



Historical Review Commemorating A Tradition Of Specialty Health Services



Willmar Regional Treatment Center began serving the community in 1912 as a state hospital for alcoholics. In the early years it had only two major buildings, a 500 acre farm site and a patient population of less than 80.

From these meager beginnings, WRTC has grown to a full service residential treatment center providing programs for not only chemically dependent individuals but also the acute mentally ill, the chronic mentally ill, emotionally disturbed adolescents, developmentally disabled clients and geriatric patients with mental illness. Today's physical plant includes 28 buildings that provide housing, work areas, office space and recreational facilities for the 550 clients and 640 staff of WRTC.

Throughout our 75 year history, WRTC has grown and changed, bettered itself and the clients it served and attempted to improve the quality and quantity of services in response to a community need. As we look at our 75 year history, we invite you to become a part of the celebration. Examine the paths we've traveled and glance into the future of WRTC.



Governor's Planning Council
on Developmental Disabilities
Minnesota State Planning Agency
300 Centennial Building
658 Cedar Street
St. Paul, Minnesota 55155

1912-1987

HISTORY

Willmar Regional Treatment Center is one of eight regional treatment centers in the state of Minnesota. The Minnesota Legislature of 1907 voted a 2% tax on liquor licenses to help build and maintain Willmar State Hospital. Our service area encompasses 23 rural counties of southwestern Minnesota. We were the first state hospital to serve as a treatment center for the treatment of alcoholism and drug addiction. In 1912, Willmar was the only state hospital where inebriates would be committed by court order. The 2% tax lapsed in 1917 (prohibition era by 1918 our CD population was five patients) and Willmar was then designated as an asylum for mentally ill patients. From 1917 to 1950, Willmar served as a transfer and backup facility for mentally ill patients from the entire state of Minnesota. Most emphasis was on custodial care. Some treatment began to develop in the 1930's-40's such as Insulin Shock, Metrazol Shock, Electro Shock, and psycho-surgery (lobotomy). Restraints and locked doors were the standard practice. Effective medications were not available.

In 1912, we were known as "the jag farm" and accepted our first patients that year. The essentials of CD treatment during those days were: 1) plenty of outdoor work; 2) regularity of habit; 3) discipline; 4) proper food; and, 5) recreation. Treatment was described as the process of education, formation of a new character which encourages the habit of sobriety, a new outlook on life, the opportunity to teach the patients their duty to themselves, their family and neighbors.

In July 1950, Willmar's modern day chemical dependency program was launched. It consisted of 60 days in treatment (Minnesota model starting to be born). If a patient left against medical advice, they were placed on a blacklist which prohibited their voluntary return. They would then have to be committed by the probate court in order to re-enter the hospital. Male alcoholics were housed separately with females being housed with the mentally ill patients.

Dr. Nelson Bradley, Dan Anderson, and their colleagues believed the alcoholic had a distinct identity which meant they had to be separated from the stigma of mental illness and the locking of the wards. In August 1951, they set to work to "open up" the wards where the alcoholics were housed. They further believed in using specialized, trained and experienced counselors to work with the alcoholics. The ultimate result was to become what some persons refer to as "the Minnesota Model of Treatment". It was the beginning of the creation in Minnesota of the so called professional which included alcoholics and non-alcoholics, trained professionals and laymen. In 1954, it was made a part of the state civil service system. Willmar's blend of both professionals and recovering alcoholics influenced the subsequent development of the treatment programs both in Minnesota and elsewhere. In 1962, we developed a comprehensive two year counselor training program.

In September 1951, Willmar sponsored the first of a series of two-day seminars designed to maintain good communication between the hospital and AA groups throughout our receiving area. These seminars consisted of lectures and workshops, along with a Saturday evening AA meeting which presented a panel of speakers. This seminar is now held one day each year during the first weekend in October.

Our pastoral training program was started in 1953. In 1957, the film "The Human Side", was made at Willmar State Hospital depicting the role of volunteers and the integration of patients into the community. This film was given the Silver Award from the American Psychiatric Association. This film has been shown throughout the United States and foreign countries. Many staff personnel assisted in making this film by portraying patients.

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The 1950's also ushered in most modern treatments for the mentally ill. Governor Youngdahl symbolically destroyed the restraints. In 1951, our new Receiving Hospital was opened (Building one, or "Viking"). Willmar stopped being a custodial transfer hospital for all other hospitals and began its own programs for admission, intensive care, treatment and discharge. Our receiving area was much as it is today; the entire southwestern corner of Minnesota. Major developments in medications led to improvement for most mentally ill. Shock treatment and lobotomies were gradually discontinued. By 1959, Willmar became the first Minnesota state hospital to be an "open hospital". We were the fifth open hospital nationwide.

During the 60's, we were first accredited by the Joint Commission on "Accreditation of Hospitals. We started an adolescent program for boys and girls (ages 12-17) and the farm activities were closed with all farm livestock and equipment being auctioned off. In 1968, Cottages 8, 9, 5 and 6 were open for direct admissions as geographic admission units.

With the coming of the 70's, Glacial Ridge Training Center was established as a residential service program to provide services to the developmentally disabled. We also were accredited by the Accreditation Council for services for the mentally retarded and other developmentally disabled persons. Our Adult Psychiatric Rehabilitation Unit was established on RLU's 5, 6, and 7. The Protective Component Unit (PCU) of the Adolescent Treatment Unit was opened for the severely disturbed male adolescent. We became licensed by the Department of Health and DHS Rules 5, 34, 35 and 36.

The Adult Psychiatric Admission Unit (RLU's 8 and 9) and the Geriatric Rehabilitation Unit were established during the 80's. We received patients from Rochester State Hospital when it was closed. For the first time in its history, employees went out on STRIKE in 1981 for 22 days.

During 1986, we saw Mr. Gregory G. Spartz appointed as Chief Executive Officer and Dr. Larry Olson appointed as Medical Director. Our programs were changed from department models to program models. Willmar State Hospital's name was changed to Willmar Regional Treatment Center. As of June 30, 1987, we employed 635 full time employees and cared for 454 patients.

Since 1912, no major treatment center buildings have been demolished or moved, with the exception of five small staff residences (two built between 1935 and three built in the 1950's). Various small service buildings have been demolished including a fire house, about four garages, a maintenance and repair shop, a pump house, two root cellars, a rain shelter, a water tower, and about four sheds. In addition, the treatment center's farm complex, which stood in the approximate area of the Activities Building, has been razed. It once included four barns, three brooders, two hog houses, two farrowing houses, a chicken house, corn crib, creamery, silos, farm office, granary, machine shed and slaughter house.

Many of the cottages that were built years ago have been refurbished inside and new furniture has been purchased with the decor being home-like in appearance. This is an ongoing process at Willmar Regional Treatment Center.

All of the cottages and the auditorium have now been designated as historic district. This was the original "Red Roof College" as it was known.

PSYCHIATRIC SERVICES the early years

Mental health treatment at WRTC has experienced a dramatic reformation since its humble beginnings just prior to World War I. In its early years, emphasis was upon separation from the community, daily activities, containment, and humane custodial care.

