Minnesota
STATE PLANNING AGENCY

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

TOWN MEETING

FERGUS FALLS STATE HOSPITAL REGION

September 25, 1984

PROGRAM

INTRODUCTORY REMARKS	Miriam Karlins Town Meeting Coordinator
"FOR YOUR INFORMATION": A REVIEW OF CURRENT STUDIES	Colleen Wieck, Ph.D. Project Director
CITIZENS RESPOND	Audience Participation

Resource persons are available in the audience to answer questions and supply additional information.

In order to allow time for maximum audience participation, please limit your comments to three minutes.

Persons wishing to write or phone their suggestions, concerns, or questions may do so by writing to Colleen Wieck, Ph.D., Project Director, State Planning Agency, 201 Capitol Square Building, 550 Cedar Street, St. Paul, Minnesota 55101, or phoning (612) 296-4018.

A one-day, toll free call-in will be held statewide on Tuesday, October 16, 1984, from 7:30 a.m. to 5:00 p.m. The procedure will be for the caller to dial 1 (800) 652-9747 and ask to be connected to the "State Hospital Study." The state operator will then connect the caller to our phone.

State hospital concerns aired

by Tom Pantera

Area residents concerned with the fate of Fergus Falls State Hospital aired their concerns Tuesday at "town meetings" in Detroit Lakes.

The meetings, held both in the afternoon and evening at Detroit Lakes AVTI, were organized by the State Planning Agency (SPA). Earlier this year, the state legislature authorized that agency to conduct studies on the state hospital system and develop a process for public comment.

The meetings, held in all eight state hospital regions and the metropolitan area, were organized to collect public testimony in preparation for the 1985 legislative session.

Studies and projects on the state hospital now underway concern buildings, costs, economic impacts, employees, residents / patients, state-operated services and public processes.

Tuesday's afternoon session began with remarks from Miriam Karlins, who coordinated the town meetings.

Karlins said the Fergus Falls area town meetings were being held in Detroit Lakes because of its more central location in the hospital's service area.

She noted recent philosophical changes in the treatment of mentally handicapped, mentally ill and chemically dependent individuals. Those changes, she said, involved deinstitutionalization — "depopulation of the large state institutions" and development of community facilities.

That process closed state hospitals at Rochester and Hastings and those closings "brought about a great deal of criticism and much concern," she said.

Karlins stressed that "the SPA was given assurance that no plans would be made for closing or changing state hospitals" until after a study is made and the results are in.

Next to speak was District 10B Rep. Bob Anderson. He called the current action "a moment in the history of our state hospital system."

He said that earlier this year legislators discovered they had overlooked concerns of state hospital employees and the communities served during discussions of the system. The legislature later passed a bill calling for the study of the system, he said.

Project Director Colleen Wieck then reviewed current studies in the project. She noted that in those studies "the needs and welfare of the residents and patients do come first."

One area of study is "employee displacement," Wieck said. That involves discovering who works at the state hospitals, how much employee turnover exists and what training is recommended.

She said other studies will deal with necessary changes in the biannual budget; sample cooperative agreements between state and local governments to provide services; alternate uses of state hospital buildings; the public planning process; energy issues; economic impact of state hospital closures; and information on residents and patients of the facilities.

The meeting was then opened

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Town meeting

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for comments from the public.

The first to speak was a social worker from the Fergus Falls State Hospital. He expressed concern that any changes to be made be "done in an orderly fashion. We want to make sure as we phase down it's still done in an orderly fashion."

Robert Hoffman, project co-director for the Northwestern Minnesota Regional Task Force (made up of counties in the Fergus Falls Hospital service area) said that change has been a constant in the state hospital system. He emphasized the "need for change through evolution rather than revolution" and said there is a need for both state and community facilities.

State officials must "make sure things are done with due planning for the patients," Hoffman said. Planners must address the needs of each group and each individual because "it isn't a class we provide for. It's an individual."

Donna Meyer, a developmental disabilities coordinator, said, "the primary concern should be what is best for people with developmental disabilities" rather than alternative uses for buildings, loss of jobs, etc. She also noted recommendations of a 1977 task force which called for expanded community-based programs, a continuum of care, treatment close to home, a balance of prevention and treatment and an ongoing need for regional or state facilities.

Marilyn Spensley, a field advocate for the Mental Health Association of Minnesota, said the state lacks transitional facilities to test the ability of state hospital patients to live in the outside world. She said there was a need for better case management services and community support projects to help released patients get welfare and jobs.

