

FERGUS FALLS STATE HOSPITAL

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Chief Executive Officer

FERGUS FALLS STATE HOSPITAL

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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 inpatient 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 treatment in our youth program that exists on this campus or a long-term program, as examples. Table 1 from the Fergus Falls Annual Report lists the total population by county, a rate per 10,000 in each of the counties, and the types of admissions and discharges.

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 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 CD 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 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.²

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 a

²See Appendix A.

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

	<u>C.D.</u>		<u>M.I.</u>		<u>M.R.</u>	<u>C.D.</u>							<u>M.I.</u>					<u>M.R.</u>										
	Number	Rate per 10,000	Number	Rate per 10,000	Number	Voluntary	Committed	H.O.	Emerg.	Trans.	Vol-Detox	Emer-Detox	Total	Informal	Committed	H.O.	Emerg.	Ret. P.D.	Trans.	Total	Informal	Committed	H.O.	Emerg.	Par. Rel.	Trans.	Total	
Becker	153	52.3	47	16.1	5	107	2	21	14		8	1	153	28		11	8			47	1	2				2		5
Clay	240	48.7	44	8.9	7	217	1	5	3		8	6	240	22	4	11	7			44			1			6		7
Douglas	82	29.4	44	15.8		73	1		5		1	2	82	26	1	3	14			44								
Grant	26	36.2	8	11.1	1	18	1	1	3		1	2	26	4	1	1	2			8	1							1
Otter Tail	333	64.2	105	20.2	9	218		11	39		32	33	333	64	1	6	34			105	1				1	7		9
Pope	31	26.7	10	8.6	1	28			1		1	1	31	7		1	2			10	1							1
Stevens	37	32.7	9	8.0		30		7					37	4		1	4			9								
Traverse	13	23.5	5	9.0		10		2			1		13	3			2			5								
Wilkin	38	45.0	9	10.7	1	28			3			7	38	7			2			9						1		1
Sub Total	953	(63.7%)	281	(73.4%)	24	729	5	47	68		52	52	953	165	7	34	75			281	4	2	1	1	16			24
Kittson	9	13.5	2	3.0	2	9							9	1	1					2	1					1		2
Mahnomen	30	54.2	22	39.7	1	29		1					30	11		3	8			22			1					1
Marshall	12	9.2	4	3.1	4	12							12	3	1					4	1					3		4
Norman	9	10.0	9	10.0		5	3		1				9	4	1		4			9								
Pennington	48	31.5	5	3.3		45	2		1				48	4	1					5								
Polk	49	15.0	15	4.6	2	45	3		1				49	11	2	1	1			15						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	3		1			10	1							1
Sub Total	183	(12.2%)	69	(18.0%)	13	168	10	1	4		0	0	183	42	9	4	14			69	3		1	1	8			13
Non-Resident	360	(24.1%)	33	(8.6%)	3	302	16	2	9	2	13	16	360	10	7	2	14			33						1	2	3
Total	1496		383		40	1199	31	50	81	2	65	68	1496	217	23	40	103			383	7	2	2	2	25	2		40

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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 inpatient 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 17 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.

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 CD 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 seem to be considerable resources of 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 of 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 17 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.

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. Its 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 CD unit from all areas that we serve.

3. Commitments

In the past year we received a small percentage of commitments from our receiving district: 31 in CD, 23 in MI, and 2 in MR. 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 hut 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 share 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 with each of its clients. The purpose of this, of course, is to assist the county in assessing the need and developing an aftercare 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 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 that 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 OS 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 statistics in March of 1982, Otter Tail County's unemployment rate was 12.5% - a rise from 1981, when it was 6.8%.

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 600 persons relocated to other areas to find work and sustenance for their daily needs. It would, then, be impossible for this area to absorb that loss. The Fergus Falls State Hospital staff is, 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 of 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.

2. State hospital payroll

The state hospital payroll is somewhere in the area of 12 million dollars and is expended entirely within Fergus 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 in 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.

State Hospital all inclusive per diem rates:

Chemical Dependency	\$ 65.55
Psychiatric Mental	83.65
Retardation	109.50

Community Chemical Dependency treatment per diem:

Project Turnabout, Granite	\$ 82.00 + \$98 admission fee
Falls Glenmore, Crookston St.	109.00 + medical and medications
John's, Fargo, N.D.	83.00

Community Psychiatric treatment per diem:

Northwest Day-Night Unit, Thief River Falls	\$243.00 + medical, medications, lab and x-ray
St. Ansgar's, Moorhead	145.00 + O.T., medical, medica- tions, lab
St. Luke's, Fargo	182.00 + O.T., medical, medica- tions, lab, x-ray

Community M.R. Group Homes per diem:

Project New Hope, Fergus Falls	\$ 56.86 + \$21,78 DAC + medical, to medications, O.T., P.T. 59.31
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