Facilities were designed to be self contained so as to reduce dependence upon the community and exposure of the MI to the community. To this extent WRTC produced much of its dairy products and vegetables. Animal husbandry, farming and caring for the large garden and its produce provided appropriate activities for the clients.

Conditions were crowded and treatment was limited. A well-balanced diet accompanied by activities of daily living, suitable to a rural environment, along with needed health care were hallmarks of a "good asylum".

Sedation and tranquilizing drugs were virtually non-existent. Aggression and acting out behavior were frequently dealt with by lobotomies or extensive periods of seclusion/restraint.

From 1917 to 1950, the mentally ill were admitted to WRTC only by transfer from other state hospitals. Much folklore exists regarding this time. Over crowding was present at other facilities. In order to relieve these conditions, the most disabled (chronic) were transferred to Willmar; often times by rail under very inhumane conditions.



Admission to a state hospital represented a very significant event since all too often admission was for years and occasionally a lifetime.

The 1950's brought major change. The foundation for this was a heightened public awareness and legislative commitment to change conditions for the mentally ill. New money resulted in more staff and new construction. Medications, principally phenothiazines, were reducing symptoms and producing calm. Patients could anticipate return to the community.

Yet there were no community-based aftercare services. All too often placement in the community was interrupted by return to the hospital as symptoms began to reappear.

The 1950's produced hope and opportunity for the mentally ill. On a Federal level, the community mental health center legislation resulted in the first substantial efforts to de-institutionalize with a support system for discharged patients.

Contemporary psychiatric care owes much to the foundation of reform established during the 1950's. Reform meant community-based services, new and successful medications, interdisciplinary teams of professionals, humane living conditions and, more importantly, a public awareness that the Mentally Ill, with treatment, can live a productive and meaningful life in the community. These are but a few of the national reforms with which Willmar Regional Treatment Center.



ADULT PSYCHIATRIC ADMISSIONS UNIT

In October 1980, Cottages 8 & 9 were formally designated as the Adult Psychiatric Admission Unit (APAU) by Dr. Robert L. Radke, Medical Director. Janet Nelson, M.S., was appointed as the Program Director.

Willmar State Hospital moved from a departmental to a programmatic model in early 1984. At that same time, a case management system was begun on APAU wherein each client was assigned a case manager and a case coordinator to plan and coordinate treatment from admission through discharge. Thus, each client had two staff persons primarily responsible for treatment within the confines of a multi-disciplinary team concept. The efficiency of this system was borne out when client length of stay was reduced by approximately 24 days the first year after its implementation. We continue to strive to reduce length of stay (currently around 8-10 weeks) while continuing to provide quality care.



In 1986 and 1987, additional professional staff were added to APAU including one psychologist, one social worker, one occupational therapist, one recreation therapist, and two behavior analysts. These additions enabled APAU to more effectively handle the increased paperwork and admission load as well as allow the program to broaden its therapeutic endeavors to include approximately 30 groups and therapies. Individual therapy has also been expanded and emphasized.

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ADULT PSYCHIATRIC ADMISSIONS UNIT

THERAPY GROUPS AVAILABLE

Therapeutic Discussion Groups: Activity Interaction Group Chaplain's Group Family Support Group Men's Concerns Women's Concerns Rational Emotive Therapy Social Awareness Social Development

Occupational Therapy Groups; Craft Groups Leather craft Nutrition-Cooking Class Task Groups

Therapeutic Recreation Groups; Aerobics Class Leisure Education Life Skills Group Social-Recreation Groups Sports Groups

Educational Groups; Assertiveness Class Chemical Awareness Program Decision Making Group Family Educational Group Looking Good Group Medication Education Class Mental Health Awareness Sexuality Awareness Group Stress Management/Relaxation Class



Program emphasis and planning continues to undergo change. During 1987, APAU has proposed a 4-tiered "track" system to include an admission track, a high observation track, a short-term track, and a transitional track. The aim of this plan is to streamline and intensify the treatment experience for clients, providing a shorter length of stay on APAU.

As we move into the future, APAU continues to emphasize expanded family involvement and increased contacts with community resources. Such support systems provide the opportunity to improve the quality of life for our clients, both during their hospitalization and upon their return to the community.

Although we look back at our growth with pride, we are looking forward to our program expansion with anticipation of providing even more comprehensive and quality services to our clients.



ADULT PSYCHIATRIC REHABILITATION UNIT

The Adult Psychiatric Rehabilitation Unit was established in 1973 by W. F. Larrabee, Jr., M.D., Medical Director, and Lester E. Johnson, Chief Executive Officer. Gary V. Noehl, ACSW, was appointed the first program director in December, 1973.

The Unit is comprised of three residential living units, RLU's 5, 6, and 7, with a total of 123 licensed beds. We provide 24-hour per day treatment and programming for young adults with chronic difficult-to-treat psychiatric problems requiring extended treatment.



The Unit was first organized to serve the needs of longer term adult mentally ill who remained from Willmar's earlier years as a transfer facility.

Since that time, almost all of the long-term clients have been discharged and we now admit and treat a much younger and more acute young chronic population. Our clients are often those who have been unsuccessful in other treatment programs.

Admission to the Unit is generally by referral from county social service agencies, courts, mental health centers, or from the Adult Psychiatric Admission Unit of WRTC.

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ADULT PSYCHIATRIC REHABILITATION UNIT

The overall objective of our Unit program is to return the client to the appropriate community setting by: a reduction of psychiatric symptoms, increased level of socialization skills, reduction of aggression, internalization of behavior controls, and stabilized physical and mental health.

To accomplish these goals, we have in place a great variety of psychiatric treatment programs to include: DAC and sheltered workshop program, professional counseling, structured therapeutic recreation activities, recycling projects and work experiences, positive behavior modification step system programming, neuroleptic medications, professional assessments, and more. These programs are directed by the interdisciplinary treatment team, the core of our program, which integrates the skills and talents of professionals from a variety of disciplines.



As part of WRTC, we are accredited by the J.C.A.H., licensed by the Department of Health, and licensed by Rule 36, Minnesota Department of Human Services.

We are extremely pleased to salute WRTC and be part of its fine programs and staff on the 75th Anniversary - 1912-1987.



ADOLESCENT TREATMENT UNIT

The Adolescent Treatment Unit has just begun its 22nd year of service to emotionally and behavior ally disturbed adolescents. An internal task force was formed in 1964 under the direction of Lester Johnson, Chief Executive Officer, to study the needs of adolescents within the psychiatric hospital setting. The program was established on August 13, 1965, with 3 clients, 9 living unit staff, and 2 teaching staff. The founding director was Glenn Austad, ACSW. Admissions were from the 20 county receiving area which Willmar State Hospital served.



The program grew quickly during its formative years. In 1968, Carolyn C. Noehl, ACSW, was appointed Program Director and continues in that capacity today. By this time, client capacity had increased to 25 and the living unit staff numbered 13 with teaching staff of 8. It was at this time that living unit staff was given a more selective civil service classification of Special Schools Counselor.



