VF: Minnesota Institutions

# DEPARTMENT OF PUBLIC WELFARE



1979

# STATE INSTITUTIONS INFORMATIONAL BROCHURE

## AH-GWAH-CHING NURSING HOME

### HISTORY

On April 21, 1903 the State Legislature enacted a law establ Minnesota Sanatorium for Consumptives. The State Board of Control authorized purchase of real estate for a sanatorium site.

Between 1906 and 1907 a site was chosen - three miles south of Walker above Shingobee Bay of Leech Lake. Land clearing began. Construction was begun and the first two admissions were made on December 28, 1907.

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

On July 1, 1973 the State Fire Marshal recommended that the home's licensed capacity be no more than 456 beds in order to alleviate overcrowding in some areas. The Minnesota Health Department invoked further restrictions on floor ratio to bed in the mid-70's to meet Medicaid standards for skilled and intermediate care facilities. This will result in an eventual licensed capacity of 390.

Residents and patients come from almost all counties of the State in direct proportion to the population of the counties.

### FUNCTION

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

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

Referrals are accepted from doctors, nursing homes, welfare departments, state hospitals and detoxification centers. In some few cases, the courts commit patients for care.

# ANOKA STATE HOSPITAL

## HISTORY

Anoka State Hospital was first occupied in 1900 and was the fourth hospital built in Minnesota to care for the mentally ill. Following much competition between the towns of Hastings and Anoks for location of the new facility, the Legislature finally accorded each town an institution designated as "transfer asylums" as opposed to the existing "receiving" hopsitals at St. Peter, Rochester, and Fergus Falls.

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

In 1948, Anoka was designated as the center for treatment of tuberculosis among the mentally ill. Eventually tuberculosis patients were relocated from cottage areas into the "main" building then renamed the Burns Building. In 1951, Anoka changed status from "transfer" hospital to "receiving" hospital with the construction and occupancy of the last building built for patient occupancy, the Miller Building. In December, 1967, the tuberculosis treatment center was closed out. At present, plans are underway to construct the new building for chemically dependent patients, which was authorized in 1976.

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

## FUNCTION

### PROGRAMS FOR THE MENTALLY ILL

#### Adult Psychiatric

Four programs provide treatment of patients in an open setting. All patients are seen on admission and evaluated as to their ability to function in the open hospital. If not, they are admitted to the program with the least restrictive setting.

Each program has a treatment team led by a program director who is responsible for developing an individualized treatment plan for each patient that identifies treatment goals and specific methods for achieving them. All programs stress the involvement of the patient in planning and implementing treatment.

Behavior Modification Ward - Cottage 3 - 48 beds
This program was implemented to provide services to patients with specific behaviors occurring frequently that interfere with their ability to function in the admitting wards. The program director is certified in behavior modification and develops individual programs for patients to extinguish undesirable behavior through the use of behavior modification techniques such as giving rewards of staff time, points for earning passes, buying from a ward store containing personal items when behavior is absent for a specific period of time or performing tasks of daily living. The patient may be directly discharged from this program or transferred back to one of the general programs when the specific behaviors have been modified.

Intensive Treatment Center - Vail 1 - 44 beds
ITC is a program developed to offer services to patients who have need of management and control because they are unable to care for themselves. They may be confused, wander away, or have behaviors, although not dangerous, that make it impossible to be managed on an open ward. The program focuses on skills of daily living and close psychiatric supervision to improve the behavior so the patient may return to the open hospital or be discharged to the community.

Crisis Intervention Center - Miller North - 20 beds
CIC is a program developed to offer services to the patient in crisis who needs management and control while treatment is being planned and implemented. A psychiatrist sees patients each day and evaluates the patient's ability to handle privileges and his/her movement to the open hospital. A maximum of 21 patients with a high staff ratio is maintained.

Fairweather Program - Burns 1 - 25 beds
The Fairweather Program is for chronically mentally ill persons between the ages of 18 and 55. This program strives to help its residents overcome dependency by engaging each person in an active program aimed at self-support and self-management away from the hospital.

