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# **FACT BOOK:** **State hospitals & nursing homes**

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Department  
of Public  
Welfare  
State of  
Minnesota



FACT BOOK: State Hospitals and Nursing Homes

January 3, 1983

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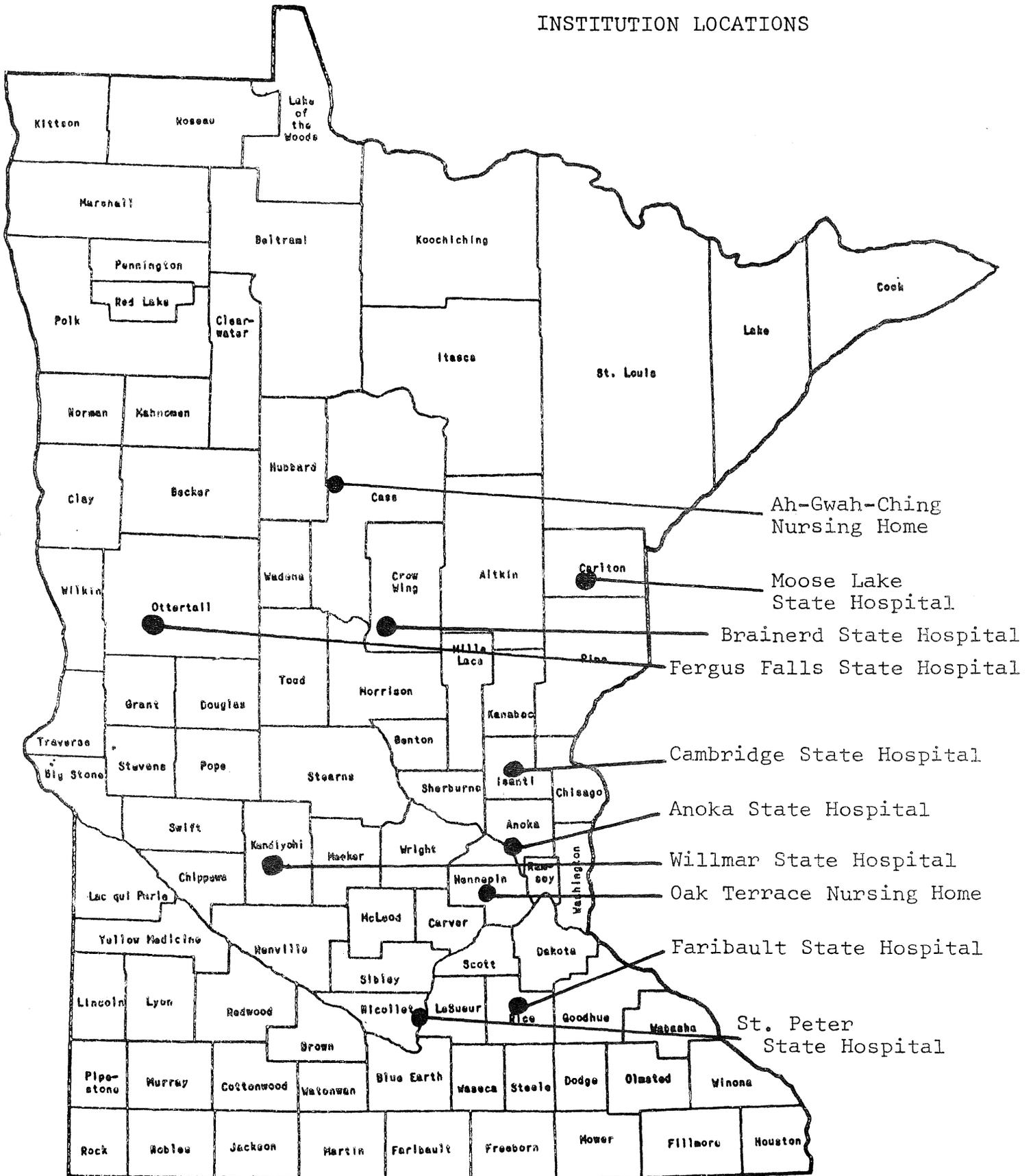
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DEPARTMENT OF PUBLIC WELFARE

INSTITUTION LOCATIONS



FACTS ON STATE HOSPITALS

State Hospitals

	<u>Actual FY 1981</u>	<u>Actual FY 1982</u>	<u>Actual &amp; Estimated FY 1983</u>	<u>Requested FY 1984</u>	<u>Requested FY 1985</u>
<u>Expenditures</u>	<u>\$121,738,700</u>	<u>\$127,388,297</u>	<u>\$141,282,600</u>	<u>\$149,004,900</u>	<u>\$146,606,100</u>
<u>Revenue -</u>					
Medicare	\$ 1,834,597	\$ 1,595,697	\$ 1,300,000	\$ 1,400,000	\$ 1,400,000
MA	76,867,473	85,881,614	95,500,000	96,300,000	97,000,000
Other*	10,032,951	11,630,297	13,800,000	14,400,000	15,200,000
TOTAL	<u>\$ 88,735,021</u>	<u>\$ 99,107,608</u>	<u>\$110,600,000</u>	<u>\$112,100,000</u>	<u>\$113,600,000</u>
<u>Population</u>					
MI	1,237	1,115	1,120	1,089	1,099
MR	2,548	2,328	2,230	2,225	2,143**
CD	661	644	640	664	678
Security	146	217	217	217	217
Sex Offender	43	40	40	40	40
TOTAL	<u>4,635</u>	<u>4,344</u>	<u>4,247</u>	<u>4,235</u>	<u>4,177</u>
<u>Staff</u>	<u>5,677***</u>	<u>5,677</u>	<u>5,463.1</u>	<u>5,447.1</u>	<u>5,447.1</u>

\*Includes county and court fees, private insurance and individual payments

\*\*Reflects average daily population for all of FY '85. Welsch vs. Noot population reduction target of 2100 is projected to be met by end of FY '85.

\*\*\*Does not include 50 Human Service Technician positions for recruitment delays

Nursing Homes

<u>Expenditures</u>	<u>\$ 12,572,000</u>	<u>\$ 13,319,282</u>	<u>\$ 15,598,400</u>	<u>\$ 16,436,300</u>	<u>\$ 16,177,900</u>
<u>Total Revenue</u>	<u>\$ 11,139,700</u>	<u>\$ 11,346,300</u>	<u>\$ 13,378,500</u>	<u>\$ 14,818,400</u>	<u>\$ 16,045,400</u>
<u>Population</u>	<u>660</u>	<u>670</u>	<u>680</u>	<u>690</u>	<u>700</u>
<u>Staff</u>	<u>617</u>	<u>617</u>	<u>617</u>	<u>617</u>	<u>617</u>

POPULATION OF STATE WELFARE FACILITIES AS OF NOVEMBER 30 EACH YEAR 1972-1982

<u>Institution</u>	<u>1972</u>	<u>1973</u>	<u>1974</u>	<u>1975</u>	<u>1976</u>	<u>1977</u>	<u>1978</u>	<u>1979</u>	<u>1980</u>	<u>1981</u>	<u>1982</u>
Anoka State Hospital	450	396	357	349	365	373	376	363	320	319	313
Brainerd State Hospital	879	748	651	653	662	637	593	545	519	499	489
Cambridge State Hospital	813	738	677	632	608	582	560	532	514	511	507
Faribault State Hospital	1,466	1,220	1,107	1,027	928	863	837	815	782	784	749
Fergus Falls State Hospital	554	547	517	498	554	580	613	569	545	553	549
Hastings State Hospital	240	265	223	184	123	119	Closed 5/1/78				
Moose Lake State Hospital	439	452	425	451	498	499	459	469	459	492	509
Rochester State Hospital & Social Adaptation Center	634	630	569	502	557	519	468	458	422	172	
St. Peter State Hospital, MVSAC, & Security Hospital	714	672	632	590	567	604	564	560	576	590	620
Willmar State Hospital	534	631	602	577	635	609	609	578	570	569	589
Lake Owasso Children's Home	77	75	73	60	To Ramsey County 6/1/76						
Ah-Gwah-Ching Nursing Home	462	458	432	386	356	368	360	348	329	326	323
Glen Lake State Sanatorium	22	18	16	2	Last TB Patient discharged 4/5/76						
Oak Terrace Nursing Home	325	319	322	334	333	338	334	333	333	331	330
Braille & Sight Saving School	66	40	65	59	55	Transferred to Dept. of Educa. 7/1/77					
School for the Deaf	259	237	214	195	179	Transferred to Dept. of Educa. 7/1/77					
Gillette State Hospital	46	28	Authority changed 5-1973								
<b>TOTALS</b>	<u>7,980</u>	<u>7,474</u>	<u>6,882</u>	<u>6,499</u>	<u>6,420</u>	<u>6,091</u>	<u>5,773</u>	<u>5,570</u>	<u>5,369</u>	<u>5,196</u>	<u>4978</u>

POPULATIONS - INSTITUTIONS FOR MENTALLY ILL, MENTALLY RETARDED AND CHEMICALLY DEPENDENT

<u>Year</u>	<u>Mentally Ill</u>	<u>Mentally Retarded</u>	<u>Chemically Dependent</u>	<u>Total</u>
1965 (1/31)	6,701	6,080	289	13,070
1970 (6/30)	3,223	4,696	371	8,290
1978 (6/30)	1,525	2,835	582	4,942
1979 (6/30)	1,568	2,757	560	4,885
1980 (6/30)	1,462	2,650	572	4,684
1981 (6/30)	1,222	2,430	603	4,255
1982 (6/30)	1,303	2,368	581	4,252

Licensed, Certified and Utilized Bed Capacities

In Residence\* Average Daily Census as of October, 1982

Campus	(1) This Mos. ADC	(2) Reg/Sp. Units	(3) MI	(4) MR	(5) CD	(6) Utilized Beds	(7) Certified Beds	(8) Licensed Beds	(9) % of Occupancy (Col 1 ÷ Col 6)
Anoka	305		224		81	338	257	347	90%
Brainerd	450		81	320	49	583 <sup>(1)</sup>	600	600	85%
MLC	44	(44)		44					
Cambridge	505			505		566	588	588	89%
Faribault	752			752		810	810	845	93%
Fergus Falls	516		115	249	152	613	717	717	84%
Moose Lake	506		199	113	194	635	663	705	80%
St. Peter	406		172	181	53	420	438	438	97%
MSH	217	(217)	213	4		236		236	92%
Willmar	587		312	160	115	628	644	644	94%
PEU	6	(6)	6						
Sub Total	4294	(267)	1322	2328	644	4829	4717	5120	89%
Total of Totals									

A <sup>(1)</sup> 17 double counted medical beds deducted.

<u>Nursing Homes (ADC Figs.)</u>	SNF	ICF	Total	Utilized Beds	% of Occupancy
Ah-Gwah-Ching	115	213	328	336	97%
Oak Terrace	288	44	332	346	96%

\*In residence includes short visits of 7 days or less.

*J. Gilbertson Ph.D.,  
Dept. of Welfare, Res. Facilities  
11/15/82 296-6976*

ALLOCATION OF BUILDING FUNDS

(Laws 1981, Chapter 4, Section 9)

Anoka State Hospital

Emergency Generator \$ 199,000

Brainerd State Hospital

Roof Repair \$ 299,000  
Remodel Resident Building 1,200,000  
\$1,499,000

Cambridge State Hospital

Roof Repair \$ 361,000  
Life Safety Code Remodeling 350,000  
Elevators in Cottages 8 and 11 223,000  
\$ 934,000

Faribault State Hospital

Remodel Cottages & Medical Hospital \$2,024,000  
Roof Repair 514,000  
Renovate Laundry 353,000  
Emergency Lighting 250,000  
\$3,141,000

Fergus Falls State Hospital

Fire & Life Safety Remodeling \$ 250,000  
Roof Repair 308,000  
\$ 558,000

Moose Lake State Hospital

Roof Repair \$ 132,000  
Remodel Buildings 765,000  
\$ 897,000

Rochester State Hospital

Remodel Building 8 \$ 77,000  
Roofs 98,000  
\$ 175,000

St. Peter State Hospital

Complete Construction of the Security Hospital	\$ 862,000
Roof Repair	245,000
Life Safety Code Remodeling	500,000
Emergency Generator	218,000
	<u>\$1,825,000</u>

Willmar State Hospital

Licensure Code Remodeling	\$ 265,000
Remodel Bathing Facilities	154,000
Roof Repairs	80,000
Repair Deep Well	5,000
	<u>\$ 504,000</u>

NURSING HOMES

(Laws 1981, Chapter 4, Section 9)

Ah-Gwah-Ching Nursing Home

Fire Safety	\$ 512,000
Remodeling Residences	167,000
New Water Tower	196,000
Ash Handling System	210,000
	<u>\$1,085,000</u>

Oak Terrace Nursing Home

Home roof repair 11 and 17	<u>\$ 71,000</u>
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SUMMARY OF EXPENDITURES  
YEAR ENDING JUNE 30, 1982

<u>Institution</u>	<u>Salaries</u>	<u>Current Expense</u>	<u>Repairs and Replacements</u>	<u>Special Equipment</u>	<u>Total</u>
Anoka	\$ 8,385,169	\$ 1,001,534	\$ 48,749	\$ 20,394	\$ 9,455,846
Brainerd	13,972,184	1,585,717	75,001	-0-	15,632,902
Cambridge	14,419,047	1,453,998	71,226	25,616	15,969,887
Faribault	20,254,451	2,386,404	106,091	51,183	22,798,129
Fergus Falls	12,619,583	1,455,602	82,803	34,000	14,191,988
Moose Lake	9,680,317	1,283,503	60,910	1,429	11,026,159
Rochester	7,515,537*	702,939	46,013	653	8,265,142
St. Peter	10,457,754	1,638,103	93,508	38,789	12,228,154
Security Hosp.	3,790,492	-0-	-0-	-0-	3,790,492
Willmar	12,585,647	1,343,558	67,069	33,324	14,029,598
Subtotal	<u>113,680,181</u>	<u>12,851,358</u>	<u>651,370</u>	<u>205,388</u>	<u>127,388,297</u>
<u>Nursing Homes</u>					
Ah-Gwah-Ching	5,812,125	735,934	22,144	5,353	6,575,556
Oak Terrace	<u>5,763,806</u>	<u>913,244</u>	<u>43,903</u>	<u>22,773</u>	<u>6,743,726</u>
Subtotal	<u>11,575,931</u>	<u>1,649,178</u>	<u>66,047</u>	<u>28,126</u>	<u>13,319,282</u>
GRAND TOTAL	<u>125,256,112</u>	<u>14,500,536</u>	<u>717,417</u>	<u>233,514</u>	<u>140,707,579</u>

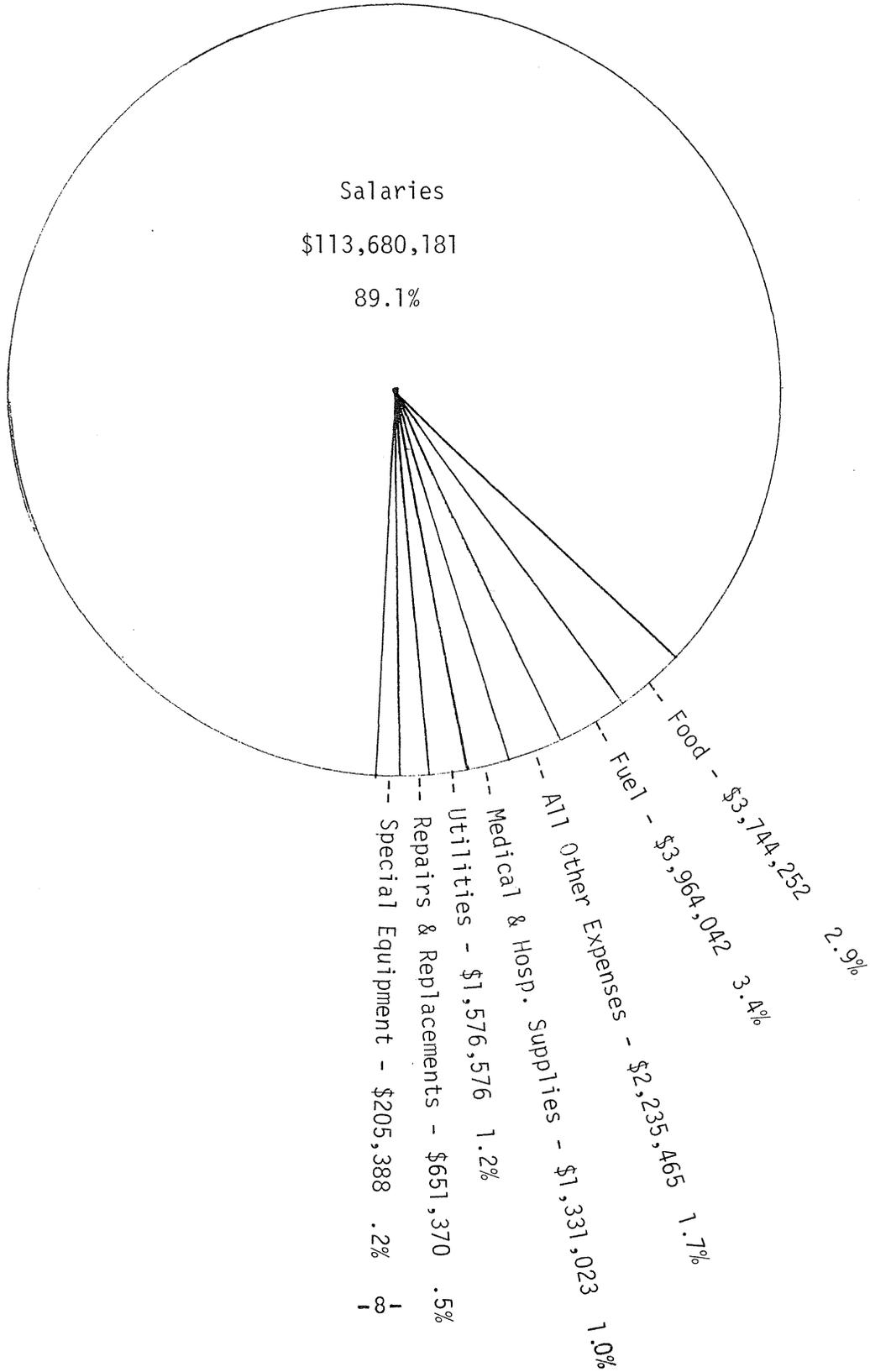
\*Does not include \$221,284 of Unemployment Compensation paid from available Central Office funds.

