



Minnesota
STATE PLANNING AGENCY

Governor's Planning Council
on Developmental Disabilities

Minnesota State Planning Agency

300 Centennial Building

658 Cedar Street

St. Paul, Minnesota 55155

Room 100 Capitol Square Building
550 Cedar Street St. Paul, MN 55101

FOR RELEASE ON:

August 8, 1984

CONTACT: Miriam Karlins

Consultant

(612) 296-4018--Office

(612) 920-7688--Home

TOWN MEETING ON BRAINERD STATE HOSPITAL

A town meeting where citizens can discuss issues affecting Brainerd State Hospital is scheduled at the Brainerd High School Cafeteria on September 24, 1984, 7:00 p.m. to 9:30 p.m.

It is one of nine public meetings scheduled throughout Minnesota between August 22 and October 9, 1984.

These town meetings, plus several studies being undertaken by the State Planning Agency, are intended to provide the Governor and the Legislature with information on which to base future decisions. The studies include topics such as: client and staff needs, economic impact on communities if a state hospital closes, other uses of state hospital buildings, and whether the state should operate community facilities.

A planning committee consisting of persons from the Brainerd State Hospital region met on July 11, 1984, to make arrangements for the Brainerd town meeting.

(A list of those present at the planning committee meeting and additional background information are enclosed.)

BRAINERD

PLANNING COMMITTEE MEMBERS

Phil Maneske
Diane Swenson
Steve Esser
Roger Schwab
Nancy Baxter
Paul Thiede
Milli Michaelis
Gayle Schmidt
Bev Kaler
C. E. Anderson
Mary Kaep
Glen Milender
Dr. Charles Benzie
Dr. Leonard Fielding
Mae Fort

AGENCY

Rte. 7, Brainerd 56401
Box 701, Brainerd 56401
Baxter, 56401
614 S. 16th St., St. Cloud 56301
Rte. 7 Bx. 115-B, Brainerd, 56401
Pequot Lakes, Mn. 56472
1004 SE 15, Brainerd, 56401
906 SE 15th St., Brainerd, Mn. 56401
110 N. 22nd Ave., St. Cloud, 56301
Mayor
123 Laurel St., Brainerd, 56401
708 1st Ave. NE, Brainerd
Rte. T., Deerwood, Mn. 56444
Brainerd State Hospital
Rte. 9, Box 264K, Brainerd Mn. 56401



Minnesota
STATE PLANNING AGENCY

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550 Cedar Street St. Paul, MN 55101

FOR RELEASE ON:

August 8, 1984

CONTACT: Miriam Karlins

Consultant

(612) 296-4018--Office

(612) 920-7688--Home

TOWN MEETING ON ANOKA STATE HOSPITAL

A town meeting where citizens can discuss issues affecting Anoka State Hospital is scheduled at the Anoka City Hall on September 6, 1984, 7:00 p.m. to 9:30 p.m. Persons with physical handicaps/mobility impairments may enter the City Hall from the north parking lot to the lower level of the building.

It is one of nine public meetings scheduled throughout Minnesota between August 22 and October 9, 1984.

These town meetings, plus several studies being undertaken by the State Planning Agency, are intended to provide the Governor and the Legislature with information on which to base future decisions. The studies include topics such as: client and staff needs, economic impact on communities if a state hospital closes, other uses of state hospital buildings, and whether the state should operate community facilities.

A planning committee consisting of persons from the Anoka State

MORE

ANOKA

PLANNING COMMITTEE MEMBERS

Jonathon A. Balk, CEO
Don Melrose
Gary Lien
Jon Gillmore
Judy Yantos
Sam Bergeron
Mark Wilcox
Harold White
Lorraine Hostetler
Eunice McClurg
Gladys Stowe
Anne McFarland
John Weaver
Marlys Heyer, R. N.

AGENCY

Anoka State Hospital
Anoka City Councilman
Anoka State Hospital
Anoka State Hospital
Anoka County Social Services
Anoka State Hospital
Anoka State Hospital
Anoka State Hospital
Mayor
ARC Anoka County
Minnesota Nurses Association
A. S. H Auxiliary
City Council
2919 119th La. N. W. Coon Rapids 55433



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550 Cedar Street St. Paul, MN 55101

FOR RELEASE ON:

August 8, 1984

CONTACT: Miriam Karlins
Consultant

(612) 296-4018--Office

(612) 920-7688--Home

TOWN MEETING ON WILLMAR STATE HOSPITAL

A town meeting where citizens can discuss issues affecting Willmar State Hospital is scheduled at the Central Office Building, 611 West 5th Street, on September 13, 1984, 2:00 p.m. to 5:00 p.m.

It is one of nine public meetings scheduled throughout Minnesota between August 22 and October 9, 1984.

These public forums, plus several studies being undertaken by the State Planning Agency, are intended to provide the Governor and the Legislature with information on which to base future decisions. The studies include topics such as: client and staff needs, economic impact on communities if a state hospital closes, other uses of state hospital buildings, and whether the state should operate community facilities.

A planning committee consisting of persons from the Willmar State Hospital region met on July 16, 1984, to make arrangements for the Willmar town meeting.

(A list of those present at the planning committee meeting and additional background information are enclosed.)

WILLMAR

PLANNING COMMITTEE MEMBERS

Jeanette Carlson
Anne Polta
RaNae Martinson
Walter A. Baldus
June Monson
Paula Brandt
Marge Carver
Virgil M. Olson
Mayme Lynch
Helen Reardon
C. Berg
John Haines

AGENCY

Chamber of Commerce
West Central Tribune
KDJS Radio
Woodvale Mgmt. Services
Kandiyohi DAS
Willmar State Hospital
GR&C
Kandiyohi County Commissioner
Willmar State Hospital
West Central Community Service Center
Kandi County Mental Health Association
Kandiyohi County Family Service

WILLMAR

Planning Committee Members

Agency

Ted W. Olson	Box 1128, Willmar State Hospital
Robert L. Radkess	Box 1128, Willmar State Hospital
Gary V. Noehl	Box 1128, Willmar State Hospital
Dennis Butler	Box 1128, Willmar State Hospital
Wally Hood	Box 1128, Willmar State Hospital
John Freeman	Box 1128, Willmar State Hospital
Dr. Dean Lovold	Box 1128, Willmar State Hospital
Paul C. Nelson	Box 1128, Willmar State Hospital
Randy Wehler	Box 1128, Willmar State Hospital
Dr. Robert Radke	Box 1128, Willmar State Hospital
Jim Schlug	Redwood County Welfare P. O. Box 27 Redwood Falls, Mn. 56283

MOOSE LAKE

PLANNING COMMITTEE MEMBER

AGENCY

Barbara Gluk
Sally Larson
Karin Cosgrove
C. Koski
Allen Brown
Pat Skog
Frank Milezark CEO
Mark Turgeon
Marjorie Lehman
Rick Harry
Audrey Anderson

3657 Dunasky Lane, Duluth, Mn. 55811
201 Ordean Bldg. Duluth, Mn. 55802
Moose Lake State Hospital, Moose Lake 55767
500 E. 10th St., Duluth, Mn. 55805
1401 E. 1st St., Duluth, Mn. 55805
Rte. 2, Box 84, Sturgeon-Lake, Mn. 55783
Moose Lake State Hospital, 55767
176 Hay Lake Rd., Carlton, Mn. 55718
Moose Lake State Hospital, Moose Lake, Mn. 55767
Moose Lake State Hospital, Moose Lake, Mn. 55767
Moose Lake State Hospital, Moose Lake, Mn. 55767



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CONTACT: Miriam Karlins
Consultant

(612) 296-4018--Office
(612) 920-4018--Home

TOWN MEETING ON MOOSE LAKE STATE HOSPITAL

A town meeting where citizens can discuss issues affecting Moose Lake State Hospital is scheduled at the Moose Lake High School on October 3, 1984, 1:00 p.m. to 3:00 p.m.

