POLICY ANALYSIS SERIES

ISSUES RELATED TO STATE HOSPITALS / NO. 5

PUBLIC OPINIONS ABOUT STATE HOSPITALS

I. INTRODUCTION

One part of the 1984 legislative mandate to the State Planning Agency was to carry out a public process to provide citizen input regarding the future of state hospitals and the delivery of services to persons with mental illness, mental retardation and chemical dependency:

> The plan shall provide specific direction with respect to the following....methods for involving the following groups in the planning process: parents and guardians of hospital residents, community business and economic leaders, advocates, community providers, units of local government, and affected exclusive representatives (Chapter 654, Section 19, Subdivision 4).

To accomplish this task, the State Planning Agency held a series of nine town meetings throughout the state, plus a toll free "call-in" day. The overflow attendance at the town meetings, the amount of media coverage, the local publicity and activities, the continuous phone calls on call-in day and the number of individuals and groups involved are indications that the "public process" was successful in obtaining public opinion. In addition, letters and resolutions were encouraged by the State Planning Agency. These letters have been tallied since the project began.

The State Planning Agency also sent periodic "Dear Colleague" letters to over 2,000 people in an effort to provide updates on the status of the study and plan.

II. METHODOLOGY

The enabling legislation directed the State Planning Agency to develop a plan for public process. Each component of the public process will be outlined in this section.

A. To conduct 9 town meetings (one in each area of the state served by a state hospital, plus one in the metro area).

1. Convene a meeting of 28 statewide organizations, associations and agencies with knowledge, interest or responsibilities in the fields of mental illness, mental retardation and chemical dependency for the purpose of:

   a. Providing a statewide network of contacts who would be informed of and assist with the town meetings.
   b. Receiving up-to-date mailings.
   c. Disseminating information to their membership through meetings, mailings, and publications.

   Steps:

   a. Determine place, date and time of statewide meeting.
   b. Determine list of invitees.
   c. Telephone invitees to explain purpose of meeting, place, date and time.
   d. Followup phone call with letter of confirmation.
   e. Hold statewide meeting on June 20, 1984.

2. Convene local planning committees for each of the nine town meetings.

   a. To determine time, place and date of the town meeting.
   b. To obtain local input.
   c. To select contact person for handling local arrangements.
   d. To discuss publicity.

   Steps:
   a. Phone the Chief Executive Officer of each state hospital to establish date and place of planning meeting and attendance.
   b. Follow up with confirmation memo.
   c. Contact certain statewide committee members for names of local representatives to serve on local planning committees.
   d. Contact local organization representatives - inviting them to attend local planning meeting.
   e. Hold local planning committee meetings, July 10 - 25, 1984.

3. Determine program for town meetings.

   a. Determine format and presenters.
   b. Develop programs for distribution for each town meeting.
   c. Contact selected statewide committee members for name of organizational/agency representatives to serve as resource persons at town meetings.
   d. Invite local organizational/agency representative to serve as resource at town meetings.
   e. Contact legislators for brief comments at town meetings.
   f. Conduct town meetings, August 22 - October 9, 1984.

4. Publicity and public relations.

   Steps

   a. Develop and distribute statewide, newspaper, radio and TV releases (677) regarding State Planning Agency study and town meetings.
   b. Develop and distribute media releases for local state hospital areas.
   c. Arrange for court reporter at each town meeting.
   d. Send letters of thanks to persons and organizations for cooperation and assistance.
   e. Maintain press file of all newspaper coverage.

5. Conduct the town meetings.

   a. Set up registration tables and staff with volunteers.
   b. Distribute programs.
   c. Convene the meeting.
   d. Provide background for the study and town meetings.
   e. Provide legislative background.
   f. Provide description of studies.
   g. Open the meeting for comments allowing no more than 3 minutes per witness. Witnesses did not need to identify themselves.
   h. Receive transcript from court reporter.

B. To sponsor a one day "toll free call-in" day.

1. Make arrangements with the Department of Administration to handle a call-in day through the State switchboard.

2. Announce the call-in day at all town meetings and place information on town meeting program.

3. Distribute special press release about the call-in day.

C. To maintain a file of all letters and resolutions sent to the State Planning Agency on the State Hospital Study.

1. Record all letters received and summarize the essence of the message.

2. Prepare a tally of letters.

3. Encourage additional letters through the "Dear Colleague" letters.

The following table provides a calendar of events regarding the public process followed by Miriam Karlins, town meeting coordinator and consultant to the State Planning Agency.

TABLE 1

CALENDAR OF EVENTS

Date	Task
May 1	Consultant met with Project Director to discuss the public process aspects of the 1984 legislation authorizing the State Planning Agency to conduct studies and develop plans relating to the future of state hospitals. It was decided to utilize the town meeting method along with media coverage, mailings, and other forms of publicity. In addition, numerous organizations/agencies/associations, representing various groups with interest and involvement in the fields of mental illness, mental retardation and chemical dependency would be involved in the planning and dissemination of information regarding the town meetings.
May-June	Preliminary visits were made to each of the eight state hospitals with State Planning Agency Director and staff (plus others) to discuss the studies and town meetings and to solicit cooperation.
June 20	Planning meeting was held in Minneapolis with representatives of 28 statewide organizations/associations/agencies.
June 22	State planning committee members contacted by phone to obtain names of local representatives to serve on local planning committees.

TABLE 1
(continued)

Date	Task
June 28	Letter sent to members of state planning committee containing names of those present at the June 20th meeting and the schedule for local planning meetings.
July	Local planning meetings were held in the 8 areas of the state served by the state hospitals, plus one in the metro area.

Fergus Falls	July 10
Brainerd	July 11
Moose Lake	July 12
St. Peter	July 13
Willmar	July 16
Faribault	July 18
Anoka	July 20
Cambridge	July 20
Metro Area	July 23

August 1	Contacted selected members of state planning committee for names of members to serve as resource persons at town meetings.
August 2	News releases regarding town meeting dates and background information sent to all media in the state for release on August 8th. Special news releases prepared and sent to local town meeting communities. (Statewide news releases: 369 newspapers, 41 TV stations, 167 radio stations and 100 organizations/associations/ agencies.)
August	Letter sent to all planning committee members notifying them of the town meeting dates and locations. Also included were copies of the news releases and the third "Dear Colleague" letter.
August	Letters sent to appropriate persons, thanking them for the use of their facility (free of charge) for the town meeting.
August	Arrangements made, through local contact persons, for microphones, registration volunteers and other details in connection with the town meetings.
August	Arrangements made for court reporter at each meeting.
August	Town meeting programs finalized.

TABLE 1
(continued)

Date	Task			
August/ Sept./ October	Town meetings scheduled:			
	Aug. 22	Cambridge	Elementary School	7-9:30 pm
	Aug. 29	Faribault	Jr. High School	7-9:30 pm
	Sept. 6	Anoka	City Hall	7-9:30 pm
	Sept. 13	Willmar	Central Off. Bldg.	2-5:00 pm
	Sept. 17	St. Peter	High School	7-9:30 pm
	Sept. 24	Brainerd	High School	7-9:30 pm
	Sept. 25	Detroit Lakes (Fergus Falls)	Area Voc. School	2-4:00 pm 7-9:00 pm
	Oct. 3	Moose Lake	High School	1-3:00 pm
	Oct. 9	Metro Area	Prudential Life Insurance Co.	7-10:00 pm

Oct. 16 Toll Free call-in day

III. RESULTS

Over 5,000 people attended the town meetings. In addition to individual, interested citizens, 80 separate organizations were identified. Table 2 provides a complete, unduplicated listing of the 80 organizations. Table 3 provides information about each town meeting including the number of counties in attendance, the number of organizations represented and the registered attendance.

On October 16, 1984, a toll free call-in day was held from 7:30 am to 5:00 pm. 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. There were 202 phone calls. Of that number 174 favored keeping state hospitals open, 21 favored community facilities, and 7 callers expressed concerns, suggestions, and criticisms. Of the 174 favoring state hospitals, 23 callers also expressed support for community programs.

TABLE 2

ORGANIZATIONS REPRESENTED AT TOWN MEETINGS

1. Community hospitals
2. Local businesses - banks, restaurants, retail stores, etc.
3. Schools - local, district
4. Clinics
5. Family services
6. County government
7. City government
8. Residential alternatives
9. Group homes
10. Political representatives
11. Developmental achievement centers
12. Association for Residences for Retarded in Minnesota
13. State legislators
14. Congressmen (Oberstar)
15. Mental Health Association
16. Association for Retarded Citizens
17. County planning commissions
18. Chambers of Commerce
19. Womens clubs
20. Hospital auxiliary
21. Volunteers
22. Department of Human Services
23. Exclusive bargaining representatives: MAPE, AFSCME, MNA, SRSEA, MMA
24. Education association
25. Lions Club
26. City Council
27. County Human Services Department
28. Regional Development Commission
29. Newspapers, radio, TV
30. American Association on Mental Deficiency
31. Moose Lake Coalition of Concerned Citizens
32. Association of Health Treatment Professionals
33. Consumers (patients and former patients - clients from group homes)
34. County welfare board
35. Foster Grandparents
36. Churches
37. State Services for the Blind
38. County assessor
39. Art Center
40. Boards of residential homes
41. Jaycee Women
42. Carpenters Local 1840
43. Parents and relatives of residents/patients
44. State Planning Agency
45. PIRC/COACT

TABLE 2
(continued)

46. Mental Health Advocates Coalition
47. MN School for the Deaf, MN Braille School
48. Bethlehem Academy
49. Laura Baker School
50. County commissioners
51. Judges
52. Lawyers
53. Physicians
54. Social workers
55. Occupational therapists
56. Realtors
57. Masonic Lodge
58. Libraries
59. Department of Economic Security
60. Division of Vocational Rehabilitation
61. IDS/American Express
62. Regional care center
63. Mental health centers
64. Insurance companies
65. Cooperatives
66. Sheriffs
67. Public health
68. Power companies
69. County Social Service staff
70. State hospital staff
71. Colleges
72. Vocational technical schools
73. Alcohol treatment centers
74. County court
75. Health systems agencies
76. Physical therapists
77. Fire departments
78. Chiropractic clinics
79. Legislative Audit Commission
80. Police Departments

TABLE 3
ATTENDANCE AT TOWN MEETINGS BY LOCATION

State Hospital	Counties	Organizations	Approximate Attendance
Anoka	Not Included	20	260
Brainerd	9	85	1,500
Cambridge	13	36	425
Faribault	21	59	750
Fergus Falls	11	29	300
Moose Lake	Not Included	68	605
St. Peter	14	40	550
Willmar	19	52	350

Also within the 174 calls, there were specific hospitals mentioned that should remain open:

Fergus Falls	52
Faribault	25
Willmar	13
St. Peter	12
Cambridge	7
Anoka	5
Moose Lake	4
Brainerd	3
Opposed Rochester closure	2

Finally, there were 433 letters received about the state hospital study. The breakdown is as follows:

Pro state hospitals	117
Neutral	15
Pro community facilities	121
Opposed to waiver	49
Against state operated community facilities	131
	433

The remainder of this report will summarize the messages received from the town meetings and the call-in day. A summary of the letters received will be available for review at the State Planning Agency.

Part A will provide a summary of the town meetings. Part B will summarize the call-in day.

A. Town Meeting Summaries

On the following pages are summaries of the statements given at each town meeting.

The order of the meetings is alphabetical, not in order of meeting dates. The statements are categorized by resident/patient issues, economic impact issues, employee issues, quality issues in the community, ideas/comments, and quality issues of state hospitals.