The next growth spurt came in 1972 when, due to increasing referrals, the Adolescent Treatment Unit opened a second residential living unit. Client capacity increased to 50, living unit staff numbers doubled, a full-time Masters level social worker was added as well as a unit psychologist. Teaching staff increased to 15 and an Educational Coordinator was added to supervise teaching staff as well as to further refine the academic needs of our clients. By now, the program was serving clients from throughout the state of Minnesota with the exception of the Rochester area. The program was developing into a sophisticated intensive treatment program meeting the needs of the most suicidal or assaultive adolescent boys and girls.



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ADOLESCENT TREATMENT UNIT

Today our mission remains much the same as 22 years ago. We provide treatment to adolescents who have experienced severe impairment in social and academic functioning necessitating 24-hour programming. A full range of diagnostic categories of individuals served includes behavior disorders, character disorders, psychosis, eating disorders, depression, sexual difficulties and learning disabilities. In a setting where almost 100% of the students have a history of truancy and failure to achieve, 100% of our adolescents attend a full school day every day and succeed in a specialized educational environment. The clients are involved daily in individual psychotherapy, occupational therapy, recreational therapy, as well as specialized areas of need including nutritional counseling, incest victims' group, assertiveness training, and perpetrator group. The individualized approach to treatment is implemented within an environment which encourages the adolescent to accept responsibility for his/her behavior; to identify and explore personal issues; and most importantly, to learn new ways to resolve or cope with debilitating problems.



As we experience our 22nd year as the Adolescent Treatment Program, we look back with pride at our continued growth in excellence, and we look ahead with renewed commitment to continue to expand and improve the treatment provided to our special adolescents which number nearly one thousand to date.

By 1979, the community need of a secure unit for highly disturbed boys became increasingly evident. The Adolescent Treatment Unit responded to that need with the opening of the Protective Component Unit in October 1979. This is a highly specialized segment within our program addressing the most disturbed adolescent males in the state. The program consists of 6 clients, 17 child care staff and a Project Coordinator. This is the year that with the closing of Rochester State Hospital, the Adolescent Treatment Unit became the only state-financed program for the emotionally disturbed adolescents in Minnesota.



GERIATRIC REHABILITATION UNIT

1965 - The Original Geriatric Unit

From this time through 1983, these clients were served along with the other mentally ill population needing more intensive nursing care.



In January of 1984, the Geriatric Rehabilitation Unit was established with primary treatment emphasis concentrating on behavior management concepts and special treatment programs to serve the unique needs of this aging population.

Since establishment in 1984, the Geriatric Rehabilitation Unit has been recognized state-wide for its unique Therapeutic Activity Programming and its involvement with community facilities which has resulted in active community placement.

Emphasis during this time frame has also included promoting a home-like environment and special environmental changes to meet the needs of clients served.



Our staff act as a "surrogate" family to clients.



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GERIATRIC REHABILITATION UNIT

Units 3 South and 3 West of the Geriatric Rehabilitation Unit are divided into two separate living units, but work together as one unit to serve the aging people of Minnesota. We now admit clients directly to our unit and discharge clients directly from our unit. We are a support system for follow-up services post-discharge. Using the Non-Am "Lift" bus, regular buses and vans, all clients are able to enjoy outings in the community and are no longer confined to the unit. Our social worker works with staff, clients, and county agencies to provide aftercare planning and community placement.

Our unit has four separate Therapeutic Activity Programs which are grouped to serve the various functional needs of our population. T.A.P. leaders also take clients to local cafes, community events, parks, ball games, zoos, and pleasure rides such as a stop at a local Dairy Queen. Our T.A.P. provide structured activities 5 days a week, a minimum of 5 hours per day, Monday through Friday.



1987 - Our Geriatric Unit.

Senior Companions provide a



"special friend" to clients on the unit.



An annual Thanksgiving banquet has been instituted encouraging participation by clients served by our program.

Special programs provided by our Geriatric Unit include crafts, occupational therapy, Social Concerns Group, Social Development Group, Human Relations Group, Physical Therapy through local community facilities and specialized behavior management programs.



GLACIAL RIDGE TRAINING CENTER

Glacial Ridge Training Center (G.R.T.C.) opened its doors to the Developmentally disabled in July of 1973. The state was going through regionalization and G.R.T.C. received clients from Faribault, Cambridge, and St. Peter, whose homes were located in our catchments area. Glacial Ridge is a residential and training center and follows the principle of normalization in all aspects of the client's lives.

Arrowhead (RLU-15) was the third living unit that we opened up, and the folks in photo #1 were part of the original group as shown in photo #2. As you can see, the men are lounging in their modern clothes now, in contrast to the institutional clothes they wore in 1973!



Part of the story that the picture does not tell us is that before these people arrived here, a large portion of them had never resided in a home that had unlocked doors. When they went out of doors, they would just stand around. Granted, not all of our clients are able to go out of doors unattended, but through the years the staff has worked with the clients so they act and look appropriate on community outings.



Another area of concern was the living quarters of the residents. There was no carpeting and actually no end tables or nice furniture. The decorations and curtains were sparse, to say the least. In the pictures on the following page, note that there has been wainscoting added to the wall with a pattern above it. The furniture is wood and there is carpeting on the floor. The carpentry department has done an excellent job to create a more home-like atmosphere in the Ridgeview Cottage by putting wall covering over the ceramic tile and adding wood accents to the walls and around the windows. This adds warmth to the room and definitely **makes it more homey.**



GLACIAL RIDGE TRAINING CENTER



While we are becoming adults, we all learn to work so that we will be productive in our lives. G.R.T.C. holds this philosophy also. We began our education program with Day Activity Centers. All clients were involved in a 6-hour program each week day. It appeared to be a primary grade classroom. Recently, we have changed the day program to reflect a learning to work atmosphere. The area is called Arrowhead Industries and the clients are being trained to do competitive employment tasks using many adaptive devices to enable them to complete the task. Also, the staff do a "hand-over-hand" method of teaching. They are contracting some jobs out of West Central Industries in Willmar, Minnesota. It is an exciting program to watch!



**GLACIAL RIDGE
TRAINING CENTER**



GLACIAL RIDGE TRAINING CENTER

When G.R.T.C. first opened, all of the clients used the main dining hall which is located in its own building in the middle of our campus. One of our main projects (it is ever ongoing) through the years has been to create a home-like kitchen/dining area in each of our living units. So far, we have been able to designate a room for each unit's dining area, but we are still in the process of buying "home-like" furniture, building kitchen cupboards, etc.

Elmwood Cottage is fortunate to have a completed kitchen/dining area. Here the clients are learning appropriate manners; they also have family-style meals. Each client is assigned "chores" which they are required to learn to do if they don't know how to do it and then do them independently. Part of our job at G.R.T.C. is to prepare the client for their eventual placement into a community facility and give them the knowledge of household duties which are important additions to learning.