STATE HOSPITALS

SUMMARY OF EXPENDITURES

Year Ending June 30, 1982

TOTAL: \$127,388,297

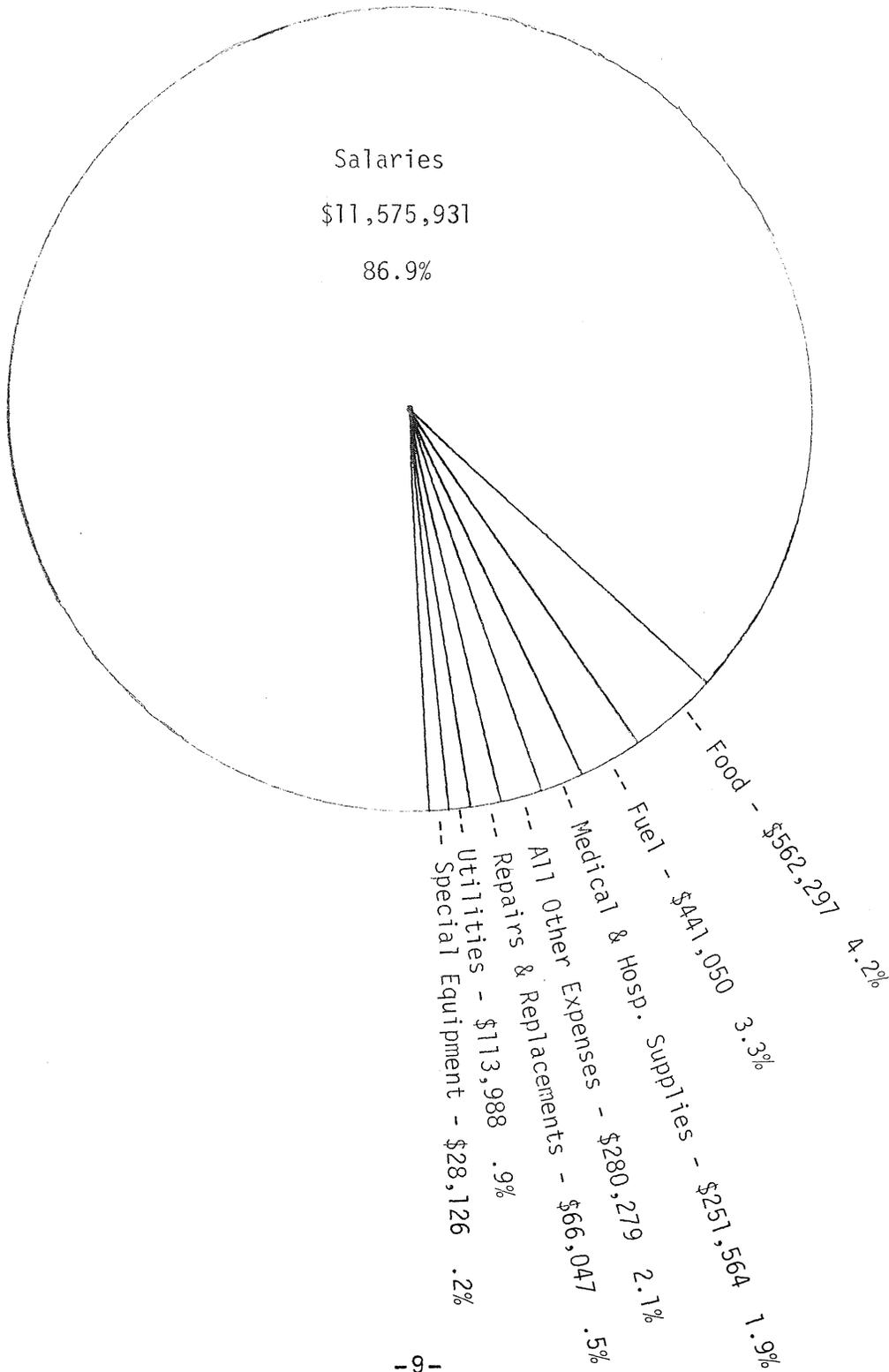


NURSING HOMES

SUMMARY OF EXPENDITURES

Year Ending June 30, 1982

TOTAL: \$13,319,282



SQUARE FOOTAGE AND ACREAGE OF CAMPUSES

<u>State Hospitals</u>	<u>Square Feet</u>	<u>Acreage</u>
Anoka	476,716	243.50
Brainerd	734,829	198.33
Cambridge	695,137	245.00
Faribault	950,595	760.00
Fergus Falls	878,660	320.25
Moose Lake	535,313	175.00
Rochester	779,494	165.88
St. Peter	829,303	751.43
Willmar	587,073	158.00
	<hr/>	<hr/>
Total - State Hospitals	6,467,120	3,017.39
 <u>Nursing Homes</u>		
Ah-Gwah-Ching	250,030	240.00
Oak Terrace	444,835	75.91
	<hr/>	<hr/>
Total - Nursing Homes	694,865	315.91
 GRAND TOTAL	 <u>7,161,985</u>	 <u>3,333.30</u>

DEPARTMENT OF PUBLIC WELFARE  
 LAND AND BUILDINGS DECLARED SURPLUS  
 JANUARY 1, 1973 THROUGH DECEMBER 31, 1982

<u>Institution</u>	<u>Type of Building</u>	<u>Square Footage</u>	<u>Status</u>	<u>Acres</u>	<u>If Sold- Selling Price</u>
<u>ANOKA STATE HOSPITAL</u>	Farm buildings (milk house, barn, 4 silos, slaughter house, farm house, garage)	15,146	Demolished		\$
	Pumping Station	756	Demolished		
	Staff House #5 and garage	2,799	Sold		1,984.50
	Staff House #1 and garage	2,767	Sold		3,820.00
	Staff House #2 and garage	2,763	Sold		3,650.00
	Staff House #3 and garage	3,036	Sold		9,800.00
	Staff House #4 and garage	2,763	Sold		4,130.00
	Burns Building	50,390	Demolished (4/1/79)		
Surplus Property - NE ¼ of SE ¼ of Sec. 9, Twmsp. 31, Range 24, lying NE of Trunk Hwy #10 in Coon Rapids, Mn., County of Anoka		Transferred to DNR 5/1/80	10.5		
<u>BRAINERD STATE HOSPITAL</u>	No buildings declared surplus.				
<u>CAMBRIDGE STATE HOSPITAL</u>	Patients' Residence (Cottage #7)	19,288	Demolished		
	Staff House #5W (Incl. lot)	3,120	Sold 10/9/75		27,650.00
	Staff House #3N	2,484	Sold 6/8/74		12,000.00
	Staff House #4E	1,200	Sold 11/5/77		41,800.00
	Staff House 2C (as of Nov. 1, 1978)	2,000	Sold 5/10/79		13,690.00
<u>FARIBAULT STATE HOSPITAL</u>	Farm Building #70 - Piggery	1,250	Demolished		
	Farm Building #86 - Bull Pen	784	Demolished		
	Farm Building #87 - Sick Bay	430	Demolished		
	Farm Building #89 - Barn	2,400	Demolished		
	Farm Building #91 - Maternity Barn	2,400	Demolished		
	Farm Building #104 - Slaughter House	560	Demolished		
	Farm Building #105 - Farrowing House	3,500	Demolished		

<u>Institution</u>	<u>Type of Building</u>	<u>Square Footage</u>	<u>Acres</u>	<u>Status</u>	<u>If Sold - Selling Price</u>
<u>FARIBAULT</u> Continued	Farm Building #106 - Barn	1,800		Demolished	
	Farm Building #107 - Barn	4,420		Demolished	
	Farm Building #108 - Farrowing House	3,552		Demolished	
	Farm Building #109 - Barn	1,250		Demolished	
	Chippewa Building	70,114		Demolished	
	Iris Cottage	12,262		Demolished	
	Sioux Cottage	12,879		Demolished	
	Ivy Building	68,126		Demolished	
	Daisy Cottage	12,262		Demolished	
	Staff House #71, garage #72 (incl. lot)	2,656		Sold	27,200.00
	Staff House #73, garage #74 (incl. lot)	2,656		Sold	26,300.00
	Staff House #75, garage #76 (incl. lot)	2,748		Sold	34,000.00
	Garage #97	264		Sold	
	Staff House #98	2,025		Sold	34,750.00
	Garage #99	308		Sold	
	Staff House #100, garage #101 (incl. lot)	3,062		Sold	30,150.00
	Staff House #102, garage #103 (incl. lot)	2,515		Sold	25,200.00
	Superintendent's Residence #1	8,362		Sold & Razed	1.00
	Vacant Lot, Lot 5, Block 1		(80' x 155')	Sold	4,600.00
	Vacant Lot, Lot 8, Block 1		(89' x 155')	Sold	5,125.00
Vacant Lot, Lot 9, Block 1		(102' x 155')	Sold	7,100.00	
Access leased to City of Faribault for Nature Interpretative Center			536		
<u>FERGUS</u> <u>FALLS</u> <u>STATE</u> <u>HOSPITAL</u>	Cottage B & C - Bldg. 43	5,298		Pending	
	Cottage D Bldg. #44	3,922		Pending	
	Cottage E Bldg. #7	2,624		Leased to O.T. Cty Humane Soc.	
	Cottage A Bldg. #39	3,024		Pending	
	East Detach	60,025		½ leased to School Dist. 544	
	Staff House #40 (as of 7/15/78)	2,352		Pending	
	Staff House #46 (as of 7/15/78)	2,612		Pending	
	Staff House #47 (as of 7/15/78)	3,171		Pending	
Staff House #48 (as of 7/15/78)	3,171		Pending		

<u>Institution</u>	<u>Type of Building</u>	<u>Square Footage</u>	<u>Acres</u>	<u>Status</u>	<u>If Sold - Selling Price</u>
<u>MOOSE LAKE STATE HOSPITAL</u>	Beach House	209		Demolished	
	Staff House 40	3,402		Sold	3,506.00
	Staff House 41	2,820		Transferred to DNR	
	Staff House 42	2,988		Sold	31,200.00
	Staff House 43 (incl. lot)	2,988		Sold	25,000.00
	Staff House 44 (incl. lot)	2,820		Sold	20,500.00
	Staff House 45	3,326		Sold	30,250.00
	Staff House 46 (incl. lot)	3,326		Sold	28,000.00
<u>ROCHESTER STATE HOSPITAL</u>	Closed in accordance with Laws 1981, Chapter 360, Section 2.				
<u>ST. PETER STATE HOSPITAL</u>	Building 88 - Corn Crib	1,718		Sold	410.00
	Building 86 - Hog House	6,126		Demolished	
	Building 46 - Staff House	1,863		Sold	420.00
	Building 47 - Staff House	2,348		Demolished	
	Building 42 - Staff House	2,484		Sold	13,900.00
	Building 43 - Staff House	2,484		Sold	12,500.00
	Building 44 - Staff House	2,484		Sold	11,200.00
	Building 45 - Staff House	1,602		Sold	6,200.00
	Building 40 - Staff House	1,346		Sold	14,000.00
	Liberty Hall (#14)	18,006		Demolished	
	Greenhouse - Bldg. #85	6,966		Sold	425.00
	Wooden Shed	320		Demolished	
	Building 30	16,755		Pending	
	Building 35	8,499		Leased*	
Acreage		15	Pending		
Building #57 - Old Security Hosp.	78,682		To Be Demolished		

\*Surplus but leased to Brown-Nicollet for an Adolescent Treatment Unit.

<u>Institution</u>	<u>Type of Building</u>	<u>Square Footage</u>	<u>Acres</u>	<u>Status</u>	<u>If Sold - Selling Price</u>
<u>WILLMAR STATE HOSPITAL</u>	Hog House	none		Demolished	
	Chief Engineer's Staff House	1,728		Sold	2,155.00
	Old Barn	8,000		Demolished	
	Farm Manager's Residence	1,728		Sold	410.00
	Staff House (Doctor's Residence)	2,600		Sold	8,560.40
	Staff House R-3 (as of Oct. 1, 1978)	2,600		Sold	10,450.00
	Staff House R-6	2,900		Sold	14,859.00
Chapel Bldg./Auditorium #11	16,400		To be demolished		
<u>AH-GWAH-CHING NURSING HOME</u>	Chicken Coop	none		Demolished	
	Staff House #44	2,156		Sold	1,560.00
	Staff House #46 and garage	2,184		Sold	2,654.29
	Staff House #48 (to be removed)	2,184		Sold	750.00
	Staff House #49	2,884		Sold	125.00
<u>OAK TERRACE NURSING HOME</u>	Building #2 - Staff House	2,880		Sold	50.00
	Building #3 - Staff House & garage	3,232		Sold	225.00
	Nurses Home #1	74,001*		Surplus-Leased to Nexus, Inc.	
	Superintendent's Residence #4	4,590		Surplus-Leased to Alanon	
	Building #6 - Children's Bldg.	21,096		Pending	
	Building #16 - Men's Bldg.	37,681		Pending	
	Building #7 - West Cottage	13,038		Pending	
		<u>762,740</u>	<u>571.0</u>		<u>\$552,260.19</u>

\*Square footage was listed as 40,148 sq. ft. for Nurses Home #1, this is actually square footage of one building. #1 is a double building with total square footage of 74,001 per American Appraisal.

## AH-GWAH-CHING NURSING HOME

### HISTORY

On April 21, 1903, the State Legislature enacted a law establishing the Minnesota Sanatorium for Consumptives. The State Board of Control authorized purchase of real estate for a sanatorium site. Between 1906 and 1907 a site was chosen three miles south of Walker above Shingobee Bay of Leech Lake and the first two admissions were made on December 28, 1907.

Since that time, and up to 1962, 13,000 tuberculous patients were admitted and treated at the hospital. In the 1940's, a gradual decline in population started. In 1956, and following, a few non-tuberculous elderly were admitted. In 1961, the Legislature changed the purpose of the Minnesota State Sanatorium from a facility serving the tubercular to one serving geriatric patients. By law, the Sanatorium became a nursing home on January 1, 1962.

On July 1, 1973, the State Fire Marshal recommended that the Home's licensed capacity be no more than 456 beds in order to alleviate overcrowding in some areas. In the mid-70's, the Minnesota Health Department invoked further restrictions on floor-to-bed square foot ratio to meet Medicaid standards for skilled and intermediate care facilities.

Residents and patients come from almost all counties of the State in general proportion to the populations of the counties.

### FUNCTION

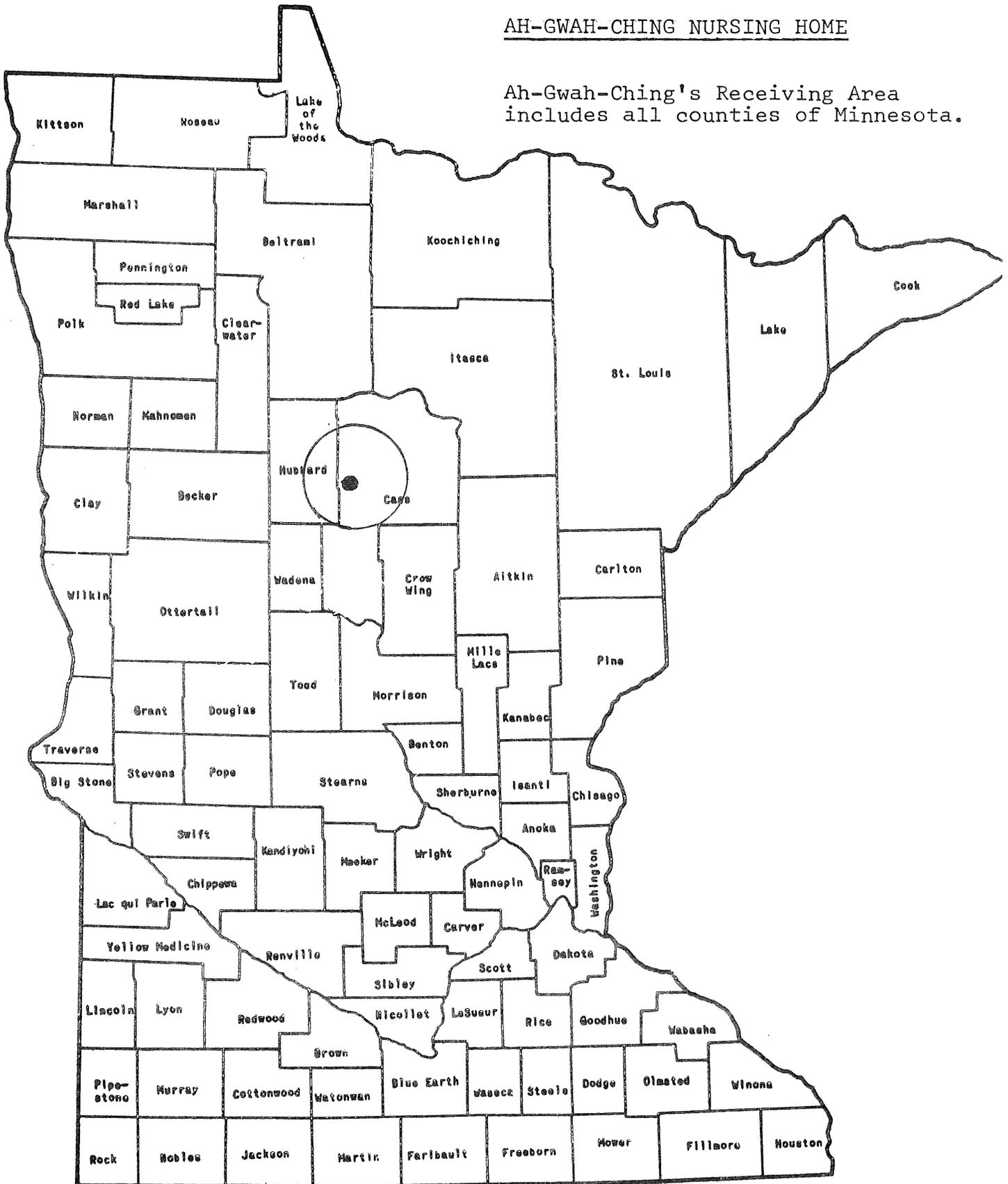
Ah-Gwah-Ching primarily cares for a geriatric population. Younger residents may be admitted based on the decision of the Admissions Committee and State regulations.

Residents are generally referred from a setting where they can no longer reside because of need for specialized nursing care, including assistance because of disorientation, long-term institutionalization, and inappropriate behaviors or habits.

Individuals no longer in need of treatment in a state hospital but for whom no other placement is feasible comprise the majority of admissions. Referrals are effected through the responsible county welfare department. The sources of such referrals include physicians, other nursing homes, community hospitals and Veterans' Administration Hospitals.

AH-GWAH-CHING NURSING HOME

Ah-Gwah-Ching's Receiving Area  
includes all counties of Minnesota.



AH-GWAH-CHING NURSING HOME

STATISTICAL AND FINANCIAL DATA

Approved Complement, October 1982 - 311

Population, October, 1982 average - 328

AVERAGE POPULATION - 15 Year Period

<u>Fiscal Year</u>		<u>Fiscal Year</u>	
1967-68	469	1974-75	426
1968-69	479	1975-76	386
1969-70	477	1976-77	363
1970-71	471	1977-78	369
1971-72	465	1978-79	358
1972-73	458	1979-80	351
1973-74	451	1980-81	328
		1981-82	330

ADMISSIONS AND DISCHARGES 5 Year Period

<u>Fiscal Year</u>	<u>Admissions</u>	<u>Discharges (Incl. deaths)</u>
1977-78	72	72
1978-79	60	75
1979-80	78	80
1980-81	36	58
1981-82	47	49

EXPENDITURES

	<u>FY</u> <u>1978</u>	<u>FY</u> <u>1979</u>	<u>FY</u> <u>1980</u>	<u>FY</u> <u>1981</u>	<u>FY</u> <u>1982</u>
Salaries	\$4,172,763	\$4,515,183	\$5,137,659	\$5,484,421	\$5,812,125
Current Expense	533,621	595,859	646,694	659,027	735,934
Rep. & Repl.	23,571	32,412	26,827	21,997	22,144
Special Equip.	20,597	14,323	14,280	5,364	5,353
Total	<u>\$4,750,552</u>	<u>\$5,157,777</u>	<u>\$5,825,460</u>	<u>\$6,170,809</u>	<u>\$6,575,556</u>
Per Capita Costs	\$12,874.00	\$14,407.00	\$16,597.00	\$18,643.00	\$20,232.00

## ANOKA STATE HOSPITAL

### HISTORY

Anoka State Hospital was first occupied in 1902 and was the fourth hospital built in Minnesota to care for the mentally ill. Following much competition between the towns of Hastings and Anoka for location of the new facility, the Legislature finally accorded each town an institution designated as "transfer asylums" as opposed to the existing "receiving" hospitals at St. Peter, Rochester, and Fergus Falls.