The statements provide the essence of the testimony. There is no attempt to separate opinions from facts.

In reading the town meeting summaries, it is important to keep several things in mind:

1. With the exception of Detroit Lakes and Metro, each of the town meetings was held in the same community as the state hospital.

2. The state hospitals and the communities in which they are located feel threatened by the possibility of hospital closure.

3. Many staff, patients, families, and local citizens strongly believe the state hospital provides the best cure and treatment for the present populations in them.

Because of these factors, the majority of comments and concerns expressed at the town meetings were pro-state hospital and since this report is an objective, factual accounting of what actually took place, most of the content reflects that pro-hospital sentiment. Individuals who did not want to speak at town meetings were encouraged to send letters.

Complete transcripts of the town meetings are available for review at the State Planning Agency.

SUMMARY OF STATEMENTS
ANOKA TOWN MEETING
SEPTEMBER 6, 1984

1. Patient Issues

A. Don't close down the state hospitals. We need a place for the patients. Patients are making progress in treatment programs.

B. A patient observed that the system could change; security is a problem at Anoka State Hospital; stealing is a problem; group therapy isn't helpful; groups are boring; stealing should stop. Need group sessions on reducing stealing.

C. Commitment laws must change because it is almost impossible to commit someone.

D. Make more beds available at the state hospitals for mentally ill people. Do not close or reduce.

E. Homeless people were originally discharged from state institutions.

F. Suicide stories usually state that the person was a former patient. Why was the mentally ill person prematurely discharged? (Rebutted by others who said suicide can be committed by non-mentally ill people.)

G. It should be easy to admit people; revolving door is to be expected because mental illness is chronic and acute by nature.

H. If you are mentally ill and dangerous and committed to a state hospital, but then you become no longer mentally ill, you should be discharged according to a Minnesota Supreme Court decision. The Department of Human Services has not complied with this Supreme Court decision.

I. A state hospital should be for people who really need it and are seriously ill. Anoka State Hospital should stay open; Anoka has excellent food; staff really care. Close the other hospitals - Fergus Falls, Faribault, and Moose Lake.

J. People are at Anoka State Hospital because they become sick; they are not born sick. Anoka State Hospital gives help. Not everyone can leave. Anoka State Hospital should stay open.

K. Anoka State Hospital helps chemically dependent people. Treatment is a miracle of God. Need treatment centers like

Anoka State Hospital because people have no money for St. Mary's and Golden Valley. Insurance pays for private treatment. Need hospitals and treatment to get back to mainstream. St. Peter State Hospital has no family contact and so you are in isolation.

L. An Anoka State Hospital "graduate" said he was a recovering alcoholic and a "walking miracle." Don't shut down Anoka.

M. Do not send people far away. Moose Lake isn't the place. It's too far away.

N. What would happen to the patients if Anoka State Hospital closed? Where would the patients go?

O. Conditions aren't the greatest. Anoka State Hospital needs more money to make it a real hospital.

P. Don't close Anoka State Hospital because of patients, not jobs. Patients get well at Anoka State Hospital.

Q. Patients need work, jobs. They need more support and help.

R. A chemical dependency patient expressed gratitude to Anoka State Hospital for another chance. Anoka is a unique program and is close to metro area to allow family proximity. Would hate to have to go to Moose Lake. After-care and halfway houses are very important. I need Anoka State Hospital.

S. For some people, Anoka State Hospital is the last stop before the cemetery. No money, no jobs and need help. Waiting list is long at Anoka State Hospital. Employees are dedicated, money is the question. Where is the surplus money of the state going?

2. <u>Alternative Uses</u>

A. Bring the nurses' dorm up to code and use as a halfway house. Do more training to make mentally ill people more independent. Reduce the revolving door syndrome.

3. <u>Economic Interests</u>

A. Jobs for employees should not be a concern because hospital employees can find work; they are able-bodied. The effect on the community should not be a concern because agriculture is the number one concern of Minnesota.

4. Staff Concerns

A. Anoka State Hospital has the finest staff. Other states should come and study our state.

B. Anoka State Hospital is excellent. Staff is the best. They are career people who are dedicated. Staff at Faribault State Hospital are caring, dedicated, and enthusiastic. Staff have to work very screwed-up schedules. We (the staff) love the patients.

C. As a staff member for the past 3 1/2 years, I am impressed and proud. We have been studied and recognized as a leader. Proud of "patient rights." You need to be dedicated to be a staff member. Biggest problem is misconceptions about mental illness and state hospital stereotypes. I personally love the patients.

D. Consideration must be given to employees because they are dedicated and the greatest resource.

E. Staff work with people who are extremely upset at not seeing family members - one patient hasn't eaten in 2 weeks because her brother can't see her. If she goes to Moose Lake, no one will see her. No one would be willing to have a halfway house next door.

F. The staff are the best they can be.

5. Community Quality Issues

A. Turnover can be as high as 150% in community facilities.

B. No problem with concept of deinstitutionalization but has doubts about community alternatives such as Rule 36 facilities. There is no R36 home in Anoka. R36 homes want stable people who do not assault and are not psychotic. Private hospitals discharge people. Insurance discriminates against mentally ill people. Don't talk closure, instead discuss "improve, expand, and make better."

C. There are lots of therapies for patients. If they go to the community, therapies aren't available. If therapies are available, much higher cost.

6. Ideas

A. Open up the 4 buildings that are currently vacant and help more mentally ill people. Same idea was mentioned at least 10 times by different speakers.

B. Use the term "patient," not "resident." Use the term "hospital" not "campus." Chemotherapy is the best treatment.

C. Increase the number of halfway houses and chemically dependent outpatient services.

D. Anoka State Hospital could become a hotel or motel because it has locked doors, single rooms, and double rooms.

E. "Progress toward greater good so we can know if all is going as it should." Statement presented by current patient.

F. Anoka State Hospital is part of the continuum. The problem is competition between institution and the community. The State Legislature must increase funds for counties to have R36 facilities. The state hospital vs. community argument needs to be eliminated. Stigma is an issue. People surrender rights to receive care.

G. More volunteers are needed at Anoka State Hospital. The community must work for change.

H. Anoka County has budgeted money for a Rule 36 facility. The priorities of CSSA may not be mental illness. Tax money is a problem.

I. Everyone should go stay at Anoka State Hospital for one month and see if you can get help - see if you get better or worse. Go try it out.

J. Legislators should go look at Anoka State Hospital at 8:00 pm and see how it works. More staff are needed.

K. More effort must be made in preventing mental illness in childhood and adolescence.

7. <u>Other</u>

A. If you close a state hospital, you are banning the people and saying "we don't want you."

B. A hospital has "pills, appliances, needles, and medications." Drugs kill people.

C. The League of Women Voters studied Anoka State Hospital in May, 1981. The conclusion was that Anoka State Hospital is a benefit to the community. Anoka State Hospital would be missed. The patient issues were not adequately considered in this study.

D. Anoka State Hospital is the "neatest and goodest" hospital. All over the world, people should have the best they can have. Need to reduce the number of runaways and AWOLS and get the place back to normal.

E. Frequent studies of state hospitals do little good for morale of staff.

F. Does Anoka State Hospital have an advisory committee on mental illness? Answer was "yes."

G. What happened to the Rochester State Hospital patients? Answer: Everyone was assessed. Chemical Dependency program closed by ending admissions. Mentally retarded persons transferred to other state hospitals. Mentally ill people were transferred to Moose Lake or community facilities. The Rochester closing was very abrupt and disruptive.

H. Legislative bills were introduced in 1979, 1980, 1981, and 1982 to close Anoka State Hospital. Anoka State Hospital wasn't doing the job and that's why bills were introduced. But then Anoka State Hospital changed. Hired best CEO and Medical Directors and with cooperation of the Department of Human Services, great improvements have been made. There's never been a time for greater need in caring and handling of people. The state hospital has the care, love, and skills.

SUMMARY OF STATEMENTS
BRAINERD TOWN MEETING
September 24, 1984

1. Resident/Patient Issues

A. We must change the orientation of the state from concern about numbers and the "auction block approach" where clients go to the lowest bidder.

B. Closure is an economic and human catastrophe.

C. American Psychiatric Association report on homeless people was discussed.

D. Economic interests aren't contradictory to quality of care interests for patients.

E. During the 1981 strikes, the patients were very afraid that treatment would end. The patients are terrified if Brainerd State Hospital closes. Mentally ill people need a base of support.

F. The patients are special people with special needs. Needs cannot be met in the community. "Cream of the crop" clients are in the community.

G. The number of homeless people total 1.5 million in the U.S. Many are from institutions.

H. The state hospital is not archaic. The state hospital provides a home for profoundly mentally retarded people. The state hospital provides as much care, love, and concern as group homes. Uprooting people is cruel.

I. A representative from the Red Lake Indian reservation talked about the concerned and caring staff at Brainerd State Hospital. In 1955, it became legal for American Indians to drink alcohol. The Native American chemical dependency program is excellent at Brainerd State Hospital. Keep open.

J. Brainerd State Hospital provides excellent care for patients.

K. The needs of the residents/patients should determine placements. Brainerd serves severe medical and behavior problem people.

L. Don't use innocent people who can be exploited as guinea pigs.

M. A former chemical dependency patient spoke about how the program saved him from death. Four reservations surround Brainerd State Hospital and Brainerd is needed by all four to provide "light at the end of the tunnel."

N. A mother of three mentally retarded daughters (two live at Brainerd State Hospital) spoke about the lack of services in Cook County. Brainerd State Hospital provides good programs.

O. A patient released from Rochester State Hospital was described as in terrible physical and emotional state because she couldn't take care of herself in the community.

P. Individuals have been helped by Brainerd State Hospital.

Q. A Leech Lake chemical dependency counselor offered himself as proof that for 30 years he was lost in the world. He went in and out of Brainerd State Hospital. Now he has succeeded because Brainerd loved him.

R. A parent from Maryland sent a letter offering support for Brainerd State Hospital. His son has been at Brainerd for 19 years and is profoundly mentally retarded with an IQ of 10. He is also severely physically disabled. Brainerd State Hospital is the least restrictive environment for his son. No group home would meet his needs. Community accepts mildly retarded residents, not profoundly retarded residents.

S. Some patients need protection from the community because of teasing/taunting by the community.

2. <u>Economic Impact</u>

A. Volunteers contribute $250,000 a year in volunteer time, in-kind services, and goods. Volunteers get satisfaction from giving time.

B. Closure is frightening because of economic development problems. Rural areas are different than closures at Rochester/ Hastings. Scorpion and the railroad have left or reduced number of jobs.

C. The U.S. Chamber of Commerce estimates that if 100 new jobs are created then there is $1.7 million more personal income, $1 million in retail sales, 1 new store, 64 non-manufacturing jobs, 79 more school children, 351 family members, and 100 new families. If 100 jobs are lost then reverse these estimates.

D. Brainerd looks like a robust area but it really needs more jobs, more new jobs. The area isn't as affluent as the tourists who come here. Brainerd State Hospital is a year-round work force (They are here during the 9 months when the State Planning AGency is not here).

E. There are 10-20% more homes on the market this year compared to last year. If Brainerd State Hospital closed there would be 200-400 homes on the market. All homeowners would lose.

F. The 160 acres purchased for Brainerd State Hospital cost $12,000 rather than $50,000 so the owner could have a $38,000 write off.

G. The paper mill employed 702 people in 1970 and 696 in 1984. The railroad employed 640 people in 1970 and 210 in 1984. The state hospital employed 812 in 1970 and 700 in 1984. The current unemployment rate is 8.4%. In case of closure the unemployment rate will increase to 12%.

