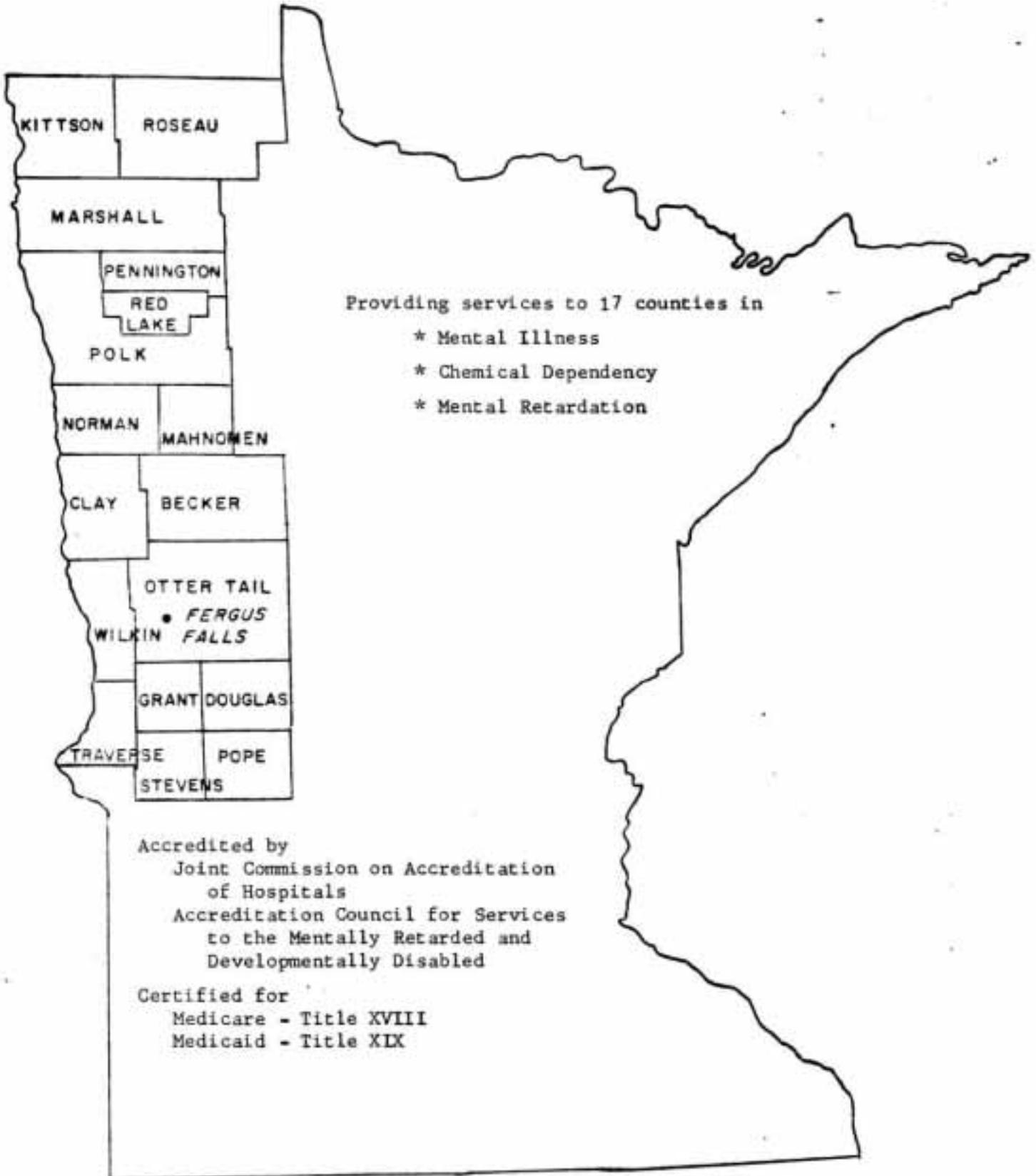


FERGUS FALLS STATE HOSPITAL

JUL 13 1984



IMPACT STATEMENT Fergus Falls

State Hospital - June 15, 1982,

Impact of Additional State Hospital Closures

A. POPULATION SERVED

Fergus Falls State Hospital serves the residential needs of a 17-county area in northwestern Minnesota. This area consists of the mental health center districts of Northwestern Mental Health Center and the Lakeland Mental Health Center including Roseau county. The Hospital serves a population that needs in-patient services for psychiatric treatment, chemical dependency treatment, and mental retardation training and care. It also serves as a residential treatment center for some clients from other counties throughout the state of Minnesota based on identified needs (patient specific) such as in need of treatment in our youth program that exists on this campus or a long term program as examples. I enclose a sheet from the Fergus Falls Annual Report that lists the total population by county, a rate per 10,000 in each of the counties, and the types of admissions and discharges. See Appendix A.