By June, 1930, the population had risen to 1060 and it continued to rise annually to a maximum in 1954, when the population was approximately 1500, 1000 of which were women. It was originally approved by the American Hospital Association in 1940. Anoka received its first psychiatrist in 1935, first social worker in 1948, and first psychologist in 1949.

In 1948, Anoka was designated as the center for treatment of tuberculosis among the mentally ill. Eventually tuberculosis patients were relocated from cottage areas into the "main" building then renamed the Burns Building. In 1951, Anoka changed status from "transfer" hospital to "receiving" hospital with the construction and occupancy of the Miller Building. In December, 1967, the tuberculosis treatment center was closed out.

By Legislative mandate: 1) The medical-surgical program was discontinued the end of June, 1971; 2) the Minnesota Residential Treatment Center, a program for emotionally disturbed children between the ages of 5 and 12, was discontinued at the end of July, 1972. This unit transferred here from Lino Lakes in April, 1970. By Department of Public Welfare directive, the Adolescent Center, formerly located in the Miller Building, was discontinued in March of 1973, after eight years of operation. This unit's treatment program was for boys and girls, ages 13-18, with emotional problems and character disorders. This directive was based on a lack of referrals to the program and increase in community agencies who specialized in treating these problems.

### FUNCTION

Anoka State Hospital provides inpatient mental illness and chemical dependency treatment services to severely disabled persons from the Metro Region, most of whom have exhausted community hospital and outpatient program alternatives and are medically indigent. The hospital has a total of 347 licensed beds, 257 in the mental illness treatment program and 90 in the chemical dependency treatment program.

## MENTAL ILLNESS TREATMENT PROGRAM SERVICES

Each of the seven treatment units operates a specialized treatment program designed to meet the treatment needs of a broad group of patients. Within the treatment program, the individual treatment needs of patients are addressed by a multidisciplinary treatment team. Catchment Area: Anoka, Dakota, Hennepin, Ramsey, Sherburne, Washington Counties.

### Admission Units - Miller North and South - 54 beds

All patients admitted with a mental illness diagnosis are placed on one of the admission units for initial assessment, evaluation, and treatment planning followed by transfer to the treatment unit which is determined to most effectively meet their treatment needs. If hospitalization is expected to be of short duration, the patient may remain on the admission unit for treatment and discharge. The Miller South Admission Unit also operates a 5-bed Secure Intensive Care Unit for patients requiring short term crisis intervention.

### Mental Illness/Chemical Dependency Unit - Vail I - 45 beds

Provides specialized treatment programming for mentally ill persons with concomitant chemical dependency problems.

### Social Skills Unit - Vail II - 48 beds

Provides specialized treatment programming for long term chronically ill persons whose goal of treatment is placement in a community-based residential facility. The programming emphasizes activities of daily living, group work, goal setting, pre-vocational training.

### Gero-Psychiatric Unit - Vail III - 36 beds

Provides specialized treatment programming for mentally ill persons who, because of age or concomitant medical management problems, are unable to participate in another unit's program. Goal of treatment is either placement in another treatment unit or discharge to a skilled nursing facility in the community.

### Behavior Modification Unit - Cottage 9 - 37 beds

Provides specialized treatment programming for persons with behavior problems which would severely interfere with or prevent effective participation in another unit's program. Programming emphasizes the use of behavior therapy techniques.

### Step Level/Fairweather Unit - Cottage 8 - 37 beds

Provides specialized treatment programming for persons who are expected to require a relatively short (3-6 months) period of hospitalization prior to community placement in a Fairweather Lodge or other residential facility, or in an independent living situation.

## CHEMICAL DEPENDENCY TREATMENT PROGRAM SERVICES

The two treatment units operate specialized treatment programs designed to meet the treatment needs of their patients. Within the treatment program, the individual treatment needs of patients are addressed by a multidisciplinary treatment team. Catchment area: Anoka, Dakota, Hennepin, Sherburne Counties.

### Primary Treatment Unit - Cronin Building - 55 beds

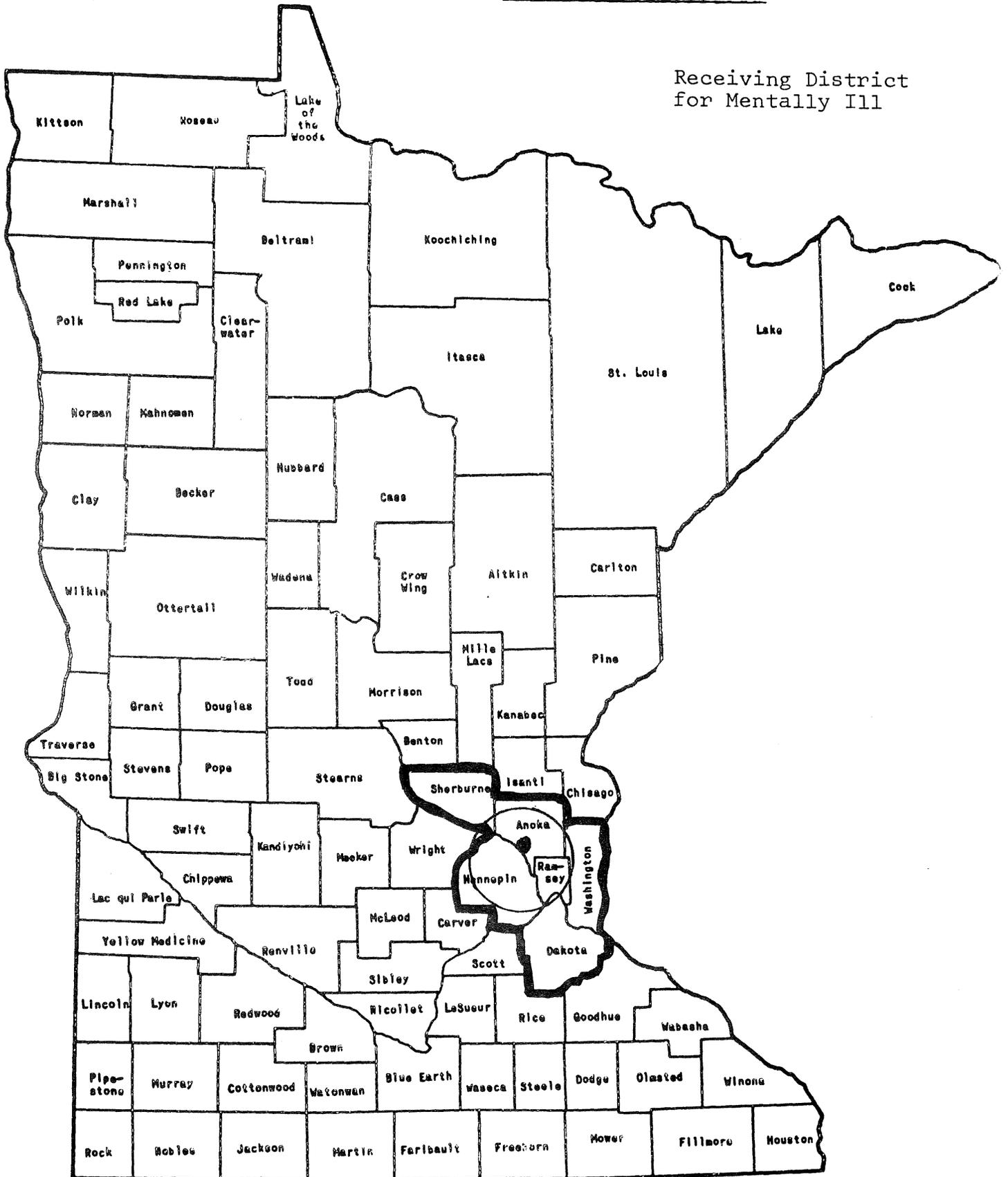
Primary treatment is a program of four to six weeks' duration. This program is geared to educate the patient about chemical abuse, gain his acceptance of his dependency and of the means to maintain sobriety. The program features lectures, films, and group sharing. The Alcoholics Anonymous philosophy is stressed along with 12 steps of Alcoholics Anonymous. Evening AA meetings are conducted by outside groups. In addition, there is individual counseling, occupational and recreational therapy. An individualized after-care plan is prepared with each patient, concerned persons and community agencies.

### Extended Treatment Unit - Cronin Building - 35 beds

Extended treatment is a program of three to four months' duration. The program is intended for the person whose previous treatment has not been effective and whose chemical dependency has virtually brought life to a standstill. The goal of treatment is sobriety and the regaining of the ability to function in society. The Alcoholics Anonymous philosophy and the 12 steps of Alcoholics Anonymous are used in the program. Daily program activities include participation in a step level system of responsibilities and privileges, group therapy, peer group meetings, industrial therapy and recreational therapy. Weekly AA meetings are conducted by alumni or community groups. A comprehensive aftercare plan is prepared and discharge placement typically involves placement in a community-based halfway house.

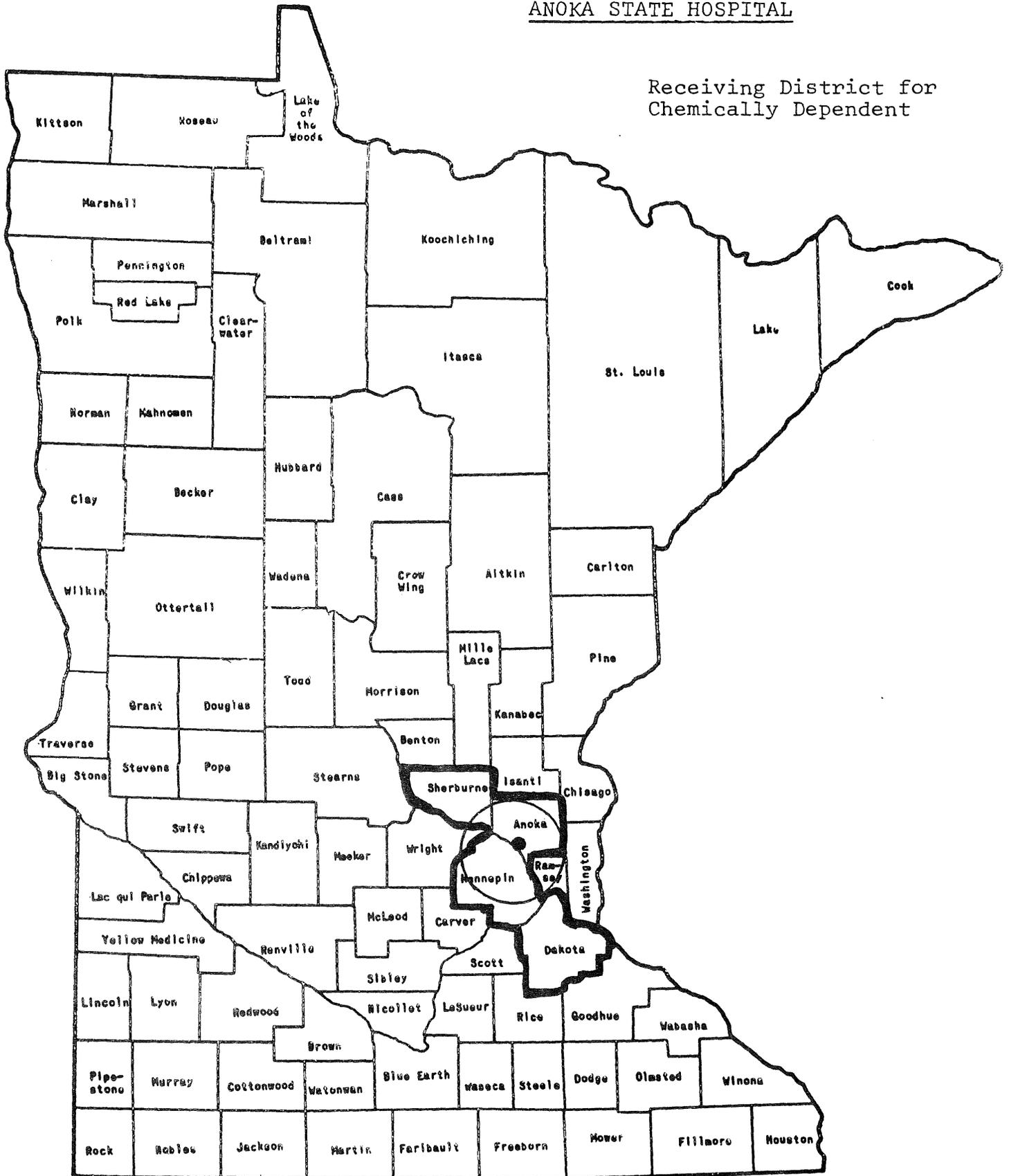
ANOKA STATE HOSPITAL

Receiving District  
for Mentally Ill



ANOKA STATE HOSPITAL

Receiving District for  
Chemically Dependent



ANOKA STATE HOSPITAL

STATISTICAL AND FINANCIAL DATA

Approved Complement, October 1982 - 378.76

Population, October 1982 average - 305

AVERAGE POPULATION 15 Year Period

<u>Fiscal Year</u>	<u>MI</u>	<u>CD</u>	<u>Total</u>	<u>Fiscal Year</u>	<u>MI</u>	<u>CD</u>	<u>Total</u>
1967-68	599		599	1974-75	255	103	358
1968-69	563		563	1975-76	255	83	338
1969-70	476		476	1976-77	246	76	322
1970-71	435	11	446	1977-78	248	88	336
1971-72	335	86	421	1978-79	281	87	368
1972-73	297	143	440	1979-80	280	82	362
1973-74	274	117	391	1980-81	240	80	320
				1981-82	228	78	306

ADMISSIONS AND DISCHARGES 5 Year Period

<u>Fiscal Year</u>	<u>MI</u>	<u>Admissions</u>		<u>MI</u>	<u>Discharges</u>	
		<u>CD</u>	<u>Total</u>		<u>CD</u>	<u>Total</u>
1977-78	497	686	1183	490	689	1179
1978-79	526	663	1189	485	665	1140
1979-80	446	670	1116	463	716	1179
1980-81	431	578	1009	432	576	1008
1981-82	543	657	1200	541	692	1233

EXPENDITURES

	<u>FY</u> <u>1978</u>	<u>FY</u> <u>1979</u>	<u>FY</u> <u>1980</u>	<u>FY</u> <u>1981</u>	<u>FY</u> <u>1982</u>
Salaries	\$5,736,058	\$6,581,370	\$7,431,492	\$8,095,430	\$8,385,169
Current Expense	741,539	840,533	903,740	956,998	1,001,534
Rep. & Repl.	42,958	47,707	46,253	50,334	48,749
Special Equip.	26,147	13,276	27,355	1,214	20,394
Total	\$6,546,702	\$7,482,886	\$8,408,840	\$9,103,976	\$9,455,846
Per Capita Costs	\$19,484.00	\$20,334.00	\$23,229.00	\$28,450.00	\$30,901.00

## BRAINERD STATE HOSPITAL

### HISTORY

In September, 1958, the first building on the Brainerd State Hospital campus was opened and 88 residents from a 28-county receiving area were transferred from Cambridge and Faribault State Hospitals. By 1967, the campus was completed as it stands today.

In July, 1970, the Minnesota Learning Center was established as a part of Brainerd State Hospital because of the closing of Owatonna State School by legislative action.

The establishment of programs for mentally ill and chemically dependent in January, 1971, made Brainerd the first institution to become a multi-service facility.

In 1971 also, a number of retarded residents were transferred to Fergus Falls and Moose Lake State Hospitals in a move toward regionalization and smaller receiving areas which would place residents nearer their home counties.

### FUNCTION

Recognizing and accepting an unconditional positive regard for human life and for the dignity and worth of all individuals, whether mentally retarded, multiply handicapped, mentally ill, or subject to chemical dependency, it is the function of Brainerd State Hospital to treat and train clients with the objective of maximizing individual self-dependence, growth, and development and, where possible, to return them to the community with the capability to cope with their disabilities and successfully function in society.

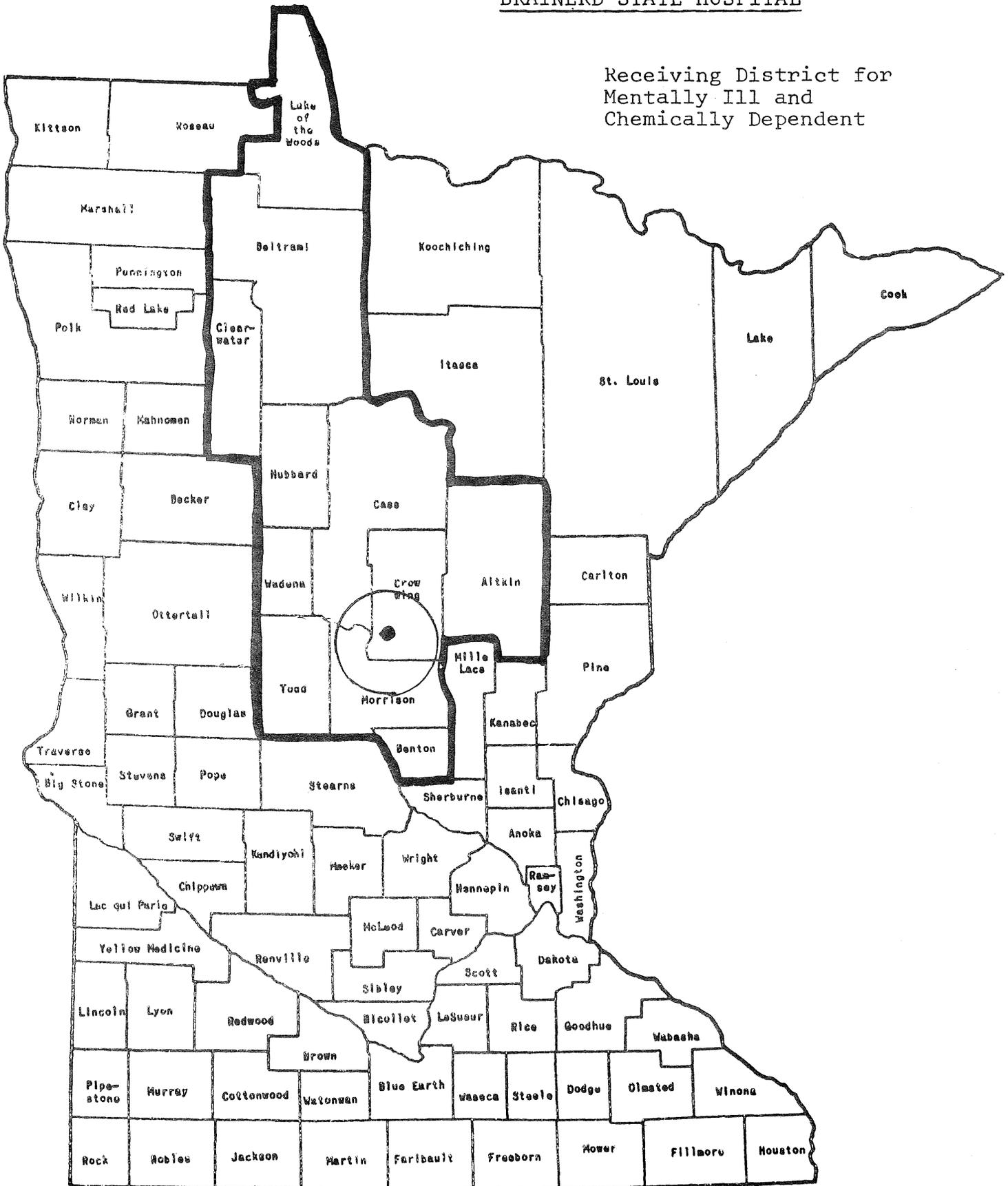
### AREA SERVED

Maps of areas served are shown on the following pages.