District 8B judge Bruce Reuther said, "I fear the state will economize at the expense of local counties and cities." For example, closure of state hospitals will mean that county sheriff's departments will spend more money and travel time on commitments. Also, he said, increasing distance between families and patients will make it more difficult for those families to stay involved in the treatment.

"If you close anything at Fergus Falls, you will necessarily decrease services," he said. "What you do at the state level must not be borne at the local level."

One female resident of Fergus Fall's PACT or short-term care unit, said that the state hospital does not always deliver promised services.

"Most people are just there," she said. "What you expect at the hospital and what you get are different things. You have to keep asking for things, always pushing for what you need. My social worker — if I'm really lucky, I get to see her two or three times a week."

Spensley then returned to the podium to read written statements from Fergus Falls State Hospital residents. The statements varied from complimentary to very critical. Some said, in part:

- "I have had the best of treatment...The staff has been good to everyone here."
- "Sometimes they get rough on you and sometimes they force you to take medicine...We should be able to see a doctor whenever we need to."
- "People get well in a well environment...When you're dealing with the state hospital, you have the lowest qualified staff."
- "They treat us like cats and dogs."
- "We're locked up. How do you expect anyone to get better?"

A male PACT unit resident told of difficulties in getting medicine for a cold, medicine which he received only after repeated requests, running from the institution and returning the next morning.

"That seemed like an awful lot to go through to get medications which were necessary," he said. "When things like that happen, it really scares me."

Ken Toso, a nurse at Fergus Falls Hospital, noted concerns expressed in a statement from the Minnesota Nurses' Association.

Among those concerns were: Safeguarding of services to the mentally handicapped, mentally ill and chemically dependent; screening for appropriate placement; follow-up care; providing of support systems in the community; safeguarding of residents from abuse; providing of multi-disciplinary expertise; allowances for beds for those residents not able to return to the community; unbiased review of care; and privisions for employees who have been laid off or terminated, such as retraining, retirement with benefits or employment in other state facilities.

A resident of Fergus Falls Hospital's Hursch or long-term care unit said he was "just dumped on the unit. The staff should put themselves out to the patients more, instead of sitting in the coffee room and talking."

He noted that the mentally handicapped patients are "cared for well. Even the housekeeping

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He noted that the mentally handicapped patients are "cared for well. Even the housekeeping people are concerned for their needs. They're treated like human beings."

Van Ellig, chairman of the Northwestern Minnesota Regional Task Force, said that body has "undertaken an unprejudiced information-gathering task. There are changes iminent in our state hospital system. [Fergus Falls Hospital is] a medical facility. That is the purpose — not to be cost effective. Too often, people tend to look at the dollars rather than what's important for that patient."

Fergus Falls

EDITORIAL

OTHER OPINION

Case of non-support

While more than 300 people attended Tuesday's forums on the Fergus Falls State Hospital, it was disappointing to see who wasn't there to testify.

The message carried by those who did attend was familiar: Closing the hospital would hurt the patients, the community and the employees. But most of those who traveled to Detroit Lakes to deliver that message were state hospital employees.

Some representatives of Otter Tail County government were on hand, but it's surprising that there were delegations neither from city government nor the local business community, and only one area legislator was present.

The turnout seems meager in light of the fact that more than 1,500 people were on hand to show their support at a similar meeting in Brainerd. An editorial in the Brainerd Daily Dispatch boasted that the turnout was so strong that the state "ought to consider adding a couple of buildings to the hospital complex."

Tuesday's meeting in Detroit Lakes was one of nine scheduled by the State Planning Agency, which is studying how employees, communities and state hospital residents would be affected by a shift to community-based services and away from treatment in larger institutions. At previous forums elsewhere in the state, attendance has been estimated at between 400 and 800.

Attendance Tuesday probably would have been better if the hearing had been in Fergus Falls. It was in Detroit Lakes, though, because organizers hoped a more central location would draw an audience from the northern counties served by the hospital.

In addition, the meeting might have drawn crowds like those in Brainerd if support for the hospital had been drummed up through the media and through groups such as the chamber of commerce — which is what happened in Brainerd.

State officials insist that there are currently no plans to close any state institutions. Even if the closure of a hospital were imminent and the decision were to be influenced by testimony at the forums, it's hard to believe the decision would be based on the turnout alone.

While any decision on the state hospitals should be based on the welfare of the residents, people still can't forget that the ripples from any changes at the Fergus Falls State Hospital will touch many more lives than just those of its residents and staff.

FERGUS FALLS DAILY JOURNAL

Idea for use of Filefolder

Fergus Falls 71

Northwestern Minnesota Regional Task Force, Inc.

