

X. APPENDIX B - SUMMARIES OF STATE HOSPITAL BUILDING SURVEYS

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HOSPITAL: Anoka State Hospital

TOTAL GROSS AREA: 451,888 square feet

DESCRIPTION & USE: Hospital Facility for care and treatment of mentally ill, chemically dependent and mentally ill-chemically dependent patients.

Cottages No. 2, 3 and 4, and Building No. 12 (Nurses Dorm) have been de-licensed and de-certified by the Department of Health for failure to meet code rules and regulations and are presently unoccupied.

OCCUPANCY & TYPE OF CONST: Institutional (a) Mental Hospital according to Life Safety Code definition. The type of construction is generally masonry three stories and basement, concrete frame in the older buildings; one and two story concrete and steel frame in the newer buildings.

GENERAL MAINTENANCE & PHYSICAL CONDITION: The majority of buildings on campus were constructed from 1905-1917. Additional buildings were constructed from 1951-1960; the new Chemical Dependency Building in 1980. The general level of maintenance and housekeeping is fair. The general physical condition of buildings ranges from poor to excellent depending on age with the overall average fair. A substantial amount of repair work is needed on exterior masonry walls, stairs and tunnels. Piping in tunnels needs substantial improvements because of corrosion. Power plant roof over water heaters is structurally unsound.

HEATING, VENTILATION & AIR CONDITION: Older buildings - fin tube hot water with tempered fresh air ventilation systems and toilet exhaust. New Chemical Dependency Building - forced air heating and air-conditioning. Miller Building partially air-conditioned. Canteen and food service are air-conditioned. Heating risers in several older buildings need to be replaced.

PLUMBING: Generally adequate, however, some buildings have original plumbing some of which is obsolete and hard to find replacement parts. Hot water tanks are in bad need of replacement.

ELECTRICAL: Generally fair to good condition. Most panels have circuit breakers. Administration Building wiring is in poor condition. Emergency electric generator has been funded but is on hold by the Department of Finance. This makes the whole campus non-code complying in this area. Electrical distribution lines in tunnels have failed in sections. Other areas are suspect.

ELEVATOR: The hydraulic elevator controls in Cottage No. 8, 9 and Fahr Building are obsolete and should be replaced. Other elevators are in fair to good condition.

ENERGY CONSERVATION: Energy conservation program includes installation of monitoring computer which controls fresh air fans, hot water circulating pumps, electrical demand controls, installation of fluorescent lighting in corridors and stairways, combination windows, and installation of a small summer boiler in power plant.

LIFE SAFETY: Cottages No. 2, 3, and 4, and Nurses Dorm were de-certified. All other residential buildings are certified except for the emergency lighting condition which will be provided upon release of funds presently being held by the Department of Finance. The new Chemical Dependency Building has its own generator and is thus fully licensed.

HANDICAPPED: Vail Building No. 8, 9, Miller and Chemical Dependency (Cronin Building) have been made accessible through recent remodeling programs. The Administration Building elevator and toilet remodeling project is presently being held by Department of Finance.

ROOFS: Are generally in good condition with the exception of the Nurses Dorm and Power Plant. The Miller Building roof is blistered but apparently not leaking. Consideration should be given to removing the gutters from the older cottages which are hard to maintain and help promote ice back up.

EXTERIOR WALLS: Face brick and atone trim on cottages and Miller Building need tuck pointing. Front steps on cottages and Administration Building need to be repaired.

DOORS: Solid core wood and hollow metal.

FRAMES: Hollow metal.

WINDOWS: Wood double-hung single-glazed with combination windows.

HOSPITAL: Brainerd State Hospital

TOTAL GROSS AREA: 741,068 square feet

DESCRIPTION & USE: Facility for care and treatment of mentally retarded, mentally ill and chemically dependent residents of varying age groups.

OCCUPANCY & TYPE OF CONST: Predominately Institutional (b) Residential -Custodial Care occupancy according to the Life Safety Code definition. The type of construction is mainly one and two story partial basement, masonry with structural concrete floors, fireproof steel frame and steel bar joist roof frames.

GENERAL MAINTENANCE & PHYSICAL CONDITION: All buildings except one were constructed from 1958 through 1964 and are in good to excellent physical condition. Maintenance - housekeeping is generally good throughout. Host areas are subject to heavy abuse by residents, therefore, making this a difficult task.

HEATING, VENTILATION & AIR CONDITION: predominately hot water radiant floor slabs with tempered fresh air pneumatically controlled. Air-conditioning in the infirmary and deaf blind unit.

PLUMBING: Most all plumbing is in good to excellent condition. Buildings that have not been remodeled for ICF/MR requirements are likewise in good condition but lack the configuration to comply with licensure requirements.

ELECTRICAL: Generally good to excellent. Many fixtures have been replaced in remodeling and retrofit programs-

ELEVATOR: Generally good condition. Maintenance is provided by hospital personnel up to their limit of expertise. Balance of maintenance is by contract. Elevator controls need to be lowered.

ENERGY CONSERVATION: Stack economizers, heat exchangers for laundry dryer and waste water. Monitoring controls added for operational efficiency. Incandescent lighting changed to fluorescent.

LIFE SAFETY: All buildings except No. 8 are presently in compliance with Life Safety code; however, only buildings 7, 9, 10 and 17 are fully licensed under ICF/MR. Balance of buildings is waived on an annual basis.