(The Minnesota Learning Center serves the educable retarded with behavior problems from the entire State.)

BRAINERD STATE HOSPITAL

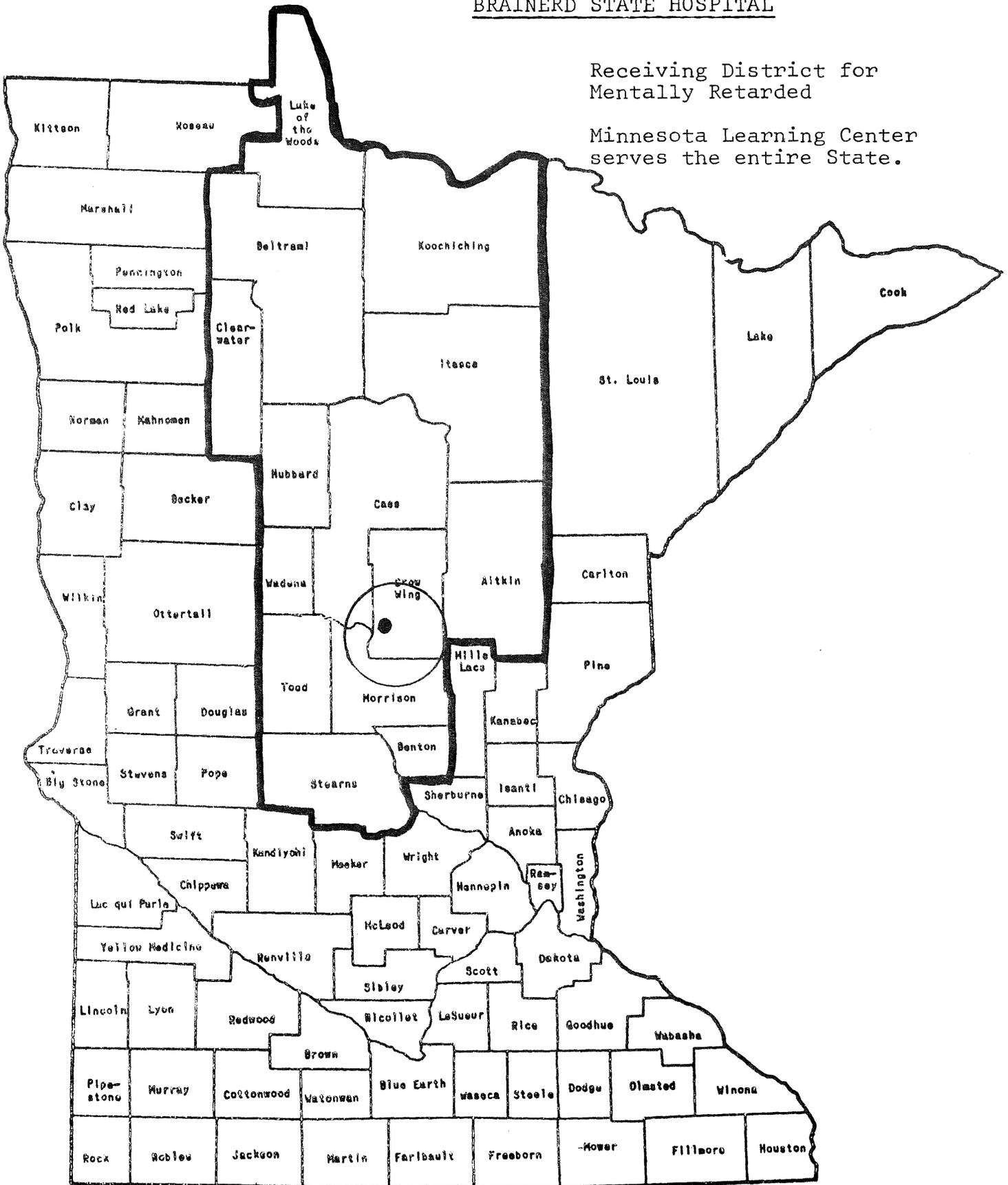
Receiving District for  
Mentally Ill and  
Chemically Dependent



BRAINERD STATE HOSPITAL

Receiving District for  
Mentally Retarded

Minnesota Learning Center  
serves the entire State.



BRAINERD STATE HOSPITAL

STATISTICAL AND FINANCIAL DATA

Approved Complement, October, 1982 - 686.73

Population, October, 1982 average - 494\*

\*Includes Minnesota Learning Center

AVERAGE POPULATION - 15 Year Period

<u>Fiscal Year</u>	<u>MI</u>	<u>MR*</u>	<u>CD</u>	<u>Total</u>	<u>Fiscal Year</u>	<u>MI</u>	<u>MR*</u>	<u>CD</u>	<u>Total</u>
1967-68		1290		1290	1974-75	40	589	37	666
1968-69		1246		1246	1975-76	49	581	36	666
1969-70		1205		1205	1976-77	58	562	42	662
1970-71	44	956	18	1018	1977-78	67	511	42	620
1971-72	58	831	33	922	1978-79	72	470	38	580
1972-73	61	762	35	858	1979-80	60	440	43	543
1973-74	50	655	42	747	1980-81	65	376	47	508
					1981-82	74	363	49	486

\*Includes Minnesota Learning Center

ADMISSIONS AND DISCHARGES - 5 Year Period

<u>Fiscal Year</u>	<u>Admissions</u>					<u>Discharges</u>				
	<u>MI</u>	<u>MR</u>	<u>MLC</u>	<u>CD</u>	<u>Total</u>	<u>MI</u>	<u>MR</u>	<u>MLC</u>	<u>CD</u>	<u>Total</u>
1977-78	278	36	80	585	979	254	64	82	560	960
1978-79	335	42	73	563	1033	366	65	81	574	1086
1979-80	308	29	85	533	957	314	60	80	537	991
1980-81	258	34	84	451	827	242	92	91	440	865
1981-82	302	25	70	412	809	277	30	65	420	792

EXPENDITURES

	<u>FY 1978</u>	<u>FY 1979</u>	<u>FY 1980</u>	<u>FY 1981</u>	<u>FY 1982</u>
Salaries	\$10,492,744	\$11,314,416	\$11,971,373	\$13,084,713	\$13,972,184
Cur. Exp.	1,282,180	1,309,388	1,358,836	1,380,958	1,585,717
Rep.&Rpl.	70,632	78,157	72,838	60,687	75,001
Sp.Equip.	47,912	21,003	80,591	6,291	-0-
Sub.Tot.	<u>\$11,893,468</u>	<u>\$12,722,964</u>	<u>\$13,483,638</u>	<u>\$14,532,649</u>	<u>\$15,632,902</u>
Less: Systemwide					
Reg. Laundry Costs		<u>429,001</u>	<u>460,448</u>	<u>495,885</u>	<u>545,055</u>
	\$11,893,468	\$12,293,963	\$13,023,190	\$14,036,764	\$15,087,847
Per Capita Costs	\$19,183.00	\$21,196.00	\$23,984.00	\$27,631.00	\$31,045.00

## CAMBRIDGE STATE HOSPITAL

### HISTORY

Cambridge State Hospital was known as the Colony for Epileptics until 1949, at which time the State Legislature changed the name to Cambridge State School and Hospital. In 1967 the State Legislature changed the name to Cambridge State Hospital.

In 1919 the first authorization for the institution was given by the Legislature and a legislative committee was appointed to select the site for the "Colony for Epileptics". In 1923 a law was enacted authorizing the purchase of the land. The present site was purchased and construction started. The first cottage was completed on June 1, 1925, and five males with epilepsy were transferred to the institution from Faribault State Hospital. Since that time, the facility has expanded to include people who are mentally retarded and now has 13 residential buildings and 4 program buildings in addition to the Administration Building, laundry, garage, warehouse, auditorium, and power plant. In 1961, the resident population was 2,008 and was the highest on record.

The residents of this facility are people who are mentally retarded for whom no other community treatment resource is now available. These people have all degrees of mental and physical handicaps. Approximately 92% of the residents are severely or profoundly retarded and are people who are incapable of independently caring for their own needs. Most of the adult residents are now admitted through a court commitment. No distinction is made by the treatment staff concerning services available to the individual regardless of their admission status.

The control of the Lake Owasso Children's Home was transferred from Cambridge State Hospital back to Ramsey County effective June 30, 1976.

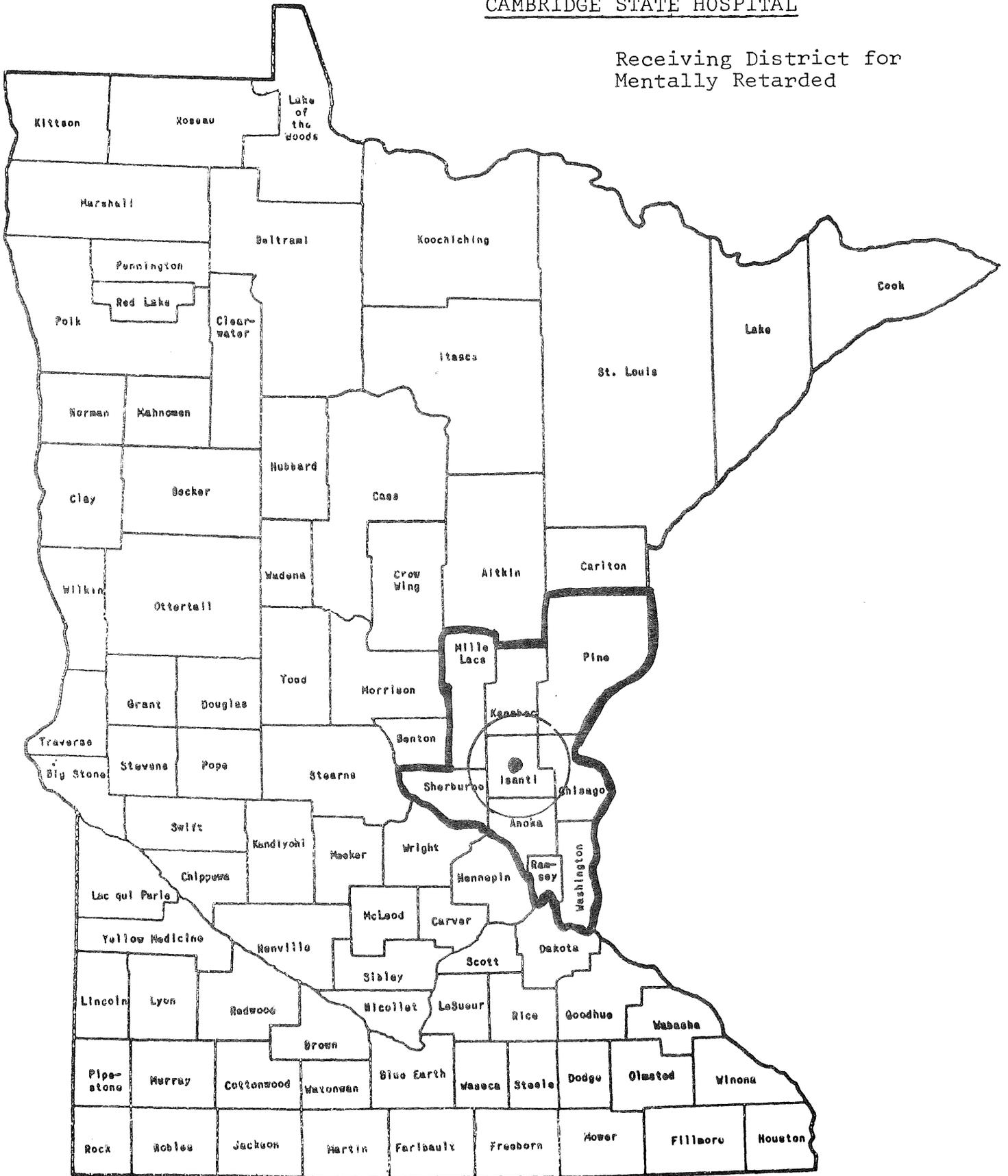
### FUNCTION

The Cambridge State Hospital serves a 9-county area including Ramsey, Anoka, Washington, Sherburne, Mille Lacs, Kanabec, Isanti, Chisago, and Pine County. It provides to the region it serves a resource that addresses itself to the needs of those people who have a primary diagnosis of mental retardation and who may also be epileptic, emotionally disturbed, socially maladjusted, and physically handicapped.

A full renovation program has been completed and the institution now has a capacity of 588 beds with individual households of no more than 16 persons per household and 4 people per bedroom. The facility now meets all state and federal licensure and certification standards.

CAMBRIDGE STATE HOSPITAL

Receiving District for  
Mentally Retarded



CAMBRIDGE STATE HOSPITAL

STATISTICAL AND FINANCIAL DATA

Approved Complement, October, 1982 - 796.9

Population, October, 1982 average - 505

AVERAGE POPULATION 15 Year Period

<u>Fiscal Year</u>	<u>Cambridge</u>	<u>Lake Owasso</u>	<u>Fiscal Year</u>	<u>Cambridge</u>	<u>Lake Owasso*</u>
1967-68	1,360	112	1974-75	672	70
1968-69	1,235	118	1975-76	628	61
1969-70	1,137	108	1976-77	603	--
1970-71	1,004	90	1977-78	576	--
1971-72	887	77	1978-79	553	--
1972-73	816	73	1979-80	527	--
1973-74	735	75	1980-81	510	--
			1981-82	509	--

\*To Ramsey County by contract  
(6/3/76)

ADMISSIONS AND DISCHARGES 5 Year Period

<u>Fiscal Year</u>	<u>Admissions</u>	<u>Discharges</u>
1977-78	41	55
1978-79	49	52
1979-80	36	62
1980-81	50	66
1981-82	63	58

EXPENDITURES

	<u>FY 1978</u>	<u>FY 1979</u>	<u>FY 1980</u>	<u>FY 1981</u>	<u>FY 1982</u>
Salaries	\$8,982,002	\$10,852,740	\$12,322,478	\$13,954,264	\$14,419,047
Cur.Exp.	1,101,912	1,151,548	1,282,938	1,306,622	1,453,998
Rep.&Repl.	60,213	67,504	62,417	61,607	71,226
Spec.Equip.	30,854	33,546	72,506	30,764	25,616
Sub Total	\$10,174,981	\$12,105,338	\$13,740,339	\$15,353,257	\$15,969,887
Less: Systemwide Reg.					
Lndry Costs		317,419	336,505	364,045	427,663
	\$10,174,981	\$11,787,919	\$13,403,834	\$14,989,212	\$15,542,224
Per Capita Costs	\$17,665.00	\$21,316.00	\$25,434.00	\$29,391.00	\$30,535.00

## FARIBAULT STATE HOSPITAL

### HISTORY

Faribault State Hospital is a public residential facility serving the mentally retarded. Established in 1881 following a two-year experimental program under the administration of the Minnesota Deaf School, it served the entire State until the mid-1950's with a peak population of 3355 in 1955. Current population is 755 residents with 55% from Hennepin County. Its current receiving district comprises thirteen primary counties: Hennepin, Dakota, Rice, Steele, Freeborn, Goodhue, Wabasha, Dodge, Olmsted, Winona, Mower, Fillmore and Houston.

Since 1975, the hospital has undergone an intensive remodeling and reorganizing program. All residential buildings are in full compliance with Life Safety Codes. Twelve of seventeen residential buildings have been remodeled to establish resident living units and funds have been requested for the remaining five. All licensed beds (845) are in compliance for federal reimbursement. Since 1976, indirect support positions have been decreased 24.4 percent from 261.5 full-time equivalent positions to 197.7. These 63.8 positions have been assigned to resident care and program which decreased the hospital's legislative request for positions to meet requirements of the Welsch vs. Noot Consent Decree.

Management systems have been installed to control current expense and salaries. A centralized food service generates over \$300,000 annual savings. A task analysis system has resulted in optimal use of direct and indirect staff. The hospital and its staff are an integral part of the Faribault community. In addition, a major portion of the hospital's budget is spent locally, and hospital staff represent over one-fifth of the area's employment.

### FUNCTION

The hospital provides specialized services for those mentally retarded persons who cannot properly be provided programs of care in the home and community. The hospital's purpose is to reduce the identified dependencies of these residents so that they can be returned to their home or community, or live as independently as possible. Sixty percent of the hospital's residents are profoundly retarded; 30 percent are severely retarded; and 10 percent are moderately or mildly retarded. Thirty-six percent of our residents are also physically handicapped. The hospital is licensed for 845 beds; 775 as an ICF/MR (Intermediate Care Facility for the Mentally Retarded) facility; 35 beds as a Skilled Nursing Facility; and 35 alternative beds as a Medical Hospital.

Each resident has an individual program plan, developed annually and reviewed quarterly. The program plan is developed by an interdisciplinary team consisting of appropriate professional and program staff. The resident participates in the development of this program plan, as does his family and his county social workers. Careful attention is devoted to identifying each resident's needs, establishing goals and finally agreeing on services or training needed to reach these goals.