505 South Court
Fergus Falls, Minnesota 56537
PH: (218) 739-4491

September 18, 1984
Additions & Revisions September 24, 1984

Summary of Public Hearings held in:

Morris & Alexandria, August 29
Lake Bronson & Thief River Falls, September 4
Fergus Falls, September 6
Mahnomen & Crookston, September 11
Moorhead, September 13

The following is a composite of needs, concerns and views expressed by the citizens of Regions I and IV.

The Bylaws of the Northwestern Minnesota Regional Task Force, Inc. states in the first paragraph of Article III, PURPOSES: "(1) To form the organizational framework within which concerned citizens can participate in the social planning process to protect the social values they deem important;..." The Board of Directors of the corporation resolved to follow the same study areas outlined by the State Planning Agency in their state hospital study and plan. It was felt such a regional study in this large seventeen county area (250 miles long and 100 miles wide) would give more citizens an opportunity to participate in this social planning process because of time and economic constraints in the State Planning Agency study of the entire state. As a part of the public process of the study, eight meetings were scheduled within the seventeen counties at locations strategically located to reduce travel for participants. Advance announcements listed the location, date and time of all of the meetings as well as the State Planning Agency's meeting at Detroit Lakes on September 25.

The eight meetings have been completed and the sign-up sheets indicate addresses from thirty-five different towns. Those in attendance included county commissioners, state legislators, county sheriffs, ARC, representatives of social service departments, mental health centers, Mental Health Association, parents of retarded and mentally ill, persons

from the chemical dependency field, parents of retarded and mentally ill, group home operators, DACs, vocational rehabilitation, State Board of Health, nursing home operators, clergy, private psychiatric centers, two mayors, and other interested citizens. Many of those present stated their views were also the views of members of the groups they were representing. Discussion was lively, emotional, thoughtful, provocative and close to 100% of those attending participated in the discussions. Ninety-two per cent of those attending the public hearings were not hospital employees and, therefore, represented a cross section of population expressing their views based strictly upon the expertise and services required for treatment and care of the mentally retarded/ developmentally disabled, chemically dependent and mentally ill. Tape recordings were made of each session to help us present the concerns expressed as accurately as possible.

Obviously, it is difficult to condense sixteen hours of discussion into a few pages, but the following summary attempts to catch the flavor of the most commonly stated concerns.

THE Sunday BRAINERD DAILY DISPATCH
Central Minnesota's Daily Newspaper
Sunday, September 30, 1984 Vol. 103—48 Single

Pow wow packs a message

By EILEEN WALTER
Staff Writer

Pow wow. Translated literally it means to bring people together.

Amid the soft clatter of silver jingles, bells fastened to fur and leather leggings, and the swish of eagle feathers, native Americans celebrated a special sobriety pow wow Saturday at the Brainerd State Hospital.

Discovering a strong need Indians have to remain close to their culture apparently was a turning point in the treatment program at the hospital.

James Holien, director of the chemical dependency program at the state hospital, explained that the pow wow is a social event.

"This is a celebration of recovered and recovering native Americans," Holien said. "It's to help Indians reidentify with their culture. The pow wow literally pulls people together."

Special Indian pow wow clubs wearing full native dress attended and danced traditional and exhibition dances. Word spread and members visited from Red Lake, Leech Lake, Milaca and White Earth reservations and communities.

"We could never figure out why so many native Americans walked way from the program without being helped," Holien said. "One day we realized these people needed to identify with their own values and culture. We got Indian counselors to help. Now the walkaway rate is very low."

The Four Winds Lodge here houses persons in a primary treatment program and the comments have been nothing but good, Holien said.

"We serve the largest Indian population of any state hospital," he said. "We get calls from all over the state to take patients into the program."

The day began with a sunrise ceremony, performed Saturday at 1 p.m., outside near the sweat houses — tiny hut-like buildings used for purification of things mental, physical and spiritual. At times the sweat houses are also used for doctoring.

INDIANS
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Later in the afternoon with the sun high and tribe members swathed in fringed, feathered and mirrored costume, the drummers began their mesmerizing beat. Both male and female dancers joined the circle. A medicine man gave the invocation in the Ojibwa tongue, speaking later in English to his audience, admonishing them to "stop drinking, to stop smoking marijuana and taking drugs."

"We're here to celebrate doing something good with our lives," he said.

Holien said that by pulling people together — the ones who've made it as well as the ones who have a ways to go — it seems to help the latter have a better chance of making it.