It should be noted from the above information that this hospital admitted 1,496 persons this past year for treatment for chemical dependency, 383 persons for treatment of a psychiatric condition, and 40 persons were admitted to the Mental Retardation program for training care - for a total admission load of 1,919. The average population for the facility was 550 for that same year and it should be noted that the population of the hospital stayed about the same as the preceding year which means that the discharges also totaled close to 2,000. If we add to this total the longer term residents - those who have spent the better part of a year here - 270 mentally retarded, 125 mentally ill, and 56 long term C. D. residents - we can reach the conclusion that approximately 2,370 residents have been served by this facility. Since some number of the persons admitted in any given year are admitted more than once in that year, that gross number is somewhat distorted. Nevertheless, one could safely conclude that this facility served somewhere around 2,000 separate human beings in 1981. There simply are not sufficient resources in the community

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served by this facility to come even close to serving this population within the region. There are no plans for significant expansion of any resource nor does there appear to be any decrease in the needs for facilities or patient population at this facility within sight. In addition to that, all of the other facilities in the receiving district are serving at a considerably higher cost per patient day for any of these groups. B. CAPACITY LOST

1. Ability of the rest of the state hospital system to absorb this patient load

There is no other state institution anywhere near this area with capacity to absorb this patient load. As a matter of fact, all of the state hospital facilities in the state of Minnesota state they are presently **full**, or nearly so, and could not absorb the load even if we were to disregard the need for service within reasonable distance. In addition to that, this facility serves as a regional campus for this area and has built, therefore, close working relationships with county social service agencies, mental health centers, and other private facilities. To move this patient population to some other area of the state would lose that important ingredient, in working with the outpatient services of this region. A working together of outpatient and in-patient resources is essential to good patient care. Since only a portion of the treatment is received within the residential facility *the* ongoing corrective activities in any of these disease processes must occur within the more normal living environment. There is no question but that this can best be done through close cooperation of the type mentioned above.

2. Other community resources available

Within the seventeen counties served by this facility, there are two facilities for the care of psychiatric illnesses. One of 27 beds is at St. Ansgar Hospital in Moorhead; the second at Northwestern Hospital in Thief River Falls has 16 beds. Both of these units provide private care for psychiatric conditions.

¹See Appendix B.

While they provide excellent services, they are typically more expensive per treatment day by a considerable margin and also considerably limited in space. For those two reasons, the Fergus Falls State Hospital becomes the place of choice - a choice made particularly where treatment is in the nature of a longer term. Although the length of stay at the Fergus Falls State Hospital, for psychiatric care, is considerably shorter than it has been in past years - it still is somewhat longer than the very acute illnesses treated at these facilities.

For the C. D. treatment, there is a treatment facility of 35 beds at Glenmore in Crookston and one that is just now opening in Alexandria. Both of these facilities, again, are more expensive and small units. Neither could begin, even with major expansion, to handle the treatment load furnished by the Fergus Falls State Hospital.

For the mentally retarded, there is an array of group homes with a total of 275 beds throughout the receiving district. They are, basically, scattered with more frequently occurring group homes in the Fergus Falls (Otter Tail County) and surrounding county areas. Nevertheless, there seems to be considerable resources to this nature and, in the opinion of most of the county social service agencies, sufficient resources of this type. The Developmental Achievement Centers that go along with the group homes are in existence as needed. Since our returns from placements in group homes has increased in the last couple years, the assumption is being made that we have placed people in group homes to the point where returns to the hospital are more frequently occurring. There will be an additional two or three group homes in the seventeen counties in the next couple of years if present plans are completed. Even the addition of these homes, of course, will not meet the residential needs of the mentally retarded in this area.