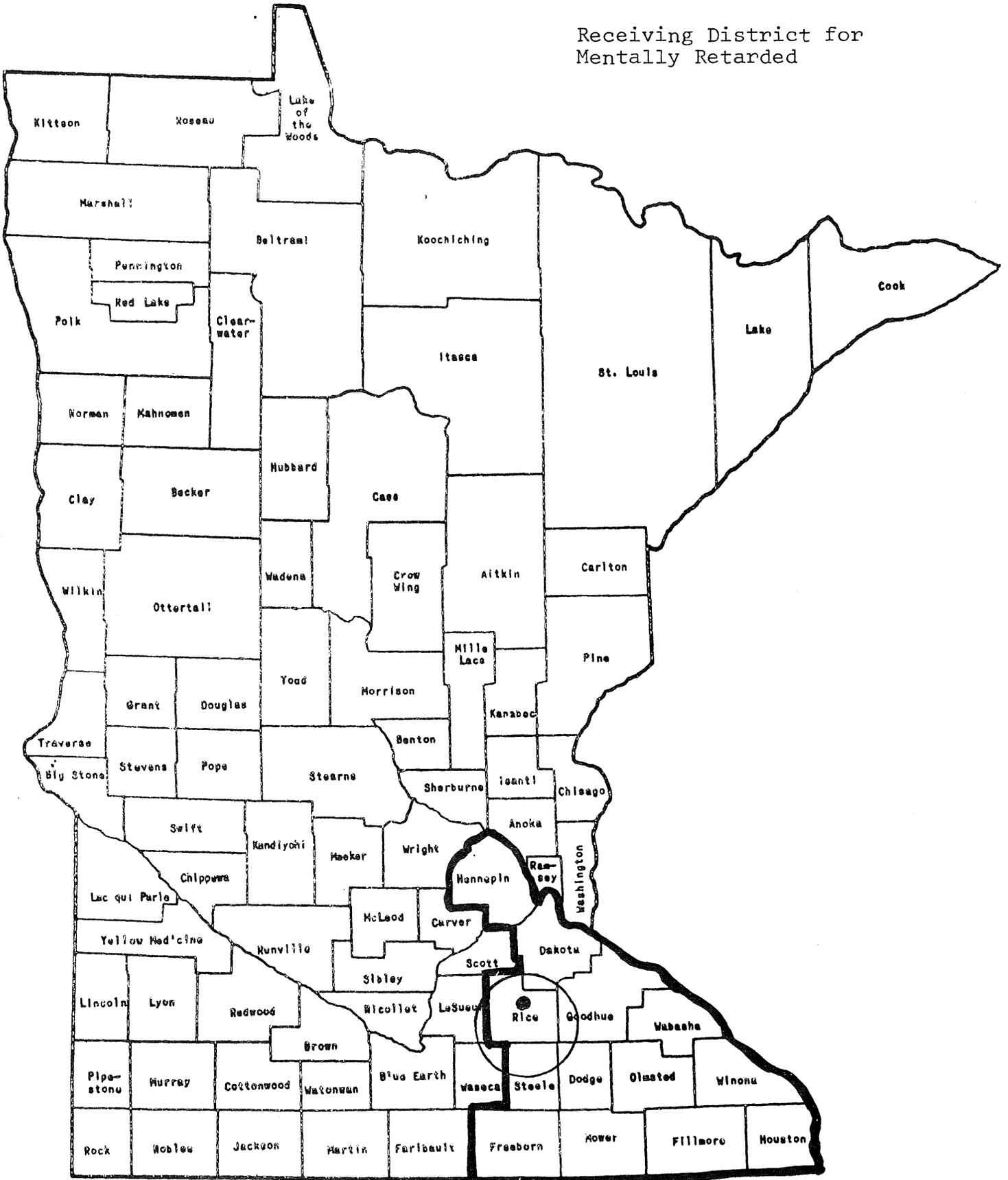
Sixty-nine residents participate in the Faribault School District's TMR (Trainable Mentally Retarded) school program. This is a program provided during the regular school year and also during a ten-week summer session. For the 680 adult residents who are not in the TMR program, the hospital operates 71 Developmental Achievement Centers.

In the Developmental Achievement Centers residents are assisted in developing skills associated with self-care daily living, social interaction, vocational skills, and other skills necessary for community or independent living. Residents live in apartments (households) composed of living rooms, dining rooms, bedrooms, bathrooms, etc. Apartments contain up to sixteen residents each, with up to four residents per bedroom. The apartments are furnished and decorated according to the wishes of the residents. In these apartments residents are given the opportunity to utilize their skills learned in Day Activity Programs. In this setting, they are given opportunity for organized recreational activities, as well as leisure time for activities of their own choice.

The hospital provides a wide range of services and programs for its residents. Services include medical, dental, psychological, social service, occupational and physical therapy, recreation/vocational training, religious programs, volunteers, laboratory, x-ray, pharmacy, dietary and other supportive services. The hospital has a program of constant self-evaluation of programs, activities and goals designed to insure effective and efficient training and care for its residents.

FARIBAULT STATE HOSPITAL

Receiving District for  
Mentally Retarded



FARIBAULT STATE HOSPITAL

STATISTICAL AND FINANCIAL DATA

Approved Complement, October, 1982 - 1093.18

Population, October, 1982 average - 752

AVERAGE POPULATION - 15 Year Period

<u>Fiscal Year</u>		<u>Fiscal Year</u>	
1967-68	2355	1974-75	1099
1968-69	1996	1975-76	1021
1969-70	1757	1976-77	911
1970-71	1592	1977-78	856
1971-72	1539	1978-79	833
1972-73	1443	1979-80	807
1973-74	1207	1980-81	774
		1981-82	772

ADMISSIONS AND DISCHARGES - 5 Year Period

<u>Fiscal Year</u>	<u>Admissions</u>	<u>Discharges</u>
1977-78	28	53
1978-79	35	42
1979-80	51	98
1980-81	36	69
1981-82	89	78

EXPENDITURES

	<u>FY</u> 1978	<u>FY</u> 1979	<u>FY</u> 1980	<u>FY</u> 1981	<u>FY</u> 1982
Salaries	\$13,733,263	\$14,473,035	\$15,808,252	\$18,038,458	\$20,254,451
Cur.Exp.	1,698,428	1,869,813	1,979,638	2,143,560	2,386,404
Rep. & Repl.	97,565	100,934	95,621	92,170	106,091
Spec.Equip.	29,666	44,878	47,296	36,827	51,183
Sub Total	<u>\$15,558,922</u>	<u>\$16,488,660</u>	<u>\$17,930,807</u>	<u>\$20,311,015</u>	<u>\$22,798,129</u>
Less: Systemwide					
Reg. Costs		699,418	737,345	722,287	700,890
Total	<u>\$15,558,922</u>	<u>\$15,789,242</u>	<u>\$17,193,462</u>	<u>\$19,588,728</u>	<u>\$22,097,239</u>
Per Capita					
Costs	\$18,176.00	\$18,955.00	\$21,305.00	\$25,308.00	\$28,623.00

## FERGUS FALLS STATE HOSPITAL

### HISTORY

The hospital serves a 17-county area in northwestern and west central Minnesota. It is the third oldest of Minnesota's state hospitals with the first residents entering the psychiatric treatment program at the hospital in July of 1890. Since that date, the hospital has provided residential mental health services for about 60,000 citizens from northern Minnesota.

In 1969, the hospital became a multi-purpose treatment campus when, in addition to its psychiatric services, treatment programs were opened to help persons with chemical dependency problems and individuals with developmental disabilities caused by mental retardation.

All of the treatment programs at the hospital are fully accredited by the Joint Commission on Accreditation of Hospitals or by the Accreditation Council for Services for Mentally Retarded and other Developmentally Disabled Persons, national accreditation bodies. The residential programs at the hospital also meet all state and federal licensure requirements. Mr. Robert F. Hoffmann, MHA, is the Chief Executive Officer for the hospital.

### DRUG DEPENDENCY REHABILITATION CENTER

The Center is the Hospital's largest admissions program. Its Primary, HOPE, LIV, Free Way and Admissions Medical Units provide individualized treatment opportunities for adults and adolescents which are designed to help each person to learn to live a healthy and rewarding life without reliance on the use of alcohol or other drugs. A Family Program offers members of the resident's family an opportunity to learn about their role in the chemical dependency treatment process during a short stay at the Center. The Center operates an Alcohol Counselor Training Program which has received scholastic accreditation. The Center's treatment programs work in close cooperation with area Alcoholics Anonymous Chapters, community chemical dependency services, and other helping persons such as area pastors.

### MENTAL HEALTH DIVISION

The Division has a 135-bed capacity divided into five individual unit programs to give specific attention to particular needs. The units are the Psychiatric and Crisis Treatment Unit (PACT), the Psychiatric Extended Treatment Unit (PET), the Hursh Unit - a mid-length psychiatric treatment unit with an added dimension of chemical abuse counseling, and two Geri-psychiatric Units. The Division provides individualized treatment and residential care services for adults and adolescents who are suffering from emotional problems. The Division's treatment programs are designed to meet both the emotional and physical care needs of each resident in an environment which provides a maximum opportunity to learn to successfully deal with those problems in living which each person is experiencing. The Division works in close cooperation with area mental health services and county social service departments.

## STATE REGIONAL RESIDENTIAL CENTER

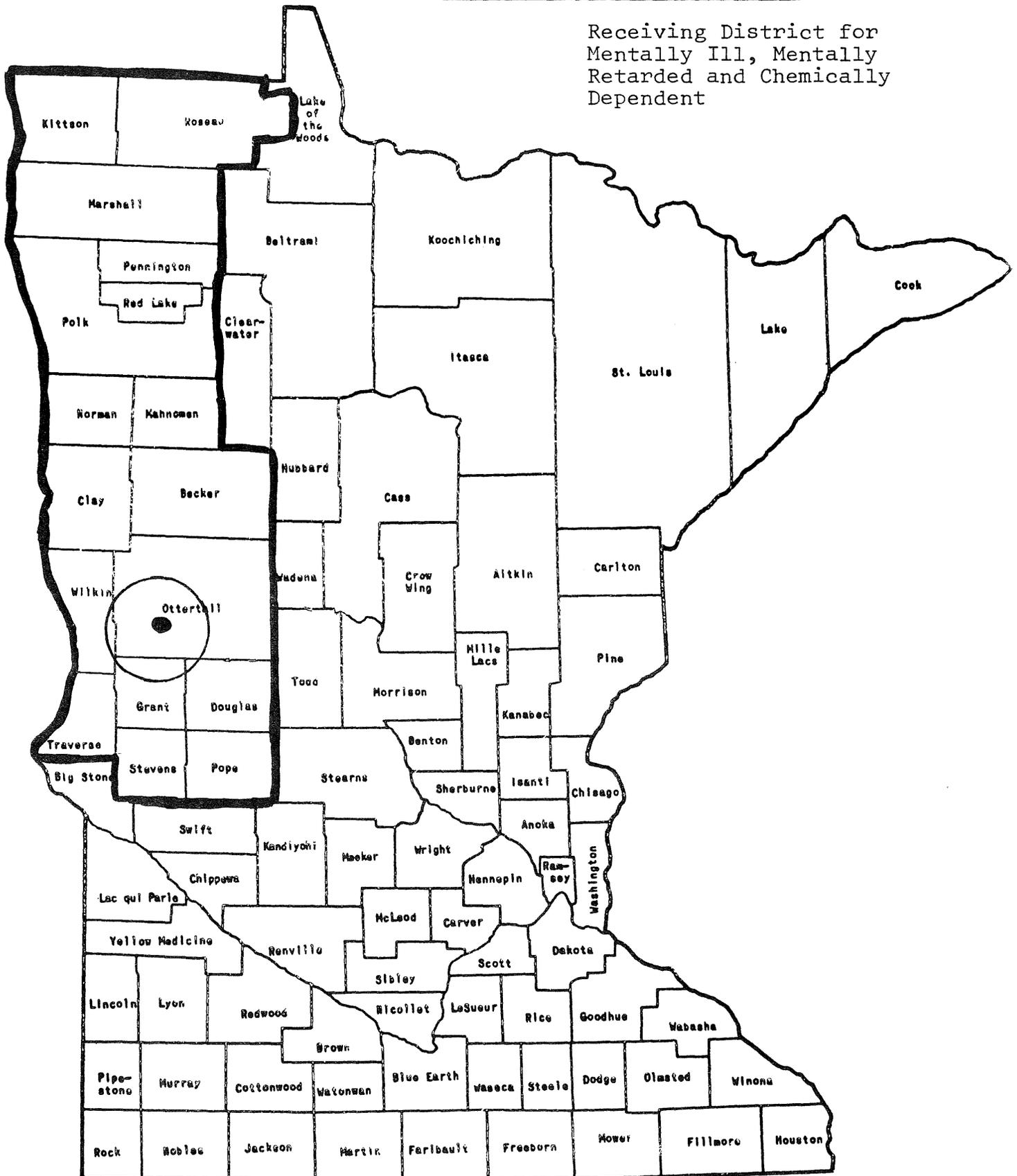
The Center is the Hospital's largest treatment program with an average daily resident population of about 250 persons. It offers a varied and specialized program of residential care, treatment, and education services for youth and adults with developmental disabilities caused by mental retardation. The goal of the Center is to provide the opportunity for each resident to develop to the maximum of their ability. The Center operates the following residential units: Youth Achievement Center, Adult Achievement Center, Community Training Achievement Center, and Achievement Center for the Multiply Handicapped. The Center has been involved in a major remodeling effort which is improving the quality of life opportunities for the residents of the Center by changing large residential units into small and more home-life living areas. The Center also operates an Adult School Program which provides students with classroom programming, Evaluation and Training Center shop facilities, and a Speech and Hearing Clinic. The Center provides the supervision for specialized Occupational Therapy and Physical Therapy clinical services for the hospital, along with other specialized medical services such as neurological evaluations. The Center works in close cooperation with area programs serving mentally retarded citizens.

## COMMUNITY PROGRAMS SERVING AT HOSPITAL

Fergus Falls School District 544 provides specialized public education services for school age residents of the Hospital's State Regional Residential Center and the Free Way Unit of the Drug Dependency Rehabilitation Center. The hospital has a large Foster Grandparent Program which provides individualized services for residents of the State Regional Residential Center. The Student Live-In Program which the hospital operates in conjunction with the Fergus Falls Community College enables college students to live and work at the hospital and to learn about the hospital's programs.

FERGUS FALLS STATE HOSPITAL

Receiving District for  
Mentally Ill, Mentally  
Retarded and Chemically  
Dependent



FERGUS FALLS STATE HOSPITAL

STATISTICAL AND FINANCIAL DATA

Approved Complement, October, 1982 - 622.88

Population, October, 1982 average - 516

AVERAGE POPULATION - 15 Year Period

<u>Fiscal Year</u>	<u>MI</u>	<u>MR</u>	<u>CD</u>	<u>Total</u>	<u>Fiscal Year</u>	<u>MI</u>	<u>MR</u>	<u>CD</u>	<u>Total</u>
1967-68	777			777	1974-75	130	297	79	506
1968-69	610	55		665	1975-76	133	294	89	516
1969-70	431	118	45	594	1976-77	132	289	105	526
1970-71	312	204	47	563	1977-78	131	288	128	547
1971-72	221	291	58	570	1978-79	142	282	155	579
1972-73	167	319	72	558	1979-80	129	278	143	550
1973-74	141	315	72	528	1980-81	125	268	157	550
					1981-82	113	268	166	547

ADMISSIONS AND DISCHARGES - 5 Year Period

<u>Fiscal Year</u>	<u>Admissions</u>				<u>Discharges</u>			
	<u>MI</u>	<u>MR</u>	<u>CD</u>	<u>Total</u>	<u>MI</u>	<u>MR</u>	<u>CD</u>	<u>Total</u>
1977-78	390	28	925	1343	361	40	944	1345
1978-79	376	28	1129	1533	381	29	1094	1504
1979-80	363	39	1133	1535	355	46	1153	1554
1980-81	392	35	1349	1776	389	37	1313	1739
1981-82	387	29	1568	1984	386	42	1598	2026

EXPENDITURES

	<u>FY 1978</u>	<u>FY 1979</u>	<u>FY 1980</u>	<u>FY 1981</u>	<u>FY 1982</u>
Salaries	\$8,266,533	\$9,603,139	\$10,369,767	\$11,243,981	\$12,619,583
Cur.Exp.	1,072,178	1,078,673	1,201,528	1,244,087	1,455,602
Rep. & Repl	86,860	82,268	81,701	83,984	82,803
Spec.Equip.	33,043	26,059	51,589	5,600	34,000
<u>Total</u>	<u>\$9,458,614</u>	<u>\$10,790,139</u>	<u>\$11,704,585</u>	<u>\$12,577,652</u>	<u>\$14,191,988</u>

Per Capita

Costs	\$17,292.00	\$18,636.00	\$21,281.00	\$22,827.00	\$25,945.00
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## MOOSE LAKE STATE HOSPITAL

### HISTORY

Established by an act of the Legislature in 1935, the Moose Lake State Hospital opened in May of 1938, with its first patients being transferred from other state hospitals. On August 16, 1938, the first patients were directly admitted from the Probate Courts. The late 30's and early 1940's represented a predominantly custodial mode of care. The war years were a definite handicap in the recruitment of qualified personnel and the advancement of any real program. The early 1950's saw such departments as psychology, social service, chaplaincy, rehabilitation and the like, become a definite part of the organization of this hospital.

The late 1950's and 1960's marked the greatest advancement of the hospital. The introduction of chemotherapy made a more open hospital a reality and helped eliminate restraints and the overall use of seclusion. While programs advanced, the main building complex is now 40 years old. Major changes in the physical plant affecting the overall program of the hospital were made in 1949 and 1950, with the addition of the occupational therapy building, auditorium and library, and two geriatric cottages. There have been many smaller projects during this time that have greatly enhanced the overall functioning and appearance of the hospital. These projects have been: installation of kitchenettes, improving toilet facilities, showers, and overall kitchen facilities as well as the overall approach of improving the appearance of the facility in keeping with the humanistic approach.

More recently, extensive remodeling on some living units has been completed and they are in the process of completing the remaining units so that the entire hospital will meet all current regulations and provide a more normalized and modern environment.

### FUNCTION

Moose Lake State Hospital is a regional center providing specialized services for the mentally ill, the chemically dependent, and the mentally retarded -- see maps for area served. Moose Lake's role as a regional treatment center is to receive patients who require treatment in a more structured, intensive setting, restore them to the appropriate level of functioning, and return them to society where they can become active members of their local community once more.

In order to accomplish this overall role that has been established for the Moose Lake State Hospital, considerable work and effort must go into establishing close working relationships and ties to the community mental health centers, the county welfare departments, and the private facilities that are found throughout our service region.

In order to carry out the overall role that has been established for the hospital, there are presently in operation programs for each disability group. The Chemical Dependency program is designed to concentrate on three categories of problems. The Acclimation Program deals with the problems related to withdrawal from long or heavy use of chemicals and provides a basis for the client to gain an initial introduction to treatment. The Primary Treatment Program is intensive and short-term, with the overall goal of helping the client deal with all chemicals in a responsible manner. The Long-Term Program is designed to help the individual who has had repeated failures or needs habilitation or rehabilitation in order to lead a more satisfactory life.

Treatment of mental illness also has three distinctive programs. The Admission Program provides an initial assessment and evaluation, treats the acute but generally short-term emotional disorders. The Life Adjustment Center Program is designed to help individuals with chronic emotional disorders and those who may lack basic skills for leading a normal life in society. The psychogeriatric program provides two distinct program units to meet the unique needs of clients who are 65 years of age and older. Treatment of the geriatric, chemically dependent clients as well as the clients with both short and long term emotional disorders are the main emphases on one unit while the other deals primarily with clients with long term emotional disorders with complicating medical/physical problems.