Residents of the Fairweather Program are provided with social and vocational training to help them learn to work and live together in relative stability, earn a living, and share the life of the community. Residents are discharged in a group from Anoka State Hospital to live and work together in a group home (lodge). Lodge members train in the Fairweather Program at Anoka State Hospital for an average of eight months before moving into a lodge group in the community. There are now six lodges in Minneapolis. Lodge members work between 15 and 30 hours per week to pay for their living expenses.

Relationship Therapy Unit - Cottage 2 - 40 beds
This program is oriented to short and long term patients who require a less structured program and who can benefit from an insight oriented approach. Individual and group therapy, in addition to other therapies generally available off the ward, is emphasized in a therapeutic milieu. Family therapy is offered on a limited basis.

Step Level Programs - Vail 2 & 3 - 84 beds
These two programs emphasize group responsibilities and behavioral feedback similar to the Fairweather Program. Specific step levels are defined for each patient in a group feedback session which presents written "notes" regarding behavior. As each patient progresses up the numbered levels the patient gains

# BRAINERD STATE HOSPITAL

## HISTORY

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

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

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

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

The goal at Brainerd is to increase self-dependence for each resident or patient in all program units. The program unit is defined as a functional grouping of residents based on some common program needs, and of such size that it can deliver individually-planned services to help the residents and patients. Individual needs are assessed on a regular basis to assure that appropriate resources are utilized to best meet these needs.

## FUNCTION

Recognizing and accepting an unconditional positive regard for human life and for the dignity and worth of all individuals, whether mentally retarded, multiple handicapped, mentally ill, or subject to chemical dependency, it is the function of Brainerd State Hospital to treat and train as many as possible of the variety of our residents with the aim of returning them to their communities with ability to function better than they have in the past in a "normal" environment.

## AREA SERVED

Maps of areas served are shown on the following pages.

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

# CAMBRIDGE STATE HOSPITAL

## HISTORY

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

In 1919 the first authorization for the institution was given by the Legislature and a legislative committee was appointed to select the site for the "Colony for Epileptics". In 1923 a law was enacted authorizing the purchase of the land. The present site was purchased and construction started. The first cottage was completed on June 1, 1925, and five males with epilepsy were transferred to the institution from Faribault State Hospital. Since that time, the facility has expanded to include people who are mentally retarded and now has 13 residential buildings and 4 program buildings in addition to the Administration Building, laundry, garage, warehouse, auditorium, and power plant. in 1961, the resident population was 2,008 and was the highest on record. As of 1976, the licensed capacity is 680 beds.

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

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

## FUNCTION

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

There is a full renovation program in progress and by July of 1979 the institution will have a capacity of 590 beds with individual households of no more than 16 persons per household and 4 people per bedroom.

# FARIBAULT STATE HOSPITAL

## HISTORY

Faribault State Hospital is a public residential facility serving the mentally retarded. Established in 1881 following a two-year experimental program under the administration of the Minnesota Deaf School, it served the entire state until the mid-1950's with a peak population of 3355 in 1955. Presently, 55 percent are from Hennepin County. Its current receiving district comprises five primary counties: Hennepin, Dakota, Rice, Steele and Freeborn, but with individuals from 53 other counties still in residence.

## FUNCTION

1. Serves as a regional resource center for the purpose of reducing the dependencies of mentally retarded individuals.

2. Provides care, treatment, and training in an effort to rehabilitate and return persons to as normal a life as possible.

3. Assists families to cope with the problems of mental retardation.

4. Fosters public understanding and involvement in the problems of mental retardation.

5. Promotes the development and appropriate use of a full range of community services for the mentally retarded.

6. Conducts and encourages research into the causes, prevention, and treatment of mental retardation.

# FERGUS FALLS STATE HOSPITAL

## HISTORY

The hospital serves a 17-county area in northwestern and west central Minnesota. It is the third oldest of Minnesota's state hospitals with the first residents entering the psychiatric treatment program at the hospital in July of 1890. Since that date, the hospital has provided residential mental health services for about 50,000 citizens from northern Minnesota.

