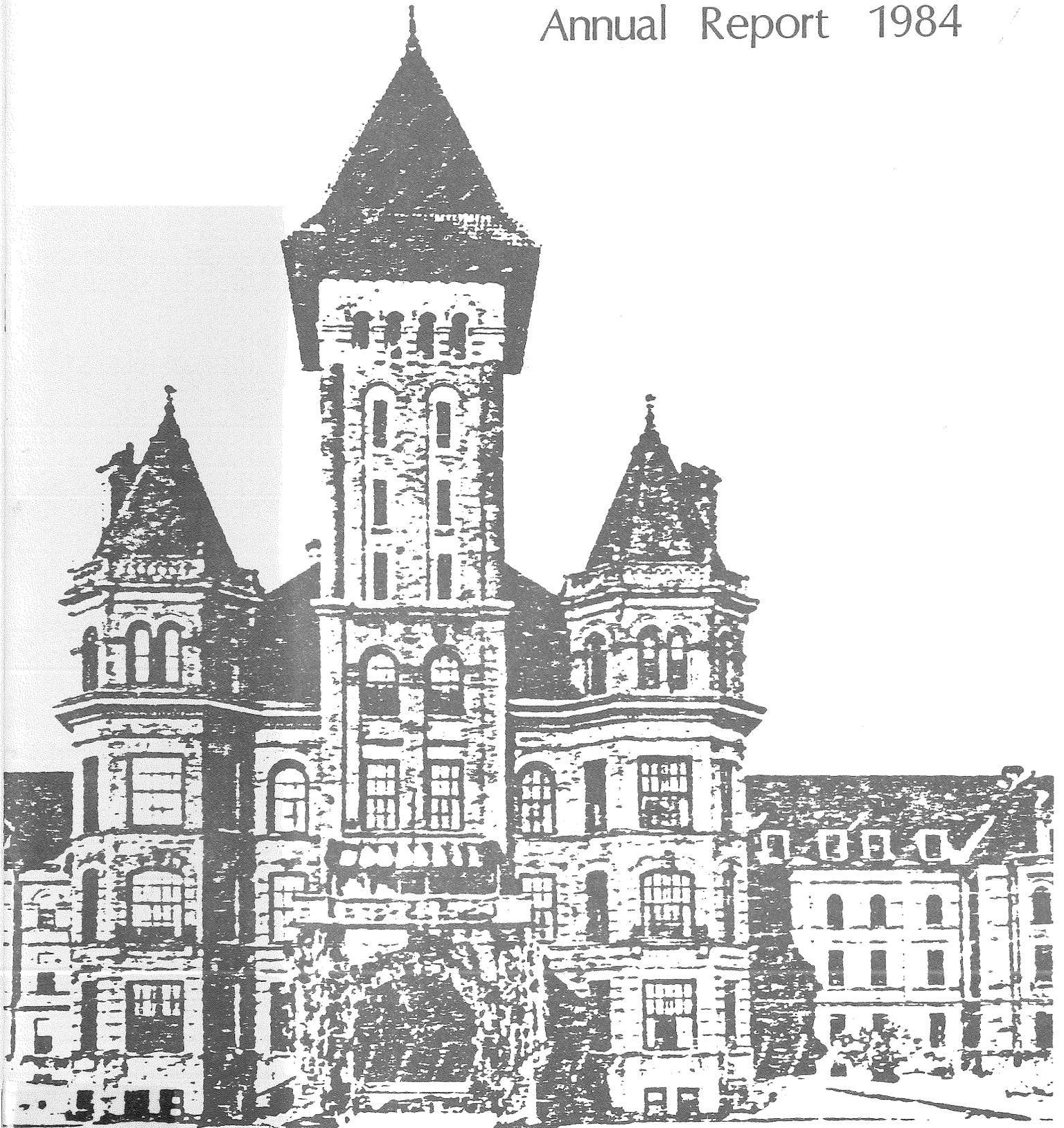


Annual Report 1984



***FERGUS FALLS STATE HOSPITAL
REGIONAL TREATMENT CENTER***

CONTENTS

	<u>Page</u>
Transmittal Letter	
Fergus Falls State Hospital Receiving Area - Map	1
Fergus Falls State Hospital Campus - Map	2
Admission by County of Residence, Disability Group, & Status of Residents	3
Average Daily Census & Admissions for Fiscal Years 1969-1984	4
Financial Management Division - by Dennis W. Zilmer, Business Manager	5-11
Personnel Department - by Douglas Boyer, Personnel Officer	12
Staff Development - by Neil Herman, Staff Development Coordinator	13
Plant Operations Department - by Les Baird, Physical Plant Director	14-16
Medical Staff Department - by Dr. Richard C. Baker, Medical Director	17
Advocate's Office - by Jerry Hanson, Advocate	18-20
Drug Dependency Rehab Center - by Curt Ramberg, Program Director	21-24
Mental Health Division - by Dolores Saurer, Acting Program Director	25-27
State Regional Residential Center - by Charles Johnson, Program Director	28-29

Fergus Falls State Hospital

JOHN BLOOM
Acting Chief Executive Officer

Box 157
FERGUS FALLS, MN 56537 -0157
Ph. (218) 739-7200

December 31, 1984

Commissioner Leonard Levine
Minnesota Department of Human Services
St. Paul MN

Dear Commissioner Levine:

The following comprises the annual report for the calendar year 1984, the year in which I served the State of Minnesota as the Acting Chief Executive Officer of this facility. Beginning in January of 1985, Ms. Elaine Timmer will serve as the Chief Executive Officer. We welcome Ms. Timmer to this region of the state as one of our leaders in the human services field and we will assist her in developing the linkages and interactions with other agencies that are required to carry out her assignment.

During 1984, we attracted the application of several psychiatrists and have placed a priority emphasis in this area. As the year 1985 begins, Dr. Albert Kohlmeyer will be on staff and we have tentative commitments from at least two other psychiatrists. The addition of these professionals will add greatly to the resources of the Mental Health Division and should increase this facility's ability to serve the psychiatric needs of the area. We will also be providing psychiatric consultation to the non-psychiatric programs in the areas of mental retardation and chemical dependency.

It will be noted that the chemical dependency program has continued to offer as short a term of hospitalization for primary care as is consistent with the state-of-the-art and has, at the same time, increased admissions throughout the chemical dependency service.

The Mental Health Division has maintained approximately the same population as in the past year as well as maintaining a substantial admission and discharge turnover. There is little question that this region of the state has a need and has described it well for a psychiatric unit that can serve the region as a back-up to other psychiatric services and as a primary care giver in some instances.

The mental retardation program has continued to decline in numbers and, consequently, of course, to treat an ever-increasingly difficult group of developmentally disabled persons. The unit is now, by our interpretation of the Consent Decree, basically in compliance with the staffing requirements. My prediction for the next year is that we will continue to see some decline in numbers, but in my opinion at a somewhat slower rate than is predicted by the Department of Human Services.

cont'd

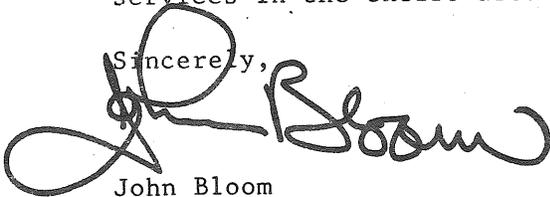
December 31, 1984

The physical plant of this facility continues to be very well maintained, is constantly complimented by surveying agencies, and will continue to be a positive resource to the State of Minnesota. We are described in the State Planning Agency survey as having the oldest buildings in the state. I have made the plea elsewhere and certainly will here, that old is not bad. In this facility, we have been able to remodel, update, change according to the needs of our clients, much more efficiently than in any structure on campus and, I presume, in many structures in the State of Minnesota. The basic and solid construction of the facility lends itself well to changes and still allows efficient staffing and interchange between programs. Since the facility has the least expensive heating and electrical capability of any of the facilities in Minnesota, we must add these capabilities to the value of the "old" structure in arriving at conclusions about value vs age.