H. Don't forget volunteer time and money in calculating economic impact.

3. Staff

A. The staff were cited as dedicated and providing superior care which was more important than economic issues.

B. The staff provides excellent quality of care.

C. The state has an investment in the leadership and staff at Brainerd State Hospital.

D. The quality of employees is very high. Employees are a real bargain.

E. Employees care about their jobs and patients/residents.

4. Interrelationships With Other Programs

A. The commitment process is a good system to screen those who need to enter the state hospital. State hospital treats people. Noninstitutional services can't help people in the same way as state hospitals.

B. If Brainerd State Hospital closes, the local nursing homes cannot be considered placement sites. Reasons: (1) at capacity, (2) cannot serve patients, (3) inadequate reimbursement, etc.

C. All the sheriffs in the area support Brainerd State Hospital. Brainerd is the best in the state.

D. Brainerd State Hospital provides dozens of services for the community. For example, state services are provided by DNR, Highway Patrol, etc. Brainerd State Hospital is vital, well established, and well known. Crow Wing County Commissioners' resolution supporting Brainerd was passed and read aloud.

E. Letter read from a judge regarding chemical dependency offenses. 370 people were committed, 50 were from Crow Wing County. You can't calculate the costs of death prevented from treatment.

F. Two judges in Crow Wing County spend 2 days a week on commitments. No judge supports the current commitment act. It criminalized mental illness and chemical dependency because a trial is required. The community cannot handle the clients. We must increase and improve our state hospitals.

G. All handicapped children are served by Brainerd school system including 14 students with severe behavior problems from the Minnesota Learning Center. The school and state hospital have a responsible, cooperative, sophisticated relationship that provides quality programs.

H. A one-third reduction in state hospitals will mean $600,000 loss to Brainerd schools.

I. The criminal justice system uses Brainerd State Hospital for chemical dependency and mental illness programs. Brainerd State Hospital provides evaluation and treatment, both are needed services.

J. A local developmental achievement center director stated that Brainerd State Hospital provides outreach, technical assistance, and followup in the areas of behavior management and work programs.

K. The Brainerd community college provides graduates who become state hospital employees. Students train as interns. Community programs are fragmented and dilute professional help. The state hospital provides monitoring, diagnosis, assessment, and professional specialities.

L. Sheltered Employment Services receives 66% in state funds, 115 people served with a total budget of $250,000. The community can't serve all types of disabilities. Community services are not utopia. Community can't serve all people.

5. Unique Programs At Brainerd

A. Brainerd State Hospital: (1) Provides full range of choices, (2) MLC is world known, (3) Community isn't ready, (4) Brainerd has a no reject policy, and (5) Will always be needed.

B. Brainerd is the newest state hospital. It is more modern and more up to date.

C. The health care provided at Brainerd State Hospital cannot be matched in the community.

D. The Brainerd State Hospital nurses have a total of 316 years of experience and a total of 160 years of experience with mental retardation.

E. Brainerd State Hospital has access to several health services. The goal should be access and access should not be reduced because of closure.

F. A social worker from Beltrami county provided several statistics on use of chemical dependency programs. There were 126 admissions to chemical dependency programs, 103 from the Red Lake reservation last year. This year there have been 103 admissions, 73 are Native Americans. The distance to travel to Moose Lake or Fergus Falls would be 300 miles compared to 205 miles for Brainerd. The distance for individuals from Red Lake would be 70 additional miles. By closing Brainerd State Hospital, the county would spend more money, refer fewer people, and use more staff time. Brainerd's chemical dependency program is excellent.

G. The chemical dependency program is family oriented. If successful, the program helps reduce abuse and neglect. There is a 70% success rate with the Native American chemical dependency program compared to 33% success with the old program.

H. The state hospital provides a holistic approach to treatment especially chemical dependency.

I. A chemical dependency counselor for the Native American program asked that an entire building be given to the program rather than one wing. This program needs to be expanded to adolescents and an extended care unit could be added.

6. Quality Of Community Programs

A. Morrison County doesn't provide for mentally ill people in the community. A group home operator receives $10.00 a day for serving mentally ill people.

B. Shifting care to the community diminishes the focus on health care. Some private homes have no licenses and no inspections. If not trained then there is abuse. The public health nurses cannot serve large numbers dispersed in the community.

C. Intense training programs cannot be replicated in the community. Brainerd State Hospital is a dynamic not static program.

D. Need an objective analysis of people in community. How many are better off? How many are sacrificed? How many are happier?

E. A house does not mean better care.

F. A priest spoke of a friend who died trying to make the group home concept work. The deceased group home operator was worn down by licensing, training, turnover, and neighbors.

G. Group homes have high turnover.

H. Group homes can't provide the same level of care as a state hospital.

7. Other

A. There is no justification for closing any state hospital.

B. State hospitals are better and cheaper than community care.

C. This study is a bi-partisan issue/review. This study is not an indictment. Brainerd State Hospital is well respected.

D. The State Planning Agency seems to be assuming that deinstitutionalization is a good thing.

E. Nurses from the state hospitals can work with public health nurses to provide health care coverage to people in the community.

F. Camp Confidence serves anyone in Minnesota. It is a year-round camp valued as a $1 million investment ($650,000 actual amount). The initial construction was $30,000.

G. We need to extend aftercare for people who leave state hospitals.

H. Brainerd welcomed the state hospital with open arms in the 1950s. The community respects and admires the residents.

I. Brainerd is a "hospital in name" and a "home in character."

J. The state cannot relinquish its responsibility.

K. The state hospital has to be viewed as the base of support.

L. For every person that testifies there are ten who do not. The State Planning Agency should keep that in mind in considering testimony.

M. Questioned the role of work for mentally retarded people. The concern of normal people is leisure. Work isn't for everyone. More to life than employment. Why is the Developmental Disabilities Program of the State Planning Agency pushing employment for retarded people?

N. The Legislature should improve quality of care, increase efficiency rather than degrade quality and efficiency.

O. There are other issues to be addressed. The State Planning Agency should schedule more meetings, especially to hear community concerns.

SUMMARY OF STATEMENTS
CAMBRIDGE TOWN MEETING
AUGUST 22, 1984

1. Resident Issues

A. State hospitals provide quality service.

B. The state hospital has been home for some residents - do not move them.

C. Do not shuffle people from one state hospital to another because family visits are reduced if distance is increased.

D. Some residents need constant medical care. Physician services aren't available in group homes (30% of CSH residents have severe convulsions and can die without medical intervention).

E. Cambridge State Hospital is a community-based facility. We (the community) accepted Cambridge State Hospital as part of us and now the state is abandoning us. The state has a responsibility to us.

F. Why are children being admitted to nursing homes rather than State Hospitals? County gave testimony that the Department of Human Services policy was to place medically fragile children in nursing homes.

G. The state hospital could be opened to other disability groups.

H. Mentally ill people are being pushed around. There is a lack of community resources for mentally ill people.

I. There are lots of people who do not "work out" or adjust in the community. Make sure there's a place to go if the placements do not work out.

J. There are residents who return to the community and the experience is good. For others the experience is bad. One person lives in a nursing home and goes to Milaca to the DAC. He is very unhappy. There are financial and emotional problems in relocation.

K. Cambridge State Hospital is a good place. There is love here.

L. A song was recited about a woman (Mary) who was moved to the community and died. How many other Marys will be killed because of deinstitutionalization?

2. Economic Impact of Any Changes to the Local Community

   A. There is a partnership between the state hospital and community.

   B. Concern about industrial growth, loss of employment, etc.

   C. Will the State Planning Agency be willing to buy homes if Cambridge State Hospital closes?

   D. A realtor stated that with 850 employees, there may be 100 homes for sale. That number will dilute the market and reduce the price; it will be disastrous to the market.

   E. There will be a big economic impact; be fair about treating economic impact.

3. Increase the Efficiency of State Hospital System

   A. Shared administration - Cambridge and Anoka State Hospitals share a CEO and this can be replicated.

   B. Take care of Anoka waiting list of mentally ill people at other state hospitals.

   C. Cooperation exists between education system and state hospital system.

   D. Keep all state hospitals open but shrink them. Do not close, make them smaller.

4. Employee Concerns

   A. Relocation and its effects on the school system and community will be very important.

   B. A lot of dedicated people work at the state hospital.

   C. AFSCME workers can do a better job in any place in any setting. Don't take us out of our jobs.

   D. I am a single parent who needs a job; a full-time job with pay equal to Cambridge State Hospital salary. I enjoy working with residents.

   E. The direct care staff has an attachment to the residents. We are a surrogate family. Residents cannot refuse community placement because they cannot communicate their desires.

F. State hospital staff work with "tough" folks. Staff are good and have increased their skills. Don't lose this resource.

5. School District Concerns

A. Students have parents who work in state hospitals.

B. Local district provides program for 40 - 50 special education students at Cambridge State Hospital.

C. Twenty-five staff are employed by district for special education program for Cambridge State Hospital.

D. State hospital houses special education cooperative offices and staff.

E. Any change affects planning and bonding of schools.

F. Decline in school affects aids and number of teaching staff.

G. Look at ancillary programs such as nursery school.

6. Legislature/Legislation and Closure

A. The declining number of patients/residents will require closure of one or two state hospitals.

B. Planning must precede the next closure because a decision will be necessary in the future.

C. This is the first attempt to plan for employees and communities.

D. There are 2,250 mentally retarded people in 7 state hospitals today. By July 1, 1987, there should be 1850 (Welsch decree). In addition 135 people could be placed under the waiver.

E. Will the State Planning Agency consider needs of residents and community? Will the decision to close be a "political" one? Answer: The legislature will make the decision.

F. The legislature will look at the information from SPA. We should not put money into 100 year-old facilities that are no longer efficient. The days of "dumb and dirty" planning are over.

G. Why is the Department of Human Services proceeding on the Title XIX waiver? Is DHS going off on its own and ignoring the Planing Agency study? Answer: The Department of Human Services is implementing state policy and will continue rather than waiting for the State Planning Agency.

H. If the decision to close is political, will the result be efficiency or expediency? Answer: No decision will be made in haste but we need a better understanding and better handle on information.

7. Concerns about Community Programs

A. It's a waste of tax dollars to build group homes.

B. Largest amount of Medicaid money goes to nursing homes.

C. No one understands the Title XIX waiver. Is it true that only state hospital residents can use waivered services? Answer: No. There is a cap on group home beds, how can people move to the community? Answer: There is a cap, but beds will be decertified in both state hospitals and the community. Class B facilities may be built in the future.

D. The community pays minimum wages to unqualified people and the residents come back to the state hospitals.

E. The group homes are not monitored as closely as the state hospitals. Answer: Yes, they are.

F. I have a sister-in-law who has lived in a group home for 2 years. Her food and clothing had been stolen. The staff wash their clothes in the group home washing machine. The state system is monitored better.

G. Transportation at Cambridge State Hospital is economical. We make do with buses that are 5 - 6 years old. What happens when you move nonambulatory residents to the community? You need vans with lifts. It will cost more - you figure that out.

8. Ideas for Future

A. Give us more time to think and plan for alternative uses.

B. Use Cambridge State Hospital for geriatrics which is the fastest growing group of people needing care.

C. Develop cooperative delivery system between the state and county. The employees and professionals could be consultants and providers of special services. Arrange for position working in the community.

D. Let's take time to look at alternatives. Do not panic because other things can be done. We can plan. We can't let closure kill the community.

E. In case of closure, there ought to be a plan.

F. Make Cambridge State Hospital a center similar to Courage Center to rehabilitate physically handicapped people. This could be a center on teaching adaptive procedures to physically handicapped people.