"The whole aim of the program is to support Indian people in their beliefs and their values of the past. Part of what happened to so many of them was because their values and culture were taken away."

One could detect — even while standing outside the circle of dancers, the drummers' voices raised in unintelligible chant — the Pow Wow was a celebration of something good.

INDIANS
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FLAG BEARERS — Wishy Thunder (left) of Red Lake Reservation and Mickey Norris, a counselor at Brainerd State Hospital, headed a processional at the pow wow Saturday at the hospital.

STARTING YOUNG — Two-year-old Damien Beaulieu was one of the Indians participating Saturday in a sobriety pow wow at Brainerd State Hospital. Damien lives on the Red Lake Indian Reservation. (Dispatch Photos by Jim Carney)

INDEX

I. DEINSTITUTIONALIZATION ISSUES

1. There was resentment of the quota system of placement by numbers rather than individual need, even though most counties have met the quota.

2. Deinstitutionalization has to be an orderly process; services must be available in the community before placement is made. There will always be a need for the state hospital to care for persons with multiple problems - those that require services that cannot be provided in the rural setting.

3. A continuum is being developed in the treatment of chemically dependency. The admission process to the state hospital is easier and costs are lower. This particular outpatient unit covers a seven-county area, a radius of 45 to 50 miles. The Fergus Falls State Hospital "2 x 4 program" was praised as a cooperative effort - two weeks treatment in the hospital and four weeks outpatient in the community. We need follow-up data for continuum of care and it is difficult for anyone but the state system to carry this out.

4. Normalcy is the goal for the mentally retarded, therefore, the movement must continue for all the mentally retarded from the state hospital to group homes to SILS and to independent living facilities. We need flexibility so the state hospital can move into the community with consultation, therapy and other services.

5. We are often moving too rapidly to get residents out before the technology is there.

6. Society defines "normalcy". Some communities tolerate more "different" behavior than others.

7. Reimbursement under Waivered Services is the same for mentally retarded in state hospitals or community facilities, but this is not true for MI and CD. How is equal funding going to be provided?

8. The movement out of state hospital is not new - years ago we did this with geriatric persons and we saw many of those deteriorate because of lack of services and expertise.

9. Many persons moved out of the state hospital - particularly MI and CD - are in communities without adequate support systems; they are lonely, can't hold jobs, and there is no place for them to go and no one giving needed support.

10. Community facilities want the better residents so they "fire" troublesome clients. High level MR's with emotional problems or immaturity have no place to go. The community expects more of them than they can produce.

11. The major selling point in the struggle for funds is that the public will save a lot of money by bringing people into the community. This may be true for some, but what about overall costs? This argument puts the focus on cost containment instead of what is needed for a particular client. It is going to cost about the same wherever people are cared for if the same level of services are provided.

12. Group homes, DAC's and parents can strongly resist movement to less restrictive settings - the county has only one voice.

13. The Chafee Bill, S.2053. A parent presented copies of correspondence between Senator Durenberger and himself. The parent expressed his pleasure at the services and concern available at Fergus Falls State Hospital. He also said he supported community programs for those for whom it was appropriate, but he objected to the withdrawal of funds from state hospitals and other community facilities over ten beds. At the present time, most mentally retarded clients, whether in a state hospital or other community facility, have their care paid through Medical Assistance which includes federal, state and county moneys. Senator Durenberger replied his committee was having hearings on S.2053 and he was not convinced deinstitutionalization was appropriate for all. The parent also presented a letter from Melvin Heckt stating S.2053 was supportedy by a Governmental Affairs Committee of the ARC-US without prior approval of ARC Board of Directors or ARC delegates. Several parents agreed it had not been discussed prior to introduction to ARC meetings. They also opposed the bill. Mr. Heckt's letter strongly opposes the bill and lists nine reasons. "It (the Bill) incorrectly assumes costs are cheaper and living conditions are better for all retarded citizens in the community than in state or community institutions." A mother stated her daughter needs nursing care, therapy, couldn't walk when she went to Fergus Falls State Hospital but now she walks and has learned to feed herself. "For some, FFSH is a Godsend." (direct quote). She is 100% behind community facilities but stated, "We still need the Fergus Falls State Hospital." Other participants agreed.

14. Some concern was expressed with "clustering" or saturating a community with group homes.

15. R.E.A.C.H. is helpful for family of mentally ill, but we need half-way houses and support systems. The problem of re-occurence episodes of emotional disturbance are not dealt with because of this lack of support.

16. The MR clients who have been integrated into the community away from sheltered employment may get into part time jobs, but if they do, they are endangering their benefits even though they are not capable of competitive employment.