As we all know, we are in the age of computers, and G.R.T.C. is no exception. We are in the infant state of the computer world, but the more we learn how to use them and what they will do for us in providing a well-balanced program schedule for clients, the more excited we get about using them. We have several projects in the works that will save many man-hours in the future and will have more time for client interaction. We have a lot of data collection which is involved with the behavioral programs which must be reviewed and revised as the months go on. Computers will help in this area also.

We at G.R.T.C. feel that we have accomplished a lot looking back over the last 14 years. We wonder what the next 14 years will bring. It will be fun to be a part of it!

HAPPY 75th BIRTHDAY, W.R.T.C!

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CHAPLAINCY

From the days of its beginning in 1912 to 1951, clergy people of various denominations in the Willmar Area came on weekends and various other times to conduct religious services, Bible study classes and administer sacraments, etc. In 1948-49, Governor Youngdahl established Chaplaincy Departments in each psychiatric and correctional state institution. Of the then nine state hospitals, three were to be served by a clergyman of the Lutheran faith, three of the Catholic faith, three of various protestant denominations, and a Jewish Rabbi was hired to serve all nine hospitals.



In May of 1951, Chaplain John Kauffman, a pastor serving a Presbyterian congregation in Minneapolis, came to WRTC as its first full-time, paid chaplain. In the 1950's, Lutheran Social Services assigned Chaplain John Keller to WRTC. Chaplain Gordon Grimm followed him until 1964. Fr. Francis Garvey came as the Catholic- chaplain in July of 1962. Chaplain Kauffman left in 1969. Chaplains Al Wiger and Merrill Kempfert followed Grimm. In January, 1977, Sister Cecile Schueller began as a full-time chaplain and in August of 1977, Chaplain Marlyn Sundheim began. In 1979, Sister Judith Oland became a chaplain on a part-time basis.

In 1968, with the help of many, and especially the Catholic Aid Association and the Knights of Columbus, a new Chapel was decorated and furnished.

In the early 1950's, seminarians came from Luther Seminary in St. Paul to experience pastoral work within the hospital. This program, known as Clinical Pastoral Education, has expanded over the years and now, with over 300 graduates, CPE has become a real part of WRTC with students in training the year round.



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CHEMICAL DEPENDENCY

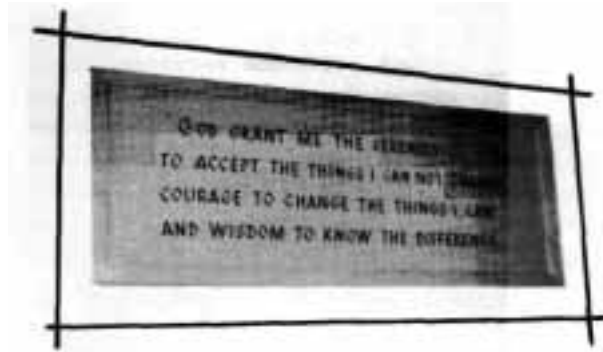
The Great Northern Railroad began treating its alcoholic employees shortly after the turn of the century. The program was private and the place was Willmar, Minnesota. In 1907, this railroad family, which itself had an alcoholic son, donated this property to the State of Minnesota on the condition that it establish a hospital there for the treatment of inebriates. Corresponding legislation voted a tax on liquor to support this facility, a practice which disappeared in Minnesota but is being used increasingly today in other states and Canada.

The Willmar "farm" accepted its first patients in 1912. The program accommodated 33 men and 4 women and represented an apparent marriage of the moral code and abstinence philosophy of the Temperance Movement and the work ethic characterized in the Union City Mission Program.

The Willmar Program statement affirmed that "once alcohol gets the better of a man, there is no halfway measure he can take ... he must abstain entirely or he will drink heavily ... Many fail in treatment because they do not gain a true insight into their condition and are unwilling to admit, even to themselves, that they cannot drink temperately as some others can". These early Willmar concepts are strikingly similar to those of Step One in AA.

Other essentials of treatment in the early Willmar Program included: plenty of outdoor work, regularity of habit, discipline, proper food, and recreation. Treatment was described as "the process of education, formation of a new character which encourages the habit of sobriety, a new outlook on life, the opportunity to teach the patient his duty to himself, his family and to his neighbor." The patient was described as "one who has no real liberty in that he is a slave, habitually, or periodically to the drink craze, which also interferes with the liberty of all those who have to put up with his irresponsible behavior while under the influence." This early mention of alcoholism's impact on others reflects an attitude which has become increasingly more significant in the intervention techniques of the 1960's and 1970's.

The Willmar Program also stated that the "personal influence of those who came into close contact with the inebriate cannot be overestimated".



Today's concepts of early intervention was also evidenced in the following early Willmar Report ... Were he a little younger and had the attempt to rescue him been made earlier, there would have been much more promise...

The report continues that "nearly 15 percent of the patients admitted into the institution are addicted to drugs other than alcohol ...Morphine, heroin and cocaine are the drugs commonly used."



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CHEMICAL DEPENDENCY

This "pre-disease concept" program stated that "the major difficulty in treatment was the inebriate's firm belief in his ability to abstain from alcohol or drugs any time under any condition ...He thinks that he is not responsible for the condition into which he has fallen ...also he believes injustice is being done him when he learns that he is expected to remain (in treatment) until he has the strength to resist temptation."

Ironically, while the Hospital Farm estimated an approximate 30 percent recovery rate, other forces were at work that would reduce the Hospital's financial support from liquor taxes. Between 1874 and 1919, more than 30 states had adopted Prohibition of some kind. More and more Minnesota counties were "dry". The population at Willmar dropped until, in 1918, it had only 5 patients. Shortly before the enactment of National Prohibition, it was assumed that treatment for inebriates would no longer be necessary. The Willmar facility was adapted to also include the mentally ill.



MEL BRANDES
FIRST AA COUNSELOR

DR. NELSON BRADLEY
SUPT. 1950'S



While treatment programs were beginning to develop in the late 1940's and 1950's, a significant development was occurring at Willmar State Hospital. Willmar was designated as the primary state treatment facility for alcoholism and the program was intensified. Hospital Superintendent, Dr. Nelson Bradley, brought together a team comprised of psychologists, a Lutheran Chaplain and a recovering alcoholic. It was obvious, from AA's track record, that the recovering alcoholic would be an important factor in the success of this program, it also became clear that a team effort working with patients on an individual as well as group level was also needed. The Psychology Department and the Social and Chaplaincy Services were called upon to meet this need.



CHEMICAL DEPENDENCY

Willmar's blend of both professionals and recovering alcoholics was to influence the subsequent development of treatment programs in Minnesota and elsewhere.

The use of recovering alcoholics as counselors had opened up a manpower pool out of which new programs were developing on a variety of fronts. A new position had been born and found a place within Minnesota's Civil Service in 1954. The requirements included 3 years sobriety and a quality AA affiliation.



The first Minnesota Counselors Association was formed in 1959 and by 1962,, Willmar had developed a comprehensive two year counselor training program.