G. Can the state run group homes with state employees and get waiver funds? Answer: Waiver funds cannot be used for ICF-MR services.

H. Why should the state build group homes for 6 - 8 people to house 300 people when the funds can be used to keep open what we have?

I. Will deinstitutionalization cost more money?

J. We are waiting to hear the State Planning Agency plan for alternatives and training/retraining.

9. Other

A. How many residents at CSH? Answer: About 479. Almost all are severely/profoundly mentally retarded.

B. The State Planning Agency was commended for the town meeting. The public process is impressive.

C. What is the moral responsibility of the state not to discard Cambridge State Hospital?

D. Include information from New York and California regarding keeping open institutions, especially "street people" issue. On a recent 20/20 show there was a survey of street people and of 700 people, the majority were mentally retarded.

E. The Welsch v. Levine case has put us behind the "eight ball." The cost is too much so the state is going to close the state hospitals and hide the money in the county.

SUMMARY OF STATEMENTS
FARIBAULT TOWN MEETING
AUGUST 29, 1984

1. Resident Issues

A. The residents live their lives here; not laughed at; not stared at; they are comfortable, cared for, loved and have freedom of campus.

B. Parents are being forced to place their child on community waiting lists, Chafee's bill will close institutions. Moving to community may not be in the best interests of the child.

C. Minnesota is in a "state of hysteria" about living in units of 15. Small units are inadequate. Comparisons cannot be made, data do not exist. Faribault State Hospital is one of the outstanding institutions in the U.S. Dr. Cleland is a national expert and he should come to Minnesota.

D. Residents receive all services under one roof.

E. Staff work hard to move residents to community.

F. Too many people will be dislocated with S.2053. You can't cut residents every six months.

G. According to Hennepin County social workers, 85-95% of the parents/guardians want residents to stay at Faribault State Hospital.

H. Faribault State Hospital is the least restrictive environment. Faribault is stable.

I. Residents get the best of care. Parents are welcome anytime. Some mentally retarded people are being placed in nursing homes and that is not a good idea.

J. One parent spoke of placing her daugher after caring for her at home for years with no services. She now receives treatment.

K. The private sector didn't work out for one individual. The local community rejected that person. At Faribault State Hospital miracles were accomplished.

L. The most severely handicapped people need state hospitals.

2. Economic Interests

A. Faribault Chamber of Commerce calculated economic impact based on national multiplier effect of "7." $58 million loss to economy, if Faribault State Hospital closed.

B. For any discretionary economic development grants, first priority should be given to counties affected by closure (economic distress criteria can be set by Legislature).

C. How much local tax money is used for care?

D. The intent is to save dollars but parents' contributions should be considered. Need to put all figures together. You will find that institutions are not too much of a tax burden.

3. Alternative Uses

A. Use existing buildings before building any new ones.

B. Uses: (1) Use state hospital for outpatient services such as respite, dental, medical care.
(2) Vet's home.
(3) Need multi-year planning and an interagency capital plan.

C. Parent of 9-year-old child who lives at home would like to see Faribault State Hospital expertise available to families such as dental services. Faribault could be a "regional outpatient clinic."

4. Staff

A. The staff aren't in this for the money. Residents aren't suited for group homes. They need more than warehousing.

B. The Faribault State Hospital staff quality has improved dramatically.

5. Community Quality Issues

A. The state hospital provides specialized care by motivated, skilled staff. The community is a degraded level of care.

B. Group homes do not improve persons and cost more tax dollars.

C. Approach change cautiously - only if better and cheaper, then change.

D. Parents will support plans if facts are known, but there are several questions:

1) How many homes are needed?
2) What are the projected costs?
3) How do utility costs compare with institutions?
4) How frequently will monitoring occur?
5) Is expertise in the community available?
6) Are local M.D./hospitals available?
7) How to prevent profit rip-off?
8) Will residents be helped?
9) Are staff allowed input?
10) How will transition be handled?
11) Is the policy realistic - financially and common sense wise?
12) Vote for a combination of institutions/group homes.

E. Foster homes are poor quality.

F. In the community, a resident has to travel to see medical specialists, go to day program, etc. so all the time is spent in traveling around the city.

G. Group homes can't handle all people. Some are returned to the state hospitals "overdrugged."

H. Group homes are not always the best. Many use Occupational Therapy (OT) on a consulting basis maybe every 2 - 6 months. At Faribault State Hospital OT is available 40 hours a week.

6. <u>Ideas</u>

A. Faribault's Chamber of Commerce prepared a list of ideas and presented them.

B. The Interagency Board should continue because of concern about decisionmaking process.

C. Residents and family members are not involved enough. Not enough input is allowed in daily lives.

D. No objections to process if it is public, is fair to communities, and provides alternatives for facilities and employees.

E. Create units for mentally ill people (Faribault could serve Rochester area).

F. If the current system isn't broken, don't fix it.

G. Rhode Island approach is impressive because the state owns community homes. Staff move with residents. The department and union work together in Rhode Island.

H. We need a pilot project and Faribault is willing to be the pilot area for a Rhode Island approach.

I. The Title XIX waiver can be good with proper planning, jobs and employment, quality, parent input, and community involvement.

J. Try a pilot project with residents who have tried community living and are being readmitted to state institutions.

K. The money from sale of Rochester State Hospital should be used for pilot projects.

L. Retain some level of state hospitals because we are getting adequate care. (The county pays $10 a day for state hospitals).

M. We need to take power or put restraint/control on the Department of Human Services. Tonight is a start.

N. Public employees are willing to look at alternative services.

O. How can people discuss "conflict of interest" when state provides services? What about the conflict of interest when the local grocer, local banker, local lawyer sits on the group home board and the group home does business with these people?

7. <u>Waiver</u>

A. The waiver services pamphlet is not true. The cost figures used do not compare "apples with apples."

B. The waiver isn't as big an impact as first described.

C. With $52 for the waiver per person, is the county going to pick up the rest of services and cost? How would $52 for waivered services pick up the cost of $135 of service for a state hospital resident.

D. County government is overly directed through mandates, types of care, staffing, etc.

E. The county should have rate structure power over ICF-MR facilities. The county used to have authority over nursing home rates.

F. The waiver is state law. The issue is a place to live. The waiver can assist in providing a place to live or family support.

G. The waiver gives more power to the county. Waivered services aren't for everyone.

8. Other

A. Fifty years ago, the Governor said we can't afford state hospitals. Harold Stassen beat that Governor and took in children so that Faribault State Hospital grew to 3,700 people. This action reduced the total number of mentally retarded people in later generations. Do we have money for mentally retarded people or $67 million for a race-track? Do not close Faribault State Hospital. We can't turn them out on the streets.

B. Foster grandparents is a great program. The residents are happy, smiling, etc. No one in Birch will ever live in a private home.

C. We must spend money on street people.

D. Faribault State Hospital can serve mentally ill, chemically dependent, and multiply handicapped people.

E. Don't close Faribault and dump people.

F. The local ARC supports both the state hospital and the waiver.

G. Hennepin County has had abuse of the advocacy system.

H. Legal advocacy should be questioned in terms of "For whose good?" Most legal advocates do not understand the field of mental retardation or the range of disabilities.

SUMMARY OF STATEMENTS
FERGUS FALLS TOWN MEETING
(Held at Detroit Lakes)
SEPTEMBER 25, 1984

1. Resident/Patient Issues

A. There are 41 patients ready for community placement but the alternatives are not in place.

B. The primary concern must be the resident/patient.

C. The treatment in some state hospitals is not good.

D. The state hospital should provide the best treatment possible.

E. Patients must be assertive to get services needed. Other programs won't accept some mentally ill people because of Medical Assistance.

F. Most patients sit and smoke. They aren't assertive and don't get services that are available.

G. Patients aren't getting information on voting and participating in elections.

H. Patient letter (A. H.). Fergus Falls State Hospital provided the best treatment. I have been helped.

I. Patient letter (M. L.). Meds are forced on us. Seclusion to control selves. Staff do not believe physical complaints.

J. Patient letter (K.B.). St. Peter was better. Brainerd staff choked people. Extra meds because of tantrums.

K. Patient letter (S.A.). Staff are cold. No counseling given. M.D. doesn't listen. Social workers don't help. Staff is lowest quality.

L. Patient letter (L.W.). Wrong meds make mind crazy, dizzy. Attempted suicide 6 - 7 times. Staff treat patients like cats and dogs. Belongings have been destroyed. Can't get normal cooking. Only get 1 cigarette an hour.

M. Patient letter (R.W.). Need group home.

N. Patient letter (D.K.). If I don't get out I'll take my head off. Can't get better. Locked up. Staff drink coffee, try to make you worse. Meals are poor. Been beaten. Can't sleep.

O. A patient complained about lack of medical staff responsiveness to his sore throat. He ran away and when he came back, he received his prescription. His meds were missed 4 times, but the records indicate that there were no meds missed.

P. In 1978 there were 120 mentally ill, 270 mentally retarded, and 107 chemically dependent people for a total of 497.

In 1984 there were 101 mentally ill, 230 mentally retarded, and 132 chemically dependent for a total of 463. In 1978 there were 1244 admissions and in 1984 there were 1877 admissions.

Q. Staff must acknowledge patient needs. Changes are needed. Mentally retarded people are better cared for than mentally ill people. Staff drink coffee and talk to each other.

R. Patient stated that his father always told him he could do anything he wanted. The person said I want to kill myself and his father said, "Do it now."

S. A private psychiatrist costs $130 an hour. You have to earn a lot of money to be able to afford to see one.

T. One father spoke of his daughter who is mentally retarded and has behavior problems. She was in four group homes and does better at Fergus Falls State Hospital.

U. A husband spoke about his wife who is diagnosed as manic-depressive. He sees her 1 - 2 times a week. Fergus Falls is better than all the other places. She cannot be home but she should be close to family.

V. A parent of a mentally retarded son asked that her son not move because Fergus Falls State Hospital is great. Standards can't be exceeded. Abuse is not allowed.

W. A sister testified that her brother needs a locked ward because he is dangerous.

X. Placement is the same as death.

Y. When parents were surveyed in Pennsylvania, 87% preferred that state hospital placement continue. Recommend that survey of parents occur. No decision on closure until survey is conducted.

2. Economic Impact

   A. The business community supports Fergus Falls State Hospital.

3. Staff

   A. The nurses are concerned about quality of care for all people, continuity of care, screening teams, support systems, training and staffing standards, multiple disciplines, provide opportunities for employees, and encouragement of the Rhode Island model.

   B. State and county employees are not leaning on shovels. The staff is very caring.

   C. A former Rochester state hospital employee who recently moved to Fergus Falls expressed anger and sadness about the Rochester State Hospital closing. Employees do not have jobs. Patients are on the streets. Hospital emergency room intake has doubled. There have been patient suicides. Do not trust the Legislature.

   D. In the past 30 years there have been several new developments which have been positive and exciting in state hospitals.

4. Interrelationships

   A. A judge spoke about the largest geographic area covered by Fergus Falls State Hospital. Fear of closure to save state money and shift burden to county. If Fergus Falls State Hospital closed then the sheriff would make 4 extra trips per person with 100 extra miles per trip. Commitment hearings require several people to attend so scheduling will be more difficult and costs will be higher.

   B. A county commissioner testified that closing Fergus Falls and serving people at Brainerd would result in 140 extra miles per trip, 4 more hours of travel, and up $11,000 added travel costs.

   C. Deputy Sheriff and Sheriff testified about good care received and confidence in Fergus Falls State Hospital. Do not put mentally ill people in jails.