17. Although there has been good public acceptance of clients moving from DAC/sheltered workshops to communities, there are very limited employment opportunities in rural communities.

II. RULES AND REGULATIONS IMPACT ON COMMUNITY FACILITIES

1. Rules and regulations are out of line with what was intended when group homes were established. Requirements such as exit signs, denial of access to kitchens by clients, requirement of both sexes in the same home, requirements on furnishings and room sizes, etc. are not conducive to normal living conditions. "Nit picking" rules and regulations have caused a rise in cost and create a less than homelike quality.

2. We've had more experience with community facilities for MR. Now with Rule 3 and Rule 12 regarding community facilities for the mentally ill, a new area is developing. Let's learn from negative problems of rules and regulations for MR's to facilitate development of appropriate facilities for MI.

3. Licensing section should get in concert with the financial section. Economically, it costs as much for staffing a two-bed facility as a ten-bed.

4. There is a problem of different rules for different sized group homes.

5. The many survey teams that come into group homes, many doing the same thing, is a waste of time and taxpayers money.

III. BACK-UP ROLE OF FERGUS FALLS STATE HOSPITAL

1. We need a place like Fergus Falls State Hospital to take acute episodes. Without this the community would be more hesitant to take some clients.

2. Twenty-four hour, seven day a week availability and reasonable distance is a big factor for a back-up facility.

3. A representative from an organization that runs a number of group homes pointed out that a community facility is no better than the facility that backs it up. It may sound like a duplication of effort but the state hospital and the community facility have to work together. There has to be a cooperative effort to facilitate flow back and forth to meet the needs of the resident.

4. Many persons were not aware that respite care was available at the state hospital. The hospital needs to publicize that respite care is available to parents who need a break from the demanding routine of constant care of their retarded members. Some communities have this service but others have no place to go for relief.

IV. ADDITIONAL ROLES FOR FERGUS FALLS STATE HOSPITAL

1. There is a continuing need for training of clergy in chemical dependency, mental illness and mental retardation; counseling skills, etc.

1. The hospital can play a vital role in training group home staff to be med qualified; to become QMRP qualified, etc.

3. Provide audiology, speech therapy, occupational therapy, physical therapy, medical services to group homes that cannot provide that service. A central location of professional expertise could be readily available for community facilities. The state hospital should also provide satellite clinics throughout the seventeen counties to make these specialized services more readily available.

4. The State should utilize space in state hospitals by requiring state agencies in those towns to rent space there.

5. The possibility was raised of FFSH operating a satellite domiciliary program for chemically dependent in a vacant sanitarium in one of the northern counties. Another suggested possibility was that of the hospital operating satellites for half-way houses for MI and CD in areas where the county cannot afford to do so. Such a facility could serve several counties.

6. There is a lack of services for severely handicapped children 0-6 years of age. They need occupational, physical and speech therapy; audiology, diet management, feeding training, behavior management and other training. Many do not fit the criteria for admission to state hospitals. We need to change the law to permit establishing programs at the state hospital. Parents could be taught to continue this training at home.

7. We need the continuum of care for the elderly, also. They now live longer and present special problems. There are more demands from nursing homes for evaluations, consultations, training and medication related problems - another area where trained hospital staff could provide expertise.

8. It would be helpful to have one admission area for all disabilities at the Fergus Falls State Hospital.

9. A unanimous resolution was passed at one meeting that the present services are needed at FFSH and, indeed, more services such as those

outlined above, need to be provided. However, it was also mentioned at several of the meetings that the hospital should not become competitive with services provided by the communities. If a particular area's population is sparse and the necessary skills are not available, the state hospital should see to it that these services are provided.

V. PROXIMITY ISSUES

1. Regions I and IV are larger than the state of Rhode Island, which has one hospital. Even though Fergus Falls State Hospital isn't in our back yard, it is within a tolerable distance for families, agencies, staff and others.

2. County boards have gone on record opposing consolidating services to points more remote than Fergus Falls.

3. Aftercare and involvement of family are precluded by greater distance.

4. The close working relationship between Fergus Falls State Hospital and the counties has led to development of needed resources and programs in both, and will continue to do so so long as the proximity issue is not altered.

5. Fergus Falls, Moose Lake and Willmar have the lowest per diem of all the state hospitals - why talk of moving programs to higher priced state hospitals and, in addition, add costs to counties for additional travel time ($15,462 additional costs for 1983 would have been incurred by one county for MI only), as well as increased inaccessibility for clients and families.