It is one of nine public meetings scheduled throughout Minnesota between August 22 and October 9, 1984.

These town meetings, plus several studies being undertaken by the State Planning Agency, are intended to provide the Governor and the Legislature with information on which to base future decisions. The studies include topics such as: client and staff needs, economic impact on communities if a state hospital closes, other uses of state hospital buildings, and whether the state should operate community facilities.

A planning committee consisting of persons from the Moose Lake State Hospital region met on July 12, 1984, to make arrangements for the Moose Lake town meeting.

(A list of those present at the planning committee meeting and additional background information are enclosed.)

Moose Lake

PLANNING COMMITTEE MEMBERS

Roger Dahlquist
Gary Hollengsworth
Robert Salmon
Simeona Nygren
Nansia Ipstad
Ross Anderson
Dick Buro
Ms. Deanna Vichorek

Clyde Johnson

AGENCY

809-3rd St. Moose Lake, Mn. 55767
1000 Lakeshore Drive, Mooose Lake, 55767
Rte. 2, Box 674, Sturgeon Lake, Mn. 55783
257 County Rd. 12, Moose Lake, Mn. 55767
Rt. 1, Box 191, Barnum, 55707
Moose Lake State Hospital
Moose Lake Sup't. of Schools
Coalition of Concerned Citizens
for Moose Lake State Hospital
Duluth, Mn. 55802



Minnesota
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FOR RELEASE ON:

August 8, 1984

CONTACT: Miriam Karlins
Consultant
(612) 296-4018--Office
(612) 920-7688--Home

TOWN MEETING ON ST. PETER STATE HOSPITAL

A town meeting where citizens can discuss issues affecting St. Peter State Hospital is scheduled at the St. Peter High School on September 17, 1984, 7:00 p.m. to 9:30 p.m.

It is one of nine public meetings scheduled throughout Minnesota between August 22 and October 9, 1984.

These town meetings, plus several studies being undertaken by the State Planning Agency, are intended to provide the Governor and the Legislature with information on which to base future decisions. The studies include topics such as: client and staff needs, economic impact on communities if a state hospital closes, other uses of state hospital buildings, and whether the state should operate community facilities.

A planning committee consisting of persons from the St. Peter State Hospital region met on July 13, 1984, to make arrangements for the St. Peter town meeting.

(A list of those present at the planning committee meeting and additional background information are enclosed.)

ST. PETER

PLANNING COMMITTEE MEMBER

AGENCY

Sue Benson
Joe Solien
Gerald A. Ylinen
Robert W. Wettergren
Jan Moline
Margaret Hahn
Carol Lee
Martha Erickson
Teresa Van Buskirk

122 Sunbonnet Lane, Mankato
848 North 9th, St. Peter
1028 Allison Lane, St. Peter
214 West Grace Street, St. Peter
1306 North Washington, St. Peter
520 Range Street, N. Mankato
Harry Meyering Center, Mankato
Box 35, Cleveland, Mn.
309 South 5th, Henderson



Minnesota
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550 Cedar Street St. Paul, MN 55101

FOR RELEASE ON:

August 8, 1984

CONTACT: Miriam Karlins
Consultant

(612) 296-4018--Office

(612) 920-7688--Home

TOWN MEETING ON CAMBRIDGE STATE HOSPITAL

A town meeting where citizens can discuss issues affecting Cambridge State Hospital is scheduled at the Cambridge Elementary School on August 22, 1984, 7:00 p.m. to 9:30 p.m.

It is one of nine public meetings scheduled throughout Minnesota between August 22 and October 9, 1984.

These town meetings, plus several studies being undertaken by the State Planning Agency, are intended to provide the Governor and the Legislature with information on which to base future decisions. The studies include topics such as: client and staff needs, economic impact on communities if a state hospital closes, other uses of state hospital buildings, and whether the state should operate community facilities.

A planning committee consisting of persons from the Cambridge State Hospital region met on July 20, 1984, to make arrangements for the Cambridge town meeting.

(A list of those present at the planning committee meeting and additional background information are enclosed.)

PRESS RELEASE--August 8, 1984
Town Meeting on Anoka State
School and Hospital
Page 2

Hospital region met on July 20, 1984, to make arrangements for the
Anoka town meeting.

(A list of those present at the planning committee meeting and additional background information are enclosed.)

CAMBRIDGE

PLANNING COMMITTEE MEMBER

AGENCY

Irene Jensen	ARC Minnesota
Hazel Miller	Registered Nurse, CSH
Harry Argetsinger	R. Ph. CSH
Robert L. Buckingham	AFSCME
William Peno	SRSEA-CSH
Frank Przybilla	Cambridge Chamber of Commerce
Alan K. Olson	Chisago County DAC
Wally Johnson	CSH
Jack O'Brien	Cambridge Public Schools
Betty Jo Beise	MAPE
Milton Comath	Nekton Inc.
Roger Miller	Middle Management Association
Len Becklin	Mayor-Cambridge
Robert Rosenthal	Cambridge State Hospital
Jonathon Balk	Cambridge State Hospital



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FOR RELEASE ON:

August 8, 1984

CONTACT: Miriam Karlins

Consultant

(612) 296-4018--Office

(612) 920-7688--Home

TOWN MEETING ON FARIBAULT STATE HOSPITAL

A town meeting where citizens can discuss issues affecting Faribault State Hospital is scheduled at the Faribault Junior High School on August 29, 1984, 7:00 p.m. to 9:30 p.m.

It is one of nine public meetings scheduled throughout Minnesota between August 22 and October 9, 1984.

These town meetings, plus several studies being undertaken by the State Planning Agency, are intended to provide the Governor and the Legislature with information on which to base future decisions. The studies include topics such as: client and staff needs, economic impact on communities if a state hospital closes, other uses of state hospital buildings, and whether the state should operate community facilities.

A planning committee consisting of persons from the Faribault State Hospital region met on July 18, 1984, to make arrangements for the Faribault town meeting.

(A list of those present at the planning committee meeting and additional background information are enclosed.)