5. Concerns About Quality of Fergus Falls State Hospital

   A. Fergus Falls State Hospital needs to recognize rights and dignity of patients.

B. Fergus Falls is too routinized. Use an open ward system.

C. The Department of Human Services makes rules and then doesn't provide funds. Programs for mentally ill and chemically dependent are underfunded.

D. Fergus Falls State Hospital chemical dependency program has exceeded excellence.

E. Meds are monitored and minimized at Fergus Falls.

6. Quality of Community Programs

A. The Legislature must provide minimum standards for community services.

B. Why are Community Mental Health Centers open only from 9:00 - 5:00? After 6:00 pm is the time of crisis for some people.

C. Better case management is needed.

D. Community support programs must be available to more people.

E. The waiver needs independent review outside the Dept. of Human Services. The waiver should have an unbiased review under legislative control not the Dept. of Human Services.

F. Detroit Lakes does not have any mental health services. Only contact is Fergus Falls State Hospital.

G. The community providers depend on Fergus Falls State Hospital for referrals. The state hospital serves as a backup for the community.

H. Why aren't there surprise visits at group homes?

I. At the 1983 Minnesota ARC Convention, consumers weren't supervised. A glass window was broken and food was thrown around. This incident was ignored but would not have been if it occurred in a state hospital.

J. Group homes are more restrictive than state hospitals. The community had better improve before more placements occur.

K. Behavior problems in group homes are treated with increased meds. Increased meds decrease freedom.

L. Are we improv ng the quality of life if people move to community?

M. One DAC placed two mentally retarded people in an insurance company to do filing of claims.

N. The sheriff testified that group homes have high turnover and abuse.

O. Monitor community programs more closely.

7. Partnership - State Hospital and Community

A. There is cooperation between Fergus Falls State Hospital and the counties. There are 27 group homes in Region 4 and 12 group homes in Region 1. Fergus Falls State Hospital will continue to phase down and move people to the community. The move must be orderly. Don't close one state hospital and move people to another state hospital.

B. The Community Mental Health Center recognizes the need for a state hospital. Coordination is important and so is continuity. There must be more money for the community if deinstitutionalization continues.

C. How many comprehensive inpatient residential psychiatric treatment programs are there in the 17 county area? Very important if there aren't any other facilities.

D. The sheltered workshop reported that FFSH is an important component in the continuum.

E. A local nursing home described good cooperation with Fergus Falls State Hospital. Some people need more secure settings.

F. Fergus Falls State Hospital and group homes have different purposes. State hospitals are for more severely handicapped people.

G. Fergus Falls is a caring community. Volunteers are contributing. There must be a place for both the state hospital and group homes.

8. Uniqueness of Fergus Falls State Hospital Programs

A. State hospitals provide backup to community.

B. There were 1400 admissions to the chemical dependency program last year. Few community programs exist. With the distances, it's not economical to have community programs.

C. New treatment is 2x4 program. Two weeks inpatient and 4 weeks outpatient.

D. The purpose of Fergus Falls State Hospital is to be a medical facility not a "cost effective" facility.

E. There is no way that Fergus Falls State Hospital's chemical dependency services can be assembled in any other way. It cannot be done. State hospitals have more expertise and provide a more stable setting.

F. Fergus Falls' chemical dependency programs are unique and first of its kind: (1) women to women counseling, (2) adolescent care, (3) 2 x 4 program and (4) outpatient services.

G. Catchment areas should be opened up to allow competition.

H. The chemical dependency program is holistic and has grown since 1973. Allow the program to grow.

I. Children should be admitted to Fergus Falls State Hospital. There are 9 children in the unit and two more are trying to get in. Anecdote about 8 year-old with severe mental retardation who has been admitted for respite care. Dept. of Human Services doesn't like children's placements.

J. If FFSH doesn't have a chemical dependency program then who will treat the people? No one.

K. The most severely retarded people are left at Fergus Falls State Hospital. It is their home.

L. Where will patients go if Fergus Falls State Hospital is closed?

M. Why isn't the State Planning Agency looking at the good programs?

9. <u>Other</u>

A. The State Planning Agency has done an excellent job in setting up studies. The strong flavor of closure is not a predetermined destiny but a scenario.

B. Questions were asked about qualifications and training of state hospital staff. The questions were answered by the CEO.

C. A transitional living facility should be started on the grounds of Fergus Falls State Hospital.

D. People from the Cities and the State Departments think everything will be fine, just make a phone call, and you can get services. It's not true in the rural areas.

E. The "center of excellence" order by DHS was a shock signaling imminent changes. Glad to see unprejudiced and unbiased information gathering.

F. Some people don't want state hospitals and yet they don't want group homes next door to them either.

G. Closure is a witch hunt. Tired of closure issue. Pressure from St. Paul should end.

H. A new issue should be chemical dependency services for elderly people who live alone. Should there be a nursing home with chemical dependency treatment to serve these people?

I. Can't get quality care for such a low cost to the counties. Block funding doesn't work. County programs mean property tax increases.

J. Is Reagan behind closure issue? He tried to close the California system. Don't put people on the streets to starve and die.

K. Insurance limitations result in use of Fergus Falls State Hospital.

L. The Health Department doesn't allow residents to go into kitchens of group homes.

M. If anyone reads the complete transcript from this meeting send a postcard to one of the witnesses who gave her name and address.

N. Where's the opposition? No one is opposed to Fergus Falls State Hospital.

O. The street people are mentally ill. In Arizona street people died from exposure during a winter storm.

SUMMARY OF STATEMENTS
METRO TOWN MEETING
OCTOBER 9, 1984

1. Resident/Patient Issues

A. The primary focus of the service system is "client centered." The community is integrated and has a rhythm of life.

B. Clients benefit most from living in the community.

C. Mentally retarded people have a moral right to live in the community. The community is the best place to live. Segregation is wrong: the state hospital is not the least restrictive environment for anyone. No one can be better served in the state hospital. The lack of community resources isn't a legitimate excuse. Inadequacy is allowed to continue. The state must make an absolute commitment to the community.

D. All mentally ill people cannot be treated in community hospitals and Rule 36 facilities.

E. Premature discharges from state hospital in California and New York have left 36,000 on the streets. Reference made to American Psychiatric Association report on homeless.

F. We must upgrade the state hospitals to provide best quality services. The state hospital has been the scapegoat.

G. The state hospital is necessary for mentally ill people. A cohesive system includes the state hospital. Treatment must be individualized. The State should sponsor pilot projects that allow quality, innovation, creativity, and cost-effectiveness.

H. A mother testified about her daughter who was in a community facility, hospitalized at Ramsey, and ended up at Anoka. For her, living in the community didn't work.

I. A parent disagreed with the arguments about moral right to live in the community. Isn't it time we respected decisions of those parents who choose Faribault State Hospital as the least restrictive environment. The state hospital has higher pay, more experience, less turnover, and all the specialists. There have been dramatic improvements in care. Isn't there a conflict of interest when the local group home board of director members receives financial gain from the group home?

J. A father of three mentally retarded children said, "Most people can live in the community but not all. Not all institutions are evil." For the past 33 years we return to the same fight. The State Planning Agency should visit Cambridge. The costs are comparable with the community.

K. The Legislature gave the State Planning Agency little guidance about the issue of residents/patients.

L. The mentally ill, mentally retarded, and chemically dependent populations are more dissimilar than alike. Decisions will vary by group.

M. A parent spoke about the improvement in his son because of Faribault State Hospital. More visitors are needed at Faribault. Some residents need to live at Faribault State Hospital because of the safety of the campus.

N. A group home director described six residents who were all self-abusive, non-verbal, aggressive, and on high levels of medications. All residents improved in the community.

O. State hospitals protect normal people from facing problems of residents/patients not having skills.

P. Where are vulnerable people getting love and security? At the state hospital.

Q. Parents of young mentally retarded children do not want to place their children in a segregated setting <u>ever</u> (neither a state hospital nor a group home).

R. There are 30-60 mentally retarded people at Faribault State Hospital ready for community placements. There are none available.

2. <u>Quality of Community</u>

A. The state cannot provide services and monitor itself. There is a conflict of interest. There is a dual system of standards. Monitoring in the community is more difficult because of distance so case management must be improved.

B. The community mental health centers are poorly schooled and trained. They do not work with chronically mentally ill.

C. A brother spoke of his sister who had been shuffled from every program in the community. Some people can live in the community and others cannot. "Where do you go" when the community providers say, she can't stay here. There will always be a need for Anoka State Hospital.

D. There's a long way to go on quality assurance issues. There's less quality assurance in the community and more monitoring in the state hospital.

E. A group home resident was beaten by another resident. The board wasn't notified and neither were the parents. There's overmedication in the community.

F. There is a serious lack of quality in the community.

G. Case management is the responsibility of the county but the case managers are overworked and undertrained.

H. The Department of Human Services Commissioner and staff refuse to articulate what is an appropriate community placement. How can a person be removed from a community facility because of poor programming, be returned to a state hospital, and then another state hospital resident replaces the first person in the same community setting?

I. Community resources are a fantasy. State hospitals are needed until community agencies are developed.

J. It is a scandal that professionals haven't assumed more responsibility for quality assurance.

3. Quality of State Hospitals

A. The quality of state hospitals must improve. Employees must be screened and monitored. Patients must be respected. Restraints must be outlawed. Advocacy must be strengthened. Individualization must increase. Bathrooms and visiting rooms must be cleaned up. The ideal is placement in the community but we aren't there yet.

B. There is a serious lack of quality in the state hospitals.

C. It is inconceivable that Faribault State Hospital received ACMRDD accreditation based on Legal Advocacy reviews of client records.

4. State-County-Private Sector Relationships

A. There ought to be one set of rules for both the state and private providers. All groups should be under the same rules of licensing, quality assurance, staffing ratios, case management, and funding. The state operates under a different set of rules.

1) Higher salaries and higher budgets prohibit the private sector from competing with state workers.
2) Private sector should be able to compete on any new Class B ICF-MR development. Equal competition with state operation.

B. The state must separate quality assurance from provision of service.

C. The issue isn't either state hospitals or community services. State hospitals are needed. There are problems in monitoring community services.

5. Role of State Hospitals

A. The role of the state hospital has narrowed while the community sector has expanded. The community will have the capacity eventually.

B. Hennepin County has a model network of community services for mentally ill people. Hennepin County people must have access to a metro state hospital. Need specialized programming for those who cannot be served in the community. Chemically dependent people need a controlled setting. Because of changes in insurance and other funding mechanisms, Anoka State Hospital is necessary. The quality has improved.

C. Let's end the use of state hospitals. There has been no dumping in this decade. Habilitation has increased.
1. Inform parents of their rights.
2. Use alternatives for state hospitals such as correctional facilities.
3. Provide for training, and portability of pensions to assist state hospital employees.
4. Use only private sector providers.
5. Community cannot reject people.
6. Need good quality controls.
7. Don't hold people "hostage."

6. Ideas

A. The state isn't providing services - people are. The state is a management style. State employees aren't evil. Their only fault is believing in state operated services. The state should:
1. Place all units under an RFP approach.
2. Phase out of the business.
3. Assure employment.
4. Change rate setting.
5. Clarify how AFSCME can respond to RFPs.

B. Governor Perpich signed a proclamation regarding "Community Living Week" which states that mentally retarded people have the right to live in the community.

C. Do not use employee issues and community impact to stop development in the community.

D. At this time we have reached a point of conflicting interests among parents, patients, community, and employees. By 1988 a state hospital will close. There is no political consensus or political will to move this issue because of the conflicting interests. Ten years ago, there was no way that the community could be better. There is a big change in attitudes and there is a belief that the community is good. It is time for AFSCME to work together and it is time that the state provides community care. Let's get the ball rolling this biennium.