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

All of the treatment programs at the hospital are fully accredited by the Joint Commission on Accreditation of Hospitals, a national accreditation body. The residential programs at the hospital also meet all state and federal licensure requirements. Mr. Robert F. Hoffmann, MHA, is the Chief Executive Officer for the hospital.

## FUNCTION

### Drug Dependency Rehabilitation Center

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

### Psychiatric Center

The Center is the second largest admissions program at the hospital. Its Psychiatric and Crisis Treatment Unit (PACT), The Cottage Unit, Psychiatric Extended Treatment Unit (PET), and Medical Rehabilitation Unit provide individualized treatment and residential care services for adolescents and adults who are suffering from emotional problems. The Center's treatment programs are designed to meet both the emotional and physical care needs of each resident in an environment which provides a maximum opportunity to learn to successfully deal with those problems in living which each person is experiencing. The Center works in close cooperation with area mental health services.

### State Regional Residential Center

The Center is the hospital's largest treatment program with an average daily resident population of about 300 persons. It offers a varied and specialized program of residential care, treatment, and education services for youth and adults with developmental disabilities caused by mental retardation. The goal of the Center is to provide the opportunity for each resident to develop to the

# HASTINGS STATE HOSPITAL

## HISTORY

Founded in 1900 to provide custodial care for mentally ill patients transferred from other Minnesota state hospitals, Hastings State Hospital grew in size to a peak of 1100 patients. Later, this hospital was the first to discontinue use of physical restraints, to develop geographic units, to implement regional coordination, to open regional service for drug dependency, and was in the forefront in developing partial hospitalization and adolescent treatment services.

## CLOSURE ACTION

In accordance with Laws of Minnesota for 1977, Chapter 453, Section 17, Hastings State Hospital was closed on May 1, 1978. The legislative directive for closing Hastings State Hospital authorized the Commissioner of Public Welfare to transfer patients and patient records to other state hospitals or to provide for alternate care. In addition, all employees of Hastings State Hospital were offered continued employment in the Department of Public Welfare, or voluntary transfers to other state agencies, with no reduction in salary or other benefits.

Intake at Hastings State Hospital for persons with mental illness and/or chemical dependency was closed on January 15, 1978, and February 1, 1978, respectively. Rochester, Moose Lake, and Anoka State Hospitals began intake from the Hastings State Hospital catchment area on the day following the dates mentioned above.

During the period between January 1, 1978 and April 15, 1978, 117 persons in treatment at Hastings State Hospital for mental illness were relocated. Of these, 23 were discharged to their own homes or to relatives, 36 were transferred to other Department of Public Welfare institutions, and 61 were relocated to other public or private facilities. All persons in treatment for chemical dependency at Hastings State Hospital during the period between January 1, 1978 and April 14, 1978, completed their treatment programs and were discharged from the hospital.

The Department of Public Welfare is conducting a one-year follow-up study on patients and employees who were directly affected by the closure action. The purpose of the study is to determine (both positively and negatively) the impact of terminating a governmental operation the size of Hastings State Hospital. The follow-up study was begun late in March of 1978 and it is anticipated it will be completed on May 1, 1979.

# MOOSE LAKE STATE HOSPITAL

## HISTORY

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

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

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

## FUNCTION

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

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

In order to carry out the overall role that has been established for the hospital, there are presently in operation programs for each disability group. The Chemical Dependency program is designed to concentrate on three categories of problems. The Acclimation Program deals with the problems related to withdrawal from long or heavy use of chemicals and provides a basis

for the client to gain an initial introduction to treatment. The Primary Treatment Program is intensive and short-term, with the overall goal of helping the client deal with all chemicals in a responsible manner. The Long-Term Program is designed to help the individual who has had repeated failures or needs habilitation or rehabilitation in order to lead a more satisfactory life.

Treatment of mental illness also has three distinctive programs. The Admission Program provides an initial assessment and evaluation, treats the acute but generally short-term emotional disorders. The Life Adjustment Center Program is designed to help individuals with chronic emotional disorders and those who may lack basic skills for leading a normal life in society. The program for the Geriatric is especially developed for those persons who have problems unique to the age group of 65 years of age and older.