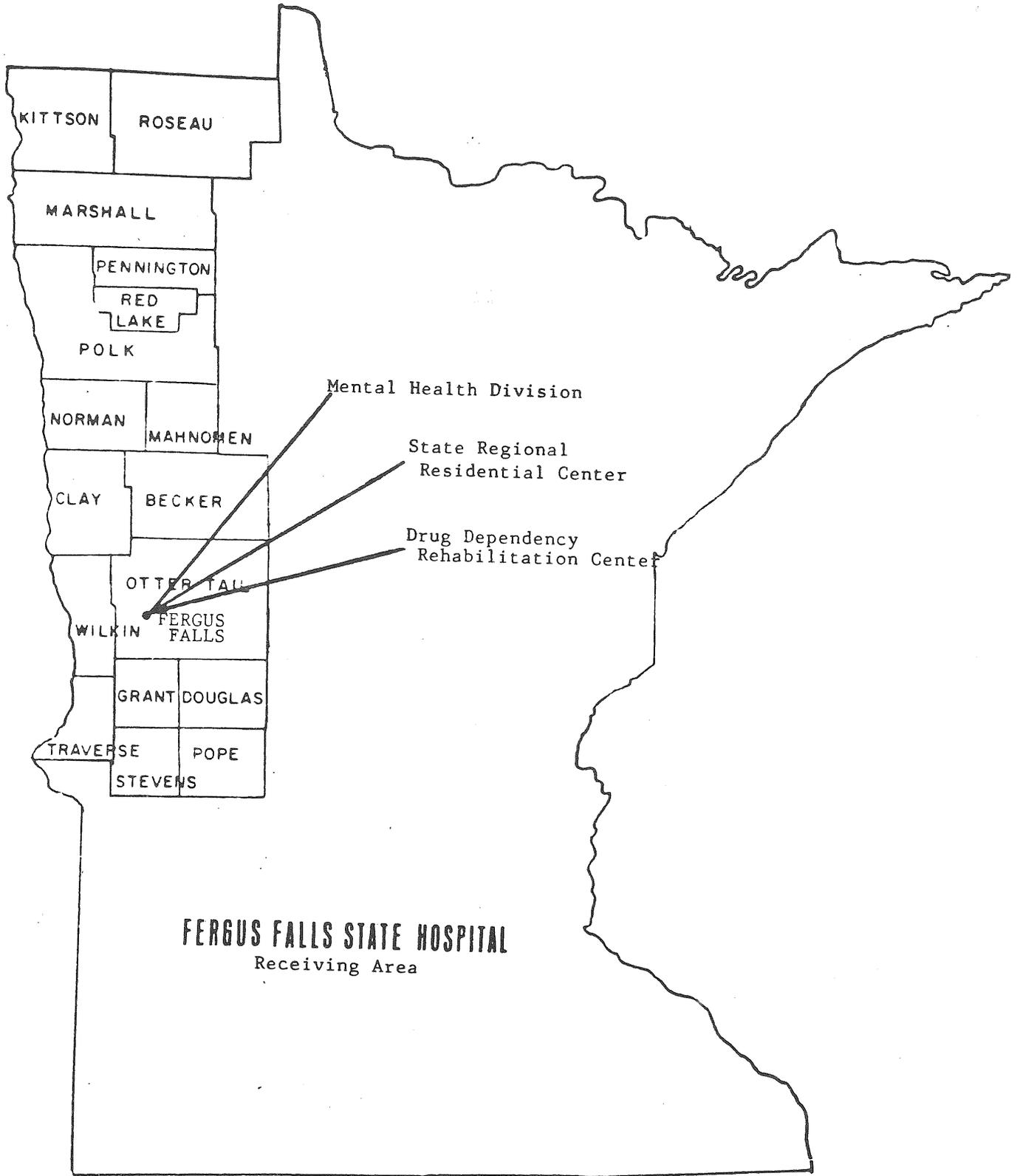
This past year has been a year of change for the Fergus Falls State Hospital and a year in which I have enjoyed a strong leadership role in causing changes to occur appropriate to the changing needs of our population. I must take this opportunity to express my gratitude to the staff of this facility for its support, its creativity, its willingness to look at change and accomplish it and, most importantly, for the staff's ability to think first of our client needs, remind me when my decisions did not give adequate cognizance to our client needs, and to place those services to the citizens of this north-western area as the primary function of administration in the Fergus Falls State Hospital.

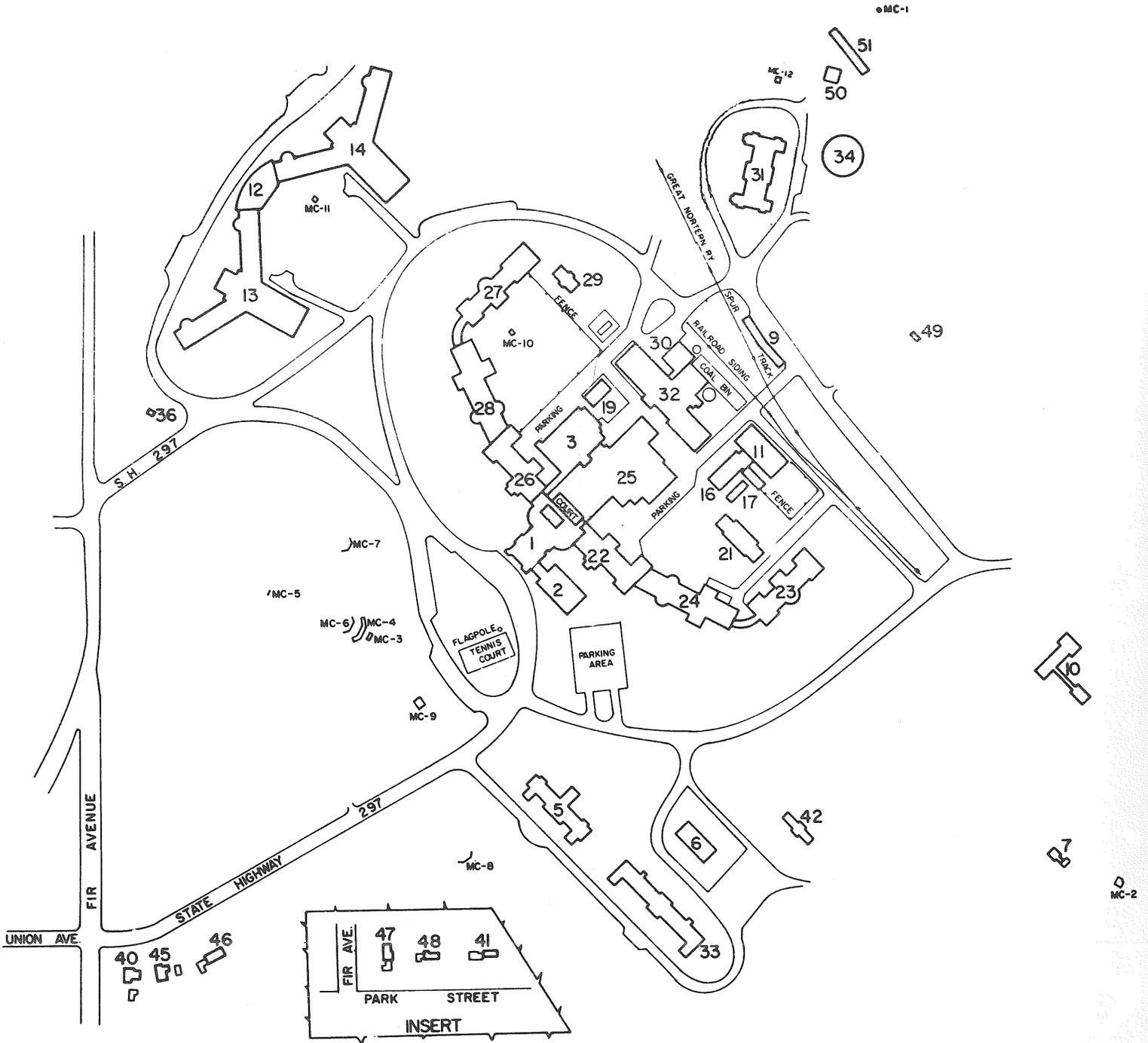
I think this next year needs to strongly address a review of our space utilization, a review of our capability to provide services within the community on a shared services basis, a need for further expansion and incorporation of other human service agencies in the area, a need to address a name change that is more descriptive of the kinds of services provided today, and a need to provide an ever-changing model of excellence as a back-up resource for other human services in the entire area.