E. The Title XIX waiver only works if there is a shuffle of residents from one ICF-MR to another. With a cap on spending the community programs will not give raises, will have higher turnover, and will have less quality.

F. Keep 3 state hospitals open - North, Central, and South and upgrade care. Downgrading care is unconscionable.

G. Closure is a good thing if community care is appropriate and adequate. Quality assurance must exist in both state hospital and the community.

I. Does the state have a deinstitutionalization policy? Only the Welsch Consent Decree exists.

J. No rational judgement will be used to close a state hospital.

K. How can a major executive branch action like "Community Living" week receive little or no publicity?

L. The Legislature must make up its mind on where it's going.

SUMMARY OF STATEMENTS
MOOSE LAKE TOWN MEETING
OCTOBER 4, 1984

1. Resident/Patient Issues

A. The quality of care is warm and professional.

B. The deinstitutionalization process has left mentally ill people untreated. Alternatives do not exist. The homeless people and those who commit suicide are mentally ill.

C. A mother spoke about how her mentally retarded daughter was helped by Moose Lake State Hospital. The daughter hit herself repeatedly but that self abuse has been reduced at Moose Lake State Hospital.

D. The Mille Lacs County families and case managers are too far away from Moose Lake State Hospital. State hospitals are needed all over the state for the population who need care.

E. A county commissioner spoke about his own experiences with chemical dependency.

F. The most difficult part of mental illness is the discharge point into the community.

G. There are 7,000 Minnesotans who need Rule 36 homes according to Commissioner Levine's testimony at the Legislature in March, 1983. There are 590 mentally ill people in Northeast Minnesota.

H. The decline in population is an indicator of good treatment. Not everyone can live at home. Don't dump people on communities because the services do not exist.

I. Mentally ill people must have a range of services. Adversarial relationships should be reduced. Mentally ill people need quality and support.

J. If there is a closure, what becomes of the residents?

K. The National Institute on Mental Health estimates 1 in 5 people have a mental health problem. How does the state plan to provide services for all of these people?

2. Interrelationships

A. St. Louis County opposes closure because any shifts to other state hospitals would increase costs and distances and create more barriers.

B. Moose Lake State Hospital is a community resource.

C. Nine area clergy work with the Moose Lake State Hospital Chemical Dependency program.

D. The clergy do not hide from the "raw truth of family violence, incest, and alcohol problems." In working with Moose Lake State Hospital, clergy are doing God's work against the demons of illness and pain.

E. Lake County Social Services issued a strong statement recommending that current functions remain open. Moose Lake State Hospital is part of the continuum.

F. The St. Louis County Sheriff described the extra miles travelled if Moose Lake closed and patients had to go to Brainerd State Hospital. There would be 90 extra round trips and 120 miles extra per trip. The total would be 10,000 miles and $3,000 extra to their budget.

G. Probate hearings would require an overnight stay if closure occurred.

H. The Moose Lake State Hospital has several cooperative agreements with the Willow River camp.

I. Moose Lake State Hospital is an important part of services to Northeastern Minnesota. It offers a protective environment, an important service to the area, aftercare, Division of Vocational Rehabilitation services, etc.

3. Employee Issues

A. The state hospital employee deserves security.

B. The staff are caring, dedicated, and skilled.

C. The staff are appreciated and commended by the area clergy.

D. Minnesota front line people are recognized nationally as being advanced in type of care provided.

E. Staff monitor and manage behavior problems; teach skills, feed and diaper adults, serve as friend and advocate for the clients. The team operates 24 hours a day.

F. Moose Lake State Hospital has an excellent staff and good working relationships with the county government.

G. Moose Lake State Hospital has an excellent, caring staff and an excellent staff development program.

4. Economic Impact

A. A developer of a mini-mall spoke about postponing development until the closure issue is settled. The mall would employ 15 - 25 people. By not developing the mall there is a negative economic impact.

B. Five hundred and twenty-seven of five hundred and ninety-five employees live in the 20-township area surrounding Moose Lake State Hospital. The Moose Lake payroll is $10,591,118 and the total adjusted gross income for the area is $43,419,762 -- 24.39% of the gross income comes from Moose Lake State Hospital. This compares with the impact of the payroll at other state hospitals:

Anoka	.56%
Brainerd	8.26%
Cambridge	8.01%
Faribault	5.02%
Fergus Falls	10.22%
St. Peter	3.45%
Willmar	6.67%

5. Quality of Community

A. Beware of euphemistic cures such as the community or deinstitutionalization. The court sees the front line and Moose Lake State Hospital provides quality and consistency of care that are different than community.

B. State government cannot rely on private providers for concern and quality of care.

C. Alternatives such as halfway houses and day treatment for mentally ill people do not exist in rural areas such as Kanabec County.

D. Community Mental Health Centers are oriented to "problems in living" and are not staffed for diagnosis and treatment.

E. A minister described an anecdote about a person who entered a halfway house with serious mental health problems. The person then entered Moose Lake State Hospital and said Moose Lake State Hospital was more caring and the halfway house was not.

F. The state hospital is smaller than some community programs.

G. What plans or what's in place for special education, residences, and services in the community?

H. There needs to be more board and care homes with successful client role models.

I. A Rule 36 group home director said, "We'd all like to believe mentally ill people can be treated in the community but there are people who can't live in the community and must use state hospitals."

J. Quality may not be in small group homes because of a lack of training.

6. Unique Programs

A. Mental illness facilities should be expanded. Concern should not be given to employees or communities but mentally ill people.

B. Commitment laws should be changed to allow easier admission.

C. The Chemical Dependency program saved one witness who said he didn't know what or where he was. Moose Lake State Hospital is important for northern Minnesota.

D. The State Planning Agency has a unique opportunity to recommend more outreach, public education, and specialized services provided by Moose Lake State Hospital.

E. Mille Lacs County has 15 chemically dependent and 7 mentally ill people at MLSH. Moose Lake provides good quality care for poor and working poor.

F. The state hospital is the least restrictive environment.

7. Ideas/Concerns

A. The state dismantles nationally recognized programs. The Governor called Moose Lake State Hospital the finest institution and said this place will never close. The study and process is a "slap in the face." All groups are angry and frustrated. The legislators from the state hospital districts want to save the quality and first class care of state hospitals.

B. Closure means you are denying treatment.

C. St. Louis County supports Moose Lake State Hospital because it is responsive, effective, and accessible. Moose Lake State Hospital is an important part of the continuum.

D. Deinstitutionalization is packaged in two sentences: (1) Better care and (2) Less cost for the state.

E. The legislative intent is not that clear. The Legislature can give contradictory signals; e.g., major capital improvements received more votes than the SPA study. The State Planning Agency should not presuppose there is an intent to close the state hospitals.

F. Put halfway houses on state hospital grounds.

G. The Western Superior Health Systems Agency has included Moose Lake State Hospital as a part of the continuum. Although the available mental illness beds are not used to capacity, the beds are needed. The community resources haven't been developed.

H. Use Moose Lake State Hospital as a Veteran's hospital and nursing home.

I. Develop new programs for dual diagnosis patients on the grounds of Moose Lake State Hospital.

J. Develop geriatric programs at Moose Lake State Hospital because there will be more elderly people in the future.

K. The state is legally and morally obligated to care for people.

L. In private sector, there is an attempt to give 2 - 3 years notice of layoffs and closure. The state is holding hospitals hostage. The staff are hostages.

SUMMARY OF STATEMENTS
ST. PETER TOWN MEETING
SEPTEMBER 17, 1984

1. Resident/Patient Issues

A. If you are concerned about people as your friends/neighbors - do not close the state hospital.

B. A family member spoke of a brother who lived at St. Peter 35 years. No complaints ever. Rest homes are "glorified insane asylums."

C. The length of stay in the community is less than 60 days because of the failure of the community.

D. Relatives can't travel far distances if the state hospitals close.

E. The American Psychiatric Association released a 313 page report on homeless people. Most are mentally ill. Don't assume change in care means better care.

F. The care at St. Peter is perfect. Can't get it any better.

G. After Rochester State Hospital closed, mentally ill people were on the streets. There were 3 suicides on the street.

H. We should try to get people back into the state hospitals because it is inhumane to live in the community.

I. Unplanned services result in dumping and tragedy. If we must deinstitutionalize than let's do it with heart.

J. We may have reached a point where no more people may be discharged into the community.

K. A mother spoke of her son who excelled in high school and college and then became mentally ill. St. Peter State Hospital provided wonderful help. Living with someone who is chronically mentally ill is a problem - no sleep, refuses meds, running away, etc.

L. Homeless people should be in state hospitals.

M. Family concerns should be considered as much as the court's opinion.

2. Economic Impact

A. St. Peter is a historical symbol. It provides jobs and services as a home for people. The staff are trained and dedicated. St. Peter State Hospital is critical to the economic vitality of the city. The city vehemently opposes closure.

B. St. Peter has a vested interest since 1865; 110 acres. The economic impact is $20 million x 7 (multiplier effect) = $140 million impact. 100 jobs were lost when a construction firm closed. 75 homes would be on the market. 1,952 homes would be devalued.

C. All the resident accounts should be taken into consideration in calculating economic impact.

D. The electricity, water, and sewer services are provided by the city. If St. Peter closed, would the local residents pay more for these services?

E. Over 9,000 volunteer hours are given. Over $200,000 in goods and service are contributed.

F. St. Peter State Hospital is the largest employer - 782 jobs or 19% of total employment. 482 jobs are "basic jobs" or provide a foundation for local economy. If 207 jobs are lost then economy crumbles.

G. Sometimes the merchants go to the state hospital when the patients can't go to the businesses.

H. Problem with runaway costs in medical assistance. State hospital can be as competitive as the private sector.

3. Staff Issues

A. AFSCME workers provide a full range of services to people. Staff treat patients as unique people who have dignity and worth.

B. Former Rochester State Hospital employees spoke about the problems resulting from Rochester closure. The newspaper was the only source of information during closure. Don't say closure cannot happen. The Legislature, Governor and DPW should have prepared us. There was anger, stress, chemical abuse, and mistrust. Hundreds of letters were written and few replies. 1 employee died, 3 divorces, job placement was impossible. Patients were rejected. Not one legislator visited. Quality of care declines during closure.

C. Turnover is lower with state employees. Do not confuse buildings with staff. Employee and resident issues aren't necessarily opposed. To care about one's profession is to care about residents/patients.

D. Salaries at the Waseca DAC are 2/3 less than a state hospital staff position.

4. Relationship to Schools

A. St. Peter State Hospital has a cooperative working relationship with Gustavus Adolphus College. St. Peter State Hospital is an asset to the college because of the internship program (150 students have been trained).

B. The Area Vocational & Technical Institute provides human service technician graduates. St. Peter is an outstanding institution and a great place for training.

C. The school district could lose up to 14 positions if there were a closure. There is an attitude of caring about people because of St. Peter. An important outcome is developing the quality of caring for others.

5. Quality/Uniqueness of St. Peter State Hospital

A. St. Peter State Hospital is high quality and indispensable. The Security Hospital is new, functional, and cannot be threatened. The Security Hospital serves the entire state.

B. St. Peter is the only state hospital south of the Twin Cities serving mentally ill people. St. Peter has seven psychiatrists.

C. Nicollet Co. Board resolution - St. Peter State Hospital is part of the full continuum. It is excellent, comprehensive, and has well trained staff. Resident needs are met and it is the least restrictive environment. Relocation will not enhance quality of life.