The creation of a new profession was part of the "explosion" of the 1960's and 1970's. The Willmar experience recognized that AA, although the only viable program in 1950, did not reach everyone affected and was not well enough accepted by the community, science, religion and many alcoholics. The disease concept was evolving within its own right and alcoholism as more than a symptom of something else.

Willmar's 1954 comparative study of voluntary and committed alcoholics reported no difference in recovery rates and this lent further support to the effectiveness of forceful earlier intervention by family and friends and treatment as an alternative to incarceration.

The emphasis of recovery also began to shift from in-patient treatment programs to community programs, both case finding and aftercare.

The significance of family involvement (concerned persons) in the recovery process was evolving and playing a greater role.

The language of Chemical Dependency replaced dual treatment philosophy and strategy and reflected increased awareness of polydrug use in our society.

Our history is a credit to the public and private partnership which has put Minnesotans to work in search of a better way to address chemical dependency problems. This legacy of the past is a cornerstone for the future.



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UNIT 2 NORTH

The original hospital ward was divided into a men's ward and a women's ward and was located in the Administration Building. The men's ward, called Ward 2, was located on the first and second floors of the south wing. The women's ward, called ward 3, was similarly situated on the first and second floors of the north wing. Each had a capacity of 40-50 clients who were physically ill or in need of a higher level of nursing care than the cottages were able to provide.



Staffing levels were very different from today. Each unit was staffed by one charge attendant who worked 9 a.m. - 6 p.m. as well as 1 AM attendant, one PM and 1 NW. Numerous surgical procedures were performed by staff physicians. IV's and injections were performed by attendants as well as nursing staff.

There were virtually no drugs used at this time so there was a heavy usage of restraints such as leather cuffs and straight jackets for agitated, aggressive clients. Basically, the care provided was custodial. There was very little recreational therapy provided. "Good" clients were allowed to attend chapel services, an occasional movie, and once or twice a week go to the art or sewing room.

The current hospital unit has a 25 bed capacity and is located in the Medical Treatment Center building. There is a higher concentration of licensed professional staff due to the high level of medical needs of the clients.



The program purpose has expanded to include: providing a high level of nursing care to clients with psychiatric conditions who also present acute or debilitating physical conditions and who are unable to be cared for on other units at WRTC or community facilities; providing nursing care to clients who have been recently discharged from an acute care facility with immediate post op and medical needs; provide quality care and treatment through implementation of recommendations from nursing, psychological, social, recreational, and nutritional assessments; provide safe, home-like environment and therapeutic milieu that enhances and/or maintains clients highest level of independent functioning; to develop individualized treatment programs which maximize and/or maintain the highest level of functioning; to provide isolation and control of communicable disease; to begin discharge and aftercare planning upon admission to expedite appropriate placement in the community or another residential living unit at WRTC or return to the referring RLU.

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PSYCHOLOGY

In the early 1950's, Dr. Curtis Page was Chief Psychologist at Willmar State Hospital. Besides the routine diagnostic and therapeutic work, psychologists were involved in staff training. Psychologists also initiated and implemented new programs such as the one reported by Rossi and Bradley, 1960, in the Quarterly Journal of Studies on Alcohol entitled: "Dynamic Hospital Treatment of Alcoholism". Also, program evaluation efforts were undertaken as the title: "A Study of Three Types of Group Psychotherapy" by Ends and Page, which was also published in the Quarterly Journal of Studies on Alcohol in 1957. At this time, Dr. Daniel Anderson, who is now President Emeritus of Hazelden Foundation, started a follow-up clinic for alcoholics in the Twin Cities which, of course, was associated with the state hospital. The data on treatment outcome were also published. Dr. Fuller was interested in the assessment of personality and brain damage and he published the Minnesota Percepto-Diagnostic test which assesses brain damage.



DR. HELMUT HOFFMANN

Currently there are eleven psychologists at Willmar Regional Treatment Center who are primarily interested in clinical work but are also involved with the implementation of programs and supervision. In addition, there are four psychologists who are primarily working in the areas of administration, quality assurance and program evaluation. Over the last four decades, psychologists of WRTC made a remarkable contribution as indicated by the total amount of publications which is comparable with the top institutions of the nation.



DR. DAN ANDERSON



DR. JEAN ROSSI



SOCIAL WORK

Social work has officially been part of Willmar Regional Treatment Center since May of 1950 when Marian McMahan was hired as the first social worker. Her duties at that time included interviewing families of patients and preparing social histories, providing some individual and group counseling, with patient placement and follow-up. Since she was the only social worker on campus to begin with, her services were spread thinly, as she was involved with both acute and more chronic patients.



Social workers have been very involved in placement of clients into the community over the years to the present time. This was especially so in the 1950's and 1960's when there was much effort expended to reduce the large population of psychiatric patients who had been placed in the community and to check on their adjustment. If things were going well after 6 months, clients were taken off visit status and placed on provisional discharge.



Social work activity has continued to the present time and is involved with all categories of clients. It continues to have a viable role in admissions, assessment, developing treatment plans, client treatment, providing therapy, discharge planning and placement, as well as various coordinating and facilitating functions. Currently at Willmar Regional Treatment Center there are 3 social workers on Chemical Dependency, 2 social workers on Glacial Ridge Training Center, 2 social workers on the Adolescent Treatment Unit, 3 social workers on the Adult Psychiatric Admission Unit, 2 social workers on the Adult Psychiatric Rehabilitation Unit, 1 social worker on the Geriatric Rehabilitation Unit, and 1 social worker involved part-time in admissions. There are several other individuals at Willmar Regional Treatment Center who are trained as social workers, but now function in different roles, such as program directors, quality assurance functions, and administration.



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MEDICAL PRACTICES

The 75 years of medical practice at the Willmar Regional Treatment Center is perhaps best described by the term "pioneer". Webster defines pioneer as "entering into unknown territory; an innovator; or establishment in what was previously a barren or uncharted territory."



DR. STANLEY B. LINDLEY
SUPT. 1943 - 1950



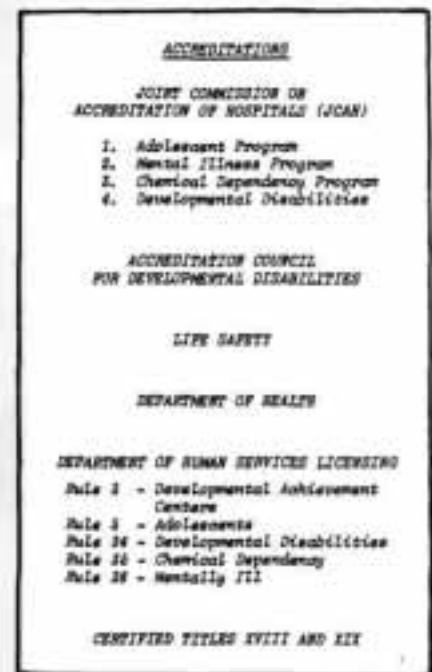
DR. NELSON J. BRADLEY
SUPT. 1950 - 1960



DR. VERA M. BEHRENDT
SUPT. 1960 - 1961

From its inception in 1912 to approximately 1937, Willmar Regional Treatment Center was known as an "asylum" which is defined as "a place offering safety or protection". By today's standards, the care provided would almost certainly be called "custodial" in nature. However, there was already a deep commitment to humane care and to ensuring that client welfare and treatment were given first consideration. The following statement to this effect was taken from the first annual report presented in October 1914, by the Superintendent, Dr. George Freeman, who had replaced Dr. Tomlinson in 1913 as the first superintendent of Willmar Regional Treatment Center. "Essential...(elements of treatment) are time, regularity of habit, discipline, work, food and recreation together with the personal influence of the physician".