Sincerely,



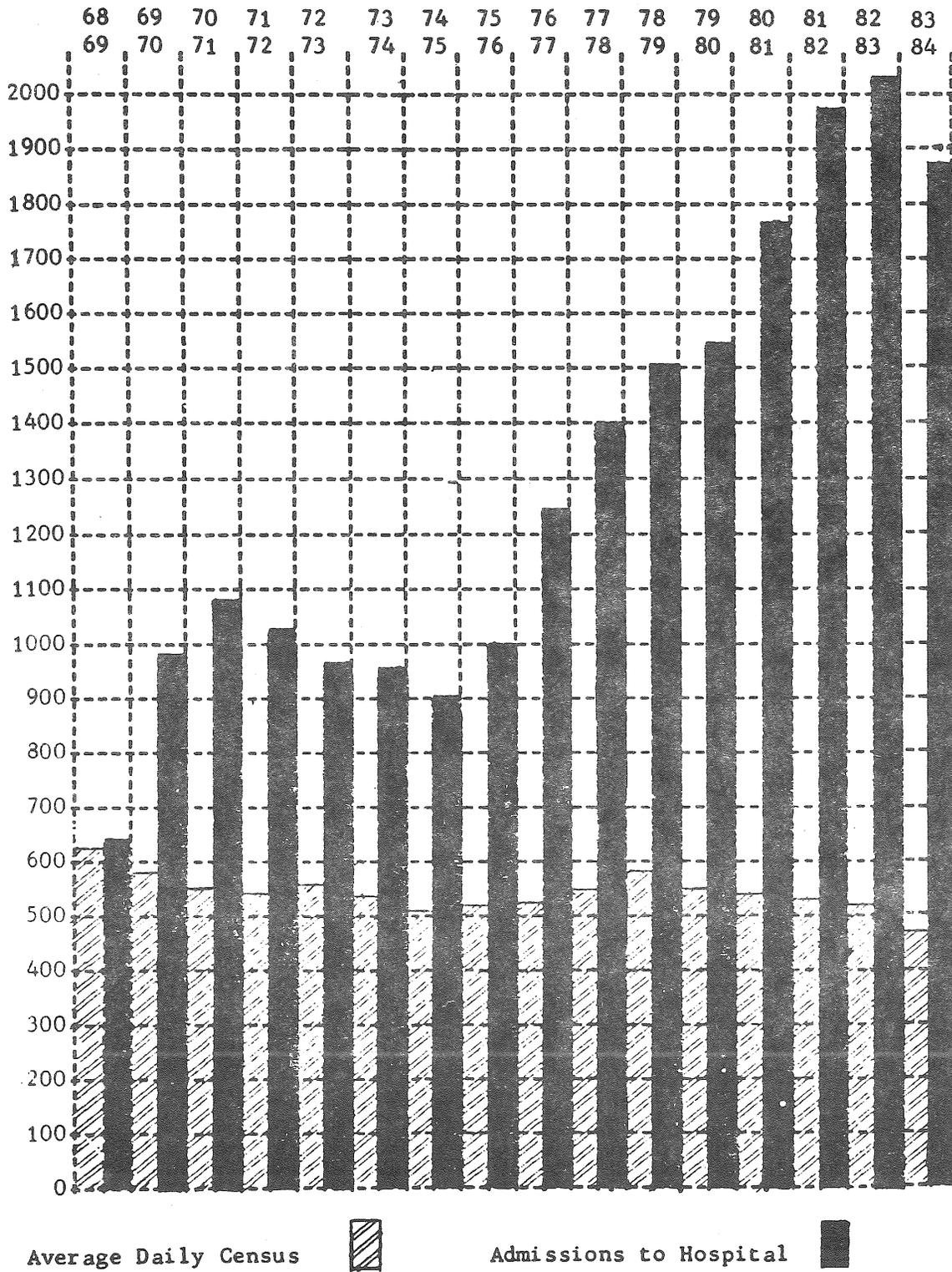
John Bloom
Acting Chief Executive Officer





FERGUS FALLS STATE HOSPITAL

Average Daily Census and Admissions to FFSH for Fiscal Years 1969-1984
(July 1 to June 30)



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

FINANCIAL MANAGEMENT DIVISION - ANNUAL REPORT - 1984

The mission of the Financial Management Division is to maximize the utilization of resources in order to provide proper and needed services to the residents and staff at the Fergus Falls State Hospital. This Division is responsible for the preparation of all budgets, contracts, purchasing, general accounting, inventory, computerization, financial planning and other related services. These responsibilities are accomplished through the following departments within the Financial Management Division: Business Office, Material Control Center, Resident Services, Computer Center, Volunteer Services, Typing Center, and the Communications Center.

BUSINESS OFFICE

During fiscal year 85, the Business Office has undergone many changes. We instituted the Department Budgeting concept and by utilizing the Budget Cost Control System software program within the Public Welfare Information System, the necessary budget information is now furnished monthly or more often as requested.

Also during 1984 we debugged one version of the Computerized Budget and Accounting System Module, then embarked on a much more sophisticated and elaborate version called the Budget Monitor System. The BMS is 95% plus debugged and will be ready for systemwide distribution by April 1985.

In order to accomplish this it took tremendous work and energy on the part of our staff, especially two Account Clerks. In spite of the BMS work plus the increasing detailed accounting and budgeting duties, we were able to keep up our regular functions of budgeting, purchasing, general accounting, contracts, financial planning, and financial counseling as requested by departments.



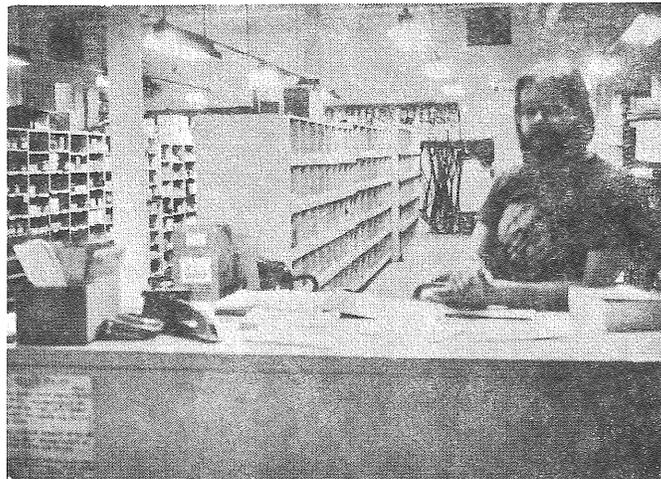
MATERIALS CONTROL CENTER

The Materials Control Center serves the hospital in five areas: Inventory Control (State Store and Mechanical Stock Room), Fixed Assets, Print Shop, Receiving Dock, and Mailroom. In addition, we serve in a staff capacity to all other inventory centers.

Financial Management Division
Annual Report - cont'd

The Materials Control Center is responsible for maintaining an available supply of mechanical parts, food and supplies, except medical, for all areas of the hospital. Other functions include the requisitioning and purchase of materials in economic quantities based on need; receiving, storage and the issuing of materials upon authorized request; the maintenance and verification of inventory records; providing professional quality offset printing services and mail distribution service.

During the past year, there were 1,533 requisitions issued from the State Store totaling \$318,332. There are 1,324 items stocked at the State Store with an inventory value of \$59,663.



During this same time period, there were 2,186 requisitions issued from the Mechanical Stock Room totaling \$33,088. There are 6,782 items stocked at the Mechanical Stock Room with an inventory value of \$81,923. Since centralization of mechanical supplies, the items stocked has increased 46%.

Receiving Dock volume is 660 tons and 3,025 packages from UPS type carriers.

Fixed Assets property totaled 4,500 items with a net book value of \$418,000.

RESIDENT SERVICES

During 1984, Resident Services accomplished many of the goals set at the end of 1983. The Resident Banking procedures on the TI 990 computer have been functioning with few delays or complications. Most functions on the program are now in operation; monthly statements are sent out; unit staff file and send out copies to the counties, guardians, families or to residents as required by the Resident Bill of Rights.

Resident Bank - The Resident Bank has now expanded to include the service of accounting of Volunteer funds which have been established with the Department of Finance. Policy and forms have been written for the use of Volunteer funds and all financial records are kept on file at the Resident Bank.

Remodeling of the Resident Bank has also been completed. There is a cashier's window where residents can withdraw cash and receive their pay-checks, make inquiries about their bank accounts, and request payments made from their accounts and make change. There is a waiting room where they may relax in comfortable chairs if they need to wait. We also have a storeroom for extra inventory for the Canteen and a Records Room for all our banking files and data input files for Social Welfare accounts. We now have two terminals for input and also for staff and residents to make inquiries on their accounts.