FARIBAULT

PLANNING COMMITTEE MEMBER

AGENCY

Bob Wente
Lois Paulson
Marion Maertens
Beverly Kral
Mavis Nienow

Jack Juedke
John Strouth

Diane Sammon
Michael T. Jones
Helen Hoffmann, President
Elaine M. Campbell, Coordinator
Susan Walden, Board Member
Elaine Little
Bill Saufferer, Chief Exec. Officer
Mary Ada Poirier
Ann Bjork Vohs
Nancy McCarthy
Molly Woehrlin
Bridget Stroud
Senator Clarence Purfeerst

Faribault State Hospital, MAPE
Faribault State Hospital, MAPE
REM-Mankato, Inc.
2043 NW 7th St., Faribault, Mn. 55021
Faribault State Hospital Community
Soc. Dir. & Board Member
Faribault State Hospital
Strouth Real Estate
Rte. 5, Box 63
Faribault, Mn. 55021
ARC
State Residential School Education Assn.
Chamber of Commerce
Faribault Art Center
Faribault Art Center
State Hospital Auxiliary
Faribault State Hospital
1200 Ceetermm Dr. Apt. 212, Faribault
Co. Commissioner
Rice County Social Services
AMCMH Advocacy Coalition, Northfield 55057
Faribault State Hospital
Route 1, Box 319A, Faribault, Mn. 55021



Minnesota

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FOR RELEASE ON:

August 8, 1984

CONTACT: Miriam Karlins

Consultant

(612) 296-4018--Office

(612) 920-7688--Home

TOWN MEETING ON FERGUS FALLS STATE HOSPITAL

A town meeting where citizens can discuss issues affecting Fergus Falls State Hospital is scheduled at the Vocational Technical School in Detroit Lakes on September 25, 1984, 2:00 p.m. to 4:00 p.m. and 7:00 p.m. to 9:00 p.m.

It is one of nine public meetings scheduled throughout Minnesota between August 22 and October 9, 1984.

These town meetings, plus several studies being undertaken by the State Planning Agency, are intended to provide the Governor and the Legislature with information on which to base future decisions. The studies include topics such as: client and staff needs, economic impact on communities if a state hospital closes, other uses of state hospital buildings, and whether the state should operate community facilities.

A planning committee consisting of persons from the Fergus Falls State Hospital region met on July 10, 1984, to make arrangements for the Fergus Falls town meeting.

MORE

PRESS RELEASE--August 8, 1984
Town meeting on Fergus Falls
State School and Hospital
Page 2

(A list of those present at the planning committee meeting and additional background information are enclosed.)

-30-

FERGUS FALLS

PLANNING COMMITTEE MEMBER

AGENCY

Dave Carlson
Larry Olson
Julie Solien-Mortenson
Shirley Anderson
Richard Simonson
Terry Denley
Robert Hoffmann
Van Ellig
Vernetta McClure
Ken Toso
Tom Shubitz
Lois Benner
John Bloom

Otter Lake Residence , Battle Lake 56515
116 E. Front St. , Detroit Lakes 56501
Box 157 , Fergus Falls 56537
Box 157 56537
E. Polk DAC Fosston 56542
901 Cleveland Ave. No. 56537
1315 No. Park St. 56537
106 Washington Ave. E. 56537
Fergus Falls State Hospital
Fergus Falls State Hospital
Fergus Falls State Hospital
Fergus Falls State Hospital
Fergus Falls State Hospital

Call-in F382

TV
Release



Minnesota
STATE PLANNING AGENCY

Room 100 Capitol Square Building
550 Cedar Street St. Paul, MN 55101

September 24, 1984

Dear Public Service Director:

We would appreciate your assistance in airing the enclosed public service announcement. The announcement takes approximately thirty (30) seconds. It would, of course, take a little longer if the telephone numbers at the end were to be repeated for the viewers.

Thank you in advance for your services.

Cordially,

Miriam Karlins/amc

Miriam Karlins, Consultant
Town Meeting Coordinator

MK/amc

Enclosure

**Governor's Planning Council
on Developmental Disabilities**

Minnesota State Planning Agency

350 Capitol Hill Building

612 Cedar Street

St. Paul, Minnesota 55155



Minnesota
STATE PLANNING AGENCY

Room 100 Capitol Square Building
550 Cedar Street St. Paul, MN 55101

TELEVISION
30 SECONDS
FOR USE UNTIL OCTOBER 16, 1984
TITLE: STATE HOSPITAL STUDY (CALL-IN)

CONTACT: Miriam Karlins
(612) 920-7688 (H)
(612) 296-4018 (O)

VIDEO	AUDIO
Non-Metro: 1 (800) 652-9747 Metro Area: (612) 297-2611	<p>On Tuesday, October 16, 1984, a one-day, statewide toll free call-in number will be available from 7:30 a.m. to 5:00 p.m. As part of a study authorized by the 1984 Legislature, the Minnesota State Planning Agency is seeking ideas and opinions regarding state hospitals and the care and treatment of persons with mental retardation, mental illness, and chemical dependency.</p> <p>Non-Metropolitan callers should dial 1 (800) 652-9747. A state of Minnesota operator will respond, and the caller should then ask for the State Hospital Study. Metropolitan residents should dial: (612) 297-2611.</p>



Minnesota
STATE PLANNING AGENCY

Room 100 Capitol Square Building
550 Cedar Street St. Paul, MN 55101

PUBLIC/COMMUNITY SERVICE ANNOUNCEMENT
FOR USE UNTIL OCTOBER 16, 1984

CONTACT: Miriam Karlins
(612) 920-7688 (H)
(612) 296-4018 (O)

MINNESOTA STATE HOSPITAL STUDY CALL-IN

ON TUESDAY, OCTOBER 16, 1984, A ONE-DAY, STATEWIDE TOLL FREE CALL-IN NUMBER WILL BE AVAILABLE FROM 7:30 A.M. TO 5:00 P.M. AS PART OF A STUDY AUTHORIZED BY THE 1984 LEGISLATURE, THE MINNESOTA STATE PLANNING AGENCY IS SEEKING IDEAS AND OPINIONS REGARDING STATE HOSPITALS AND THE CARE AND TREATMENT OF PERSONS WITH MENTAL RETARDATION, MENTAL ILLNESS, AND CHEMICAL DEPENDENCY.

NON-METROPOLITAN CALLERS SHOULD DIAL 1 (800) 652-9747. A STATE OF MINNESOTA OPERATOR WILL RESPOND, AND THE CALLER SHOULD THEN ASK FOR THE STATE HOSPITAL STUDY. METROPOLITAN RESIDENTS SHOULD DIAL: 297-2611.

F382

Call-in

Radio
Release



Minnesota
STATE PLANNING AGENCY

Room 100 Capitol Square Building
550 Cedar Street St. Paul, MN 55101

September 25, 1984

Dear Public Service Director:

We would appreciate your assistance in airing the enclosed public service announcement. The announcement takes approximately thirty (30) seconds. It would, of course, take a little longer if the telephone numbers at the end were to be repeated for the listeners.

Thank you in advance for your services.