VI. GENERAL CONCERNS

1. Money should be collected at the state or federal level but flow back to the counties to carry out programs. The state should set standards but not be in a dual role of setting standards, licensing and at the same time in competition with private facilities by operating community facilities.

2. The state hospital should develop a "pay as you go" economy. Part of collections should include amortization so they could have a fund for furniture, equipment and remodeling needs.

3. Concern was expressed at the very limited supervision of foster homes.

4. There is a problem of reimbursement for free-standing chemical dependency facilities vs. facilities affiliated with general hospitals.

5. The chemical dependency special programs at FFSH (youth programs, programs for women and long term programs) could not be run by a county or a group of counties because there are not enough clients; but the seventeen counties together have a sufficient need to warrant the programs at Fergus Falls State Hospital.

6. Commitment and admission processes and laws on return from provisional discharge are too cumbersome and often work to clients disadvantage in getting needs met.

7. Welch vs. Levine has done a disservice to state hospitals by painting them as a bad place. They are still the proper resource for many.

8. One person related his experience with a mentally ill family member who had been in private treatment facilities and then the Fergus Falls State Hospital. Accessibility, quality of care and costs at Fergus Falls made it the treatment of choice. The closer services are the more they are used. If not available, the person tends to deteriorate.

9. MHCA and Patients Rights emphasis have created difficulty in getting people with acute episodes admitted for short periods in a state hospital.

10. Counties feel the need for field staff that was abolished several years ago. They provided valuable liaison with DPW.

11. There is a lack of medical/psychiatric services in nursing homes and community facilities.

12. Community support project is good but they have no authority; they can only recommend such things as increased independence.

13. The young mentally ill are a big problem. Who's going to manage them in the community? The community gets upset if they do normal sexual things because of vulnerability.

14. We tend to be caretakers - we are not promoting self-sufficiency and normalizing.

15. The mental health centers are now private psychiatric services - fee for service. You do what you get paid for.

16. It would be unlikely that you could get consensus from seventeen counties on running a central facility - that is a state responsibility.

17. One county said they are meeting needs for community facilities, including Class B. They get pressure to admit from other counties when there is a vacancy but this presents the potential of that person becoming a burden to that county.

18. When there was a plan of moving MI's to another state hospital, there was no evidence presented to show treatment results there were any better.

19. Fergus Falls State Hospital is a pivotal point for chemical dependency for continuum of care in this area. FFSH is the only hospital with primary care for men, women, adolescents and long term as well as family program.

20. The changing laws - DWI, for example - chemical dependency is the crux of the problem for many youth. They need the type of service available at Fergus Falls State Hospital.

21. Many legislators and general public don't realize the impact that rules, court case and regulations have had on space at FFSH. At its high point of 2000 patients, there were 40 sq. ft. per bed. Now they must have 80 sq. ft. for multiple bed and 100 sq. ft. per single bed, so this cuts the potential population in half. Add additional requirements for kitchens, activity centers, living space and it helps get the "surplus space" issue into perspective.

22. Vulnerable Adult Laws inhibit getting clients into normalizing activities in the community because of the potential liability.

23. There is a need for respite care for those who keep their retarded at home.

24. Transportation in the community is a big problem, particularly for SILS people.

25. There is a need for an advocate or support person in the community to deal with a person's problems and intervene for him with his employer.

26. There is a lack of training for many group home staff. Too many staff are untrained in passing meds, recognizing side effects of meds, not really understanding the retarded or mentally ill persons. Some homes have a lack of activities, work incentive and occupational therapy; while others are too structured. Others felt the MR group homes are staffed with qualified trained personnel; the clients were kept active and training in independent skills was taking place. There are team meetings to evaluate and work with DAC's to make decisions on skills and training in the latter grouping.

27. FFSH is JCAH approved, meets ICFMR standards, all programs are licensed, and buildings are in good repair; so why spend money that is so short on new buildings? State and federal government want to get rid of high cost spending programs, leaving counties to pay more without the authority to tax.

28. It was reported by a participant that the admissions at FFSH have actually increased even though the census has decreased. This is due to decreased length of stay and increased community follow-up services. (See Appendix A)

29. The State presently does not allow enough flexibility for the state hospital to change to meet community needs.

30. As vacancies occur, group homes tend to admit from the community because those left in the state hospital are too difficult. There are presently thirty mentally retarded residents at FFSH referred for placement but facilities that can meet their needs are not available.

31. The legislation initiating this study implies that the state hospitals and communities have not been making satisfactory progress. This is not so. It has been an orderly process and there were strong feelings expressed at all meetings that progress will continue and there is and will be a need for both community facilities and the state hospital. (Question raised: Isn't the state hospital a community facility?)