Canteen - The Canteen remodeling project has been finished. The walls have been papered and paneled, new wall hangings with paintings and decorations have been added, some of which were done by hospital staff. We have new tables and chairs, stereo music, and an automated door which is greatly appreciated by our handicapped residents. The whole area gives a feeling and atmosphere of a nice dining and socializing area which is enjoyed very much by our residents, their families, and their guests. The Canteen held an open house and we were delighted with the turn-out. We had opportunities for the residents to win radios, clocks, candy and treats. Each month the Canteen celebrates a holiday or special occasion and decorates accordingly and offers free treats. Another important function of the Canteen area is the teaching and training of residents, C.E.P. and MEED persons.

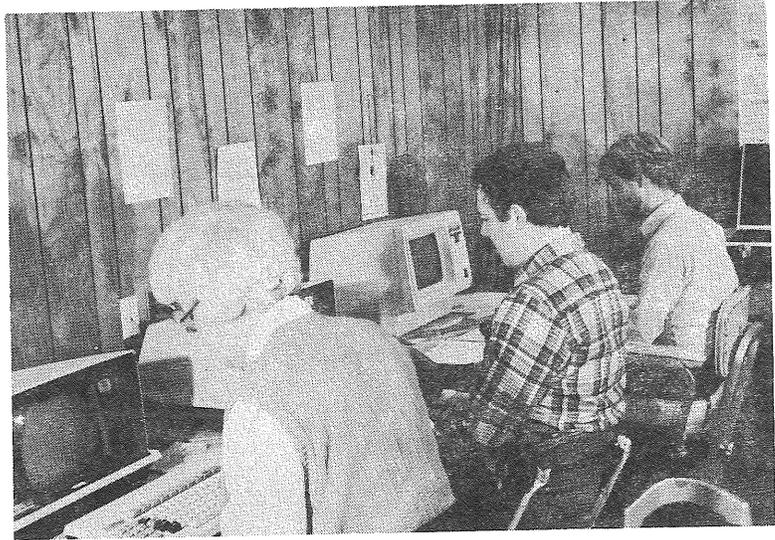


COMPUTER CENTER

During December 1982, Fergus Falls State Hospital received delivery of a computer (a Texas Instrument Model 990 with a DX10 operating system). We were the third state hospital to come "on line" with a 990. We hired a student worker to work part time in the summer of 1983 and a full time programmer in January of 1984. They wrote programs that had statewide appeal (in terms of DHS institutions) and soon we were recognized as a leader in computer utility among the institutions. (For instance, we have more regular users of the computer than all of the other institutions together).

Financial Management Division
Annual Report - cont'd

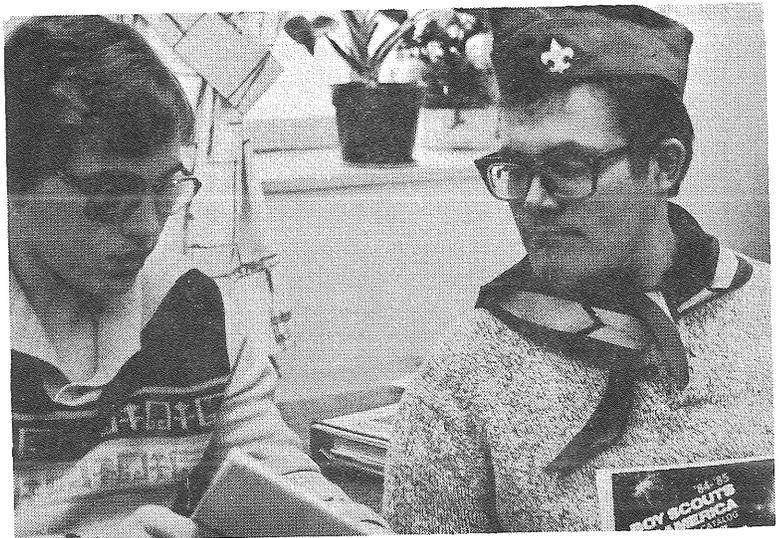
Based on our success in developing software appropriate to statewide use, it was proposed to the PWSIS Steering Committee and the Director of DHS Systems & Data Flow Division that Fergus Falls develop prototype software for all state institutions. (Prototype refers to a process whereby we develop programs according to our needs and our understanding of all the other institutions' needs. The completed programs are then tested by our staff and other institutions, after which we make any necessary changes and then the program(s) is/are accepted for statewide use.) The proposal was accepted and we have begun the process. Currently, we are considered a "model shop" and other institutions look to us for advice as they "come on line."



VOLUNTEER SERVICES

During 1984, many area volunteers generously contributed time, talents, material gifts, and monetary donations in support of the various treatment programs and service departments at the hospital. These contributions did much to enrich the treatment programs and to improve the quality of life opportunities for the residents served by this hospital.

Public information services provided during 1984 included hospital tours and community programs for the general public, hospital news releases to area news media, the publishing of public information materials for the hospital, and the publishing of 52 issues of The Weekly Pulse.



Financial Management Division
Annual Report - cont'd

During 1984, an average of 30 students from the Fergus Falls Community College were enrolled in the Student Live-In Program at the hospital.

During 1984, the receipt and disbursement of financial donations received by the Fergus Falls State Hospital for Volunteer Services purposes became the responsibility of the Financial Management Division.

TYPING CENTER

The Typing Center is located in the Administration Wing of the Main hospital building and is staffed by three typists and a supervisor. A telephone dictation system was installed in 1979 in the Typing Center and has proven to be a very efficient method for dictation. This system is used mainly by DDRC, however, it is also used by other departments of the hospital. The Typing Center is responsible for typing all of the admission and annual physical exams which are presently being done by physicians from the Fergus Falls Medical Group.



We are also responsible for typing of consultation reports dictated by psychiatrists, neurologists, physiatrist, etc.; admission dental exams by the Fergus Falls State Hospital dentist. The Typing Center also provides clerical services for the Clinic, Housekeeping Department, O. T., R. T., Nursing Department, Volunteer Services, Advocacy Services (which includes the Review Board), Pharmacy, two of the Psychiatric Division units and two Drug Dependency Rehab Center units. It is also our responsibility to coordinate individualized comprehensive planning team meetings, interdisciplinary team review meetings, and joint planning review meetings between the county social service departments and the Fergus Falls State Hospital.

COMMUNICATION CENTER

This department, located in the Switchboard/Reception area of the Main building, manages the major communication equipment for the entire facility. It is in this area that the public's contact with this facility frequently begins, therefore, we play an important role in the public image. Our staff are well trained in their manner of being of assistance on the phone, as well as deal-

Financial Management Division
Annual Report - cont'd

ing with persons who appear at the desk for assistance/directions, or just general information.

The receptionists are also responsible for pageing, for operating the Facsimile machine and the radio pager. In addition to these responsibilities with the communication process, they also work in the Mailroom and provide clerical services for other areas as time permits. This staff also has some knowledge of staff functions, policies and data privacy for the various areas and programs.



One of our goals for the year 1984 has been to make supervisors more aware of usage of the WATS line in their areas. Through this awareness, we have been able to make some progress toward appropriate and responsible usage.

In addition to the above, all telephone requests/repair orders and related planning for the entire facility are taken care of by the Communication Center.