D. Nursing quality exists in state hospitals that doesn't exist in the community.

E. St. Peter State Hospital provides respite care services for parents. One child described is 11 years old and is extremely spastic. His eating, toileting, and medication needs are extremely high. Respite care at St. Peter has prevented institutionalization. Title XIX - no respite care has been provided. Answers must be in place prior to action.

6. Quality of Community

A. Father stated that son lived at Faribault State Hospital for 30 years. Couldn't provide him more than currently receives. You can't take existing houses and make them group homes.

B. The community cannot provide services that state hospital can. Some people cannot live in the community.

C. Group homes need to be watched more closely.

D. In Illinois, Dixon Center closed. The most difficult clients did not work out in community placements. The state hospital was the least restrictive environment.

E. Community cannot provide quality care for mentally ill people.

7. Comments

A. It was sinful to close Rochester State Hospital.

B. Don't set Dorothea Dix back 100 years by closing St. Peter State Hospital.

C. Minnesota leads the nation in providing quality care.

D. 85-95% of the county problems result from legislative mandates. Between now and Christmas call your legislators to prevent closure.

E. The large turnout indicates the community cares.

F. God does not make junk people.

G. God does not make junk state employees.

H. In 1973, a bill was introduced to close St. Peter. The entire community supported St. Peter State Hospital and the bill did not pass. The Region 9 RDC prepared an impact study in 1973.

I. California tried to close the state hospitals and now that state has more and larger state institutions. Community placement didn't work.

J. Other impacts: The van transports other groups. Work study placements are provided. Meals on wheels provided. Classes/ workshops are provided. Civil defense shelter. Tours for high school groups. Crafts and garden shop and Highway Patrol have offices at the state hospital.

K. Problem with Rochester State Hospital is that there was no planning. Commissioner Levine says the turnout doesn't matter if they decide to close. Put pressure on legislators.

L. No more Rochester closings and no more rip-off vendors. Let's assure quality, experienced staff, and funding adequacy.

M. One resident/patient was not pleased with St. Peter State Hospital practices.

N. The legislature is blamed for everything. The legislature tries to do its best.

O. Rochester closing should not be repeated. Violation of "Open Meeting" law during conference committee.

P. Rochester closing meant money out of parents' pockets, increased burdens for social workers and sheriffs.

Q. Minnesota Nurses Association plans to draft a "counter" proposal to the waiver. The waiver contains only 3 sentences about nursing and medical health.

R. Nursing homes cannot handle state hospital patients who are elderly.

SUMMARY OF STATEMENTS
WILLMAR TOWN MEETING
SEPTEMBER 13, 1984

1. Resident/Patient Concerns

A. The Willmar State Hospital is a great place to be. It must be kept open.

B. Relatives did not know what they would have done without Willmar State Hospital.

C. Relatives would not be able to visit as often if Willmar State Hospital closed. Great improvements at Willmar. Patient chose not to leave Willmar State Hospital because he didn't want to leave his friends.

D. Parent stated that his daughter had been in three treatment programs. She was drugged; no information given to parents. After 8 months at Willmar, the daughter was moved home.

E. Willmar State Hospital must stay open for the most difficult to place people. Wright County has the lowest per capita placement rate in the state and spoke favorably about community residential care.

F. The adolescent unit at Willmar State Hospital is excellent (level of care and staff). Hennepin County sends 15 - 20 adolescents to Willmar rather than out of state. Private facilities will not take these adolescents.

G. The most important issue is the resident/patients. Place emphasis on community but keep Willmar State Hospital open because of unique, specialized services.

H. Relative spoke about family member who was in 2 private hospitals. Private hospitals can't handle needs and can't serve long-term needs. Willmar State Hospital is concerned about patients first.

I. Some people need state hospital care. Questions are: What kind of care? Where? Are the staff qualified? Counties cannot create 87 state hospitals. Don't want mental illness ghettos.

J. Revolving door occurs because chronic mental illness services do not exist in that part of the state.

2. Community Care

   A. Both Wright and Kandiyohi are improving community services but cannot handle all residents/patients.

   B. Deinstitutionalization has been too rapid. Concerned about street people.

   C. Must have a mix of community services and state-operated services.

   D. Community residential facilities aren't licensed adequately. Staff aren't qualified. Some facilities aren't bad.

   E. Private providers will not take the 11 clients left at Willmar State Hospital from Yellow Medicine County.

   F. County welfare directors support both community placement and Willmar State Hospital.

3. Economic Impact

   A. Closing Willmar State Hospital would place a tremendous financial burden on the county social services system.

   B. The community and business sector supports the hospital. Closing Willmar would deplete an already depleted tax base in the county.

   C. Closure will not save money.

   D. If Willmar State Hospital closed, then responsibility falls on county. Level of care varies by county from excellent to very bad.

   E. Hastings and Rochester closures had less economic impact than Willmar State Hospital. Rural areas do not have many resources, little venture capital. Jobs are hard to create. How can 543 jobs be created?

4. Quality of Willmar State Hospital

   A. Impressed with Willmar State Hospital staff and the community education efforts on resident/patients. Willmar State Hospital is not an island but a part of the community.

   B. Police have good working relationship with Willmar State Hospital. Very professional staff. Prefers Willmar to putting people in jail.

C. Willmar State Hospital provides quality care.

D. Leave Willmar State Hospital alone. Quality of care is very high and security cannot be duplicated.

E. Willmar State Hospital is the first state hospital be be accredited. Willmar is warm and caring.

F. Willmar has services that community facilities can't match.

G. Don't be concerned about economic impact. Take a humanistic approach.

H. Need to upgrade Willmar State Hospital facilities.

I. Geographic consideration. Must have Willmar State Hospital to cover western Minnesota.

5. Suggestions

A. Any closure should take 2 - 3 years, not like Rochester State Hospital. Make sure funds transfer with residents.

B. State-operated community services are not a good idea because the bureaucracy is untouchable, not enough local control, quality of care is suspect.

C. Closure affects the judiciary system adversely. Commitment law requires prompt review and closure will cause delays. Don't forget the effect on the judiciary.

D. Legislature does not want inhouse political decision to close a particular state hospital.

E. One judge testified that he had committed over 100 people to Willmar State Hospital. Inconvenience and delays if Willmar State Hospital closed.

B. Summary of Call-In Day

There were three types of comments received. First, specific concerns or criticisms. Second, reasons for keeping state hospital open, and third, comments favoring community facilities.

Specific comments, concerns, or criticisms

1. Caller had experiences at both St. Peter and Willmar State Hospitals. Criticisms included:
   a. Promises made to patients by unit leaders and psychiatrists were not kept.
   b. Mentally retarded residents should not be mixed with the mentally ill. Should be treated separately.
   c. Families are asked to participate - but if they complain, they are accused of being over-protective!
   d. Families need to be heard and paid attention to.
   e. Patients are not adequately evaluated. After 60 or 80 days responsible staff should be able to tell if the placement of the patient was appropriate. Parents kept saying that the patients' behavior was due to lack of ability to understand. After 2 years parents were finally able to prove that patient did not understand. When patient was then put into correct program with correct persons, improvement was considerable.
   f. Tendency is to blame patients or families - instead of staff.
   g. More accurate evaluation is needed.
   h. Staff attitudes need to be corrected.
   i. Patients are often subjected to unnecessary stress, situations and delays. Example: It took 3 months to obtain a pair of glasses. Example: When doctor was confronted regarding the absence of speech therapy (which was needed and available) the doctor replied, "we are waiting for him (the patient) to ask for it - not you" (the parents). It took over one year to get the speech therapy.
   j. If patients do not want to go to group sessions, they lose privileges. The "Bill of Rights" for patients is not consistent with practices. The patient is always wrong.

2. There are too many court hearings for persons who have already had several such hearings and who are severely mentally ill.

3. Anoka patients need more supervision. Some floors have someone inspecting only once a night. Accident occurred to a patient who was injured by another patient due to lack of adequate night coverage.

4. State institutional staff need to communicate better with parents. Do not promote or encourage relationship with parents and cause them to lose touch. Too many staff sit in their offices and are in high up places. Team meetings come up with good ideas, but there are not enough ward staff to carry them out. Too many parents will not question or disagree with staff. Staff are not the best communicators.

5. Patients should be able to get into hospital easier - even if not 'dangerous.'

6. Need better training for staff and more staff.

7. Caller feels it was a mistake to discontinue shock treatment for self-injurious behavior (SIB). When it was used at Faribault, in a research study, the injurious behavior decreased. Recommends that someone look at the results of the SIB research study to determine if appropriate treatment for SIB residents.

8. Caller expressed the hope that some state hospitals remain open so that Diagnostic Related Groupings do not control medicine completely in areas of mental illness and mental retardation. Federal government payments not related to care.

9. Patient was hospitalized in 1979 at Anoka - committed by Hennepin County. Was on medications constantly. In 1984, through Group Health Plan, first learned of Tardive Dyskinesia. Was never told by doctors of drug side effects. Feels that the 'step level' program in 1979 was ridiculous. Not helpful. Feels there is a need for better patient education - particularly how to explain to employers their mentally ill situations.

10. Former St. Peter patient - was in sex offender treatment program for one and half years. State can save money by dumping that program. Opinion of court is that the entire program should be revamped. Patient attended a different program in the correction department which has a 90% success compared to 50% at St. Peter. Over 50% of patients in St. Peter program requested 'out.'

    Director of sex offender program at St. Peter had a Bachelor degree in biology. Of the 2 therapists - one had a B.A. in physical education and one in special education. Need to look at appropriateness of staff qualifications. Also, someone should compare statistics relating to both success and cost between St. Peter and correction programs.

11. Caller has relative in Anoka State Hospital. Feels that hygiene can be improved. Concerned about lack of weekend personnel, cigarette distribution and loud rock music.

12. Caller feels that community costs are more than institutional costs but cannot get a breakdown of costs from Department of Human Services.

13. Caller spent 24 hours at Brainerd as a patient 2 1/2 years ago. Spent the day in admission ward (ward C). Not properly supervised. Staff person sits with back toward patients and ignores whatever goes on. Razors and scissors everywhere (caller had cut her wrists). Patient was menstruating and was given 3 Kotex to carry around openly - with no covering. Waiting room was dirty. Staff remained in glass office - no mingling with patients. No attempt to keep a particular patient from inappropriate behavior with another patient.

14. Willmar is nothing more than a 'drug haven.' Rumor is that you can get any drugs at Willmar. Programs there need a complete evaluation. Guided tours don't show it like it really is.

15. No communication at Willmar between parents and staff. No reassurance about recovery or what to expect. Parents felt that staff did not want any family involvement.

16. Next time a hospital closes it should be required that a minimum number of patients be transferred to other state hospitals - with larger number being placed in the community. In Rochester most patients were just automatically placed in other state hospitals.

17. Caller feels that Faribault is poorly run. Some of the persons there are also mentally ill. Staff does not know how to handle emotional problems. On the medical unit patients are put in 4-point restraints. They are sometimes in that unit for weeks. No one seems to be knowledgeable about psychotropic drugs. There are no specially trained persons to handle post-operative patients. Staff are familiar only with mental retardation and not equipped to handle emotional behavior. The unit is run for the convenience of staff - not residents. Building staff must come over to medical unit to provide personal attention. Some residents are in restraints all the time they are on the unit. Doctors don't seem to know what is going on.

18. Caller would like to see more money spent on programs such as REACH - a program that works with families and others who have a relationship with mentally ill persons. They have been successful and should have staff support. Also - commitment laws should be changed. Presently too difficult to commit a loved one.