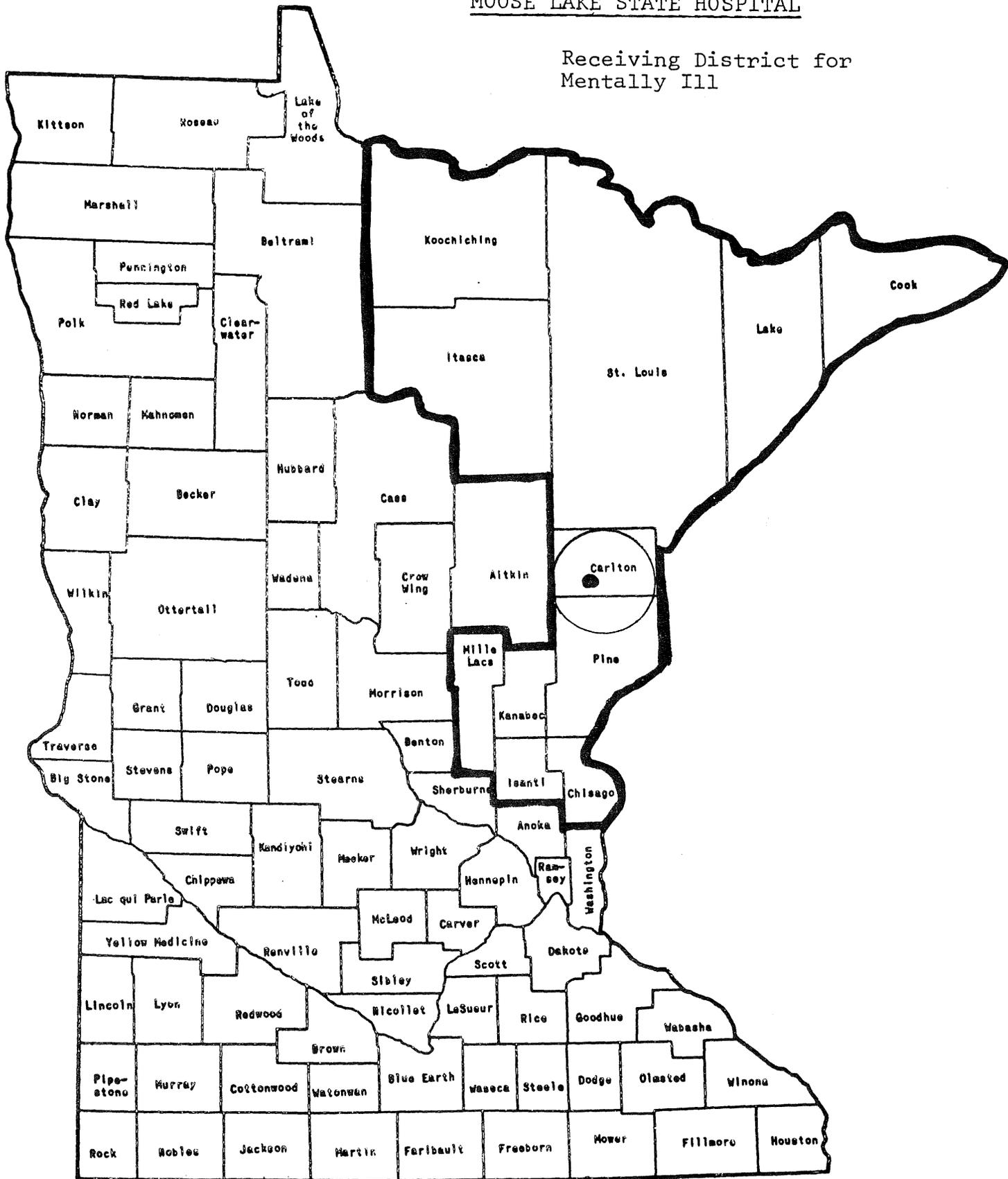
The Mental Retardation Program utilizes a wide array of program techniques directed toward carrying out an individualized program plan that has been developed for each resident. This program is developed for individuals who are 18 and older. The overall goal is to provide the most normalized environment possible with an emphasis on providing a broad range of learning experiences. Living units are organized into apartments and the individuals in each apartment are usually within the same level of functioning. The intent of this program is to help each person reach an optimum level of functioning and be able to progress to the least structured environment possible.

The hospital provides a wide range of programs and service. These services include medical, dental, psychological, social service, occupational, physical, recreational and industrial therapy, education and vocational programs, chaplaincy, volunteer, laboratory service, x-ray, pharmacy, housekeeping, dietary, public information, maintenance repair, as well as business and medical record maintenance, at an all-inclusive per diem rate.

Basic to the philosophy in operation of Moose Lake State Hospital, has been the feeling that if programs are to be therapeutic and beneficial, they must be geared to a strong foundation of treatment on the living unit closely linked to the overall services provided in the rest of the hospital. The entire hospital complex serves as the treatment facility, and every attempt has been made to keep the physical plant as current and up-to-date as possible. Coupled with this is the firm belief that to be effective, constant evaluation and consideration should be given to the proper utilization of living quarters and floor space in order to guarantee the most effective and efficient operation possible.

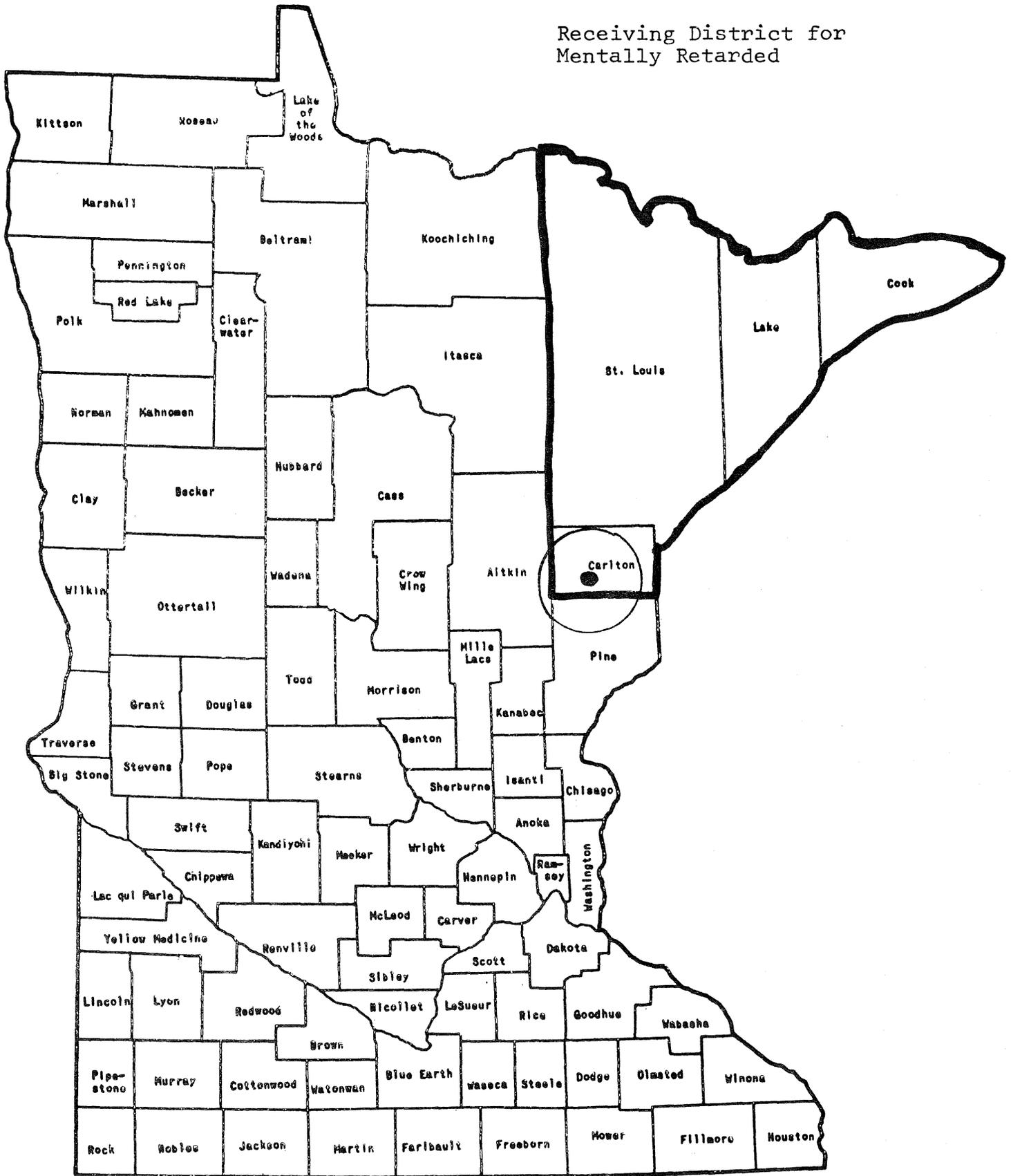
MOOSE LAKE STATE HOSPITAL

Receiving District for  
Mentally Ill



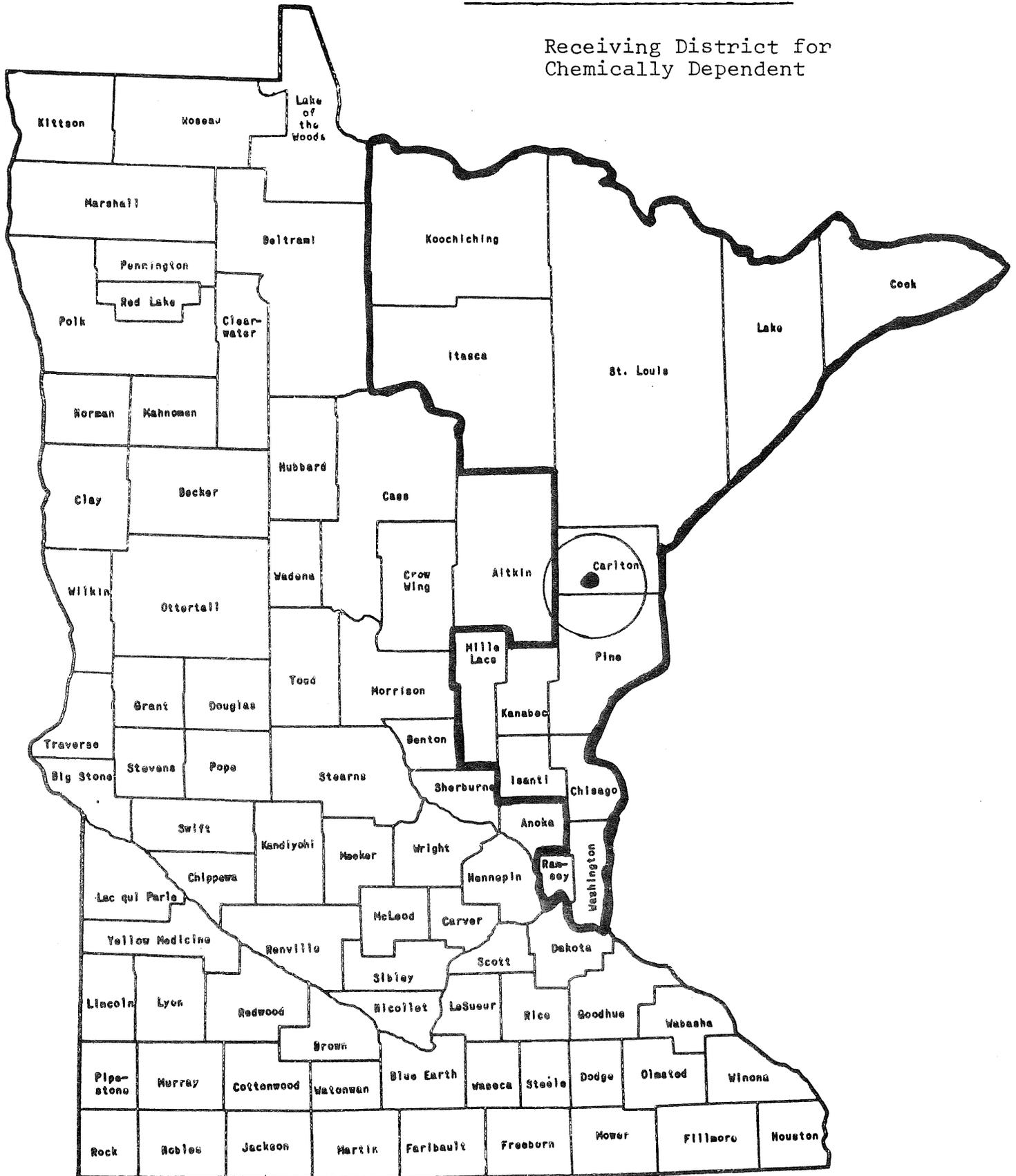
MOOSE LAKE STATE HOSPITAL

Receiving District for  
Mentally Retarded



MOOSE LAKE STATE HOSPITAL

Receiving District for  
Chemically Dependent



MOOSE LAKE STATE HOSPITAL

STATISTICAL AND FINANCIAL DATA

Approved Complement, October, 1982 - 512.35

Population, October, 1982 average - 506

AVERAGE POPULATION - 15 Year Period

<u>Fiscal Year</u>	<u>MI</u>	<u>MR</u>	<u>CD</u>	<u>Total</u>	<u>Fiscal Year</u>	<u>MI</u>	<u>MR</u>	<u>CD</u>	<u>Total</u>
1967-68	717		59	776	1974-75	191	158	81	430
1968-69	598		61	659	1975-76	184	146	127	457
1969-70	541	26	64	631	1976-77	179	148	138	465
1970-71	404	51	76	531	1977-78	155	143	158	456
1971-72	297	62	87	446	1978-79	155	141	163	459
1972-73	265	68	87	420	1979-80	150	133	174	457
1973-74	226	123	84	433	1980-81	145	129	197	471
					1981-82	163	122	185	470

ADMISSIONS AND DISCHARGES - 5 Year Period

<u>Fiscal Year</u>	<u>Admissions</u>				<u>Discharges</u>			
	<u>MI</u>	<u>MR</u>	<u>CD</u>	<u>Total</u>	<u>MI</u>	<u>MR</u>	<u>CD</u>	<u>Total</u>
1977-78	274	7	1495	1776	266	18	1474	1758
1978-79	281	12	1467	1760	258	7	1456	1721
1979-80	269	7	1496	1772	287	17	1471	1775
1980-81	283	8	1598	1889	273	15	1572	1860
1981-82	331	8	1446	1785	294	18	1453	1765

EXPENDITURES

	<u>FY 1978</u>	<u>FY 1979</u>	<u>FY 1980</u>	<u>FY 1981</u>	<u>FY 1982</u>
Salaries	\$7,139,403	\$7,761,631	\$8,493,501	\$9,278,465	\$9,680,317
Cur.Exp.	913,919	937,220	1,067,426	1,199,870	1,283,503
Rep. & Repl	60,346	44,271	61,923	51,678	60,910
Spec.Equip.	30,289	22,800	16,231	25,035	1,429
<b>Total</b>	<b>\$8,143,957</b>	<b>\$8,765,922</b>	<b>\$9,639,081</b>	<b>\$10,555,048</b>	<b>\$11,026,159</b>

Per Capita

Costs      \$17,860.00    \$19,098.00    \$21,092.00    \$22,410.00    \$23,460.00

## OAK TERRACE NURSING HOME

### HISTORY

Glen Lake State Sanatorium and Oak Terrace Nursing Home were created by the State Legislature in 1961. Appropriate state officials were authorized to lease the Glen Lake Sanatorium facilities from Hennepin County for a period of thirty-five years, beginning January 1, 1962. The Minnesota State Tuberculosis Sanatorium program at Ah-Gwah-Ching (Walker, Minnesota) was merged with the Hennepin County tuberculosis program at Glen Lake. An initial amount of \$400,000 was appropriated for remodeling, repair and building rehabilitation.

Glen Lake State Sanatorium provided statewide services for inpatient tuberculosis care until Spring, 1976, when its patient census reached zero because the responsibility for tuberculosis care had been transferred to general hospitals and outpatient clinics.

Since then, the tuberculosis care program of Glen Lake State Sanatorium has been discontinued. In 1980, Chapter 357 was passed, officially removing Glen Lake State Sanatorium from the record books.

In March, 1977, the Superintendent's Residence was leased to Alanon as a counseling center for alcoholics and their families. A five year lease was authorized through the State Executive Council which took effect March 1, 1981.

Also in March, 1977, the Nurses' Residence was leased to Nexus, Incorporated, a rehabilitative program for released felons. A five year lease was authorized through the State Executive Council which took effect November 1, 1980.

### FUNCTION

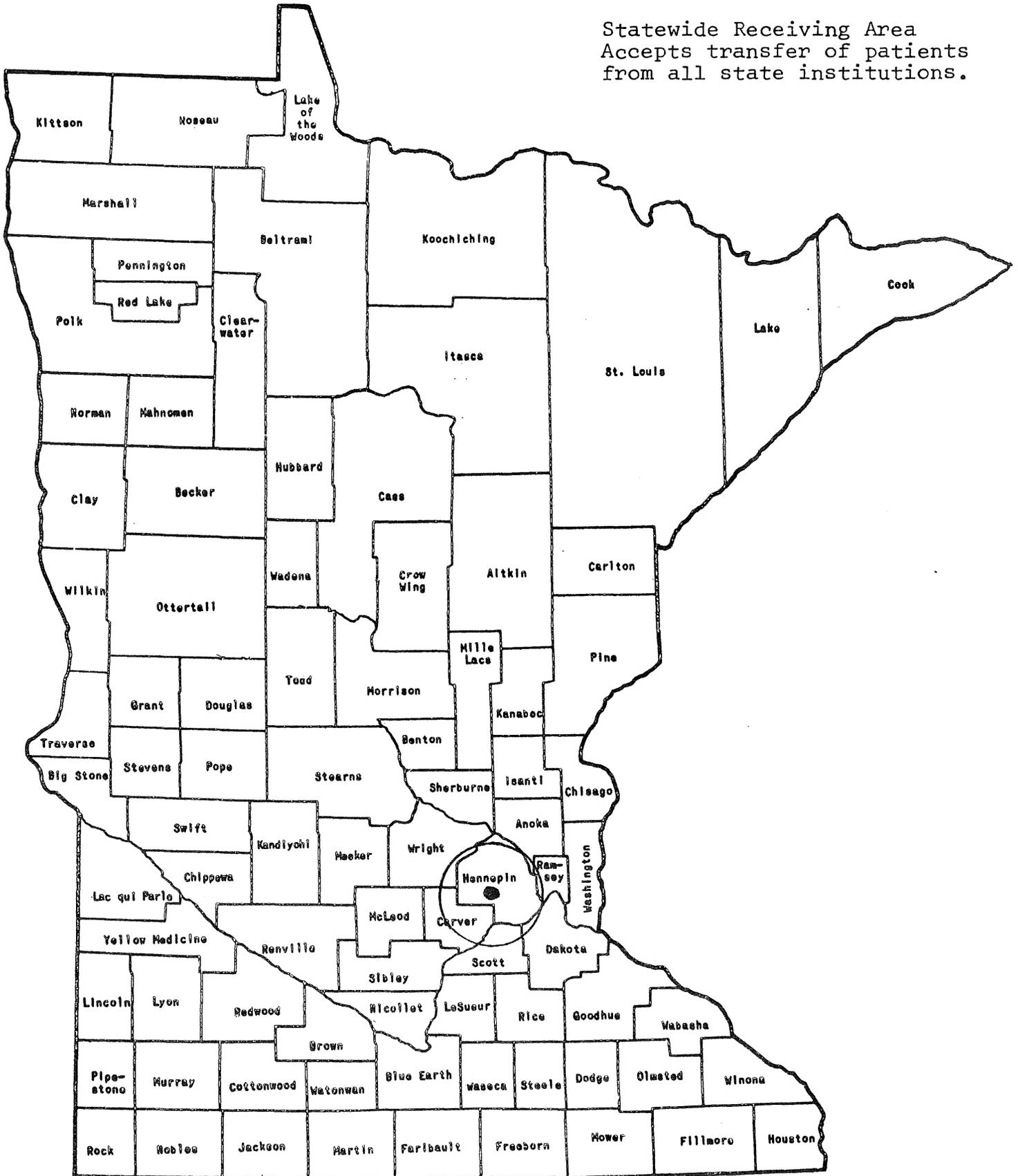
The program at Oak Terrace Nursing Home is designed to provide skilled nursing care for 350 geriatric patients discharged from the eight State Hospitals and no longer in need of active treatment programs provided by the State Hospitals. A significant number of persons having special needs which cannot be met in community nursing homes, such as severe behavioral problems or highly skilled nursing care, are also admitted.

Geriatric patients requiring surgical or medical care which cannot be provided by the Oak Terrace medical staff may be transferred to Hennepin County Medical Center on a temporary basis. Geriatric patients who improve to the point where they no longer require maximum nursing care may be discharged to boarding or nursing homes in the community.