FERGUS FALLS STATE HOSPITAL - FINANCIAL REPORT

July 1, 1983 - June 30, 1984

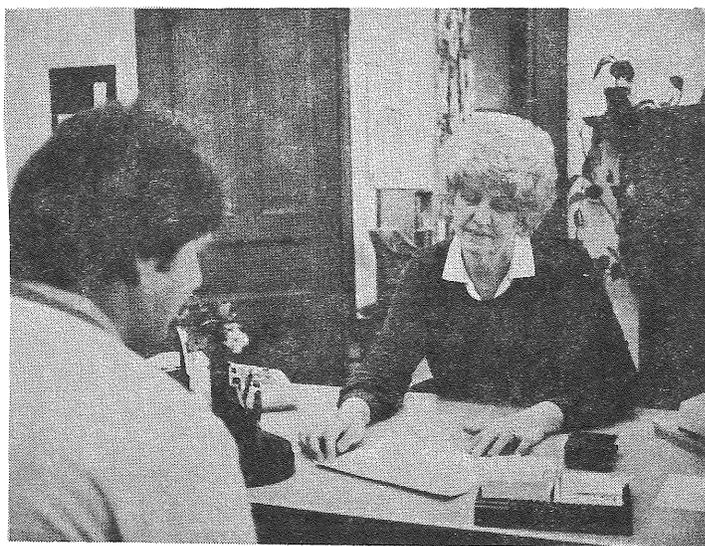
Program Service	Mentally Ill	Mentally Retarded	Chemically Dependent	TOTAL
Average Daily Population	98	231	140	469
Patient Days	35,770	84,315	51,100	171,185
Expenditures*	3,409,495	9,613,451	4,080,490	17,103,436
FFSH Per Diem Costs	\$ 95.32	\$114.02	\$ 79.85	\$ 99.91 (avg)
Reimbursement (1) Revenue	\$1,924,601	\$10,249,366	\$1,584,767	\$13,758,734
Reimbursement Per Diem	\$ 53.80	\$121.56	\$ 31.01	\$ 80.37 (avg)
NET ACTUAL FFSH PER DIEM COSTS	\$ 41.52	\$ (7.54)	\$ 48.84	<u>\$ 19.54 (avg)</u>

NOTE: * These figures represent only direct costs at this facility and do not include DHS Central Office and DOER personnel services.

(1) These figures include estimated Poor Relief collections.

PERSONNEL - ANNUAL REPORT - 1984

	<u>1983</u>	<u>1984</u>
Avg # of Employees	657	664
# Hired	109	83
# of Separations	95 (1)	93 *1
# of Promotions	187 (2)	121 *2
Turnover Rate		
All Classes	12.2% (3)	7.7% *3



	<u>1983</u>		<u>1984</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	1,117,424	535.2	1,103,042	528.3
Vacation Leave Used	79,379	38.0	71,174	34.1
Sick Leave Used	40,189	19.2	41,569	19.9
Comp. Time Used	7,012	3.4	9,623	4.6
Alternate Holiday Used	10,512	5.0	11,604	5.6
Total Hours Paid	1,254,516	600.9	1,248,969	598.2

	<u>HOURS</u>	<u>DAYS</u>	<u>HOURS</u>	<u>DAYS</u>
Average Vacation Leave Used/Employee	120.8	15.1	107.2	13.4
Average Sick Leave Used/Employee	61.2	7.6	62.6	7.8

	<u>1983</u>	<u>1984</u>
Employee Injuries Reported		
Minor Injuries	281	258
Major Injuries/Worker's Comp Claims	90	101
Total Injuries Reported	371	359

- * 1 36 of these were termination of temporary/emergency appointments; 6 of these were termination of summer students.
- * 2 76 of these promotions were results of the class study.
- * 3 Does not include termination of student workers and temporary/emergency appointments.
- (1) 15 of these were termination of temporary/emergency appointments.
- (2) 76 of these resulted from Human Services Study.
- (3) Does not include termination of temporary/emergency appointments.

STAFF DEVELOPMENT - ANNUAL REPORT - 1984

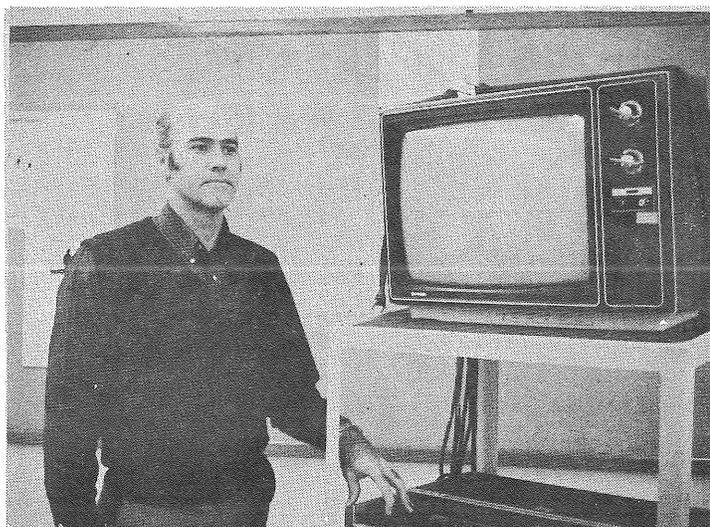
Training hours delivered in 1984 (some figures are estimated to fit into the calendar year):

Off-campus workshops, seminars	1,200
On-campus classes	3,500
Pre-employment Human Services Technician training	<u>7,600</u>
TOTAL HOURS	12,300

The total training hours for on-campus training attended in 1984 shows a 51% reduction compared to 1980. On-campus training has been gradually decreasing during those years. Off-campus training has held constant since 1980. Pre-employment Human Service Technician Training hours are 50% lower than 1980 because of the reduced turnover in Human Service Technicians (7 permanent HST's were employed in 1984 as compared to our previous average of 25).

Some of the reduction in training hours is the result of condensing classes into independent/instructor assisted classes and also the development of shortened refresher classes. The major reduction in classes may be the result of changes in the Human Service Technician Career Ladder.

We have completed some initial work in computerizing the Staff Development Records. The biggest problems at present are the lack of direct link between the Staff Development computer and the facility's TI 990 computer, and getting the programming time from the Computer Department to adjust and develop the Staff Development Program.



PLANT OPERATIONS - ANNUAL REPORT - 1984

The philosophy of Plant Operations is to maintain and upgrade, by repairing and minor renovation, this unique building so that it retains its architectural design and remains structurally sound; so that this complex provides a comfortable and safe atmosphere for residents and staff; so that all systems will function as designed and in an efficient manner; so that this complex will meet all standards as set by the disciplines that govern its operation. The departments in Plant Operations are: Construction, Engineering, Housekeeping, Laundry, Fire & Safety, Power Plant, Grounds, and Garage.

The Construction Department tuckpointed 38,840 square feet of the back side of Buildings 22, 24, and 26. They renovated the old dishwasher room into an office for the Kitchen Supervisors and a Computer Room for kitchen needs, performed interior surface restoration task on the tunnel walls with anticipation of painting them in the near future. The Construction Department repairs all furniture and maintains all wheelchairs needed by this facility.



The Painting Department put into operation a new system whereby they remove all the finish on furniture, restain it, select a proper color and revarnish the product. This operation has proven to be a valuable asset. They painted 38,840 square feet of the back side of Buildings 22, 24, and 26.

The Plumbing Department was kept busy maintaining the heating and ventilating systems, the plumbing systems, the sewer systems, and performing preventive maintenance tasks. The Plumbing Department also started entering preventive maintenance information into the computer.

The Electrical Department maintains and repairs all electrical equipment, all electronic equipment, fire alarm systems, performs minor renovation tasks, is now putting preventive maintenance tasks into the computer. They also maintain all air conditioning, refrigeration equipment systems, and elevators.

The Fire Safety Officer held 144 separate fire drills, accompanied the State Fire Marshal on inspection tours, managed a safety shoe inventory, held two external fire drills, investigated all accidents, worked on Workman's Comp claims and held safety sessions on current safety needs.

Plant Operations
Annual Report - cont'd

The Laundry Department picked up, sent to Brainerd for washing, sorted and returned to the proper units about 1,108,000 pounds of laundry in 1984.

The Housekeeping staff has met and exceeded all housekeeping standards that govern this facility. The area maintained by housekeeping is approximately 844,000 square feet of floor space plus existing walls.

The Grounds Department grooms about 60 acres of lawns by mowing grass, removing debris, trimming the shrubery, and removing, daily, the garbage created by this facility. In addition, they removed 26 elm trees and 55 stumps. Stump removal was accomplished by interaction with the City of Fergus Falls without cost to the hospital.

In 1984, outside contractors installed new roofs on or part of six buildings which protects approximately 78,187 square feet of floor space. Outside contractors are in the process of installing 57 doors and frames in two buildings, two exterior stairways in another, and two interior stairways in a second building, and a sprinkler system in the stage area of the gym. When this project is completed, the facility will meet the Life Safety standards in all areas presently used by residents. This project is approximately 80% completed as of December 1984. An outside contractor has completed major renovation of the Administration building elevator. This elevator now meets all handicapped and fireman standards.