Cordially,

Miriam Karlins

Miriam Karlins, Consultant
Town Meeting Coordinator

MK/amc

Enclosure

Community Planning Council
on Physical Disabilities
Minnesota State Planning Agency
300 Centennial Building
658 Cedar Street
St. Paul, Minnesota 55155



Minnesota
STATE PLANNING AGENCY

Room 100 Capitol Square Building
550 Cedar Street St. Paul, MN 55101

PUBLIC/COMMUNITY SERVICE ANNOUNCEMENT
FOR USE UNTIL OCTOBER 16, 1984

CONTACT: Miriam Karlins
(612) 920-7688 (H)
(612) 296-4018 (O)

MINNESOTA STATE HOSPITAL STUDY CALL-IN

ON TUESDAY, OCTOBER 16, 1984, A ONE-DAY, STATEWIDE TOLL FREE CALL-IN NUMBER WILL BE AVAILABLE FROM 7:30 A.M. TO 5:00 P.M. AS PART OF A STUDY AUTHORIZED BY THE 1984 LEGISLATURE, THE MINNESOTA STATE PLANNING AGENCY IS SEEKING IDEAS AND OPINIONS REGARDING STATE HOSPITALS AND THE CARE AND TREATMENT OF PERSONS WITH MENTAL RETARDATION, MENTAL ILLNESS, AND CHEMICAL DEPENDENCY.

NON-METROPOLITAN CALLERS SHOULD DIAL 1 (800) 652-9747. A STATE OF MINNESOTA OPERATOR WILL RESPOND, AND THE CALLER SHOULD THEN ASK FOR THE STATE HOSPITAL STUDY. METROPOLITAN RESIDENTS SHOULD DIAL: 297-2611.

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

TOWN MEETINGS ON STATE HOSPITAL STUDY
GENERATE CITIZEN PARTICIPATION/DEBATE

Town Meetings were recently held in Cambridge and Faribault to discuss issues and concerns about the future of state hospital services. These meetings were the first of nine town meetings to be held throughout the state. Over 425 people attended the meeting at Cambridge; approximately 750 individuals were present in Faribault. Much of this successful community response can be attributed to the publicity efforts done by local planning committees, including full-page ads, posters in every store, and special mailings to citizen groups.

While there was little agreement about solutions to complex issues, most agreed that they appreciated being included in the planning process by becoming better informed and having the opportunity to speak out. Following are a few samples of the concerns expressed at the town meetings:

- Relatives and friends of state hospital residents spoke of fears relating to possible "dumping," shuffling from hospital to hospital, quality and stability of community care, and the need for specialized medical supervision for those individuals who are medically fragile.
- Alternative uses of existing grounds and buildings were suggested, for example: provide regionalized out-patient services and staff training; provide services to families, such as respite care; serve other populations such as elderly persons, veterans, chemically dependent and mentally ill persons; and establish pilot/demonstration services to test out new concepts.
- Community leaders expressed concern about additional economic stresses that might be created by higher unemployment, reduced flow of revenue, flooding of the real estate market with an accompanying property value reduction, and other economic effects.
- It was suggested that areas affected by any hospital closure should be given first priority for any discretionary economic development grants under economic distress criteria set by the Legislature.

The strong turnout at the town meetings suggests general support for citizen participation and involvement. Equitable solutions among clients, families, state employees, unions, and communities seem achievable through such a public process.

(Contact: Colleen Wieck, (612) 296-4018.)

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

Study of Alternative Uses of State Hospital Facilities Suggests
Process for Future Policymaking

"Specific alternative use decisions regarding state hospital facilities will require the active involvement of state, county and local agencies, and the communities where state hospitals are located if the economic impact on the community is to be significantly reduced." This is one recommendation among several to be suggested to the 1985 Legislature.

A preliminary report concluded that there will be no quick and easy solutions. For example, during the town meetings held in state hospital communities, alternative use suggestions were received for individual buildings and some county agencies expressed an interest in leasing specific buildings. However, no alternative use suggestions were obtained for entire facilities.

What has happened elsewhere in the country when state hospitals were closed? A national study of 31 hospital closures revealed:

- o Most former state hospitals in the nation have been converted to other types of institutions.
- o About half continue to be maintained by the state and all but five have been transferred to other government agencies.
- o None were purchased by private industry.
- o One was converted to apartments for elderly persons and another was purchased by a religious organization.

"Until specific closure or consolidation decisions are made here in Minnesota," the preliminary report suggested, "communities are unlikely to consider alternative functions for the hospitals." Imagination, economic incentives and citizen participation will be important factors when arriving at equitable solutions. (Contact: Colleen Wieck, 296-4018).

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Study of Alternative Uses of State Hospital Facilities Suggests
Process for Future Policymaking

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St. Paul, Minnesota 55155

Highlights from a Survey of State Hospital Employees

Over 65 % (N = 3,665) of state hospital employees participated in a survey conducted this past summer. Preliminary findings revealed that:

- Most (63%) have been employed by a state hospital for ten years or less.
- While 37% had a high school education, 63% were college graduates, or had some college-level training.
- About three-fourths (74%) own their own homes.
- Over half (55%) commute five miles or more to and from their work.
- Almost half (47%) were the only wage earner in their household.
- Less than half (43%) are able to save or invest from 3% to 10% of their take-home pay.
- Regarding spending patterns, over half of the respondents (51%) do most of their spending (from 89% to 100%) in the area where their place of employment is located.
- If offered a transfer to another state hospital, 49% would refuse such an offer and seek other employment and 51% would accept the offer.
- Regarding their "most preferred work setting," almost two-thirds (65%) would want to continue to work in a state hospital setting. The number of remaining preferences included: 23% would choose a state-operated community program; 9% a privately operated community program; and 3% a county-operated community program.

The general theme of written comments collected expressed: "Let's have a decision made so that we can get on with our lives." (Contact: Colleen Wieck, 296-4018.)

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on Developmental Disabilities

Minnesota State Planning Agency

300 Centennial Building

658 Cedar Street

St. Paul, Minnesota 55155

St. Peter

OVER ONE THOUSAND MINNESOTANS ATTEND TOWN MEETINGS
IN ANOKA AND WILLMAR

Concerned about future legislation and the state hospital system, over 600 people attended the Town Meeting held recently in St. Peter and over 400 were present in Willmar. The two Town Meetings reflected the unique needs of rural communities located in southwestern and western parts of the state. Public testimonies also revealed the "state-of-the-art" concerning the care and treatment of persons with mental retardation, mental illness and chemical dependency.

Most rural communities/counties do not have the quantity and quality of residential facilities and other specialized services necessary to serve these populations, especially chronic mental illness and the chemically dependent. Private hospitals generally do not have qualified staff and cannot handle clients with long term needs. The towns where state hospitals are located (St. Peter and Willmar) are economically dependent upon the state hospital operations for employment, business and revenue. Sudden closure of a state facility in these towns would be ~~disastrous~~, as one person testified.

"disastrous"

The state hospitals were generally seen as "great place to be," even by judges, county commissioners, law enforcement officers, social workers and relatives. Given that these communities have historically lacked the resources to provide community-based services, there is a general attitude of excluding people rather than to make every effort necessary to retain and support their inclusion into the mainstream of community participation.
(Contact: Colleen Wieck, 296-4018.)

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St. Paul, Minnesota 55155

TOWN MEETINGS ON STATE HOSPITAL STUDY
GENERATE CITIZEN PARTICIPATION/DEBATE

Town Meetings were recently held in Cambridge and Faribault to discuss issues and concerns about the future of state hospital services. These meetings were the first of nine town meetings to be held throughout the state. Over 425 people attended the meeting at Cambridge; approximately 750 individuals were present in Faribault. Much of this successful community response can be attributed to the publicity efforts done by local planning committees, including full-page ads, posters in every store, and special mailings to citizen groups.

