatment, Drug and Alcohol Abuse Normative Evaluation System (DAANES). The data collection is completed on all admissions and discharges from DDRC. A monthly summary of these statistics is provided to DDRC through the Chemical Dependency Director of the Department of Public Welfare.

Staff Outside Activities:

Several DDRC counselors have received credentialing as Chemical Dependency Practitioners.

Membership in the Northwest Counselors Association and Minnesota Chemical Dependency Association is held by many DDRC staff.

John Whalen - Board of Directors of the Institute for CD Professionals of Minnesota; Chairperson of the Education & Training Committee of the Institute; Representative to the Certification Reciprocity Consortium.

Lavern Thompson - Minnesota Detox Association; Lake Region Halfway Homes, Inc.

Lorraine Ramberg - Regional Director-Minnesota Chemical Dependency Association; Ethics committee of the Institute for CD Professionals of Minnesota.

Ralph Pedersen - Chairman-Northwest Counselors Association.

Carol Hovland - Lake Region Halfway Homes, Inc., Secretary-Northwest Counselors Association.

Larry Norby - Lake Region Halfway Homes, Inc.

Floyd Hill - Director-Minnesota Association of Counselors on Alcoholism.

## FAMILY TABULATION

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	Free Way	Hope I	Hope II	Jell	Silk	Liv	Tieb	Wilson	Total Unit Ref.	Outside Ref	Grand Total
# pts. that had family scheduled	56	46	24	80	73	7	55	63	404		
# pts. that had family attend	32	20	13	35	48	4	33	32	217		
# pts. families did not attend	24	26	11	45	25	3	22	31	187		
# people scheduled	98	63	33	125	102	10	84	94	609	550	1159
# people attended	56	21	14	56	68	6	56	43	320	347	667
# people did not attend	42	42	19	69	34	4	28	51	289	203	492
# pts. scheduled for ITP	40	42	33	3	4	3	4	8	137		
# pts. attend	31	31	22	3	4	1	4	8	104		

Patient - related only			Outside Referral		
	Scheduled	Attended		Scheduled	Attended
Spouse	149	93	Pts. as part of treatment	137	104
Children	81	55	Halfway House	8	7
Parent	232	104	Self	203	100
Sibling	84	45	Pastors	11	8
Other Relatives	9	3	Social Services	72	45
Friend	54	20	Aftercare	36	14
Total	609	320	Trainee	29	28
			LSS	9	7
			Pact-Hursh	4	4
			Interns	5	4
			LMHC	6	3
			CPE	4	4
			MISC	26	19
			Total	550	347

## DDRC

<u>Referred by Counties</u>	<u>Scheduled</u>	<u>Attended</u>
Anoka	8	4
Aitkin	3	2
Becker	98	62
Beltrami	34	18
Benton	9	6
Brown	3	3
Blue Earth	6	3
Carlton	1	1
Cass	6	4
Chisago	1	0
Clay	185	119
Clearwater	7	0
Crow Wing	6	4
Dakota	14	7
Dodge	4	2
Douglas	70	36
Freeborn	3	3
Goodhue	1	1
Grant	20	16
Hennepin	19	8
Hubbard	26	11
Isanti	1	1
Itasca	8	5
Kandiyohi	1	0
Kittson	2	1
Lac Qui Parle	5	5
LeSeur	1	0
Lyon	3	2
McLeod	1	1
Mahnomen	17	6
Martin	1	1
Marshall	14	13
Meeker	8	2
Morrison	7	7
Nicollet	4	4
Norman	9	6
Olmsted	10	7
Otter Tail	228	125
Pennington	21	5
Pine	13	6
Pipestone	1	1
Polk	45	32
Pope	29	13
Ramsey	3	3
Red Lake	7	1
Redwood	7	5
Rice	7	3
Roseau	19	13
Sandstone	1	1

Cont,

<u>Referred by Counties</u>	<u>Scheduled</u>	<u>Attended</u>
St. Louis	6	2
Scott	3	0
Sherburne	4	2
Sibley	3	3
Stearns	8	2
Steele	8	4
Stevens	8	4
Todd	12	6
Traverse	8	6
Wadena	9	7
Wantowan	1	1
Warroad	1	1
Waseca	2	2
Waton	1	0
Wilkin	36	21
Wright	1	1
Yellow Medicine	2	2
California	1	1
Iowa	8	1
Montana	3	3
North Dakota	40	32
Australia	1	1
Total	1159	667