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C. IMPACT ON CLIENTS

1. Availability of treatment

This facility serves as a major residential service center within this 300 x 100 mile piece of geography in northwestern Minnesota. As mentioned above, there are private treatment resources scattered throughout the area to some extent, but only very limited numbers of beds and limited numbers of facilities. There are no expansion plans. Therefore, there is no availability of treatment services for a large proportion of the clients served by this facility within the region.

2. Distances involved

This facility serves an area 300 x 100 miles in northwestern Minnesota. It's farthest reaches are close to 200 miles. To go to any other state facility would increase that mileage -distance considerably. We have found that it is practical to offer a treatment resource within those mileages, but going much beyond the 175 miles, or thereabouts, gets to be a major task for any visitation or family involvement. Our close working relationships with the counties we serve, the county social service staff, and with the families of our residents, means a great deal to the treatment programs here. However, to drive through Fergus Falls to go to some other treatment center ruins a piece of that kind of relationship. It is for this reason we have steadfastly, at this facility, maintained that a regional facility for all residential needs is the most appropriate long range plan. Obviously, where it is possible, economically and where treatment would be of short term duration, treatment even closer to home is appropriate and is done in those instances. This facility, then, serves as a back-up to that process and appropriately so. We have found, so far, that we do have family participation in, for example, our family treatment program on the C. D. unit from all areas that we serve.

¹See Appendix C.

3. Commitments

In the past year, we received a small percentage of commitments from our receiving district. Thirty-one in C. D., 23 in Mental Illness, and 2 in Mental Retardation. For the most part, admissions to this facility are arranged through Informal and Voluntary processes. We all must recognize that it takes considerable pressure sometimes to get someone to come for treatment, but that pressure so far has been arranged outside of the commitment process in, by far, the predominant number of instances. On the other hand, in those instances where commitments do occur, the courts find great comfort in working with a facility in their own region that they know, that their county social service agencies know, and with whom they have had former positive relationships. There are many times when that relationship itself will help us work out with the courts, a system of avoiding the commitment process.

4. Costs

There is no question but that the cost to the client, in the case of admission to this facility, is less than care in a private facility unless they have private insurance. In most instances, the **cost of** care would be prohibitive for the major shar3 of our clients.

D. IMPACT ON COUNTIES 1.

Transportation

The county social service agency is required by law (and certainly by good casework principles) to stay in touch during the hospitalization which each of its clients. The purpose of this, of course, is to assist the county in assessing the need and developing an after-care plan for each client as they leave this facility. It is only through involvement of this nature that a client can best be served whether they are mentally ill, drug dependent, or mentally retarded. Legally, the county is required to visit and review treatment plans at least quarterly for each client . As a matter of

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practice, few new admissions stay that long so therefore there is considerable communication regarding each client. The proximity and familiarity with the facility is essential to this kind of communication. We do expect that the county visit eyeball-to-eyeball at least once with the treatment team and meet for a discharge planning conference. To go farther than to Fergus Falls State Hospital for the counties in our region would be an unnecessary expense and would be decreasing services to each client. In addition to the transportation, we also have WATS line services to each county and maintain close working relationships in that way. Since each county works closely with this regional facility, these relationships can be satisfactorily addressed and maintained.

2. Participation in planning-aftercare

See above paragraph.

3. Placement problems

The close involvement mentioned in the above paragraph concerning the client and his treatment process and aftercare planning allows the staff of this facility to be quite aware of the placement strengths and weaknesses of various areas and aftercare programs and to share that knowledge or pick it up from the county caseworker. Having a regional facility such as Fergus Falls State Hospital, encourages chat process to the point where it becomes an essential give and take between the staff of the residential facility and the aftercare planning staff in the county social service agency. Since certain areas of the region have some aftercare resources that others don't, that sharing also occurs and can be brought to bear in a patient's best interests and aftercare planning sessions.

4. Commitments

See C.3 above for discussion of the role of the county court and the county social service agency in the commitment process as it relates to a regional facility.

5. Costs

Invariably, some of the costs are related to the county. The county is now picking up a share of the Medical Assistance costs to pay for the mentally retarded and some other clients and 10% of the costs otherwise paid by the State of Minnesota. The costs of care in the regional facility are, even at full charge, more economical than in local areas and, certainly, with the 10% cost considerably less expensive. Our experience shows that the closer counties use the facilities the most. The implication is that the farther a person is from the facility the less they will use it and, consequently, you have more people who go without needed service.