Oak Terrace Nursing Home is accredited for long term care by the Joint Commission on Accreditation of Hospitals and Long Term Care Facilities. It is also certified as a provider of extended care services under Medicare (Titles XVIII and XIX), and licensed by the Minnesota State Department of Health; and is approved to receive Veterans Administration Contracts.

OAK TERRACE NURSING HOME

Statewide Receiving Area  
Accepts transfer of patients  
from all state institutions.



OAK TERRACE NURSING HOME

STATISTICAL AND FINANCIAL DATA

Approved Complement, October, 1982 - 306

Population, October, 1982 average - 332

AVERAGE POPULATION - 15 Year Period

<u>Fiscal Year</u>	<u>San.</u>	<u>Nursing Home</u>	<u>Total</u>	<u>Fiscal Year</u>	<u>San.</u>	<u>Nursing Home</u>	<u>Total</u>
1967-68	51	301	352	1974-75	12	321	333
1968-69	51	317	368	1975-76	2	331	333
1969-70	37	321	358	1976-77	-	339	339
1970-71	35	320	355	1977-78	-	336	336
1971-72	30	322	352	1978-79	-	336	336
1972-73	22	325	347	1979-80	-	331	331
1973-74	18	322	340	1980-81	-	333	333
				1981-82	-	334	334

ADMISSIONS AND DISCHARGES

<u>Fiscal Year</u>	<u>Admissions</u>	<u>Discharges</u>
1977-78	36	48
1978-79	53	51
1979-80	32	36
1980-81	49	53
1981-82	41	40

EXPENDITURES

	<u>FY 1978</u>	<u>FY 1979</u>	<u>FY 1980</u>	<u>FY 1981</u>	<u>FY 1982</u>
Salaries	\$4,271,421	\$4,613,419	\$4,974,209	\$5,528,095	\$5,763,806
Cur.Exp.	679,046	707,901	728,403	827,241	913,244
Rep. & Repl.	35,288	38,331	36,846	37,451	43,903
Spec. Equip.	26,408	7,759	22,505	8,549	22,773
Total	<u>\$5,012,163</u>	<u>\$5,367,410</u>	<u>\$5,761,963</u>	<u>\$6,401,336</u>	<u>\$6,743,726</u>

Per Capita

Costs	\$14,917.00	\$15,974.00	\$17,408.00	\$19,223.00	\$20,436.00
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## ROCHESTER STATE HOSPITAL

### HISTORY

Founded in 1879 as the "Second Hospital for the Insane", Rochester State Hospital grew to a peak population of 1800 patients in 1954. Over the years the hospital developed into a multi-purpose health service agency serving the mentally ill, adolescent, chemically dependent, medically indigent and mentally retarded in twelve counties of southwestern Minnesota. In cooperation with the Mayo Clinic, it also served as the statewide surgical center offering all types of surgical care with the exception of open heart and organ transplant.

### CLOSURE ACTION

In accordance with 1981 Laws of Minnesota, Chapter 360, Section 2, the Chemical Dependency and Surgical Units at Rochester State Hospital closed on July 1, 1981. The remaining units were closed at intervals thereafter until May 1, 1982. The Legislative directive for closing the hospital authorized the Commissioner of Public Welfare to transfer patients and patient records to other state hospitals so as to provide for alternate care. In addition, all employees of Rochester State Hospital were offered continued employment in the Department of Public Welfare, or voluntary transfers to other state agencies, with no reduction in salary or other benefits. An employee support group was established to aid Rochester State Hospital employees in coping with problems, both emotionally and financially, and to give additional support to the Rochester State Hospital Personnel Office in their relocation efforts to employees.

Close cooperation between all state hospitals allowed for a successful closure effort with minimal problems. Appropriateness of patient transfers was the primary concern of all staff involved.

Equipment was dispersed to other state facilities or was sold or leased. Buildings are not being stripped, however, so the saleable value of the campus is not diminished.

A complete and thorough report of the Rochester State Hospital closure action, dated September 20, 1982, prepared by Robert Rosenthal, Rochester State Hospital Administrator, is available for review from the Legislative Reference Library, Room 111, State Capitol.

ROCHESTER STATE HOSPITAL

STATISTICAL AND FINANCIAL DATA

Approved Complement, October, 1982 - 16.0\*

Population, October, 1982 average - 0

\*Skeleton staff to maintain buildings only

AVERAGE POPULATION - 15 Year Period

<u>Fiscal Year</u>	<u>MI</u>	<u>MR</u>	<u>CD</u>	<u>Total</u>	<u>Fiscal Year</u>	<u>MI</u>	<u>MR</u>	<u>CD</u>	<u>Total</u>
1967-68	640			640	1974-75	360	173	36	569
1968-69	648	12		660	1975-76	308	166	32	506
1969-70	662	14		676	1976-77	300	160	32	492
1970-71	603	78		681	1977-78	267	151	38	456
1971-72	573	93		666	1978-79	267	149	46	462
1972-73	482	133		615	1979-80	253	153	51	457
1973-74	451	179		630	1980-81	224	129	38	391
					1981-82	104	30	0	134

ADMISSIONS AND DISCHARGES

<u>Fiscal Year</u>	<u>Admissions</u>				<u>Discharges</u>			
	<u>MI</u>	<u>MR</u>	<u>CD</u>	<u>Total</u>	<u>MI</u>	<u>MR</u>	<u>CD</u>	<u>Total</u>
1976-77	796	18	405	1219	823	18	428	1269
1977-78	761	21	485	1267	753	26	474	1253
1978-79	964	185	612	1761	934	187	578	1699
1979-80	937	178	640	1755*	973	163	676	1815**
1980-81	612	6	479	1097	663	38	933	1634
1981-82	241	0	0	241	391	103	0	494

EXPENDITURES

Salaries	\$8,322,883	\$9,176,350	\$9,901,080	\$10,469,236	\$7,515,537
Cur.Exp.	1,094,500	1,149,230	1,268,368	1,204,943	702,939
Rep. & Repl.	72,139	92,814	75,569	63,264	46,013
Spec. Equip.	63,881	39,873	29,468	170	653
<b>Total</b>	<b>\$9,553,403</b>	<b>\$10,458,267</b>	<b>\$11,274,485</b>	<b>\$11,737,613</b>	<b>\$8,265,142</b>

Per Capita

Costs      \$20,950.00      \$22,637.00      \$24,671.00      \$31,384.00      \$61,680.00\*\*\*

\*Includes 348 admissions to the Surgical Unit by transfer from other state hospitals. Does not include 89 transfers from Rochester State Hospital MI, MR, and CD Units to the Surgical Unit.

\*\*Includes 336 discharges from the Surgical Unit to other hospitals. Does not include 90 transfers for the Rochester State Hospital Surgical Unit to its own MI, MR and CD Units.

\*\*\* This total includes relocation costs of \$1,890,815.

## ST. PETER STATE HOSPITAL

### HISTORY

The St. Peter State Hospital was opened in 1866 as the first state hospital in the State of Minnesota for the treatment of the mentally ill person.

Subsequently, in 1911, the Minnesota Security Hospital was located on the St. Peter campus to house and treat mentally ill and dangerous men from the entire State.

In 1967, the Legislature directed that a unit for the mentally retarded be established at the St. Peter State Hospital. This unit became known as the Minnesota Valley Social Adaptation Center.

Finally, a separate unit for the chemically dependent was established at St. Peter in 1970.

Because of its unique organization and responsibilities, the St. Peter State Hospital presently serves Region IX (9 counties) as a regional resource for the mentally retarded; Regions IX and X (19 counties) as a residential treatment facility for the mentally ill and chemically dependent; and the entire State as an evaluation and treatment facility for mentally ill and dangerous men and women.

Total present hospital capacity is 674 licensed beds.

### ST. PETER STATE HOSPITAL

#### Mental Illness and Chemical Dependency Programs

This hospital is one of three treatment divisions on the St. Peter campus. The hospital has 234 beds available for treatment of the mentally ill and chemically dependent patients coming from a 19-county area of South Central and Southeastern Minnesota. There are several processes through which individuals are admitted to this hospital. They may be legally committed to the hospital by a county court; they may voluntarily seek hospitalization by requesting admission; or they may be transferred from other hospitals throughout the State of Minnesota.

Treatment planning begins on "day one" with an individual's assignment to a treatment unit for assessment and evaluation of his problems and strengths. This is done by medical, psychiatric, psychological, nursing, social, and rehabilitative services including vocational and educational areas. A written individual treatment plan outlining problems, strengths, goals, and plan of problem-solving services to achieve goals is created by the team with the patient at the inception of treatment. The anticipated period of hospitalization is also included in the plan. Reassessments are made with the patient and the plan of treatment modified as indicated by progress.

When goals established for discharge are attained, a pre-discharge meeting is held with the patient, the patient's family, and community agencies, as appropriate; and an individual aftercare plan is developed for each patient.

The hospital has five separate units. Shantz Hall, Pexton Independent Living Unit, and Community Unit (Community North and South) have a general psychiatric population of up to 146 patients. Patients are assigned to sub-units along a continuum from intensive need to little or no need for structured psychiatric intervention and/or supervision. The Pexton Extended Care Unit provides a special group care program for a maximum of 30 older persons with both mental and physical problems and minimal self-care abilities. A structured program combination of training in self-care and simple activities is used to improve mental and physical health and increase socialization. Johnson Chemical Dependency Unit has a capacity of 58 beds and offers three programs: a short, 28-day cycle schedule of lectures and group sessions with emphasis on the Alcoholic Anonymous Program; an extended care program for chronic recidivists, offering a special rehabilitation program; and a third program working with discharged patients through after-care and follow-up.

The St. Peter State Hospital is accredited by the Joint Commission on Accreditation of Hospitals, licensed under DPW Rules 35 and 36, and certified by the Department of Health and Human Services for Title XVIII.

#### MINNESOTA SECURITY HOSPITAL

The Minnesota Security Hospital was first opened for use in 1911, charged by the Legislature with detention of men who were "dangerously and criminally insane". In the past, the primary purpose of the institution was to offer custodial care within a security setting. Today, services have included evaluation for state courts as well as intensive treatment.

It was not until 1963 that a professional staff was appointed to work exclusively at Minnesota Security Hospital. Since 1963 there has been an evolving increase in the number of the professional and technical staff. With this increase in capability and credibility in the eyes of the courts and other state institutions, a dramatic increase in the number of admissions to the Minnesota Security Hospital for evaluations only, and for both evaluation and treatment has been seen.

The Sex Offender Treatment Program at Minnesota Security Hospital (one of the few such programs in the United States) is being used by the courts with increasing frequency for pre-sentencing examinations, as well as for treatment. This program is a long-term program (anticipated lengths of stay from three to seven years). In addition, the courts are sending an increasing number of persons to Minnesota Security Hospital under Rule 20 of the Minnesota Rules of Criminal Procedure in those instances where the court decides that security is required during the period of examination to determine competency.

The 1978 Legislature appropriated \$8.7 million to construct a new 165-bed unit. The new facility is located on top of the hill near the hospital's park area and was occupied in June of 1982. Present capacity is 236 beds.

In summary, Minnesota Security Hospital accepts on a statewide basis, men and women whose mental, emotional, and behavioral problems require a secure setting while examination and/or treatment takes place.

## MINNESOTA VALLEY SOCIAL ADAPTATION CENTER

The Minnesota Valley Social Adaptation Center is a state-operated residential facility serving the needs of mentally retarded citizens in South Central Minnesota. The Center, one of eight such facilities in Minnesota, specifically serves the counties of Waseca, Watonwan, Blue Earth, Nicollet, Martin, Faribault, Brown, Sibley, LeSueur, Scott and Carver; and is located in St. Peter, Minnesota.

The chief function of the Social Adaptation Center is to provide a total living program that offers opportunities for individual development in ways that will add a dimension of independence to the daily living of the residents. Minnesota Valley provides a developmental continuum of training from basic self-help skills to work skills, thus allowing each resident the opportunity to enhance his/her life through a process that includes normalization and provides a consistent, meaningful rhythm of life. Additionally, the esteem a resident attaches to him/herself is basic to the welfare of that individual; consequently, it is necessary to make every attempt to work with the self-image and self-concepts of each resident.

An individual program plan is developed by an interdisciplinary team for each resident. Each resident's abilities and needs are assessed. A training program is designed for each resident that provides them meaningful, normal, and worthwhile experiences that are relevant and allow for daily success. Further, the entire staff continually re-evaluates its goals and directs their objectives toward becoming more aware of the needs of the residents and developing more effective methods to provide meaningful services. The Center also actively participates in the planning, development, and implementation of both Region and State programs for staff to use in the training of residents.

The staff at the Center understand that to bring a resident to increased independence can only be accomplished by totally centering all services in a creative and cooperative manner around the residents. Parents and/or concerned others are partners with the staff in the habilitation and care provided.

To accomplish these goals, the Center provides three different services: Residential Living, Health, Structured Program. Each service provides a needs assessment, a comprehensive developmental program and ongoing progress evaluations for every resident in the Center on an annual basis. Each service is staffed and supervised by Qualified Mental Retardation Professionals (QMRP's) who provide an array of essential services. It is the responsibility of each service to assure that every resident is provided an individual program plan that will meet his/her needs.

The mission of the Minnesota Valley Social Adaptation Center is to provide developmental, social adaptation, residential and health services to retarded citizens of all ages. As a resource for Region IX, Carver and Scott counties, the Center provides:

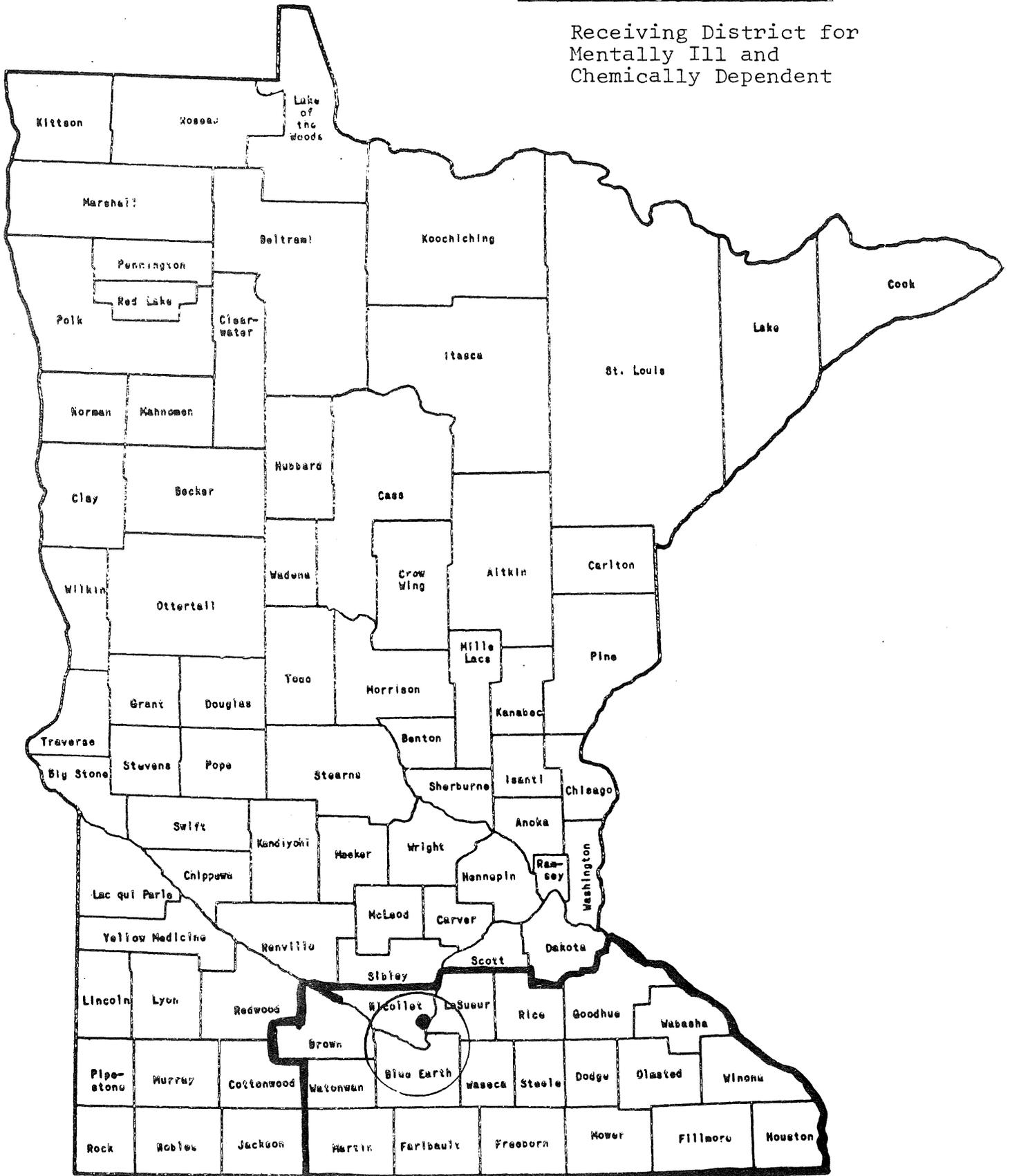
- 1) Assessment, evaluation, goal setting and diagnosis, for the residents at the Center;

- 2) Developmental programs in the areas of activities of daily living, i.e., grooming, eating, dressing skills, plus cognitive skills such as telling time, counting money, identifying colors, and reading simple works;
- 3) Vocational programs to prepare residents for sheltered work, work activities, and competitive employment;
- 4) Parental relief programs, providing temporary care (up to 60 days) to assist parents of retarded citizens who are living at home.

The Center can both programmatically and residentially serve up to 200 residents at any time. These persons are mentally retarded individuals who demonstrate a need for specialized programming that will enable them to eventually return to community living. The Center's services will hopefully enable them to develop to a level of independence that will allow him/her to adjust to community living in some form.