Demolition was accomplished by burning three residences and removing all concrete materials and restoring area to its original condition. This demolition happened through interaction of the area fire departments (72 to 90 firemen) who used the demolition as a seminar on fighting fire and the inhouse staff restored the area to its original condition. This method of demolition saved approximately \$28,000 of state money.

The last Legislative process in 1984 has dedicated funds for air conditioning for the physically handicapped, monies for two major roof replacements, monies to install a pollution control device on the coal fired boiler, monies for partial furniture replacement, monies for partial floor covering replacement, and partial monies for street replacement.

Plant Operations
Annual Report - cont'd

The State of Minnesota and Otter Tail County are presently working on a contract whereby the county would install a refuse burner on the hospital grounds and sell steam to the hospital thus saving fossil fuel energy, reducing refuse to its smallest volume, and reducing the cost of energy at the hospital.

The future will see this facility requesting monies for furniture, for floor covering, heating/venting renovation, street and parking lot repair, fire alarm systems for non-resident buildings, roof repair, and renovation to make this facility more efficient and meet the needs of the clients.

In summary, it is my belief that the buildings are structurally sound, that building conditions have improved through better maintenance practices, and by funding from the Legislature. With additional funding and adequate staff to do the tasks, this building can and will remain in a very acceptable physical condition.

MEDICAL STAFF DEPARTMENT - ANNUAL REPORT - 1984

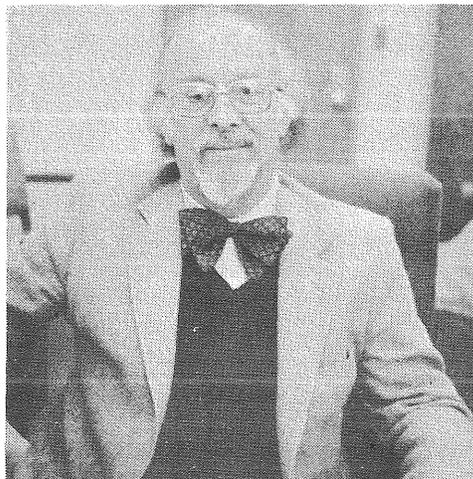
During the calendar year 1984, an all-out effort was made to search for additional psychiatrists for the hospital. From a list of about 800 members of the American Psychiatric Association in the five-state area, we received fourteen responses to a recruitment letter. We learned late in the year that Dr. Albert Kohlmeyer, presently on our consulting staff, will join our active staff in early 1985. We are grateful to Dr. Kohlmeyer for choosing us and we are looking forward to his joining us.

Meanwhile, efforts continue to find a suitable person(s) from our recruiting list to join Dr. Kohlmeyer. One of the respondents is particularly interested and we hope will be joining us in the spring of 1985. In addition, we are in the process of negotiating with a psychiatrist from Minneapolis with a special interest in adolescent chemical dependency problems who will spend four days a month on campus in the chemical dependency program with us beginning in late winter.

During 1984, a second Adult Nurse Practitioner joined our staff and is sharing the load in the chemical dependency program.

The Medical Department continues contractual relationships with consulting psychiatrists from Fargo, a consulting psychiatrist and a consulting neurologist from the Twin Cities, and members of the Family Practice Department of the Fergus Falls Medical Group. These consultants supplement the efforts of our three full time physicians on campus, part time Family Practitioner in the chemical dependency unit, and part time pediatrician in the M. R. Unit.

The varied expertise represented by the staff and consultants is the key to the provision of excellent medical and psychiatric care that we are able to provide for our residents. As we look forward to 1985, it is clear that the principle activities will revolve around the recruitment of additional psychiatrists and general medical physicians.



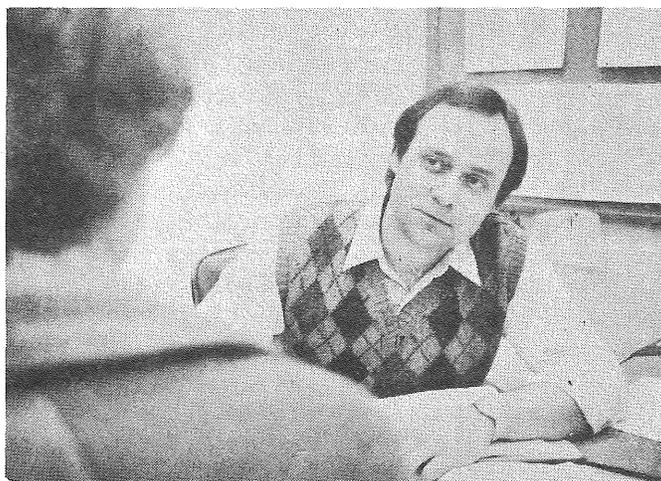
ADVOCATE'S OFFICE - ANNUAL REPORT - 1984

Historical Perspective: The Advocate's Office at the Fergus Falls State Hospital was established on a part time basis in May of 1972 and became a full time function on August 1st of the same year. This marked the beginning of the advocacy position in the Minnesota State Hospital system, although the concept had been around for a long time. The position of a government supported "outsider" who could review government decisions and consumer complaints about government programs was first officially begun in Sweden in 1809. This concept was reinforced in the United States by the establishment of the first legal aid society in New York City in 1876 and later by the establishment of a public defender's office in Los Angeles. However, the real emphasis on such a function has arisen since the 1950's, when this country began to place genuine attention on the matters of individual rights and equality.

As a result of this growing concern, the Minnesota Department of Public Welfare (now called the Department of Human Services) established the position of client

advocate to speak on behalf of the individuals served by their state hospitals and state nursing homes. The office gives the clients of the facilities a grievance mechanism which is immediately responsive to their concerns and provides an avenue to ensure that the client's voice is heard. The Advocate's Office is available to consult with clients in the area of:

a) legal status, b) rights under the Minnesota Hospitalization & 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 Advocate's Office possesses the following authorities in assisting clients with their concerns:

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; and
4. If not resolved at the local level, the authority to refer cases to appropriate resources outside the facility.

Advocate's Office
Annual Report - cont'd

1984: During this reporting period, the Advocate's Office has undergone several changes in its area of supervision. During the fall of 1983, the direct line supervision of the advocate function was shifted from the Chief Executive Officer of each facility to the Commissioner of Human Services. What this meant was that the advocates were then supervised by personnel in the Client Protection Office in St. Paul. Nineteen eighty-four brought the solidification of the Quality Assurance Division and the appointment of Lyle Wray, Ph. D., to head that division. The Client Protection Office was placed within the Quality Assurance Division. Shortly after this transpired, both Client Protection Office staff left state service and the office was left without full time coverage. Dr. Wray has done a remarkable job of coordinating the services under his control and it is believed that the Client Protection Office vacancies will be filled shortly. Although these events have caused numerous management level difficulties, it has not generally affected the day-to-day operation of the local Advocate's Office.

Statistics for calendar year 1984 indicate that the Advocate's Office dealt with a total of 1,324 cases. Of this total number, 640 cases (48%) involved the CD units, 484 (37%) involved the MI units, and 200 cases (15%) involved the MR units. The average number of cases per month was 110 with the high month being October with 134 cases and the low month being June with 89 cases. 83% of the cases were closed within 24 hours.

Since many of these cases also involved more than one issue, the number of issues addressed during the year was 1,611. Of the various issues dealt with, the three most frequent involved legal matters (18% of the total number) followed by issues regarding discharge/placement/transfer (17% of the total number) and then issues regarding the Minnesota Hospitalization & Commitment Act (13% of the total number).

Grievance Procedure/Review Board: The Grievance Procedure was established under Minnesota Statute 155.651 in 1977. The procedure is mandated 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 calendar year 1984, there were 311 issues which fell under the criteria established by the Department of Health. Of this number, there were 41 cases which went to the CEO for resolution and the remainder were resolved, to some degree of client satisfaction, at a lower level.

The clients of this facility also have available the services of the Review Board, which is appointed by the Commissioner of the Department of Human Services and is coordinated locally by the Advocate's Office. The Review Board met on four occasions during 1984 and saw a total of 17 clients personally. They also interviewed a number of staff members throughout the year and reviewed the 16 cases of forced medications which had gone through the Treatment Review Panel.