During the 25-year period roughly spanning the years of 1937 to the early 1960's, Willmar Regional Treatment Center began to emerge as a true pioneer not only in Minnesota but throughout the nation. Under the leadership of Superintendent Dr. Nelson Bradley, Dr. Donald Peterson and Dan Anderson, the "Minnesota Model" of treatment for chemical dependency was born and has been exported throughout the United States and many foreign countries as the treatment model of choice for chemical dependency. The name of the facility was also changed during this period of time to the Willmar State Hospital, thus reflecting a growing change in philosophy from that of providing protection and asylum to one of active treatment.



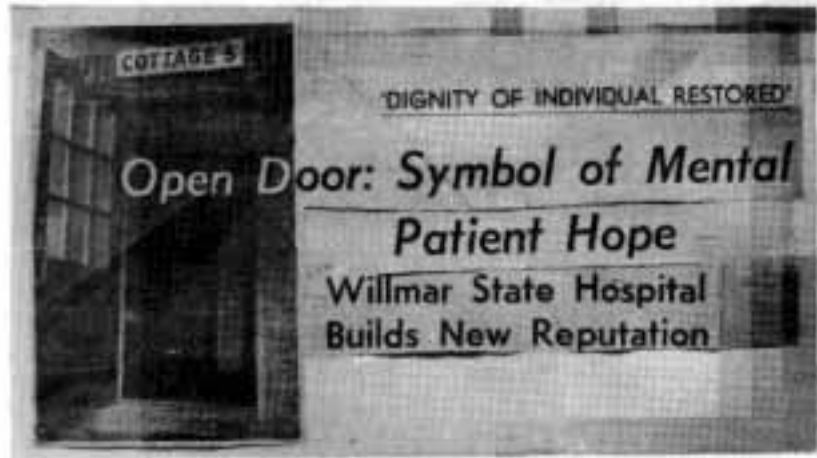
75
1912-1987

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SERVING THE PEOPLE OF MINNESOTA →

MEDICAL PRACTICES

Willmar became the first mental hospital in Minnesota and 5th in the nation to do away with "locked doors" and became totally open. The advent of psychotropic medications radically reduced length of stay and new hope for many persons who were formerly viewed as probably needing hospitalization for the remainder of their life.



The past 25 years of medical practice continue in the tradition of pioneering through many "firsts" in the mental health field and again are marked by a significant name change from the Willmar State Hospital to the Willmar Regional Treatment Center. "Firsts" include being the first facility of its type in the nation to receive full accreditation status for all its programs - from the prestigious national accrediting body; the Joint Commission on Accreditation of Hospitals and facilities for the mentally retarded.

In summary, medical practice began at WRTC with a lone physician/superintendent and has, through many pioneering efforts, evolved into a highly complex practice maintaining the "personal influence of the physician" described by Dr. Freeman in 1914 but expanding to include six doctors and psychiatrists and a modern pharmacy, x-ray, laboratory and dental service. Many related disciplines including nursing, physical and occupational therapies, speech and audiology, music and recreation, rehabilitation, psychology and social work support complement the modern efforts at "treating the whole person".



Under the leadership of the current Medical Director, Dr. Larry Olson, directions and challenges for the immediate future include the ongoing upgrading of clinical and psychiatric services, exploring the need for further specialization, systematization of medication regimens and developing stronger ties with the medical communities such as the University of Minnesota, the Mayo School of Medicine, and the many other agencies in our region who address mental health issues. We continue to profit and be challenged by the talents and leadership provided by more than 70 medical doctors who have served the needs of the Minnesota citizens throughout the 75 year history of the Willmar Regional Treatment Center.

The "regional" nature of services as reflected in the name change was evidenced by the establishment of special units for the developmentally disabled (GRTC), the mentally ill adolescent (ATU) and elderly (GRU); all as a direct result of expressed need from the 23 county region served.



DR. LARRY OLSON

ACTIVITY PROGRAMS

Napoleon called history "lies agreed to". Maybe it should be "hopeful recall".

During 1952-53, a number of hospital services were combined to form the "Patients Activities Department".

The men's and women's Handicraft Shops started about 1932 with the hiring of two people to supervise patients in the making of rugs, doll furniture, toys and embroidered towels and pillowcases. These items were sold at state and county fairs and at the hospital. This activity continued until the late fifties.

Mention of a patients library goes back to 1914 and was probably operated by Nursing Services until 1937 at which time a librarian was hired. Continually expanding services still make it a popular place for hospital clients. The Staff Library portion was transferred to Staff Development in 1981.

Industrial Therapy was the name given to the first organized method for assigning clients to jobs within the hospital about 1951. Copenhagen and Bull Durham was the pay until 1968 when cash payments of two, four, and seven cents an hour were paid. The name evolved to "Patients Pay Program" and minimum wage was funded in 1974.

The first TV sets appeared at the hospital in 1953 but to limited locations as most areas did not have A.C. electricity.

The first employees designated as Recreation workers started in 1949 and 1950. Prior to this time, activities were carried on by the multi-talented hospital "attendants". Up to the late 1950's, activities conducted by recreation and other department personnel not only included the usual sports, games, movies and dances but also involvement in corn picking and husking and working the canning room during the harvest season.

For many years, activities were mostly of the large group hospital-wide type due to the high client population. In 1977, an increase in recreation personnel and a lower client population enabled the assignment of therapists to specific treatment programs.



In 1950, an Art Shop was started. The creativity of clients' art forms was recognized for several years with repeated displays at the Walker Art Gallery, Hamline University, the Minnesota State Fair, and pictorial features in the Minneapolis Newspaper. The Art Shop was phased out in 1968.



The Barber and Beauty Shops were probably started in the mid 1930's. For many years, the barber did the shaving and the ward attendants did the hair cutting. Roles were reversed when electric shavers became available. The Beauty Shop and Barber Shop were phased out in late 1976 with clients making use of community facilities and cosmetology services at the Willmar Vo-Tech.

The earliest mention of the Sewing Room dates back to 1914 when one client was listed as working in that area. Still in operation, it provides the hospital with clothing repairs, window drapes, etc. The sewing room became part of the new Housekeeping Department in the late 1960's.

The Canteen started in 1951 and fast became popular as a coffee break gathering place for clients and staff. It still continues to be so as the "Coffee Shop".