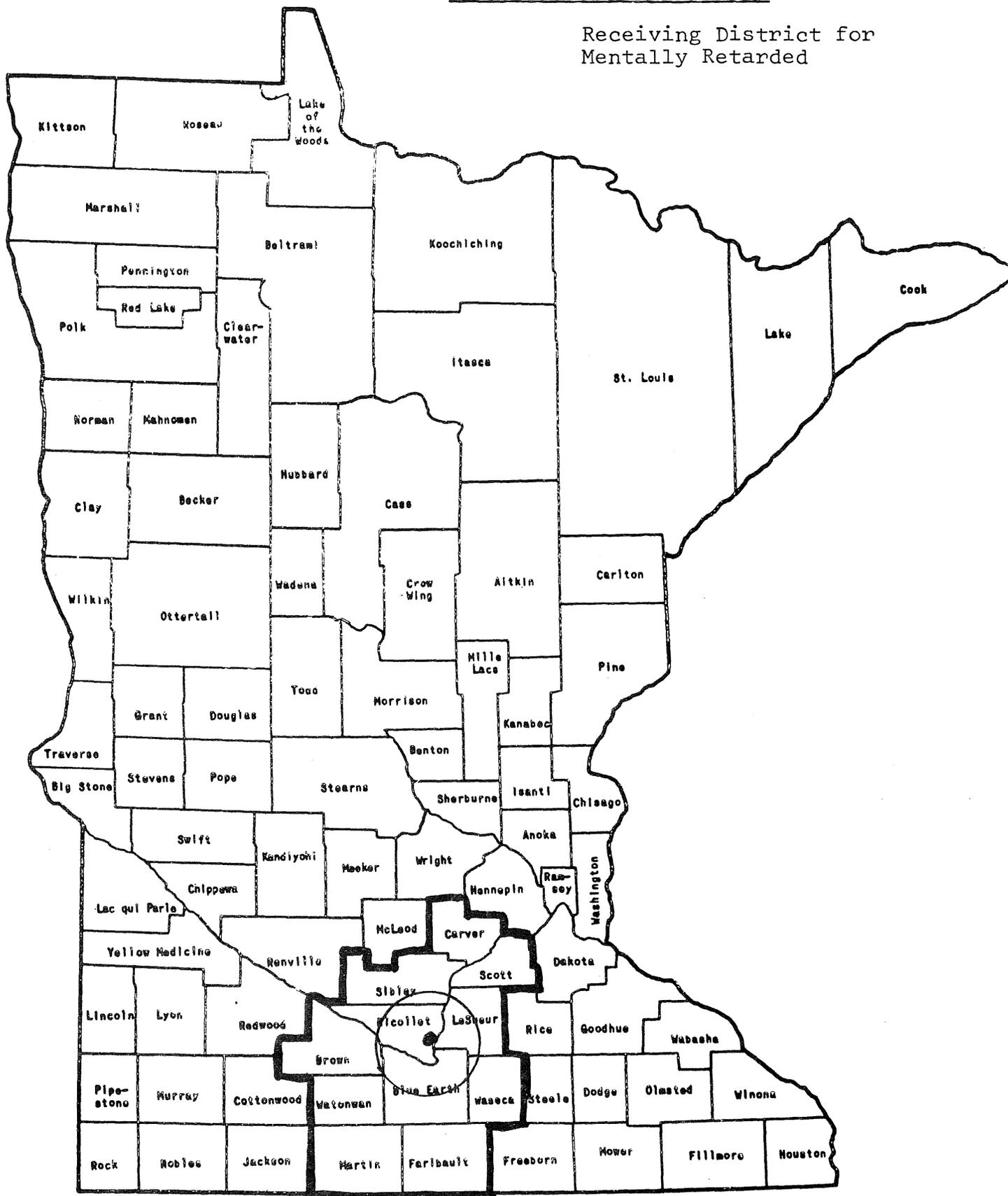
ST. PETER STATE HOSPITAL

Receiving District for  
Mentally Ill and  
Chemically Dependent



ST. PETER STATE HOSPITAL

Receiving District for  
Mentally Retarded



ST. PETER STATE HOSPITAL

STATISTICAL AND FINANCIAL DATA

Approved Complement, October, 1982 - 712.72

Population, October, 1982 average - 406

AVERAGE POPULATION - 15 Year Period

<u>Fiscal Year</u>	<u>MI</u>	<u>CD</u>	<u>SPSH</u> Total	<u>MSH</u>	<u>MVSAC</u>	<u>Campus</u> <u>Total</u>
1967-68	688		688	138		826
1968-69	376		376	144	163	683
1969-70	295		295	142	339	776
1970-71	279	28	307	131	374	809
1971-72	256	34	290	114	371	775
1972-73	226	35	261	107	353	721
1973-74	207	38	245	106	319	670
1974-75	176	34	210	108	291	609
1975-76	158	31	189	108	278	585
1976-77	157	40	197	139	237	573
1977-78	150	42	192	167	208	567
1978-79	137	44	181	198	191	570
1979-80	136	40	176	203	192	571
1980-81	144	45	189	193	180	562
1981-82	159	45	204	189	183	576

ADMISSIONS AND DISCHARGES - 5 Year Period

<u>Fiscal</u> <u>Year</u>	<u>Admissions</u>					<u>Discharges</u>				
	<u>MI</u>	<u>SPSH</u> <u>CD</u>	<u>MSH</u>	<u>MVSAC</u>	<u>Total</u>	<u>MI</u>	<u>CD</u>	<u>MSH</u>	<u>MVSAC</u>	<u>Total</u>
1977-78	150	373	169	13	705	131	375	115	42	663
1978-79	165	488	241	16	910	188	490	213	19	910
1979-80	161	453	249	29	892	163	436	227	26	852
1980-81	164	516	222	21	923	161	506	211	40	918
1981-82	220	556	243	31	1050	189	554	224	23	990

EXPENDITURES

SPSH-MVSAC

Salaries	\$7,566,651	\$8,351,498	\$8,891,642	\$9,659,967	\$10,457,754
Cur.Exp.	1,055,955	1,154,696	1,261,139	1,420,764	1,638,103
Rep. & Repl.	82,924	63,204	77,818	85,038	93,508
Spec.Equip.	53,245	30,451	29,074	8,637	38,789

MSH

Salaries	\$2,214,879	\$2,695,663	\$3,193,937	\$3,409,247	\$3,790,492
Cur.Exp.	16,178	27,515	28,965		
Spec.Equip.	30,042	907	-0-	66,746*	
Sub.Tot.	\$11,019,874	\$12,323,934	\$13,482,575	\$14,650,399	\$16,018,646
Less: Systemwide					
Reg. Laundry Costs		193,693	205,091	214,302	190,391
Total	\$11,019,874	\$12,130,241	\$13,277,484	\$14,436,097	\$15,828,255

Per Capita

Costs	\$19,435.00	\$21,281.00	\$23,253.00	\$25,687.00	\$27,480.00
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\*From sale of Hastings State Hospital equipment.

## WILLMAR STATE HOSPITAL

### HISTORY

The Willmar State Hospital was established in 1907 for the care and treatment of the alcoholic patient. The first alcoholic patient was received in the hospital in 1912. By 1917 the program at Willmar was expanded to include the treatment of mentally ill patients transferred from other state institutions. In 1951 the hospital was assigned a receiving district for referral of mentally ill patients from the 17 southwestern counties of the State. The hospital continues to receive and treat mentally ill patients from a 20-county area. Major treatment programs now include mental illness, chemical dependency, adolescent mentally ill, and mental retardation. Each of the hospital's four programs is accredited by the Joint Commission on Accreditation of Hospitals and licensed by the State of Minnesota. Community involvement, in addition to residential treatment programs, includes sponsorship or participation in training programs for clinical chaplains, licensed practical nurses, and occupational therapists. The mission or role of the hospital has, since its inception, been characterized by slow evolution reflecting the needs and impressions of the contemporary society as reflected by legislative action.

### FUNCTION

The following services are provided residents of Willmar State Hospital:

#### General Psychiatric Care and Treatment

Four area mental health-mental retardation programs (Mental Health Centers) at Luverne, Marshall, Willmar, and St. Cloud are located in the hospital's receiving district. Patients in the hospital are assigned into a geographic model of clinical care in separate units identified for each of the four area programs. The general psychiatric unit has a capacity for 288 patients. A total psychiatric treatment program is offered to all patients including diagnosis and services, and other therapies as indicated. It is expected that all patients admitted to the hospital will return to their home communities within a relatively short period of time. Care and treatment is provided in an open setting employing as many of the current treatment techniques as are feasible. Admission to the hospital is by personal application, by referral from a physician or agency, or by a probate court action.

#### Chemical Dependency Program (Alcoholic and Addictive Personalities)

This program consists of approximately 118 hospital beds. The treatment program is organized using trained counselors on alcoholism, the mainstay in group and individual therapy. Treatment consists primarily of lectures and group and individual counseling.

The entire alcohol program is A.A. oriented, but at the same time, a multi-disciplined effort is made to treat each patient as an individual in terms of his or her needs at the hospital, post-treatment planning, and length of hospitalization.

### Adolescent Treatment Program

The Adolescent Treatment Unit is a specialized psychiatric program at the Willmar State Hospital for the residential treatment of emotionally disturbed adolescents between the ages of 12 and 17. This unit has an assigned bed capacity of 55 and the program is designed specifically for the adolescent who needs a unique combination of group living experiences and an individual therapy program within a structured environment. The unit also includes a self-contained special education program as well as an educational program providing attendance at community schools where feasible. Adolescents are admitted directly to the unit following a referral from community agencies and a preadmission interview with the unit staff.

### Protective Component Unit

The Protective Component of the Adolescent Treatment Unit is a pilot project that was started in 1979 to provide treatment services to a small group of very severely disturbed male adolescents. These adolescents range in age from 11 to 16 years and are experiencing emotional problems that make treatment impossible in a more traditional residential program. A higher staff-to-patient ratio, a more intense treatment milieu and a greater emphasis on small educational group therapy sessions characterize this portion of the program. The major treatment goal aims at the establishment of enough self-control and symptom relief in these individuals to enable them to enter into and benefit from a traditional residential program. The average length of treatment in the Protective Component is six months.

### Medical-Geriatric

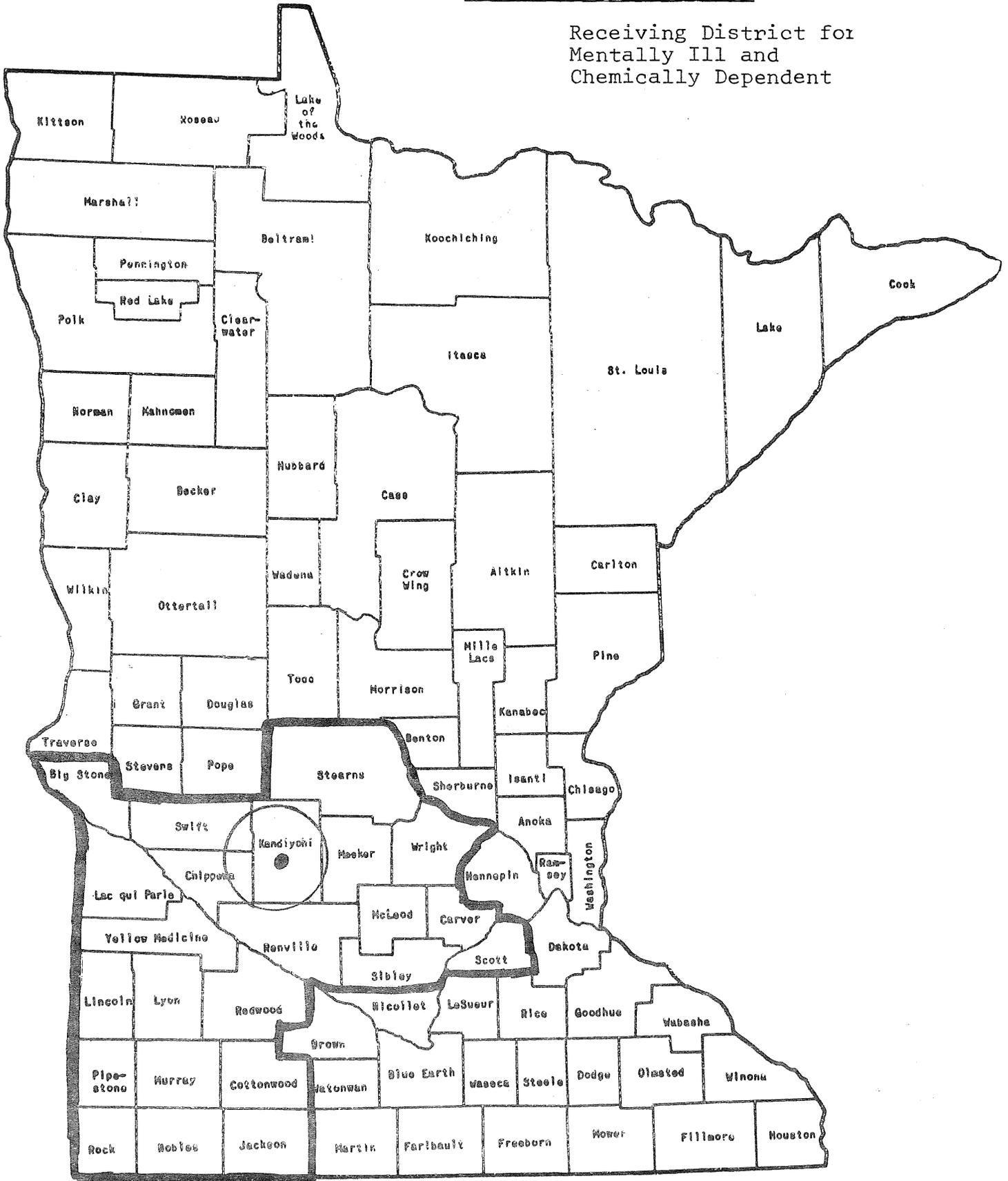
This service takes care of the diagnostic studies and short-term therapy of elderly patients from the Willmar State Hospital receiving area who have been unable to adjust to nursing or convalescent homes or who need short-term intensive medical care to prepare them for return to their families or other placement. This program also provides services for the chemically dependent patient needing medical care. Medical service is also provided for the long-term patients who are housed on the geographic units. Consultant physician service is also provided for the physical problems found on all hospital units. Dental service is provided by a resident dentist.

### Mental Retardation

The Glacial Ridge Training Center is the focal point for the delivery of essential services to mentally retarded persons and their families in southwestern Minnesota. The Center's facilities and program are licensed and meet all existing standards of care. Services provided include, but are not limited to, short- and long-term residency, parental relief, intensive training programs on an intervention basis (toileting, feeding, dressing, behavior control, etc.), family education, TMR school programs, and adult work activities. The residential portion of the program has 177 beds and maintains a fixed number of vacant beds for crisis and short-term placements from the southwestern communities.

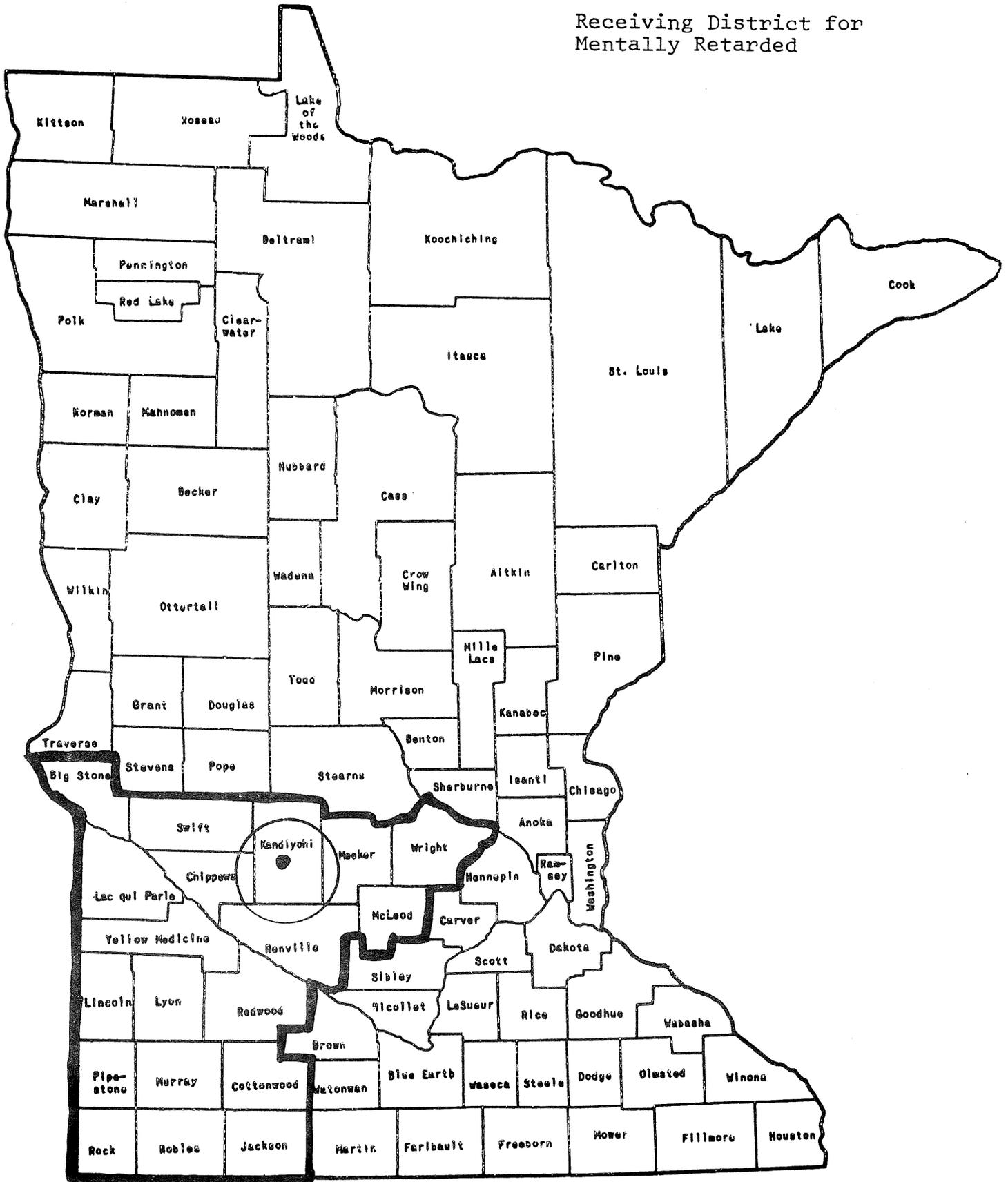
WILLMAR STATE HOSPITAL

Receiving District for  
Mentally Ill and  
Chemically Dependent



WILLMAR STATE HOSPITAL

Receiving District for  
Mentally Retarded



WILLMAR STATE HOSPITAL

STATISTICAL AND FINANCIAL DATA

Approved Complement, October, 1982 - 643.58

Population, October, 1982, average - 587

AVERAGE POPULATION - 15 Year Period

<u>Fiscal Year</u>	<u>MI</u>	<u>MR</u>	<u>CD</u>	<u>Total</u>	<u>Fiscal Year</u>	<u>MI</u>	<u>MR</u>	<u>CD</u>	<u>Total</u>
1967-68	542		224	766	1974-75	330	139	129	598
1968-69	458		217	675	1975-76	328	161	111	601
1969-70	401		214	615	1976-77	336	175	100	611
1970-71	375		206	581	1977-78	316	162	105	583
1971-72	358		183	541	1978-79	321	161	109	591
1972-73	367	12	155	534	1979-80	313	158	104	575
1973-74	351	142	114	607	1980-81	310	158	97	565
					1981-82	306	162	96	564

ADMISSIONS AND DISCHARGES - 5 Year Period

<u>Fiscal Year</u>	<u>Admissions</u>				<u>Discharges</u>			
	<u>MI</u>	<u>MR</u>	<u>CD</u>	<u>Total</u>	<u>MI</u>	<u>MR</u>	<u>CD</u>	<u>Total</u>
1977-78	347	32	902	1281	349	41	900	1290
1978-79	372	39	851	1262	339	54	858	1251
1979-80	445	47	831	1323	483	41	843	1367
1980-81	416	38	780	1234	514	52	793	1359
1981-82	432	50	718	1200	476	36	713	1225

EXPENDITURES

	<u>FY 1978</u>	<u>FY 1979</u>	<u>FY 1980</u>	<u>FY 1981</u>	<u>FY 1982</u>
Salaries	\$9,057,479	\$9,848,616	\$10,896,724	\$11,813,774	\$12,585,647
Cur.Exp.	957,896	1,110,781	1,132,079	1,197,743	1,343,558
Rep.&Repl.	57,437	45,552	57,720	63,316	67,069
Spec.Equip.	47,554	14,164	39,014	6,653	33,324
Sub Total	\$10,120,336	\$11,019,113	\$12,125,537	\$13,081,486	\$14,029,598
Less: Systemwide					
Reg. Landy Costs		164,524	177,567	189,390	201,943
Total	\$10,120,366	\$10,854,589	\$11,947,970	\$12,892,096	\$13,827,655
Per Capita					
Costs	\$17,359.00	\$18,366.00	\$20,779.00	\$22,818.00	\$24,517.00