While there was little agreement about solutions to complex issues, most agreed that they appreciated being included in the planning process by becoming better informed and having the opportunity to speak out. Following are a few samples of the concerns expressed at the town meetings:

- Relatives and friends of state hospital residents spoke of fears relating to possible "dumping," shuffling from hospital to hospital, quality and stability of community care, and the need for specialized medical supervision for those individuals who are medically fragile.
- Alternative uses of existing grounds and buildings were suggested, for example: provide regionalized out-patient services and staff training; provide services to families, such as respite care; serve other populations such as elderly persons, veterans, chemically dependent and mentally ill persons; and establish pilot/demonstration services to test out new concepts.
- Community leaders expressed concern about additional economic stresses that might be created by higher unemployment, reduced flow of revenue, flooding of the real estate market with an accompanying property value reduction, and other economic effects.
- It was suggested that areas affected by any hospital closure should be given first priority for any discretionary economic development grants under economic distress criteria set by the Legislature.

The strong turnout at the town meetings suggests general support for citizen participation and involvement. Equitable solutions among clients, families, state employees, unions, and communities seem achievable through such a public process.

(Contact: Colleen Wieck, (612) 296-4018.)

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

ANOKA TOWN MEETING TURNOUT SURPASSES EXPECTATIONS

Local planners had not anticipated the strong turnout of citizens at the Town Meeting regarding the Anoka State Hospital. On September 6, people not only filled the 150 seats in the chamber of the Anoka City Hall but filled the corridors as well. They came to learn about the State Hospital Study and to voice their concerns about the needs and problems of persons who are mentally ill and/or have a chemical dependency.

This Town Meeting was different from the ones held recently at Faribault and Cambridge because of the focus on mental illness and chemical dependency--not mental retardation. Several former and current patients also contributed to the discussion of their unique needs:

- Isolation from family, relatives, and friends is a common experience;
- Such isolation is often accompanied by homelessness, unemployment, poverty, and ill health;
- Most experience harmful stigma, discrimination, and devaluation which only impede progress toward recovery and rehabilitation;
- Many are caught up in the "revolving door syndrome";
- There are inadequate number of quality services in the community, especially residential services (DHS Rule 36 facilities);
- Private insurance coverage is either unobtainable or inadequate to cover special treatment needs and costs, leaving only public services and support as a sole source of help.

Although the Anoka State Hospital was described by one person as "the last step before the cemetery," it was generally seen by many as having exemplary, dedicated, and caring staff; good food; and a variety of therapeutic services. Its proximity to the Twin Cities encourages family and community ties.

Nor was this meeting void of humor. One person suggested that an alternative use of the state hospital would be a hotel/motel, for it already had single and double rooms with doors that lock.

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

Building choices into care system

By Ann Wynia

A recent Citizens League report is a thoughtful analysis of a major issue — that Minnesota institutionalizes its elderly, mentally retarded, mentally ill and chemically dependent people, its lawbreakers and its juvenile offenders at a higher rate than most states. This policy has a high cost not only in money but in the experiences of institutionalized people.

However, the league's characterization of the current situation as a "crisis" obscures recent changes in state policy. Although much remains to be done, the state is increasing options for people with disabilities and for children and their families.

For example, nursing homes and state hospitals were once the only options available to disabled people, largely as a result of federal fiscal incentives that allowed reimbursement only for care provided in institutions. (Because the best-run institutions are frequently far from the handicapped person's home, that person has few opportunities to interact with the community.)

In the last two years, however, the state has obtained waivers to the medical-assistance program to fund services provided by outside institutions, thereby reducing incentives for institutionalization. The nursing home preadmission screening and alternative care program now covers the entire state, providing home-based and community programs to people aged 65 and over who would otherwise be in nursing homes. In the first three months of this year, 2,236 people were diverted from nursing homes and provided services in their own homes at an average monthly cost of \$462, compared with average nursing home costs of \$1,000 to \$1,300 a month.

In 1983, the Legislature also authorized a social health maintenance organization project to provide a wide array of services to delay or avert hospital and nursing home stays for elderly individuals. However, approval is being held up by the federal administration.

Legislation similar to the nursing home alternative care program also was passed last year to provide family support and community services for the mentally retarded. The services will help parents of severely retarded children care for their children at home and will fund programs to integrate retarded adults into the community. Nearly 500 people are expected to be served in the program's first year.

Legislation passed this spring has permitted exploration of similar programs for chronically ill children and physically disabled adults. All of the alternative, community-based programs separate reimbursement for housing services from care, thereby allowing more consumer and purchaser flexibility.

A further indication of the Legislature's commitment to reduce reliance on institutional care was the adoption of a moratorium on adding nursing-home and intermediate-care beds for the mentally retarded to the health-care system. The saving this biennium from this action alone is estimated at more than \$26 million.

In other areas addressed by the league, efforts are under way to improve the laws and programs affecting children and youth. For example, perpetrators of child abuse — instead of the victims — may now be removed from the home. And a bill establishing foster-care review boards, passed last session, will attempt to determine if the length of time children are in foster care and group homes can be reduced.

Though desirable, these efforts bring with them complex associated issues. For instance, deinstitutionalizing state hospitals could mean employee layoffs. To minimize such effects (and to ensure coordinated deinstitutionalization), legislators, employee union representatives and advocate groups worked together last session to develop a planning process on state hospital reductions. The Legislature also authorized a study to help large community institutions for the mentally retarded reduce bed counts and convert to smaller, more home-like programs.

Deinstitutionalization challenges us in new ways. But clients will be better served if we admit the problems of monitoring and preventing abuse in noninstitutional settings and seek to resolve them creatively. Similarly, services to the home-bound must meet the need for social interaction, not just maintenance and health care.

Much work remains but the system is changing.

Ann Wynia, DFL-St. Paul, is chair of the health, welfare and corrections division of the Minnesota House Appropriations Committee.

State-hospital study won't ignore politics

By Sam Newlund
Staff Writer

Minnesota has launched a study of its state hospital system, but it won't be limited to what's best for the state's 3,900 patients.

Of at least equal concern will be the fate of 5,300 jobs in the eight hospitals and what might be done with buildings and grounds if a hospital should close.

"The political, economic and social factors are realities that exist and have to be dealt with," Miriam Karlins, a mental health consultant for the study, said Wednesday.

Even the energy efficiency of scores of hospital buildings will be scrutinized. So will the possibility of a radical departure in treatment for the mentally ill, the retarded and the chemically dependent — perhaps state-run community facilities outside the hospital system.

If such a plan were adopted, the state for the first time would operate such community facilities as mental health centers and smaller residences for the retarded. Community programs now are the province of local authorities, frequently with federal or state aid or both.

The 1984 Legislature ordered the study in the aftermath of two developments that upset many constituents. Union leaders representing hospital employees and civic leaders representing hospital communities were convinced, despite denials, that some hospital would close soon.

First, the state welfare department unveiled a plan to reorganize the system in a way that seemed to deemphasize some institutions in favor of others. The less-favored communities — Moose Lake, for example — feared that their hospitals' days were numbered.