19. Inappropriate closing of Rochester State Hospital. Caller would like to see another state hospital opened in Southern Minnesota. Faribault is too far away for many families. Many kids can't adjust to community placement.

20. How can we educate new legislators to the needs of the mentally ill, mentally retarded and chemically dependent?

21. The employee study did not take into account the single parents who are heads of households. Many will end up on welfare if hospitals close.

22. Caller phoned to share an experience she had 10 years ago at Cambridge. At that time a resident wanted to color and the attendant made him jump like a dog before he would give him the crayons. Need to screen and check on staff.

23. State hospitals have too many chiefs and not enough Indians. Too many BA staff writing programs - but not enough human service technicians to carry them out.

24. Caller has son at Anoka. Previous experience at Brainerd not good. Anoka needs to improve physical surroundings. Lighting is poor. Toilet drain doesn't work - patients' personal hygiene needs improvement. Food is good. Staff at Anoka are nice but staff at Brainerd were abusive.

25. Psychologist called expressing concern with accuracy of diagnosis at state hospitals. No documentation of what goes on in therapy. Ofen not related to problems. A patient at Security Hospital is there because of assaultive behavior. He got into a fight and has been kept at the hospital with no documentation.

<u>Reasons for keeping state hospitals open</u>:

1. Hospitals provide spacious grounds for patients to walk, sit, visit and relax. In the community patients are either stared at or ignored. Husband of caller received excellent treatment at Rochester State Hospital. Now her mother needs psychiatric help and caller must travel to St. Peter for visits.

2. Not fair to put residents into facilities where the same amount and quality of care are not available.

3. Economic impact on community. Good facility - well cared for - has many potential uses.

4. Why spend money on developing community facilities when the state already has buildings which the taxpayers have helped build and maintain over the years.

5. Research has shown that many patients do not want to exchange hospital for community living. Every day caller sees former patients going through garbage cans.

6. The legislature is trying to save money by closing state hospitals. We will end up by paying more in taxes plus human suffering if hospitals are closed.

7. It should be recognized that when there is a plan to reduce employees by 200 - the end result involves considerably more than the 200 employees.

8. How can sex abuse and other abuses be controlled in the community. Some residents cannot communicate.

9. Caller kept son home until 17 years old. Then went to Cambridge for 10 years. Took him out because of severe physical health problems and placed him in a community facility closer to home. Fell down stairs and died. Parents feel he would be alive today if he had been left at Cambridge - where all conditions were far superior to Orvilla, the facility he died in. Private facilities are not necessarily better than state hospitals. Some are not anywhere near as good. Caller can sympathize with parents of residents at Cambridge who fear closing. Staff at Cambridge dedicated and caring.

10. Caller has a son who was a patient in state hospitals. Was in boarding homes twice - one situation almost cost his life (bowel obstruction not dealt with). Boarding homes are too small - too many persons in a room. When patient had to return to hospital, boarding home people said it was family's responsibility to take him back. Had to go through another court hearing. Patient was then transferred to Cambridge. Very wrong decision - judge thought patient was retarded. Finally in Anoka. Not good for patients to have to keep changing places.

11. Caller observed a retarded person living in a group home outside in a wheelchair surrounded by mosquitoes and other bugs - better to spend tax money on people than bridges.

12. State hospitals are excellent back-up for many community services and programs. State hospital personnel could offer consultation to community facilities.

13. Volunteers provide services and contacts for persons in state institutions. There are no outsiders (volunteers) in community facilities.

14. State hospitals are especially needed for people who can't afford private treatment.

15. Difficult, if not impossible to duplicate all of the services provided in state hospitals - in community facilities.

16. State hospitals should be expanded, not closed. Community programs either do not exist - or cannot meet the needs of patients now in state hospitals.

17. The increased use of chemicals and drugs are affecting more and more people who will require psychiatric care. Chemical dependency is already creating increases in brain damage. Where will families send their relatives if we close state hospitals. Psychiatric wards in general hospitals too expensive.

18. Family now travels 57 miles to visit son at MVSAC - St. Peter. Excellent care - excellent buildings. Don't know what they and other families would do if facility closes since most residents are not acceptable or appropriate for present community facilities.

19. Chronic mentally ill need state hospitals. Caller had son in a board and care home and it was disastrous.

20. Many community facility operators go into the business to make money and then find they cannot handle the residents. The resident is the one who suffers and is moved from place to place - adding to confusion and anxiety.

21. Group homes not appropriate for severely retarded. Some who have been placed in group homes have had to be returned to state hospitals. Never should have left in the first place.

22. For some, the state hospital is the least restrictive alternative. Patients have more freedom on hospital grounds than in locked facilities in the community.

23. Caller questions whether change is in the best interest of resident, now 40 years old who has been in the state institution for 35 years.

24. State hospitals provide around the clock care and have staff who are trained in handling aggressive behavior.

25. If state hospitals close, schools and education would be affected, long-range retirement spending would be lost.

26. Present facilities should be used to provide new experiences and programs. "Ivory Tower" ideas are not appropriate. In the long range, group homes will prove to be not effective and we will need to return to what we now have.

27. Don't make all state institutions veteran or nursing homes. Services provided in state hospitals cannot be provided elsewhere and we may find ourselves needing buildings such as our present ones in the future when community programs fail.

28. Caller knows from personal experience that many cannot make it on their own - or in the community. People will end up on the streets, families will visit less frequently because of greater distances and lack of appropriate supervision will add to the problems.

29. Caller's 37 year old son has found his "place" in the state hospital where he feels safe, secure and at home. He can come and go on the campus with freedom and has a job in the institutions. Living in the community, for him, would be much more restrictive. He receives attention from a variety of staff and interacts with peers. All of this, plus freedom to move around outside would be limited in the community.

30. Patients in state hospitals do enjoy freedom and independence.

31. Caller has observed former patients now in community, inappropriately dressed, and not receiving the care and attention that was given at state hospitals.

32. Faribault State Hospital should be expanding its service to include the mentally ill. Also used for research.

33. Court orders have produced an overly zealous endeavor to place people in inappropriate places. There could be counter-suits resulting from inappropriate community placements and lack of needed services and programs.

34. Need respite care for relatives as part of new services of state hospitals. Too much of an adversarial position between Dept. of Human Services, state hospitals and community facilities.

35. Caller expressed concern regarding the quality of group home parents. Knows of some who are very poor choices to care for those persons who cannot speak for themselves.

36. Caller has a hyperactive, autistic 19-year-old son at a state hospital. Visited 4 other states and was put off. Two years ago was placed in present state hospital and has made more progress in the past year and a half than in previous 15 years. Parents explored facilities in Minneapolis - not even slightly interested. Mother offered to pay anyone to see her son and determine what facilities other than the state hospital would or could handle him as well.

37. Caller asks if anyone recognizes what harm is being done to patients/residents who have been placed in community facilities and are then returned to state hospitals.

38. Caller asked that the following points be considered:
    a. Present state hospitals are geared to resident needs
    b. Employees are well-trained and care for the residents
    c. Residents are safe from abuse
    d. Residents are happy with their peers and environment
    e. Tax dollars have already been spent on facilities and staff training
    f. How will community facilities be supervised?

39. This past year, under the policies of the Department of Human Services, has been the most demoralizing time since 1950. Has caused great anxiety and frustration to staff and patients. Hope that the Rochester closure is not repeated. Hope the state will continue state institutions, until <u>proven</u> not needed. State hospitals can be as cost-efficient as community facilities.

40. Reasons for closing state hospitals are outweighed by reasons for keeping them open.

41. Staff turnover in group homes is of concern. It interferes with continuity of care and relationships.

42. A leading founder is convinced that we need state hospitals - particularly for the multiply handicapped. They have more options and opportunities at a state hospital. If a resident does not fit with one group, another place or group is readily available. Rights of the retarded depend on whether the person can use them. Not enough studies or research to validate community group homes. Has seen retarded persons downtown wandering around and is concerned about the possibility of sexual exploitation, financial exploitation and the potential of accidents. Doubts that many are receiving good professional care. Need to collect more data and follow-up before closing state hospitals.

Comments favoring community facilities:

1. Many behaviors are learned behaviors. People learn what they live with. In instititutions, residents live with other residents who behave in the same way. State institutions are basically custodial. Independent living skills are not being taught. Caller favors a variety of community facilities to meet the different needs of mentally retarded persons. It is the community's responsibility to provide supportive services. Residents should not be dumped into the community without appropriate facilities, programs and staff.

2. Caller has severely handicapped 9-year-old daughter. Hopes that community facilities will be developed for the severely handicapped so placement in a state institutions will not be necessary.

3. Caller has son who was in a state hospital for 9 years. For past 6 years has been in a community homes. Has made excellent progress. State institution provided custodial care and medications.

4. Caller would like to see the deinstitutionalization process continued. Priorities should continue to be client-centered, not community-centered.

5. It would be a good idea to work with the churches - to get membership to open their homes to patients. In state hospitals patients are over-medicated.

6. Favor group homes. Caller sees how frivolous the tax dollars are being spent at state hospitals.

7. Multiply and severely handicapped mentally retarded persons can be served in the community - if places are made available. They presently need state hospitals because the facilities in the community presently do not exist. They need to be developed.

8. Community facilities are better able to individualize the resident.

9. The central problem is "what to do with the employees." To think of issues in that regard changes the approach. Past experience shows that the community can meet the needs of even the medically fragile.

10. Caller is a consumer - the first consumer to be on the National Board of the ARC. He feels institutions should be closed because group homes are more normal. Residents have a chance to prove themselves in a way that can't happen in institutions.

IV. SUMMARY OF FINDINGS

- The overwhelming message of the town meetings and phone calls is keep the state hospitals open. There was no support for "dumping" people into the community without support.

- The opinions expressed in the public process underscore the fact that whatever options are implemented in the future they must provide the following:

  - support for people who are the "most difficult to place"
  - affordable and accessible services
  - services that respond to the special needs of each individual
  - quality care and continuity
  - good access to families and the opportunity for families to be involved
  - a range of services in each area
  - coordination, follow-up and monitoring
  - staff who are competent, caring, and trained

- There is little doubt that any change in the state hospital system will have direct consequences on residents/patients, families, employees, and communities.

The 1984 Legislature mandated that a study and plan for Minnesota State Hospitals be prepared (Chapter 654, Section 19).

An Institutional Care and Economic Impact Planning Board was created composed of the following state agency heads: Sister Mary Madonna Ashton, Dept. of Health; Barbara Beerhalter, Dept. of Economic Security; Gus Donhowe, Dept. of Finance; Bill Gregg, Dept. of Veterans Affairs; Sandra Hale, Dept. of Administration; Leonard Levine, Dept. of Human Services; Orville Pung, Dept. of Corrections; David Reed, Dept. of Energy & Economic Development; Nina Rothchild, Dept. of Employee Relations; James Solem, Housing Finance Agency; and Tom Triplett, Chair, State Planning Agency.

Responsibility for the studies was given to the Developmental Disabilities Program/Council of the State Planning Agency.

Eight technical papers have been prepared to respond to the legislative requirements. This paper may be cited:

State Planning Agency. (1985, January). Policy Analysis Series Paper No. 5: Public opinions about state hospitals. St. Paul, MN: Developmental Disabilities Program, State Planning Agency.

"Residents" refer to people with mental retardation who live in state hospitals.

"Patients" refer to people with mental illness and people with chemical dependency who receive services at the state hospitals.

Additional free copies of reports or information about this project can be received from:

Developmental Disabilities Program
State Planning Agency
201 Capitol Square Building
550 Cedar St.
St. Paul, MN 55101
612-296-4018