E. IMPACT ON STAFF

1. Relocation and other costs

This facility employs close to 600 people at this moment, in a very small community. Using the factor often applied in employment statistics that each job affects three people, we are therefore affecting the support of some 1,800 to 2,000 out of the 12,519 census in 1980. The Fergus Falls State Hospital is, by far, the largest employer in the area with only the Otter Tail Power Company, Lake Region Hospital, and Fergus Falls School District even closely competing in number of employees. According to the latest statistics of the 12,000 population, 7,653 are now working, or were in October of 1981. In looking at the **latest estimate, in** March of 1982, Otter Tail County's unemployment rate was 12.5% - a rise from 1981 when it was 6.8%. **See** Appendix D.

A cessation of this employment resource in this small community would, of course, be catastrophic and would affect every industry, retail store, school district, and other employers in the area not only in Fergus Falls, but in all surrounding communities. There would, for all practical purposes, be no jobs available since there is a very high unemployment rate at this moment in Otter Tail County even with Fergus Falls State Hospital at its full complement. There would need to be some nearly 60(3 persons relocated to other areas to find work and sustenance "for their daily needs. it would, then, be impossible for this area to

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Impact of Additional State Hospital Closures

absorb that loss. The Fergus Falls State Hospital staff are, for the most part, trained in specific professional and clinical areas, highly skilled and highly trained to do the job presently being done by this facility. Relocation costs would be essential to virtually all of those employees.

2. Unemployment

The data above indicates a 12.5% unemployment rate presently existing in Otter Tail county. To add 600 more to that unemployment list would double that rate. Since the unemployment rate is higher than most in the state as it is, it would indicate, of course, an area where assimilation into

other jobs in the area would be impossible.

F. IMPACT ON COMMUNITIES

1. Services no longer available

As I see it, the services provided by this facility would simply not be available to the extent that they are now if this facility were closed. I do not think that the two closest facilities - Willmar and Brainerd - could possibly absorb those programs and provide equivalent services in this rural area. At the present time, this facility not only provides the treatment services, but a family program, a training program for alcohol counselors, training location for many professional groups such as Occupational Therapy, Physical Therapists, Pharmacy Assistants, etc. - a service that could no longer serve this region of the state. The Community College would lose a residential placement area where many of its students earn their board and room by working and obtain, also, educational credits for their stay here. Many of these resources would disappear with such a closure. See Appendix E.

2. State Hospital payroll

payroll is somewhere in the area of

The state hospital

12 million dollars and is experienced entirely within Fergus

cont'd

Falls and the surrounding communities. A 12 million dollar loss in payroll, obviously, in this community would be catastrophic. There would be many businesses that would no longer be able to continue operation and the population would drop by somewhere in the area of 2,000 people just from the families and dependents of persons of the labor force. The population would also drop by the number of people who would have to leave because various businesses and industries dependent on that payroll would no longer exist.

3. Estimated revenue loss to community See above.

I have not used the information furnished concerning Otter Tail County to calculate the percentage of income to this area. My reasons for this is that Otter Tail county is a very large county and the Fergus Falls State Hospital payroll affects only a small part or area of that county. Most of our employees are from the Fergus Falls and immediately surrounding area. While there are some employees from as far away as Battle Lake, Pelican Rapids and even Rothsay, they are very few and insignificant as compared to the total. I do not have the data necessary to make percentage of total revenue calculations for the Fergus Falls area alone and even that would not be a fair figure since a sizeable portion do live in the area immediately surrounding the City of Fergus Falls. Any calculations I made, then, would be distorted by that factor and, therefore, are not included in this information.

VII. RECOMMENDATIONS

A. List needs. Design way to meet same.

Exercise bold decision-making to meet new goals. Phase in new plan.

B. 1. Any talk about closure should be open. Recommend to Legislators that public hearings be held. 2. Decisions to ho based on ideals and a well-designed plan.