Next came growing concern over the department's plan for "waivered services" for the retarded. The department had applied for a federal waiver (since granted) that would unlock federal money for an array of community-based facilities and services. The trend away from state hospital care for the retarded would be accelerated.

Legislation was introduced to stop the waiver application. Instead, lawmakers ordered a study of the future of state hospitals, with a report due early next year. The study is being done by the state planning agency.

The welfare department's earlier reorganization plan, announced last December and scrapped amid protest in January, was criticized as an edict issued without consultation with those affected.

This time the state is seeking the opinions of just about everybody with a stake in the hospitals' future.

At a meeting yesterday of the new study's "public process" subgroup, plans were made for a series of public forums in each of the eight hospital communities.

The meetings probably will begin in

Study continued on page 4B

Study

Continued from page 3B

three to four weeks and end by mid-September, said Karlins, the subgroup consultant.

This time, she said, no hospital will be closed with so little study as when Hastings State Hospital was closed in 1977 and Rochester State Hospital in 1982.

The eight remaining hospitals are at Anoka, Brainerd, Cambridge, Faribault, Fergus Falls, Moose Lake, St. Peter and Willmar.

Moose Lake citizens fear closing of state hospital

MOOSE LAKE, Minn. (AP) — The people that packed the high school gym were scared, frustrated, indignant, angry and anxious. They numbered more than 700, about half the population of the northeastern Minnesota city of Moose Lake.

They were worried about their jobs, their businesses, their town, and they wanted to know from state people what lay ahead for Moose Lake State Hospital.

Specifically, the businessmen, hospital employees and patients' relatives had one question in mind: Was the state going to close the hospital?

They got no answer at the Wednesday night meeting, the second-to-last in a series of state meetings dealing with the future of Minnesota's eight state hospitals.

The hospital system's population is dropping, and the state Department of Human Services has talked of reorganization. The

department has talked of new ideas in the treatment of the retarded, and of the trend from institutional care to community programs and services.

Nowhere is the issue hotter than in Moose Lake. The town is practically dependent on the state hospital, its largest employer. The hospital has 450 patients, and the equivalent of 490 full-time employees with an annual payroll of \$10 million.

That \$10 million is 24 percent of the income of the 20 townships surrounding the hospital, said a Moose Lake accountant who compiled a set of figures on the town's behalf.

"It would be an economic and emotional disaster if we would lose the hospital," former Moose Lake mayor Bruce Kasden said.

Warren Bock, representing Human Services' mental retardation office, said the deci-

Please see Hospital/2C

Hospital

Continued from Page 1C

sion was the Legislature's, not the department's. Kasden, majority owner of a downtown business block, was asked later if he was satisfied with the response.

"Hell, no," he said.

Joe and Lee Mogen said they recently invested in a new building for their hardware store. But they said they had faith that, hospital or no hospital, they could stay in business.

Insurance man Len Schmidt said he's thinking of building a \$1.5 million industrial plant. But fear that the hospital may close, he said, "makes me nervous as hell."

Colleen Wieck of the State Planning Agency and planning consultant Miriam Karlins represented the state at the meeting, and at the others that have been held. State Planning has the task of doing research and gathering public opinions for the Legislature's guidance next year.

But Sen. Florian Chmielewski, DFL-Sturgeon Lake, called the process "a real slap in the face" in view of recognition that the hospital is of such high quality. He said legislators are forming a coalition "to save a system that we think is unique in the nation."

Other speakers had varied reasons for their hospital to be left

alone. They said it gives excellent care, that some patients just can't make it without being hospitalized, that the cost of transporting patients greater distances for commitment hearings would be a drain on the sheriff's budget.

The Rev. Owen Christianson of Hope Lutheran Church said he wanted to thank hospital people for the impact that co-counseling and training at the hospital had had on the clergy.

"You keep us from hiding behind our desks, our collars, our pulpits," the pastor said.

Faylene Conaway, the mother of a retarded woman, said her daughter had made vast improvement since arriving at the hospital five years ago.

"I just want you to know I'm behind the hospital," Conaway said. "I don't want it to close."

Governor's Planning Council
on Developmental Disabilities

Minnesota State Planning Agency

300 Centennial Building

658 Cedar Street

St. Paul, Minnesota 55155

Consultant: 'Hard, cold facts' to be scrutinized

WILLMAR — With the recent launching of a major study on the future of the Minnesota State Hospital system, plans are under way for a public hearing in Willmar on the impact of local state hospitals.

The study was mandated by the 1984 Legislature.

"We are going to be looking at some very hard, cold facts that do impact on what kinds of decisions are to be made," said Miriam Karlins. A mental health consultant for the study, she was in Willmar Monday to meet with state hospital employees and community representatives to plan the hearing.

The tentative date is Sept. 13.

Karlins said feedback will be important for both government officials and legislators. "We need to know how the community perceives the treatment delivery system in their region."

Similar hearings will be held at other locations throughout the state.

The study being undertaken by the State Planning Agency looks at seven areas: state hospital buildings, costs of programs, economic impact, an employee study that will include information about salary impact, a resident/patient study, state-operated services, and the public process, such as hearings and involving the public in state hospital planning processes.

Karlins said it differs from previous studies in that it includes issues other than client programs, although she added that service to patients is still "paramount."

A report on the study is due by



Tribune photo by Forrest Pete

Members of the state House of Representative's Health, Welfare, and Corrections Subcommittee of the Appropriations Committee toured Willmar State Hospital Monday. In the foreground from left: Rep. Robert Reif, IR-White Bear Lake; state hospital administrator Lester Johnson; Alan VanBuskirk of the state Department of Public Welfare staff; Greg Spartz, hospital assistant

Jan. 1.

The state has agreed that there will be no closing or modification of any state hospital until the study is finished, Karlins said. "Obviously, once the study is completed, there is no guarantee as to what is to be done."

She said the study was

prompted partially by a controversial Department of Public Welfare plan to reorganize the state hospital system. That plan was later withdrawn amid criticism that its originators failed to consult those who would be affected.

Willmar State Hospital was also

administrator; Rep. Ann Wynia, DFL-St. Paul; R p. Bob Anderson, IR-Ottertail; Rep. Lee Greenfield, DFL-Minneapolis; Rep. Alan Welle, DFL-Willmar. Welle hosted the tour, but is a member of the committee. Not pictured but also on the tour was committee member Rep. Gaylin DenOuden, IR-Princeton. Later the group toured West Central Industries.

the host Monday morning to a visiting subcommittee from the House Appropriations Committee for the Health, Welfare and Corrections Division. In preparation for upcoming capital budget requests, the legislators are traveling to state hospitals to see firsthand how they operate.

The group toured a unit for newly admitted adult mentally ill patients, and an adolescent unit that included Minnesota's only protective custody unit for boys with severe behavioral problems.

They also visited the shelter workshop at West Central Industries.

St. Paul Pioneer Press

Monday, July 23, 1984

Suit seeks better care for deaf

By Virginia Rybin

Staff Writer

The Legal Aid Society of Minneapolis has filed a lawsuit alleging the Minnesota Human Services Department provides inadequate care for state hospital patients with hearing problems.