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

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

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

# ROCHESTER STATE HOSPITAL

## HISTORY

The Rochester State Hospital was authorized for construction in 1876. It was to be an asylum for inebriates, financed by liquor license fees. After three years of overwhelming opposition to the law by saloonkeepers and others, the asylum was never opened. In 1879, with an operating farm and a vacant patient admission building, the asylum was designated as the Second Hospital for the Insane.

The original hospital building lay in an east-to-west direction where the Religious Activity Center is now located. Additions to the original building and other buildings were constructed as the demands for space grew with the rising patient population.

A self-contained and self-providing hospital for many years, little was offered to the patients except care, custody and work. Attendants lived in the hospital and supervised the patients at work. Economically, costs of operation were very low. A peak population of 1,800 patients was reached in 1954.

In 1949 an ambitious hospital reconstruction program was launched. Ten new buildings were constructed including seven patient buildings, a service building, power plant and slaughter house. Eleven staff residences and a 25-stall garage were constructed for employees. The building program was stopped in 1961 because of the decline in patient population.

Farm land and buildings no longer needed by the hospital have been reassigned to other state departments such as the Department of Natural Resources and Rochester Community College. Land that is not being farmed has been declared surplus and either sold or given for other public uses such as parks, playgrounds and construction of schools.

## FUNCTION

The hospital has developed into a multi-purpose health service agency serving the twelve counties of southeastern Minnesota. Programs are offered to the mentally ill, adolescent, chemically dependent, medically indigent and the mentally retarded. In addition, this hospital serves as the state-wide surgical center in cooperation with the Mayo Clinic, offering all types of surgical care except open heart and organ transplant.

Current programs foster the utilization of community resources to augment the hospital-based services. Coordination of these programs and resources is vital to effective treatment programs.

This hospital continues to provide services to the population of the southeastern region of Minnesota. Present buildings are being updated to meet the demand for programs. Systems are being replaced and/or updated to meet current state health and Fire Marshal regulations as well as federal regulations.

# ST. PETER STATE HOSPITAL

## HISTORY

The St. Peter State Hospital was opened in 1866. It was the first institution for the mentally ill in the State of Minnesota.

It has at various times received patients from all the counties in Minnesota.

Until 1911, there was no other institution on the campus at St. Peter. In that year, Minnesota Security Hospital was established to house mentally ill and dangerous men.

In 1967, the Legislature directed that a unit for the mentally retarded be established at St. Peter. Minnesota Valley Social Adaptation Center came into existence in August, 1968.

A Chemical ependency Unit was established at St. Peter State Hospital in 1970.

## FUNCTION

There are several processes through which individuals are admitted to this hospital. They may be legally committed to the hospital by a county court; they may voluntarily seek hospitalization by requesting admission; they may be transferred from other hospitals throughout the State of Minnesota; or an individual who has the legal authority, such as a general guardian, may request admission for the person for whom he/she is guardian.

Treatment planning begins with an individual's assignment to a treatment plan for an assessment and evaluation of his problems and strengths by medical, psychiatric, psychological, nursing, social and rehabilitative services.

A written individual treatment plan outlining problems, strengths, goals and plan of problem-solving services to achieve goals is created by the team with the patient at the inception of treatment. The anticipated period of hospitalization is also included in plan. Reassessments are made with the patient and the plan of treatment is modified as indicated by progress.

When goals established for discharge are attained, a pre-discharge meeting is held with the patient's family and community agencies as appropriate.

The hospital has five separate units. Shantz Unit, Community North Unit, and Community South Unit have a general psychiatric population up to 110 patients. These are heterogenous geographic units, catchment area based. Patients are assigned to subunits along a continuum from intensive need to little or no need for structured psychiatric intervention and/or supervision. The Pexton Unit provides a special group care program for up to 66 older persons with both mental and physical problems and minimal self-care abilities. A structured program combination of training in self-care and simple activities is used to improve mental and physical health and increase socialization. Results effected in this unit, with patients who have not responded to other programs, are impressive.