C. Closures do not save money.

Admission by County of Residence, Disability Group, and Status for Residents to Fergus Falls State Hospital for calendar year 1975

	C.D.		M.I.		H.R.		C.D.					M.I.					H.R.												
	Number	Rate per 10,000	Number	Rate per 10,000	Number	Rate per 10,000	Number	Completed	H.O.	Emerg.	Trans.	Vol-Detox	Emer-Detox	Total	Informal	Commt.	H.O.	Emerg.	Ret.F.D.	Trans.	Total	Informal	Commt.	H.O.	Emerg.	Par.Rel.	Trans.	Total	
Becker	153	52.3	47	16.1	5	107	2	21	14	8	1	15	28	47	1	2	11	8				1	2					2	5
Clay	240	48.7	44	8.9	7	217	1	5	3	8	6	24	22	44				1	7						1	6		7	
Douglas	82	29.4	44	15.8		38	1		5	1	2	8	20	46				3	14										
Grant	26	36.2	8	11.1	1	18	1	1	3	1	2	2	4	8				1	2									1	
Otter Tail	333	64.2	105	20.2	9	218		11	39	32	33	33	64	105	1		6	34				1	7		1	7		9	
Pope	31	26.7	10	8.6	1	28			1	1	1	3	7	10	1		1	2				1						1	
Stevens	37	32.7	9	8.0		30		7				3	4	9			1	4											
Traverse	13	23.5	5	9.0		10		2		1	1	3		5			2	2											
Wilkon	38	45.0	9	10.7	1	28			3	7	7	3	7	9			2	2							1			1	
Sub Total	953(63.7%)	281 (73.4%)	281	73.4%	24	729	5	47	68	52	52	95	165	281	4	2	34	75				4	2	1	1	16		24	
Kittson	9	13.5	2	3.0	2	9						9	1	2	1			1										2	
Mahnomen	30	54.2	22	39.7	1	29		1				30	31	22			3	8										1	
Marshall	12	9.2	4	3.1	4	12						12	3	4	1											3		4	
Norman	9	10.0	9	10.0		5	3		1			9	4	9				4											
Pennington	48	31.5	5	3.3		45	2		1			48	4	5															
Foik	49	15.0	15	4.6	2	45	3		1			49	11	15			1	1								2		2	
Red Lake	6	11.0	2	3.7	3	4	1		1			6	2	2												3		3	
Roseau	20	15.9	10	8.0	1	19	1					20	6	10				1										1	
Sub Total	183(12.2%)	69 (18.0%)	69	18.0%	13	168	10	1	4	0	0	18	42	69	3		4	14				3	1	1	1	8		13	
Non-Resident	360(24.1%)	33 (8.6%)	33	8.6%	3	302	16	2	9	2	13	16	10	33			2	14								1		3	
TOTAL	1496		383		40	1199	31	50	81	2	65	98	496	383	7	2	2	2				7	2	2	2	25		40	

FERGUS FALLS STATE HOSPITAL

LICENSED/UTILIZED * BEDS AND OCCUPANCY RATES AS OF MAY, 1982

Licensed Beds		Utilized Beds		Population and Percentage of Occupancy on May 1, 1982		
CD	} 401	CD	206	CD	164	79.6%
MI		MI	135	MI	117	86.7%
MR	316	MR	272	MR	265	97.4%
	<u>717</u>		<u>613</u>		<u>546</u>	<u>89.1%</u>

The figures for Licensed Beds must be viewed cautiously, since they do not take into account many of the restrictions we currently operate under, e.g. Welsch vs Noot, DPW Rule 34 and Department of Health Regulations for Supervised Living Facilities, which set standards for staff-to-resident ratios and square footage per resident. The Utilized Beds figures come closer to describing the actual current capacity and are used above to calculate the percentage of occupancy.

In the first five months of 1982, the peak populations for each of the three disability groups were CD 212, MI 121 and MR 272; thus the rated capacity of 2 of the 3 groups was reached or exceeded at least once in that period.