The suit was filed in Ramsey County District Court on behalf of four mentally ill patients at three state hospitals.

The plaintiffs include two patients at Moose Lake State Hospital, a resident of Brainerd State Hospital and a patient at St. Peter State Hospital.

Defendants are Leonard Levine, department commissioner, and the chief executive officers and medical directors of each of the three hospitals.

The lawsuit, filed earlier this month, is not a class action. But attorneys handling it hope any changes achieved will apply to other hearing-impaired patients at state hospitals, said Susan Lentz, one of the Legal Aid lawyers handling the case.

A Human Services Department attorney Friday declined to comment on the suit. She said she was not served with the papers until Friday and had not had time to read them.

A recent department study found about 170 hearing-impaired mentally ill people in state-run hospitals and nursing homes. There were about 340 mentally retarded people with hearing problems.

Staff members working with the hearing-impaired at the three hospitals either do not know sign language or are not sufficiently skilled in it to communicate adequately with the hearing-impaired, the lawsuit alleges.

As a result, the suit says, patients cannot benefit from services provided to residents with normal hearing. They also are denied treatment programs that could allow them to improve sufficiently to leave the hospitals, the lawsuit alleges.

The lawsuit asks that the hospitals hire qualified interpreters and mental health professionals with special training in helping the hearing-impaired. It also asks for funding of community services for the mentally ill with hearing problems.

The lawsuit requests damages of \$50,000 or more each for three of the four patients.

In a report a year ago, the staff of the Human Services Department acknowledged that a problem existed in treatment of the hearing-impaired at state hospitals.

"Specialized support services are not generally available to facilitate the rehabilitation process," the report says. "Treatment of hearing-impaired residents represents a dramatic treatment problem for the state of Minnesota."

The lawsuit alleges there have been several such reports in the past 10 years, and the department has failed to adopt their recommendations.

Governor's Planning Council
on Developmental Disabilities

Minnesota Center for Aging Agency

300 Centennial Building

658 Cedar Street

St. Paul, Minnesota 55155

STUDY OF STATE HOSPITALS UNDERWAY

As mandated by the 1984 Minnesota Legislature, the State Planning Agency has received approval of a comprehensive study plan by the Institutional Care and Economic Impact Planning Board (Interagency Board) and has launched several activities critical to the outcome of the study:

- The state hospital employee questionnaire has been designed, and this survey will be conducted at each state hospital site throughout July and August.
- Local planning committees have been organized and Town Meetings have been scheduled in each region (August through October).
- Energy maxi-audits of the state hospitals, provided by the Department of Administration, have been summarized. Capital improvements since the audits have resulted in energy efficiency. A five-year trend analysis of energy use is being prepared.
- A comprehensive building inventory of all state hospitals has been completed, based on reports from the Department of Administration and the Department of Human Services. Alternative use of buildings is being researched as well as other state agencies have been asked to assist in developing strategies for alternative use.
- Minnesota representatives visited Rhode Island to observe and learn, first hand, from that state's experiences in deinstitutionalization and in operating state-administered local residential programs for persons with mental retardation.

The next meeting of the State Hospital Study Interagency Board is scheduled for August 17, at 10:00 a.m., at the Capitol Square Building.

(For further information, contact: Colleen Wieck, 296-4018.)

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

Dear Colleague
Page 2
August 1, 1984

- An inventory of buildings has been prepared; and
- Alternative uses of buildings are being researched.

Cost:

- Revenues and expenditures have been summarized; and
- A review of literature has been completed on comparative costs of state hospitals and community services.

Economic Impact Statements:

- Preliminary analyses of revenue and expenditures have been completed for preparation of economic impact statements; and
- The multiplier effect will be calculated after the employee surveys have been completed.

Employee Study:

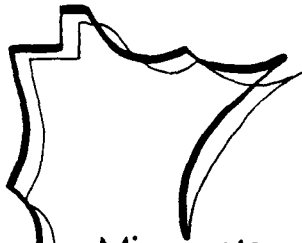
- An employee survey is currently being conducted according to the following schedule:

Cambridge	July 23 through 25
Anoka	July 26 and 27
St. Peter	July 25 through 27
Moose Lake	August 1
Willmar	August 8 and 9
Fergus Falls	August 15 through 17
Brainerd	August 21 through 23
Faribault	August 27 and 28.

Public Process:

- A series of town meetings, open to the public, will be held throughout Minnesota. Plan to attend one of these meetings to provide your input:

<u>DATE</u>	<u>TIME</u>	<u>LOCATION</u>
Aug. 22	7:00- 9:30 p.m.	Cambridge Elementary School Cambridge, Minnesota
Aug. 29	7:00- 9:30 p.m.	Faribault Junior High School Faribault, Minnesota



Minnesota
STATE PLANNING AGENCY

Room 100 Capitol Square Building
550 Cedar Street St. Paul, MN 55101

August 1, 1984

Dear Colleague:

This is the third mailing of information to individuals identified as having an interest in the state hospital study and plan (Minnesota Laws 1984, Chapter 654 § 19).

Our mailing list totals over 2,300 names. Please feel free to let us know of any names of people who should be added to our mailing list.

This letter contains three sections:

- Institutional Care and Economic Impact Planning Board Meeting;
- Update on Studies; and
- Additional Information.

INTERAGENCY BOARD

The Institutional Care and Economic Impact Planning Board will meet on August 17, 1984, from 10:00 a.m. to 12:00 noon in the Capitol Square Building, Conference Rooms A and B, first floor, 550 Cedar Street, St. Paul.

The meeting will feature a summary of the Citizens League's recent report on "Institutionalization."

An update on each study will also be presented by project staff and consultants.

UPDATE ON STUDIES

In the last mailing, an outline of each study was presented.

Buildings:

- The Department of Administration's energy audits have been summarized;
- A five-year trend analysis of energy use has been completed;

Governor's Planning Council
on Developmental Disabilities
Minnesota State Planning Agency
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658 Cedar Street
St. Paul, MN 55101-55155

AN EQUAL OPPORTUNITY EMPLOYER

Dear Colleague
Page 3
August 1, 1984

<u>DATE</u>	<u>TIME</u>	<u>LOCATION</u>
Sept. 6	7:00- 9:30 p.m.	Anoka City Hall Anoka, Minnesota
Sept. 13	2:00- 5:00 p.m.	The Central Office Building Willmar, Minnesota
Sept. 17	7:00- 9:30 p.m.	St. Peter High School St. Peter, Minnesota
Sept. 24	7:00- 9:30 p.m.	High School Cafeteria Brainerd, Minnesota
Sept. 25	2:00- 4:00 p.m. and 7:00- 9:00 p.m.	Vocational Technical School Detroit Lakes (Regarding the Fergus Falls State Hospital)
Oct. 3	1:00- 3:00 p.m.	Moose Lake High School Moose Lake, Minnesota
Oct. 9	7:00-10:00 p.m.	Prudential Life Insur- ance Building 3701 Wayzata Boulevard Minneapolis, Minnesota

Resident/Patient:

- A seven-year Quality Assurance and Review longitudinal file is currently being analyzed to provide a profile of residents/patients.