The Johnson Chemical Dependency Unit has a capacity of 58 beds and offers three programs. A short 28-day cycle schedule of lectures and group sessions with emphasis on the Alcoholic Anonymous Program, and an extended care program for chronic recidivists. This program offers a special rehabilitation program. The third program works with discharged patients through aftercare and follow-up.

## MINNESOTA SECURITY HOSPITAL

The Minnesota Security Hospital was first opened for use in 1911, charged by the Legislature with detention of men who were "dangerously and criminally insane". In the past, the primary purpose of the institution was to offer custodial care within a security setting.

It was not until 1963 that a professional staff was appointed to work exclusively at Minnesota Security Hospital. Since 1963 there has been an evolving increase in the capability of the professional and technical staff.

With this increase in capability and credibility in the eyes of the courts and other state institutions, we have seen a dramatic increase in the number of admissions to the Minnesota Security Hospital, for evaluations only, and for both evaluation and treatment.

The Sex Offender Treatment program at Minnesota Security Hospital (one of the few such programs in the United Stated) is being used by the courts with increasing frequency for pre-sentencing examinations, as well as for treatment.

The Sex Offender Treatment program is a long-term program (anticipated lengths of stay from three to seven years) and has contributed in part to an increase in census to the point where the institution is now crowded well beyond its licensed capacity.

In addition, the courts are also sending an increasing number of persons to Minnesota Security Hospital under Rule 20 of the Minnesota Rules of Criminal Procedure, in those instances where the court decides that security is required during the period of examination to determine competency. Consequently the population of the hospital has experienced a tremendous increase and overcrowding has been a problem during the past year necessitating expansion to a "satellite" unit on the second floor of Shantz Hall - a building usually utilized by St. Peter State Hospital.

The 1978 Legislature appropriated $8.7 million to construct a new 165 bed unit, excluding the sex offender program which will probably continue as a separate unit. Thus, plans are in process for the construction of a new facility with completion date expected in late 1980. The new facility will be located on top of the hill near the hospital's park area. Plans for the old building have not been finalized although housing of patients is not expected due to the condition of the building and lack of meeting fire safety codes.

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

## MINNESOTA VALLEY SOCIAL ADAPTATION CENTER

### PHILOSOPHY

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

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

Beginning with a realistic and professional diagnosis an individual program plan evolves which is also an evaluation and re-evaluation tool. Each resident's abilities and needs are assessed. A training program is designed for each resident that provides them meaningful, normal, and worthwhile experiences that are relevant and allow for daily success. Further, the entire staff continually re-evaluates its goals and directs their objectives toward becoming more aware of the needs of the residents and developing more effective methods to provide meaningful services.

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

To accomplish these goals, the Center is organized into four different services: Residential Living, Health, Structured Program, and Community Services. Each service provides a needs assessment, a comprehensive developmental program and ongoing progress evaluations for every resident in the Center on an annual basis. It is the responsibility of each Service to assure that every resident is provided an individual program plan that will meet his/her needs.

### MISSION

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

MINNESOTA VALLEY SOCIAL ADAPTATION CENTER continued

1) assessment, evaluation, goal-setting and diagnosis for the residents at the Center; 2) developmental programs in the areas of activities of daily living, i.e., grooming, eating, dressing skills, plus cognitive skills such as telling time, counting money, identifying colors, and reading simple words; 3) vocational programs to prepare residents for sheltered work, work activities, and competitive employment; 4) parental relief programs, providing temporary care (usually two days to two weeks) for parents of retarded citizens who are living at home. The Center can both programmatically and residentially serve up to 230 residents at any time. These persons are mentally retarded individuals who demonstrate a need for specialized programming that will enable them to eventually return to community living. Identified dependent behaviors may be either behavioral and/or developmental; however, the Center does not serve individuals with severe medical problems. It is the primary mission of the Social Adaptation Center to reduce these dependent behaviors, thus developing the individual to a level of independence that will allow him to adjust to community living in some form.