	A Population 1970 Census *	B Population 1980 Census *	C Admissions 1981	D Miles to Fergus Falls ②	E Miles to next nearest State Hospital ③	F Miles traveled to Fergus Falls (C x D)	G Miles traveled to nearest State Hospital (C x E)	H Additional miles to reach next state hosp (G - F)
Region IV								
Becker	22,400	29,200	205	48	92	9,840	18,860	-9,020
Clay	46,600	49,300	291	56	137	16,296	39,867	23,571
Douglas	22,900	27,900	126	50	64	6,300	8,064	1,764
Grant	7,500	7,200	35	20	90	700	3,150	2,450
Otter Tail	46,100	51,900	447	0	100	0	44,700	44,700
Pope	11,100	11,600	42	60	47	2,520	1,974	-546
Stevens	11,200	11,300	46	50	55	2,300	2,530	230
Traverse	6,300	5,500	18	60	91	1,080	1,638	558
Wilkin	9,400	8,400	48	25	115	1,200	5,520	4,320
Totals	185,500	202,400	1,258			40,236	127,303	86,067
Region I								
Kittson	6,900	6,700	13	226	267	2,938	3,471	533
Mahnomen	5,600	5,500	53	84	128	4,452	10,752	6,300
Marshall	13,100	13,000	20	143	225	2,860	4,500	1,640
Norman	10,000	9,000	78	78	162	1,404	2,916	1,512
Pennington	13,300	15,200	53	139	204	7,367	10,812	3,445
Polk	34,400	32,700	66	115	182	7,590	12,012	4,422
Red Lake	5,400	5,500	11	115	180	1,265	1,980	715
Roseau	11,600	12,600	31	266	232	8,246	7,192	-1,054
Totals	100,300	100,200	265			36,122	53,635	17,513

Distances are from county seat to Fergus Falls, one way.
 The population of Region IV has increased by 9.1% from 1970 to 1980, while that of Region I has remained static.
 The projections for 1990 indicate that these trends will continue.
 Based on the 1981 admissions to FFSH, the counties of Region IV would have tripled their mileage if these admissions had gone to the next nearest state hospital (Brainerd or Willmar). The counties of Region I would have traveled \ times as far to reach Brainerd.
 *U.S. Bureau of the Census figures are rounded to the nearest hundred. #From Appendix A. ©Supplied by MnDOT.

minnesotaDEPARTMENT OF ENERGY, PLANNING AND DEVELOPMENT
80 CEDAR STREET, SAINT PAUL, MINNESOTA 55101**FERGUS FALLS****COMMUNITY PROFILE**TOWN Fergus Falls COUNTY Otter Tail REGION 4Distance and Direction from Minneapolis/St. Paul 175 miles Northwest Duluth 200 miles West**POPULATION**

	City	County	SMSA
1950 Census	<u>12,917</u>	<u>51,320</u>	<u> </u>
1960 Census	<u>13,733</u>	<u>48,960</u>	<u> </u>
1970 Census	<u>12,443</u>	<u>46,097</u>	<u> </u>
1980 Census	<u>12,519</u>	<u>51,937</u>	<u> </u>

Bureau of the Census

INDUSTRY

Major employers in area:

Firm	Product/Service	No. employees	Union (Give Initials)	% of Emp. In Union
<u>Fergus Falls State Hospital</u>	<u>Medical</u>	<u>643</u>	<u>AFSCME/SREA</u>	<u>M&A</u>
<u>Otter Tail Power Company</u>	<u>Electricity</u>	<u>409</u>	<u>IBEW</u>	<u>50</u>
<u>Lake Region Hospital</u>	<u>Medical</u>	<u>470</u>	<u>AFSCME</u>	<u>68</u>
<u>Fergus Falls School District</u>	<u>Education</u>	<u>392</u>	<u> </u>	<u>93</u>
<u>Medallion Kitchens, Inc.</u>	<u>Cabinets</u>	<u>186</u>	<u>UAW</u>	<u>90</u>
<u>Metz Baking Company</u>	<u>Bakery Products</u>	<u>140</u>	<u>AFL-CIO</u>	<u>70</u>
<u>D. B. Rosenblatt</u>	<u>Clothing</u>	<u>138</u>	<u>ACWA/Team</u>	<u>75</u>
<u>City of Fergus Falls</u>	<u>Government</u>	<u>136</u>	<u> </u>	<u>72</u>
<u>Otter Tail County</u>	<u>Government</u>	<u>128</u>	<u> </u>	<u>25</u>
<u>Mid-America Dairymen, Inc.</u>	<u>Cheese & Dairy</u>	<u>100</u>	<u>AFL/CIO Team</u>	<u>75</u>
<u>Coca-Cola/7-Up Bottling Co.</u>	<u>Bottle Soft Drinks</u>	<u>46</u>	<u> </u>	<u> </u>
<u>Con-Agra</u>	<u>Flour</u>	<u>25</u>	<u>AFGM</u>	<u> </u>
<u>King Machine</u>	<u>Custom Machining</u>	<u>22</u>	<u> </u>	<u> </u>
<u>Proximity Controls, Inc.</u>	<u>Electronic Controls</u>	<u>12</u>	<u> </u>	<u> </u>

