

## PUBLIC PROCESS - TOWN MEETINGS

All nine scheduled town meetings have been completed. Over 5,000 people attended the meetings. The final project of the public process was an all day call-in which was held on October 16, 1984. The purpose was to provide an additional opportunity for Minnesota citizens to express their views regarding the future of state hospitals and any other issues related to the delivery of services to persons with mental illness, mental retardation or chemical dependency. Many callers were unable to reach us because the lines were constantly busy. The phone-in response was considerably greater than we had anticipated it would be; the total number of calls was over 200.

SUMMARY OF PROGRESS OF  
STATE HOSPITAL STUDY THE  
TOWN NESTINGS

Presented To:  
Long Term Health Care Commission  
October 17, 1984

Today's report will be presented by Miriam Karlins, Town Meeting Coordinator (consultant to the State Planning Agency) and Colleen Wieck, Project Manager.

Since our last report to the Commission on July 18, 1984, nine town meetings have been conducted at each state hospital area and the metropolitan area. Over 5,000 people have attended the town meetings. On October 16, 1984, a toll-free phone was available to gather final comments.

Here is a list of some major themes of the town meetings:

1. The state hospital is a home for the residents/patients. Some patients are rejected by the community.
2. The quality of care provided in a state hospital exceeds care provided in a group home.
3. Quality assurance in both the community and state hospital is a scandal according to witnesses.
4. People with mental retardation benefit most from living in the community and have a moral right to live in the community.
5. There is a conflict of interest when the state operates services and monitors itself. There is a conflict of interest when the members of the board of directors, who are local merchants receive a profit from the group home operation.
6. Repeated references were made to the American Psychiatric Association report on homeless and street people. Do not close a state hospital if some people become homeless.
7. Community programs were described as not available, more restrictive, not willing to accept some residents; patients, poorly monitored, underfunded, experiencing high staff turnover and needing the state hospital as a backup.

8. Some meetings accented the state hospital vs. the community arguments while others characterized the state hospital as a necessary partner with the community system.
9. Do not close another state hospital.
10. We must respect the decisions of families. If families choose state hospitals then that decision should be respected.
11. Parents and relatives fear a closing would put the family member farther away and reduce the number of visits.
12. Parents and relatives spoke about how the community could not serve their family members.
13. The economic impact on the communities was calculated by the local Chamber of Commerce and presented at each town meeting.
14. Staff members expressed concern about residents and patients. Staff were described as dedicated, hard working, loving, sincere, and committed to helping people. Specialized personnel should be doing more outreach services.
15. Judges, county commissioners, hospital administrators, school officials, sheriffs, and college presidents described the close working relationships developed with the state hospital. All indicated negative impact if a closure occurred.
16. There were some suggestions for the state hospitals on how to become better and more efficient.
17. Unique programs were described at each town meeting. Specialization exists for certain age clients and certain disabilities or client needs, for example, the Native American chemical dependency program at Brainerd and the Security Hospital at St. Peter.
18. The three population groups (mentally ill, mentally retarded, and chemically dependent) vary and are more dissimilar than similar. Decisions must vary by group.
19. There is no political consensus or political will to move on this issue because of conflicting interests.
20. The state does not have a deinstitutionalization policy.
21. Patients testified on both the positive and negative aspects of state hospitals.
22. Care is not available for poor people, especially psychiatric care.

# TALLY OF INCOMING LETTERS REGARDING THE STATE HOSPITAL STUDY

Parents/Relatives	36 - Keep Open	Former Patients	2 - Keep Open
Employees	7 - Keep Open	Concerned Citizens	14 - Keep Open
Business Concerns	6 - Keep Open	Voc/Tech School	1 - Keep Open
Clinics/Individual		Hospitals/Admini.	2 - Keep Open
M.D.S	4 - Keep Open	Nursing Homes	3 - Keep Open
Mental Health Ctr.	3 - Keep Open	Chambers of Commerce	2 Keep Open
DAC's	2 - Keep Open		
M N	1 - Close		

## County and Private Agencies - Keep Open

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Redwood County Welfare Dept.  
 Marshall County Welfare Dept.  
 Region VIII North Welfare Dept. (Lincoln, Lyon & Murray counties)  
 Lutheran Social Services - Brainerd  
 People, Inc. - St. Paul  
 Region 5  
 Renville County  
 Nicollet County  
 Stearns County  
 Sherburne County

Morrison County  
 Anoka County  
 Family Service Agency - Windom  
 Wadena County  
 Todd County

## City Councils Which Passed Resolutions to Keep Open

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Anoka  
 Brainerd  
 Faribault  
 Ironton

## County Boards which Passed Resolutions to Keep Open

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Lincoln  
 Kandiyohi  
 Chippewa

Judges (and the counties they represent) - Keep Open John Lindstrom -  
 8th (13 counties in western & central Minnesota) Clinton Wyant -  
 9th Aitkin

Larry Jorgenson- 9th (Resolution from assembled judges for the follow-  
 ing counties: Kittson, Koochiching, Roseau, Marshall, Itasca, Lake of  
 the Woods, Cass, Beltrami, Polk, Pennington, Aitkin, Hubbard, Red Lake,  
 Crow Wing, Norman, Mahnommen, and Clearwater.)

Legislators - Keep Open  
 Doug St. Onge Clarence  
 Purfeerst

## Advocacy and Provider Groups

ARRM - Close  
 Mental Health association of Minnesota - several should close.  
 Mental Health advocates Coalition of Minn, Inc. - Keep Open

Anti Waiver from Faribault Community  
 48

AS OF OCTOBER 15, 1984, APPROXIMATELY 137 IN SUPPORT OF KEEPING STATE  
 HOSPITALS OPEN and 3 IN FAVOR OF CLOSING.

The input from the town meetings will be used as follows;

1. An official transcript has been prepared for each meeting. Legislators may request copies from the State Planning Agency.
2. A summary of the themes from each town meeting has been prepared and will be assembled into a technical report.
3. In the final report, a summary of the major issues addressed at all meetings will be presented.
4. Any ideas or suggestions emerging from the town meetings will be incorporated into reports whenever appropriate. Several questions have been raised which are useful in analyzing any policy options presented to the Legislature.