Miscellaneous Activities: The Advocate's Office continues to be involved in the Behavior Management Committee and the Human Rights Committee of this hospital. Also, during 1984 the office has been involved

Advocate's Office
Annual Report - cont'd

in writing, or assisting with, several policy changes, the development of training material, and the formation of a consumer questionnaire. In addition, it has been involved in orientation of new employees and speaking to various civic and educational groups which tour this hospital. The office has also furnished a speaker to local civic groups, along with conducting a class on advocacy and patient rights for hospital staff and community members. The office also provided a speaker for the paralegal students at Winona State University and furnished input to the St. Luke's School of Nursing (Fargo ND) and St. Ansgar Hospital (Moorhead MN) on patient rights in mental health settings. Overall, it has been a continued time of growth and learning for myself, which it is hoped, can lead to even more effectiveness in the coming year.

DRUG DEPENDENCY REHABILITATION CENTER - ANNUAL REPORT - 1984

Admissions to DDRC for 1984 came from 70 Minnesota counties for a total of 1,506 admissions.

Nineteen hundred eighty-four marked the 10th anniversary of DDRC. A 10-year celebration, "Fergus Falls Freedom Fest," was held September 28th, 29th, and 30th at the Elk's Point near Fergus Falls. More than 550 persons attended this event. Participants attended from the entire state of Minnesota as well as from Texas, Louisiana, Wisconsin, North Dakota, California, and from Canada. Activities included NA, AA, Al-Anon meetings, a trainee reunion, a Saturday banquet, speakers, a dance, and a Sunday morning breakfast.

Admission Detox Unit:

In 1984, approximately 25% of DDRC's total admissions were only for our Detox service. This past year, the addition of Dr. Myhre to our staff, and a second Nurse Practitioner two days a week, have allowed us to better meet the increasing needs of our patients for medical services.

Primary Units:

During 1984, 820 patients were admitted to the DDRC primary units. One male primary unit, Silkworth, was discontinued due to decline in the average daily population of primary clients. Jellinek Unit increased to 33 beds and Tiebout Unit increased to 23 beds at that time. The average length of stay was 30 days for males and 36-38 days for females. There were 588 discharges with medical advice which was a total of 72%. DDRC primary units continued to be involved with providing the first two weeks of the 2 X 4 program which exists in Otter Tail and Clay counties. An additional 2 X 4 program was implemented in a cooperative effort with Hazelden at Lakeview in Alexandria MN. Focus of primary units continues to be family involvement, aftercare planning, communication with community resources, and identifying resources for patient referrals.

Freeway Unit:

One-hundred ninety adolescents were admitted to Freeway during 1984, with 95 (50%) being discharged with medical advice. A large percentage (42) of the WMA discharges have occurred in the last three months of the year. The number of premature discharges have also declined in this last 3 month period. Freeway Unit was moved to the first floor of the primary building. This move allowed for the unit to be divided into two separate living areas for males and females (15 males and 15 females) and provided an increase in the total number of beds from 25 to 30. Freeway continues to provide strong family involvement. Several staff have been involved in community education programs. There still exists a strong cooperative effort with School District #544 in providing education for the Freeway clients.

HOPE Units:

The HOPE I and HOPE II units (24 beds each) functioned at full capacity. Total admissions were 187 coming from 41 Minnesota counties. Diagnosis - 25% with chemical dependency characteristics, 50% with chemical dependency and personality disorders; 25% with a mentally ill and chemical dependency and borderline mentally retarded and chemical dependency diagnosis. Patients completing the program were 33-1/3%.

DDRC

Annual Report - cont'd

LIV Unit:

This past year there have been 106 admissions, 5 of these were female; 11 of these admissions came as committed clients. The average age was 56.7. There were 84 discharges with 37% being discharged with medical advice. Group therapy is held two times weekly as well as smaller groups daily to address individual needs. Due to the age and physical problems of residents, AA groups come every Saturday evening. There has been an increase in handi-crafts and recreation services to this group to increase their social interaction skills.



Family Unit:

In 1984, 643 people experienced the 2½ day Family Live-In Program. The program cost remains at \$16 per person which includes lodging and meals. The average attendance per program was 13 participants. Clients were referred from 62 counties in Minnesota and seven from other states. Most referrals are significant others of patients in treatment. Additional referrals come from social service departments, mental health centers, public schools, among others. (See attached report). The Family Program works in conjunction with 2 X 4 treatment in Clay, Douglas, and Otter Tail counties. Of the 643 persons attending the Family Program, 177 took part in a family conference with a significant other in DDRC.

2 X 4 Program:

Record reviews of participants in the 2 X 4 program indicate in each instance that they are meeting the appropriate criteria of the program. While the program has not been utilized as extensively as predicted, it has been beneficial to those who have participated.

Wilkin County Program:

In December 1984, DDRC implemented a Shared Services Agreement with Wilkin county which calls for DDRC to deliver the following services: 1) pre-sentence investigations; 2) non-court assessment, follow-up counseling and intervention; 3) aftercare program; 4) outreach and education on an as needed basis; 5) counseling for Wilkin county detoxification; 6) administrative requirements for Wilkin county. In return, Wilkin County agrees to: 1) compensate DDRC for a yearly total of \$26,964.

DDRC Recreation:

The recreation program at DDRC has shown tremendous growth over the past year. A recreation assessment was added to the interview process. Two staff persons work full time in the Recreation Department. In the fall of 1984, leather craft was started on the HOPE Units. The purchase of a video recorder/player has provided the opportunity to show first rate movies on the unit. An exercise program was developed for each of the units which has helped fulfill the need for daily morning exercises. Equipment purchased to enhance the recreational program includes: weight and exercise equipment, handicraft supplies, and guitars.

Chemical Dependency Counselor Training Program:

Fifteen persons graduated from the DDRC Counselor Training Program in 1984. There currently are 28 persons enrolled in the program. An agreement has been negotiated with the social work Department at Moorhead State University to register our students for 28 hours of social work credit on the junior-senior level if they have completed 96 credits of college previously.

We are currently putting the finishing touches on our negotiations with the Fergus Falls Community College to provide 48 hours of credit to people who have no college or less than 96 hours of college credit prior to coming here. Two additional staff persons have been added to the Training Department which is accredited as an Institution of Higher Education by the Minnesota Higher Education Coordinating Board and is accredited to receive veteran's benefits, state and federal funds.



Program Evaluation:

The C. D. service has greatly expanded its efforts to develop baseline information concerning its clients, services, and programs delivered as well as budgetary implications. These developments should give us meaningful data on which to evaluate service delivery and its fiscal implications.

Utilization Review:

In 1984, a new U. R. process was developed with a revised schedule for review dates based on standards previously used; but, also now, considering demands of private insurance and using historical and engineered methods based on length of stay factors. A new U. R. format was developed based on quality of care criteria, private insurance criteria and criteria previously used.

Chaplaincy:

The function and purpose of chaplains is to help patients address their spirituality in the recovery process. Working closely with the treatment team, chaplains do spiritual assessments, second and third step groups, fourth and fifth steps. Other counseling in areas of spiritual struggles are addressed by the chaplain upon the request of the counselor and treatment team. An important part of the chaplain's position has been community outreach. Chaplains have been actively involved with churches, have conducted workshops, and been involved with the local ministerial group. The staff includes 3 full time and 3 part time chaplains, as well as some services being provided by central hospital chaplains.

FAMILY TABULATION
1984

	Free Way	Hope I	Hope II	Jell	Shares	Liv	Tieb.	Marty Mann	Total Unit Ref.	Outside Ref.	Grand Total
#pts. that had family scheduled	62	22	25	140	1	13	74	57	394		
#pts. that had family attend	37	14	11	88	0	5	41	29	225		
#pts. families didn't attend	25	8	14	52	1	8	33	28	169		
# people scheduled	114	25	35	198	1	18	101	80	572	440	1012
# people attended	69	17	17	114	0	6	54	43	320	323	643
# people didn't attend	45	8	18	84	1	12	47	37	352	117	369
# pt. scheduled for ITP	32	38	34	9		2	7	8	130		
# pts. attend	25	36	26	7		1	7	6	108		

Patient - related only

Outside Referral

	Scheduled	Attended		Scheduled	Attended
Spouse	123	81	Pts. as part of treatment	130	108
Children	45	26	Aftercare	31	10
			Self	161	115
Parent	250	132	Social Services	36	21
Sibling	64	37	Trainees	26	26
Other Relatives	8	5	Others	56	43
Friend	82	39			
Total	572	320			
			Total	440	323

(DDRC Attachment)

MENTAL HEALTH DIVISION - ANNUAL REPORT - 1984

"The old order changeth, yielding place to new."