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ACTIVITY PROGRAMS

The Craft Shop, established in 1959, is a unique service offering instruction in leatherwork, wood work, and a number of other crafts. The Home Center was also started in 1959 with one occupational therapist. It has since grown to include six employees who work with specific programs. The name has been appropriately changed to Occupational Therapy Clinic.

An Education Department was started in 1970 with the hiring of a special teacher. The current Music Department started in 1977 with one music therapist, and a testing service called Work Evaluation started in 1978.

Over the years, the units of the Activities Programs Services occupied many and wide spread locations; basements, storerooms, palaces and closets. All were united in 1979 when they moved into the new Activities Building with fine new facilities.

The facility's Speech and Hearing service was transferred to the department in 1987.



LAUNDRY

The Laundry Building was only partially constructed when it was put into use on the official opening date of the hospital. The Laundry was staffed mostly by women patients, and the first Laundry Manager, William Ballowe, began in February of 1913, retiring in 1950.

In 1958, the Laundry moved to its present location in the Service Building. Six new washers, two new dryers, and a large ironer were added to the existing equipment - all of which are still in operation.



BUSINESS OFFICE

In 1915, the legislature appropriated \$27,500 for the current expense needs of the facility (foods, fuel, utilities, drugs, and miscellaneous supplies). Today, 72 years later, we have been appropriated \$1.5 million for these same needs. In 1907, a 2% tax on intoxicating liquor was used for the purchase of land and the construction of buildings. Today, the legislature sells bonds to fund major capital improvements and appropriates \$94,000 a year for the maintenance of the WRTC buildings.

The complexity and volume of financial transactions of the Willmar Regional Treatment Center has gone through considerable change. From the simplicity of double entry bookkeeping, which was used 75 years ago, to the use of mini computers and the large State of Minnesota mainframe computer. These technological advances have been necessitated by the evolutionary transition of the Business Office.

In 1932, \$10.00 per month or less was charged to a spouse, child, parent or guardian of a patient based on their ability to pay. Today, the monthly charge for services provided to our clients ranges from \$101.00 to \$158.00, depending upon their individual needs.

The Business Office maintains a Social Welfare Fund and client bank to account for the money deposited by clients and sales generated through the Canteen operation. Financial transactions totaled \$20,400 in 1947; today we have expenditures over \$680,000.

From individually typed and signed checks for vendor payments, to well over 500 computer generated warrants to vendors, the Business Office has seen 75 years of change.-



MEDICAL RECORDS

The responsibility of the Medical Record Department is to maintain, direct, and supervise the record-keeping operations at the Willmar Regional Treatment Center whereby standards set by the treatment center, Department of Human Services and other licensing agencies are met. Census and statistical reporting, filing, data entry, record reviews, record retrieval, answering requests for information, quality assurance, participation on various committees and the statewide medical record meetings are presently being done to carry out this responsibility.



The Medical Record Department presently has a staff of three employees and three switchboard operators who help on a part-time basis. In the 1960's and 1970's, the Medical Record Department employed approximately fifteen employees. At that time, additional responsibilities such as secretarial services for the administrator, assistant administrator, medical director, dictation and transcription for the individual programs and switchboard coverage were provided from this department.

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DIETARY

In the 1930's each residential living unit had their own dining room. Breakfast usually began at 6 a.m. At that time there were many clients working in dietary assisting in preparation and serving of food. All food preparation occurred in a centralized kitchen. There was very little money available to spend on food.



Menus at that time consisted of:

Breakfast

Cooked Cereal
Bread with Karo Syrup
Fruit Sauce
Coffee
Sugar (1 tsp. only)

Dinner

Soup
Gravy
Bread
Milk

Supper

Vegetables
Pudding
Bread
1 tsp. Butter
Coffee/tea

Often meat was reserved for only those who were working.

In 1958, the Service Building was under construction. It was the beginning of centralized dining here. The first meals served in the Central Dining Room were in January of 1959.

The early 1970's marked the first nutritional assessments and consults. In 1974, nutritional assessments were routinely conducted on G.R.T.C.

During the farming operation, the hospital provided an impressive part of the foods served.

The Aladdin insulated tray meal service was instituted in the Fall of 1983.

Today nutritional consults are provided to all clients who require these clinical services. Dining is offered in a variety of experiences, depending on what is appropriate for each individual. There is family style dining, individual tray service, cafeteria dining, along with cook training programs. Today we no longer have the foods available from the farm, but we do have a generous \$2.43 per day food cost per client, allowing us to provide three well-balanced meals each day with treats and special nourishments for those with therapeutic needs.



CENTRAL HEALTH

Medical Support Services at WRTC presently are comprised of Pharmacy, Laboratory Services, and Radiological Services.

Pharmacy services were originated in the 1930's. At this time, medication usage was very limited and pharmacy's role consisted of dispensing cleaning supplies. The only pharmaceutical supplies available to the units at that time were mineral oil, zinc oxide, and analgesic balm. If additional medications were needed, they were obtained from drug stores in Willmar. The pharmacy was staffed by a registered nurse until the 1950's when a pharmacist was employed on a part-time basis to provide supervision. At the present time, the pharmacy is staffed by three full time pharmacists and one pharmacy technician with an inventory of approximately 450 items. Physicians at WRTC have the latest pharmaceutical agents available to them for the treatment of our clients.

In the 1930's, the laboratory was located in the main floor of the Administration Building and was staffed by a lab technician. The X-Ray Department came into existence in the late 1930's or early 1940's and was located in the basement of the Administration Building. Both departments were later moved to the south section of the basement on Cottage 14 and remained there until their move into the Medical Treatment Center.



At present, our laboratory is staffed with a full-time medical technologist and a laboratory technician, providing a complete array of laboratory services. The Radiology Department presently provides x-rays, electrocardiograms, and electroencephalograms to all WRTC clients.

In the 1930's, Central Supply was run by a female mental patient who had had some nurses training. She collected,



cleaned, and wrapped equipment for sterilization and delivered supplies as needed to the cottages. Central Supply was later run by psychiatric aides who were trained for the necessary CSR duties as well as assisting with surgery. Most recently, Central Supply has been staffed with LPN's and RN's.



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PERSONNEL

WRTC has a long history of services to the chemically dependent, mentally ill, and mentally retarded citizens of southwestern Minnesota. Since 1912, this service has been provided by some very special people, the WRTC employees. These employees perform some very difficult jobs, and they do them very well.

In January of 1913, the Willmar "State Farm for Inebriates" had a total of 29 employees on the payroll (Administration Department - 5, Medical - 2, Supervisory - 2, Nursing - 3, Engineering - 4, Agricultural and Grounds - 4, Industrial - 1, Culinary and Domestic - 5, and Laundry-3). Seventy-five years later the Willmar Regional Treatment Center has 700 employees (620 full-time employees). Most of these employees include human service technicians, LPN's, RN's, MI program assistants, first-line supervisors, social workers, psychologists, doctors, counselors, behavior analysts, therapists, and chaplains. As in 1913, these people are the unsung heroes at this facility; it takes a special kind of person to do their jobs.



We have many other very important people at WRTC. These are secretaries, maintenance workers, housekeepers, dietary workers, laundry workers, technicians, managers, and administrators.