32. A pediatrician stated that the stress factor on parents, foster parents and other family members caring for a severely mentally retarded member in their own home was so great it often results in family break-up and sometimes abuse. Respite care is needed in many cases.

33. The question was raised of whether or not this is a political issue. It was stated that people lose sight of the fact that approximately 85% of the state hospital budget is collected from other sources.

34. At all eight hearings, there were overwhelming and strong expressions of support and praise for the excellent programs at the Fergus Falls State Hospital by parents, community providers, consumer representatives, social services staff and others present; while at the same time, the need for additional services and continuation of the extension of community support services was strongly emphasized.

Submitted by Robert F. Hoffmann
Project Co-Director

RFH:fs

APPENDIX A

Statistical Information
Fergus Falls State Hospital

Population:

7-1-78		7-1-84	
Chemically Dependent	107	Chemically Dependent	132
Mentally Retarded	270	Mentally Retarded	230
Mentally Ill	120	Mentally Ill	101
	497		463

Admissions:

1976-77		7-1-83-84	
Chemically Dependent	892	Chemically Dependent	1474
Mentally Retarded	33	Mentally Retarded	28
Mentally Ill	319	Mentally Ill	375
	1244		1877

Informal Admissions for year ending June 30, 1984
Mentally Ill: 53.86% of all MI admissions were informal.
Chemically Dependent: 83.65% of all CD admissions were informal.

Dorothy Noren asked Gov. Rudy Perpich the question that was on all of the minds of those who attended a Thursday forum at the Fergus Falls State [illegible], whose late husband worked at the hospital, asked the [illegible] and he promised to close it. Perpich said in response that the Fergus Falls State Hospital was the only state hospital he had visited this year, and, turning to Commissioner of Human Services Leonard Levine, he said he "very embarrassed" if the Fergus Falls State Hospital was [illegible] closed. (Journal photos by Jack Kurtz)

Burner 'a plus' for hospital's future

By PEG KALAR
Staff Writer

Construction of a refuse burner to serve the Fergus Falls State Hospital would be "a real plus" for the hospital's future, Gov. Rudy Perpich said in Fergus Falls on Thursday.

Perpich and an entourage of state and local government officials told an estimated 1,000 people at the state hospital that the state backs Otter Tail County's construction of a burner at the hospital.

Project 500, Fergus Falls' economic development team, also got a boost from Mark Dayton, the state's commissioner of economic development. Dayton told the crowd that his office will facilitate the city's loan applications for Pacific Cabinet Corp.

Dayton also noted that a refuse burner would be an incentive for local industrial expansion since it could likely sell steam to other industrial users in addition to the state hospital.

Perpich and Dayton were accompanied by Leonard Levine, head of the state's Human Services Department, and Sen. Collin Peterson, DFL-Detroit Lakes. It was Peterson and Otter Tail County Commissioner Van Ellig who announced in June that state officials backed the idea of a burner.

Ellig and other local officials have been involved in extensive negotiations with the state since then.

Perpich noted that the community support shown yesterday for the state hospital, the investment in a refuse burner and the hospital's ongoing attempts to recruit a staff psychiatrist are all "positive steps."

"You don't do (those things) if you're going to close a place," he said.

Perpich, who said conversion to alternate energy sources is a high priority of his administration, added that he hopes other hospitals in the state system "take their lead from you."

Perpich fell short of saying the hospital would never be closed. He noted, though, that the Fergus Falls State Hospital is the first he has visited this year, and, turning to Levine, remarked that it would be "embarrassing" if the facility were shut down.

Both Perpich and Levine said the Minnesota Planning Agency should be able to complete the study of the state hospital system which is currently underway. State officials say there are now no plans to close any state hospitals.

Preceding Thursday's session was Bill Schwieger, president of Pacific Cabinet. The company is planning to relocate its corporate headquarters from Spokane, Wash., to Fergus Falls if the city can arrange a $7 million financing package.

Schwieger told Perpich after the press conference that Dayton's office has given his company "tremendous cooperation."

Although state and local officials support the idea of a refuse burner at the hospital, the county has not yet formally approved the construction of such a facility, and the state has not signed a contract to buy the steam.

After Thursday's comments by the governor, however, Ellig said construction of a burner could start in the spring of 1985, and garbage could be providing steam for the hospital by this time next year.

A burner could cost "in the vicinity" of $3.5 million, Ellig said, and how the county would finance that cost is still uncertain. A proposal is for a 92-ton per day burner, he said.