State-Operated Services:

- Several state officials and union representatives will go to Rhode Island on August 2 and 3 to review the state-operated, community-based service system; and
- A second trip to Lansing, Michigan, is scheduled for August 30 and 31.

Dear Colleague
Page 4
August 1, 1984

Additional Information:

For more information about this project, please contact:

Colleen Wieck, Ph.D., Director
Developmental Disabilities Program
State Planning Agency
201 Capitol Square Building
550 Cedar Street
St. Paul, Minnesota 55101
Telephone: (612) 296-4018.

Sincerely,



TOM TRIPLETT
DIRECTOR

TT/amc



Minnesota
STATE PLANNING AGENCY

Room 100 Capitol Square Building
550 Cedar Street St. Paul, MN 55101

August 3, 1984

Dear News Editor:

We are enclosing a news broadcast release to be aired on Wednesday, August 8, 1984.

This release contains 195 words.

Thank you in advance.

Sincerely,

Miriam Karlins

Miriam Karlins
Consultant
State Hospital Study

MK/amc

Enclosure

*Sent to 208 radio
and TV stations*

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



Minnesota
STATE PLANNING AGENCY

Room 100 Capitol Square Building
550 Cedar Street St. Paul, MN 55101

For Broadcast Release:
WEDNESDAY, AUGUST 8, 1984

CONTACT: MIRIAM KARLINS
CONSULTANT
(612) 296-4018--OFFICE
(612) 920-7688--HOME

TOWN MEETINGS ON STATE HOSPITALS SCHEDULED

A SERIES OF NINE TOWN MEETINGS ARE SCHEDULED TO TAKE PLACE BETWEEN AUGUST 22 AND OCTOBER 9, 1984. THESE TOWN MEETINGS WILL BE HELD IN EACH OF THE EIGHT STATE HOSPITAL REGIONS PLUS THE METROPOLITAN AREA. THEIR PURPOSE IS TO COLLECT PUBLIC TESTIMONY FOR USE BY THE GOVERNOR AND LEGISLATORS.

THE TOWN MEETINGS ARE PART OF SEVERAL STUDIES PRESENTLY BEING CONDUCTED BY THE STATE PLANNING AGENCY. IN ADDITION TO GATHERING INFORMATION ABOUT CLIENT NEEDS (PERSONS WITH MENTAL ILLNESS, MENTAL RETARDATION, AND CHEMICAL DEPENDENCY), THE STUDIES ARE ADDRESSING OTHER IMPORTANT ISSUES RELATED TO HOSPITAL CLOSURES SUCH AS: THE ECONOMIC IMPACT ON COMMUNITIES AND EMPLOYEES, POSSIBLE USES OF EXISTING BUILDINGS, AND THE POSSIBILITY OF STATE-OPERATED COMMUNITY FACILITIES. OF MAJOR CONCERN IS HOW TO PROVIDE COST-EFFECTIVE, QUALITY SERVICES WHILE RECOGNIZING ECONOMIC CONSTRAINTS.

TOM TRIPLETT, DIRECTOR, STATE PLANNING AGENCY, HAS BEEN GIVEN
MORE

FOR BROADCAST RELEASE--AUGUST 8, 1984
TOWN MEETINGS ON STATE HOSPITALS SCHEDULED
PAGE 2

ASSURANCE THAT NO STATE HOSPITAL WILL BE CLOSED IN ADVANCE OF THE
COMPLETION OF THE STUDIES AND THEIR REVIEW BY THE LEGISLATURE.

INTERESTED CITIZENS ARE ENCOURAGED TO SHARE THEIR SUGGESTIONS
AND CONCERNS THROUGH PARTICIPATION AT THE TOWN MEETINGS OR BY
WRITING TO COLLEEN WIECK (WIK), PROJECT DIRECTOR, OR MIRIAM KARLINS,
TOWN MEETINGS COORDINATOR, AT THE STATE PLANNING AGENCY, 201 CAPITAL
SQUARE BUILDING, 550 CEDAR STREET, ST. PAUL, MINNESOTA 55101.

(A SCHEDULE OF TOWN MEETINGS IS ATTACHED ALONG WITH OTHER
BACKGROUND INFORMATION.)

SCHEDULE OF TOWN MEETINGS

<u>DATE</u>	<u>TIME</u>	<u>PLACE</u>
August 22	7:00 p.m.- 9:30 p.m.	Cambridge Elementary School Cambridge, Minnesota
August 29	7:00 p.m.- 9:30 p.m.	Faribault Junior High School Faribault, Minnesota
September 6	7:00 p.m.- 9:30 p.m.	Anoka City Hall Anoka, Minnesota
September 13	2:00 p.m.- 5:00 p.m.	The Central Office Building Willmar, Minnesota
September 17	7:00 p.m.- 9:30 p.m.	St. Peter High School St. Peter, Minnesota
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September 25	2:00 p.m.- 4:00 p.m. and 7:00 p.m.- 9:00 p.m.	Vocational Technical School Detroit Lakes (Regarding the Fergus Falls State Hospital)
October 3	1:00 p.m.- 3:00 p.m.	Moose Lake High School Moose Lake, Minnesota
October 9	7:00 p.m.-10:00 p.m.	Prudential Life Insurance Auditorium 3701 Wayzata Boulevard Minneapolis, Minnesota



Minnesota
STATE PLANNING AGENCY

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

Room 100 Capitol Square Building
550 Cedar Street St. Paul, MN 55101

FOR RELEASE ON:

August 8, 1984

CONTACT: Miriam Karlins
(612) 920-7688
(612) 296-4018

TOWN MEETINGS ON LEGISLATION
AND STATE HOSPITALS SCHEDULED

What is the future of state hospitals? If changes occur in the state hospital system, what are the effects on residents/patients, employees, and local communities? Should the state operate community programs? The Minnesota State Planning Agency announces a series of town meetings to be held at nine sites from August 22 through September 25, 1984.

These public forums, which will take place in each of the eight state hospital regions and metropolitan area, are intended to collect public testimony in preparation for the 1985 legislative session. The program will consist of a brief presentation by Colleen Wieck, project director, on the 1984 legislation and the resulting studies and projects currently underway by the State Planning Agency (SPA). These include: buildings, cost, economic impact, employees, residents/patients, state-operated services, and public process. Most of the program will be devoted to audience participation.

MORE

AN EQUAL OPPORTUNITY EMPLOYER

TOWN MEETINGS ON LEGISLATION
AND STATE HOSPITALS SCHEDULED
August 8, 1984
Page 2

Tom Triplett, SPA director, has stated that he has received assurance from the Governor and the Legislature that no state hospital will be closed until all the facts have been assembled and analyzed. It is hoped that the Town Meetings will generate specific suggestions for the Legislature to consider.

Of major concern is how to provide cost-effective, quality services while recognizing economic constraints.

Persons unable to attend the Town Meeting in their region are invited to send their suggestions to Colleen Wieck, Developmental Disabilities Program, State Planning Agency, 201 Capitol Square Building, 550 Cedar Street, St. Paul, MN 55101.

Schedule of Town Meetings attached.

-30-

*Sent to 379 newspapers and
100 organizational newsletters*

SCHEDULE OF TOWN MEETINGS

<u>DATE</u>	<u>TIME</u>	<u>PLACE</u>
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