The year 1984 has been one of many changes for the Mental Health Division. Changes in management, the addition of professional staff, and the addition of new programs to meet the needs of a changing mental illness population have all occurred. In this area, as throughout the nation, a younger, chronic patient is emerging and more patients, often sicker and more psychotic, are being admitted for the first time.

Although total admissions for the year were down slightly though not significantly, the average daily census remained essentially the same. The ratio of informal to involuntary admissions also remained much the same.

	<u>1980</u>	<u>1981</u>	<u>1982</u>	<u>1983</u>	<u>1984</u>
Admissions	371	383	406	388	358
Average Daily Census	129	120	113	100	100

Last year we participated in "catch-up" judicial reviews of patients committed under the Commitment Act of 1982. This year we saw the recommitment process in action. This required pre-petition screening, a new petition and a court hearing. Nineteen patients were involved, most of whom reside on the geropsychiatric units of Sporre and Youngdahl.

During 1984, the Mental Health Division was surveyed by the State Department of Human Services for Rule 36 licensure and also by the DHS Quality Assurance Team. In 1985, we anticipate surveys by the Department of Health and the Joint Commission on Accreditation of Hospitals.

Along with other state hospital program directors, we participated in the project of establishing Treatment Staffing Standards and the completion of data elements for admission and discharge as part of a computerized Management Information System which will go into effect some time in 1985.

PROGRAMS:

We have defined a "new patient group" - younger, sicker, more chronic. In response, we evaluated treatment programs, making adjustments to better serve this changing population.

The most visible change is reflected in the establishment of the Hursh-East program. Hursh-East adjoins the Hursh Unit and is managed and staffed through the Hursh Unit. The purpose of this locked treatment area is to provide a safe, secure area of low stimulation. A hierarchy of options is available as needed - from low stimulation in the dayroom to a time-out room, two seclusion rooms, and finally, physical restraint. Hursh-East is not a living unit as such and referrals may be made from all Mental Health Division units for short-term crisis intervention. The area is appropriate for patients demonstrating behavior judged by staff to be a clear and present danger to self or others, or less serious behavior having a disruptive effect on other patients on the home unit. Although Hursh-East has been in operation only a few months, the importance of a low stimulus area and its benefits have already been demonstrated.

Mental Health Division
Annual Report - 1984 - cont'd

Other programs continue with modifications as appropriate and include individual therapy; groups dealing with self-understanding, self-control, goals, wellness, relaxation, grooming, socializing and communication, medication education, money management plus fun groups and leisure activities such as birthday parties, canteen trips, fishing, gardening, crafts, movies, pet therapy, bowling, cooking and baking and picnics. Music therapy and music lessons are available. One of the most popular activities is the "Special Friends" program whereby sixth graders from a local school are paired with a "special friend" in one of our long term units. This is a unique program with proven benefit to both patient and student. A professional quality videotape of this program was produced this past year for use in the community.



STAFF:

Although we were sorry to lose Program Director, Dale Klaessy, to retirement, we were fortunate to gain him as a member of our Mental Health Division Advisory Committee. In October, we enhanced our psychology department with the addition of a Ph. D. Psychologist, Dr. Cliff Knutson. Dr. Knutson who left Fergus Falls State Hospital eighteen years ago to join the staff of the Lakeland Mental Health Center in Fergus Falls is a Clinical Psychologist with extensive experience including that of examiner for the courts. Dr. Knutson's assigned position is that of Chief Psychologist and Director of Psychological Services for the Mental Health Division.

We added Marcia Bremer to our social work staff in July. Ms. Bremer, too, comes with experience, having worked in a county social service agency and St. Peter State Hospital.

Our nursing department has also seen changes. Alice Lyng, RN, is now manager of the Hursh Unit. Her former duties of chief nurse, staff development coordinator and Quality Assurance Officer are now the responsibility of Ken Toso. Mr. Toso is well qualified for his new position with a Bachelor's Degree in nursing and many years of experience as a clinician and nursing supervisor. Jeanne Schetnan, RN, formerly manager of Hursh Unit is manager of Sporre Unit. Jan Swedberg, RN, and Mae Haugen, Assistant Group Supervisor, continue as managers of Youngdahl and PACT Units respectively. With the

Mental Health Division
Annual Report - 1984 - cont'd

addition of Hursh-East program, the need for two more Registered Nurses became a necessity and a reality when Phyllis Gaustad, RN, returned to us from Arizona where she had been employed in a private psychiatric facility and Sharon Bacon, RN, also with a psychiatric background, joined our staff.

Staff development and education during the past year was concentrated in the specialty areas of anorexia and bulimia, Alzheimer's Disease, behavior modification, suicide prevention, sexual abuse, investigative training for abuse/neglect, human relationships, management of aggressive and hostile behavior, motivation and self-esteem, and stress and burn-out. To meet Quality Assurance standards, employee training was provided with regard to the vulnerable adult, assessments, interviewing and treatment planning, first aid, CPR, fire safety, defensive driving and therapeutic intervention.

LOOKING TO 1985:

Most important - Dr. Albert Kohlmeyer, Psychiatrist, who has served as a consultant to us for eleven years joins our staff on January 14th as Chief of Psychiatric Services. Dr. Kohlmeyer needs no introduction as he is well known for his expertise in psychiatry both locally and in the Fargo-Moorhead area. Plans are to add another psychiatrist later in the year and we shall continue our consultant contract with the Psychiatric Associates. Our Chief Executive Officer has targeted March 1st for hiring of a permanent Program Director.

Our Admissions program will be changing on January 21st. At that time, Dr. Cliff Knutson will take over as Admissions Officer with the assistance of Grace Horgen, Social Worker.

We shall continue to assess programming and explore community needs. Specialized treatment possibilities suggested for evaluation include day care, respite care, treatment of the anorexic patient, treatment of the patient with Alzheimer's disease, crisis intervention, after-care and family support systems. For 1985, even more than in 1984, we will probably see that, "The old order changeth, yielding place to new."

STATE REGIONAL RESIDENTIAL CENTER - ANNUAL REPORT - 1984

In 1984, the debate as to which community would be the next location for the construction of a new third state hospital was occurring. In 1984, the subject was reversed. Studies, surveys, hearings and reports were active on the subject of hospital closure. Nearly weekly, a news report of some type brought new information to the public as to where, when, how and why closure of a hospital is needed or being planned. Nineteen hundred eighty-four has been a year of unrest as to the future of any facility, including this one. Despite the uncertainty which such debate creates and the resulting anxiety for staff, family and residents, this agency has continued its efforts to serve the people who need our services and do it well. Considerable attention has been given toward improving our services and meeting the standards of excellence that are required of us.

In 1984, the mental retardation program was again surveyed by the Accreditation Council for the Mentally Retarded and other Developmentally Disabled. This survey resulted in the facility receiving a two-year accreditation. This accomplishment speaks of the skill and dedication of the staff of this program who work hard to provide excellent services to its residents. One can assume that discussions of closure are not related to concern for sub-standard care, but related to other factors.



In 1984, we began the year with 231 residents and ended the year with 227 residents. This reduction of only 4 residents is smaller than in recent years. Fewer opportunities for community living are available. This is seen as the direct result of the Department of Human Services' plan to restrict the development of community ICF-MR group homes in favor of the development of a variety of services funded under the Medicaid Waiver commonly called "Waivered Services." It is planned that "Waivered Services" will develop more rapidly in the coming year and result in greater numbers of residents of this facility being placed in community programs. At year end, our staff have identified and recommended that 34 residents could be placed if the appropriate community services were available to meet their needs.

SRRC
Annual Report - cont'd

In the Consent Decree in 1980, the Department of Human Services initiated the plan to down-size the mental retardation programs in each state facility. The residential population decreased by 428 from January 1, 1981 to June 30, 1984. An additional decrease of 402 is projected to occur from June 1984 to June 1987. For this facility to achieve compliance with the Consent Decree it is projected that an additional 60 residents will need to be placed prior to June 30, 1987. To achieve this goal, substantial activity will need to occur during the coming year to establish the needed community resources.

Up to this point, this facility's role in community development has been as a supportive resource to community providers. What this facility's future role will be is uncertain. It is apparent, however, that changes will be required and we await what changes the State Legislature makes in public policy as it affects services to the mentally retarded in 1985.