EMPLOYMENTLabor survey date October, 1981

	Number of Employees
Manufacturing	<u>846</u>
Non-manufacturing	<u>6,707</u>
Total labor force	<u>7,653</u>

Unemployment rate 4.6% Sept. 1981Number in labor force available 876

#	Area Name	Labor Force	Employment	Unemployment	Unemployment Rate	36 Step Employment	36 Step Unemployment
046	Martin	13175	12467	708	5.4	12379	572
047	Meeker	10749	9465	1284	11.9	9398	1037
048	Mille Lacs	8696	7654	1042	12.0	7600	841
049	Morrison	12642	10859	1783	14.1	10782	1440
050	Mower	17609	16245	1364	7.7	16131	1101
051	Murray	5629	5168	461	8.2	5132	372
053	Nobles	11595	10923	672	5.8	10846	543
054	Norman	4342	4048	294	6.8	4019	237
055	Olmsted	56293	52440	3353	6.0	52568	2708
056	Otter Tail	23519	20574	2945	12.5	20429	2378
057	Pennington	6445	5776	669	10.4	5735	540
058	Pine	9239	8021	1210	13.1	7972	977
059	Pipestone	5373	5018	355	6.6	4983	287
060	Polk	15087	13712	1375	9.1	13615	1110
061	Pope	5292	4803	489	9.2	4769	395
063	Red Lake	2145	1770	375	17.5	1758	303
064	Redwood	10014	9390	624	6.2	9324	504
065	Renville	10823	9734	1089	10.1	9665	879
066	Rice	22977	20942	2037	8.9	20794	1645
067	Rock	5735	5480	249	4.3	5447	201
068	Roseau	5186	4453	733	14.1	4422	592
069	St. Louis	93192	80350	12842	13.8	79735	10370
072	Sibley	7563	6931	632	8.4	6832	510
074	Steele	16357	15117	1240	7.6	15010	1001
075	Stevens	5555	5203	352	6.3	5166	284
076	Swift	5971	5487	484	8.1	5448	391
077	Todd	10911	9952	959	8.8	9882	774
078	Traverse	2610	2398	212	8.1	2381	171
079	Wabasha	9696	8710	986	10.2	8649	796
080	Wadena	6450	5756	694	10.8	5715	560
081	Waseca	8593	7842	751	8.7	7787	606
083	Watsonwan	6276	5872	404	6.4	5831	326
084	Wilkin	4110	3818	292	7.1	3791	236
085	Winona	21797	19766	2031	9.3	19627	1640
087	Yellow Medicine	7313	6748	565	7.7	6700	456
090	Mpls-St. Paul (SMSA) ANCKA	1144906	1076133	68773	6.0	1068552	55532
091	(SMSA) ANCKA	103917	101875	7042	6.5		
092	Sub Total	1612867	1499539	114328	7.1	1488974	92315
093	NECULET	14491	13645	846	5.8		
094	Total State	2100056	1937637	162419	7.7	1923985	131147

Educational Affiliations

<u>Affiliated Field</u>	<u>Educational Institution</u>
Live-in Student Program	Fergus Falls Community College. About 900 students have participated since 1969.
Licensed Practical Nurse	Alexandria AVTI; N.D. State School of Science, Wahpeton, N.D.
Pharmacy Assistants	U. of M.
Psychology Social Work	U. of M., Morris; U. of North Dakota. Moorhead State University; St. Cloud State U.; U of M, Morris; S.W. State University, Marshall; College of St. Scholastica, Duluth; University of Wisconsin, River Falls.
Occupational Therapy	University of North Dakota.
Counselor Training Program in Chemical Dependency	Accredited by MN Higher Education Coordinating Board. Graduated 18 in 1981.
In-service Training Program	Open to community participants, particularly staff of Lake Region Hospital, Fergus Falls.
Clinical Pastoral Education	Affiliation with A.C,P.E. to provide clinical education to area clergy.