If the county could also pump steam to the industrial park for an industrial user, Ellig said, it would be a "nice carrot" for attracting industry.

Ellig said he expects that a contract with the state will be written within three months.

Plans for a city refuse burner at the state hospital fell through several years ago, in part because the state would not guarantee to buy steam. Local officials say the contract being discussed now would only commit the hospital to buying steam as long as the state owned or operated the hospital.

Officials say construction of a burner in Fergus Falls will not jeopardize the feasibility of a burner Otter Tail Power Co. plans to build in Perham. Otter Tail County and several adjacent counties could provide enough garbage to fuel both burners.

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Front Page

Union calls for state-run homes

By KATHY BERDAN
Staff Writer

The union representing state hospital employees called Monday for the creation of state-run group homes for the mentally retarded.

The union asserts that: Mentally retarded people in private group homes are abused 10 times more than their counterparts at state hospitals;

—State hospital employees are better trained to deal with the severely mentally retarded and the state has a better system to monitor their care and treatment;

—There is a need to have many state hospital residents in smaller, more homelike settings.

The American Federation of State, County and Municipal Employees (AFSCME) Council 6, AFL-CIO, said those are some of the reasons the 1985 Legislature should look into establishing state-run group homes. The union presented a position paper on de-institutionalization in a series of press conferences throughout the state today.

The state employees union feels the state is on the right track when it seeks to move more people out of state hospitals in the into the community, said Larry Odegard, assistant director of AFSCME Council 6.

The position paper "answers some very important questions in the obvious route the state is taking in regard to de-institutionalization," Odegard said in Fergus Falls. "Institutions themselves have

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become far more than just a warehouse for clients or residents."

But the state has overlooked its best resources in its institutionalization plans, Odegard said. State employees know how to provide services and the state can monitor programs.

Odegard alleged that state hospital employees can do the job better than a large majority of private providers. The state employees can also provide the service "at the same cost as in the past," he said.

It costs an average of $60.35 a day to provide for a resident at a state hospital, he said. The AFSCME report found that the cost in private facilities is $61 to $71.50 a day, Odegard added.

All state hospital beds are rated Class B, Odegard said, meaning they are suitable for the totally handicapped, as well as the mentally retarded. Of the nearly 1,800 beds in private facilities, only 750 are Class B, he added.

"Even though their (private facilities') costs are higher, they're not dealing with the difficult clients," Odegard said.

Private facilities have been "creaming," he said, "taking the very best out of the state hospital."

Residents who remain in state hospitals are often the type who require special care — the type private homes and staff are not equipped to deal with, Odegard said.

State-run group homes are working successfully in Rhode Island, he said. State employees are working in "small, homelike settings" with the state hospital acting as a hub in that state.

Rhode Island employees bid on the right to go out to the state-run homes to work, Odegard said.

There are some private group homes in Rhode Island, and the cost of the state-operated homes is higher because state employees receive a better wage, Odegard acknowledged.

"But we can prove, without a doubt, that the Rhode Island project works," Odegard said.

State-run group homes will place more responsibility on the state, but that's where the responsibility belongs, Odegard said. The state can ensure an adequately trained staff, monitor that staff and the facilities and reduce the chances for abuse and neglect, he added.

The 1985 Legislature would have to determine which of Minnesota's seven state hospitals would act as a pilot for the project.

Counties would still have some financial responsibilities in the group home, Odegard said.

The residents who went into community facilities "up until two years ago were relatively easy to deal with," Odegard said. Now, there are more emotionally distrubed residents to deal with and private facilities don't have the same staffing ratio as a state hospital.

Private facilities also don't pay as well as state hospitals, he said, adding that he knows of some private facilities that hire a couple to staff the house for a week — 24-hours a day — for approximately $3 an hour.

"My first day on the job, I was spit in the face," said Odegard, who worked for 16 years at the Cambridge State Hospital. "I'm not sure I'd do that for $2 an hour and, with meals are figured in, that's what some places pay."

Some private group homes also have 100 percent turnover in less than six months, Odegard said.

"Fergus Falls and the rest of the state hospitals have dedicated staffs that love their jobs, understand their jobs and stick with it because of job satisfaction," he said.

The mentally retarded are placed on an "auction block" when the county looks at the cost of care, Odegard said. Counties pick the cheaper option, and that's free enterprise, he added, but social workers and caseworkers have to monitor the facilities to ensure the care is adequate.

"Let there be free enterprise, but let the state participate," Odegard said. "Private facilities clearly are not ready for the type of client that remains in state hospitals."