It is the mission of the Personnel Department staff to provide service to the clients by providing direct services to all 700 of these employees. It is the mission of the Staff Development Department to serve the clients by providing the training and staff educational opportunities which will enhance each employee's ability to reach his/her full potential. By doing a good job at these missions, we hope to increase the chances that WRTC employees will be serving the citizens of southwestern Minnesota for another 75 years.



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INFORMATION MANAGEMENT

Information Management Services, among the most recent additions to the array of services provided by WRTC, began with a requisition for computer equipment in the spring of 1984.

When installed in October of 1984, the computer at WRTC provided an integrated information database which could be easily shared among personnel throughout the facility. Initially, there was only one full-time staff person, one video display terminal, one printer and one computer. That configuration posed a minor scheduling problem for those interested in using the computer because while the system allowed at least forty simultaneous users, its single terminal limited to one the number of staff actually able to work with it. Even under those circumstances, applications for Staff Development Services, Personnel Services, Client Banking, and Medical Records were begun. By March of 1985, the efforts of staff in these service areas and the installation of additional equipment enabled additional staff to take advantage of generic database, spreadsheet and word processing applications.



The number and variety of applications available within the information system have expanded considerably. Staff in every program and service area throughout the institution use Information Management Services resources to process documents, letters and memos and to automatically scan them for spelling errors and grammatical complexity. Electronic Mail connects each of our over 100 users.

New applications are available for Dietary Services, Health Surveillance, Incident Reporting, General Accounting, Budget Cost/Control, Pharmacy, and Client Payroll. Information Management Services increased to a staff of two in March of 1986, the new programmer/analyst expanded consortium applications by adding Inventory Control, Client Demographics, analysis features for the Medical Records database and time frame monitoring features for client-related staff obligations.

While not all system applications are fully implemented, they are all capable of being fully implemented and the potential now exists for a completely integrated Health Services Information System.



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COMMUNICATIONS

Communications have always played an important role in the operation of the treatment center. By today's standards, early means of communicating left a lot to be desired. Yet, the job got done and on a more personal level than today. For many years, the majority of information was passed on by word of mouth. Very few written memos were generated. On a daily basis, a representative of each cottage came over to the present mail room in the Administration Building (or Center) to pick up mail and messages. The mail room became the site of perennial grapevine activities where considerable business was transacted.

The powerhouse whistle was an important means of communication. In addition to alerting staff to emergency situations, the whistle signaled the start of each day for the "farm hands". At 11:30 a.m. it called the crews in from the fields for lunch and signaled the end of the work day at 4 p.m. Curfew was blown later in the evening.



Today's modern switchboard with its electronic gadgetry is a far cry from the old cord board which was put into use years ago. During the late 1930's and 1940's, inebriates from R-4 (south wing of the Administration Building) operated the switchboard during the day. Technicians took over this duty from 5 p.m. until 10:30 p.m. In the mid-1950's, there were approximately 40 to 50 telephones on the premise. The switchboard area served as the hub of activity or nerve center of the hospital. All patients were admitted by the switchboard operator and nearly all of the admission work was done at the switchboard. Needless to say, the switchboard operator was privy to all telephone calls and calls were closely screened and scrutinized.

Mail delivery and pickup service for clients and staff is provided daily, Monday through Friday, throughout the 24 buildings comprising the campus of WRTC.

The department is managed within an established annual budget in excess of \$225,000 which provides that adequate supplies, equipment and qualified staff are available to meet the needs of the treatment center.

In the mid-1960's, the cord board was replaced with a more sophisticated cordless console with manual ringing. Dial tone was provided by the switchboard operator. On Labor Day, 1978, the treatment center installed a new switchboard, the Dimension 400 - Northwestern Bell's fully electronic and fully programmable system providing service for up to 400 stations, still in use today. Direct Inward Dialing was added in September 1986.

A new Department of Communications Services was established in March of 1984. Its formation was prompted by the acquisition of new automated word processing equipment (CPT 8100) and the identification of several decentralized communications functions throughout the campus, including telecommunications, central mail service and radio/pager communications. Today, in addition to ensuring that an optimum level of automated word processing services are provided the clients and staff of Willmar Regional Treatment Center, word processing personnel furnish administrative/secretarial support to the Chief Executive Officer, Assistant Administrator, Director of Nursing Services and staff of 2 North.

Continuous 24-hour, 7-day per week switchboard coverage is provided through the main switchboard located in the Administration Building and through the satellite switchboard located on RLU-7. Pagers and short wave radios are monitored continuously by on-duty operators.



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WILLMAR REGIONAL TREATMENT CENTER

HISTORY OF BUILDINGS

*Buildings were designed by St. Paul architect, Clarence H. Johnston, Sr.
(example of the cottage/colony theory of State Institution Design)*

- 1912 Administration Building - Originally contained administration, staff housing, patient wards, surgery, and pharmacy. Now houses primarily administration, the Chapel, and conference rooms.
- 1912 Original Superintendent's Residence - Later used as the nurses residence. Now is used as a Minnesota Highway Patrol Station Office and staff offices for GRTC.
- 1912 Original Laundry - Now the Maintenance Shop housing carpenters, electrician, plumber, and paint shop.
- 1912 Original Power Plant - Coal fired with D/C generator. Now the Grounds Department. The powerhouse whistle was an important means of communication. In addition to alerting staff to emergency situations, the whistle signaled the start of each day for the "farm hands"; At 11:30 a.m. it called the crews in from the fields for lunch and signaled the end of the work day at 4 p.m. Curfew was blown later in the evening.
- 1919 Cottages 4 i 5 built. C-4 had the library and C-5 the morgue.
- 1921 Cottages 7 & 8 built. C-7 was used for staff dining. C-8 housed the canning room - later the Se8e shop (women's clothing).
- 1923 Auditorium/Gymnasium - Also called the Rehabilitation Building. The bottom floor was the main kitchen and also the bakery. This building was also referred to as the Chapel. Now is used for storage.
- 1923 Root Cellar - A large root cellar adjoined the old kitchen. This area was designated a Civil Defense Shelter in the 1950's.
- 1925 Cottages 6 i 9 built. C-6 had the dental office. C-9 was used as a serving room before 1930.
- 1925 Greenhouse
- 1927 Cottage 10 built. Beauty parlor was located in the basement.
- 1928-29 Cottages 11 & 12 built. C-11 Craft Shop for women before 1930.
- 1930 Cottage 13_ and garage built.
- 1931 Cottage 14 built. At one time used as General Medicine and Surgery Building.
- 1933 Cottages 15 & 16 built. C-16 had the men's clothing supply.
- 1936 Sanitary Sewer Plant. Built NH of the hospital. Discontinued In 1957.
- 1950-51 Cottage 1. Receiving Hospital, NOW houses GRTC.
- 1952 New Superintendent's Residence built.
- 1952 Wattertower
- 1958 Service Building built (central cafeteria and laundry).
- 1962 New Power Plant built - Landmark Smokestack demolished.

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