HANDICAPPED: Buildings are generally in compliance with handicapped regulations according to the agreement with DPW and the State Council for Handicapped. Lowering of elevator controls in some buildings and automated entry doors remain and will be accomplished when funds are released by Department of Finance.

ROOFS: Are generally in good to excellent condition. Portions have been replaced on a continued maintenance program resulting in some buildings having all **roofs**. See Roofing Data for Specifics.

EXTERIOR WALLS: Are all brick masonry with aluminum windows and doors in good to excellent condition. Some spot tuck pointing has been done where needed.

DOORS: Majority are aluminum exterior, solid core wood or plastic laminate and metal.

FRAMES: Majority are aluminum exterior and hollow metal interior.

WINDOWS: Fixed aluminum with crank out upper sash. Operators are a maintenance problem as replacement parts are no longer available. Glass is thermal pane.

HOSPITAL: Cambridge State Hospital

TOTAL GROSS AREA: 660,148 square feet

DESCRIPTION & USE: Facility for care and treatment of mentally retarded children and adults.

OCCUPANCY & TYPE OF CONST: Predominately Institutional (b) Residential Custodial Care occupancies according to Life Safety Code definition. The type of construction is primarily one and two story with basement, masonry, reinforced concrete.

GENERAL MAINTENANCE & PHYSICAL CONDITION: The majority of campus buildings were constructed between 1923 and 1935. however, over half of the square footage on campus has been constructed since 1953 in fewer but larger buildings. The general maintenance (housekeeping) quality level is fair. General physical condition is fair to good.

HEATING, VENTILATION & AIR CONDITION: Cast iron steam radiation with thermostatic control valves in older buildings with no mechanical ventilation (toilet exhaust only). Fin Tube radiation, radiant floor slabs, and mechanical ventilation on newer buildings. Boswell, McBroom, Infirmary and Dellwoods have central air-conditioning. There are air-conditioning units in households of Cottage 8 and 11.

PLUMBING: Generally defined as adequate which by definition means meeting code, having been partially upgraded with contract remodeling and maintenance programs to keep the systems operational.

ELECTRICAL: Electrical system in good condition now augmented by a new automatic emergency generator. Fire alarms upgraded in all buildings. Many new fluorescent fixtures added.

ELEVATOR: New hydraulic elevators installed in Auditorium, Administration Building, Cottages No. 14, 8 and 11, Boswell and McBroom. Older two story buildings have no elevators.

ENERGY CONSERVATION: Dryer exhaust heat recovery system for reheat of make up fresh air in laundry and condensate recovery. Conversion to coal fired boilers, stack economizers, storm windows, and attic insulation. New roofs on Boswell, McBroom, No. 6 and 11 Include insulation to meet energy code standards.

LIFE SAFETY: All resident buildings are or will be certified and licensed without need for waiver for their present occupancy when the present life safety work is complete (Approximately 7-15-82). Other nonresident type buildings inspected by Fire Marshal under the State Fixed Code have no listed deficiencies.

HANDICAPPED: All hospital programs are provided with accessibility features according to the agreement between Department of Public Welfare and State Council for Handicapped, i.e., that only ambulatory patients be assigned to

buildings that is non-accessible. Generally the older cottages are not accessible. All of the buildings including the Infirmary, Auditorium and Administration Building are accessible.

ROOFS: New roofs are scheduled this year for the Infirmary and No. 14. Roofs on the Dellwoods are in poor condition and should be inspected thoroughly to determine the best solution for repair or replacement. See specific roof data for balance of roofs. The majority of roofs are flat.

EXTERIOR WALLS: Face Brick. Older buildings have stone belt course trim and wood trim and wood cornices. Exterior walls appear to be in generally good condition. New stair towers are painted concrete block because of lack of availability of matching brick.

DOORS: Mainly solid core wood and hollow metal. FRAMES: Mainly hollow metal.

WINDOWS: Older buildings generally wood double-hung single-glazed combination storm windows. Newer buildings display aluminum double-hung single-glazed with storm combination windows. Dellwoods have wood casements.

HOSPITAL: Faribault State Hospital

TOTAL GROSS AREA: 957,220 square feet:

DESCRIPTION & USE: Facility for care and treatment of mentally retarded residents of all ages who range from highly ambulant: to severely and profoundly mental and physically handicapped.

OCCUPANCY & TYPE OF CONST: Predominately Institutional (b) Residential Custodial Care occupancy in accordance with Life Safety Code definition. The type of construction is generally masonry, basement, one and two story with structural steel frame.

GENERAL MAINTENANCE & PHYSICAL CONDITION: Approximately half of the buildings at Faribault State Hospital when; constructed from the early 1900s to 1930, with the exception of the main hospital building (1937). The remaining half was constructed during the post-war era (1947-1964). The general level of maintenance (housekeeping) is good. The general physical condition of the order group of buildings is fair to good. The new group is in generally good to excellent condition.

HEATING, VENTILATION & AIR CONDITION: Generally cast iron steam radiation floor slabs in newer buildings. Most patient buildings have some type of mechanical tempered fresh air ventilation system and many of the new building patient areas are air-conditioned.

PLUMBING: Generally defined as adequate this by definition means meeting code and having been partially upgraded by contract remodeling and main-tenance program to keep the systems operational. Additional bathroom re-modeling should be done in Poppy and Laurel Buildings.

ELECTRICAL: Faribault State Hospital now meets code with the Installation of a new 1100 kw emergency generator and automatic transfer switch. There are two primary distribution systems. The older system is 2400 volt and is judged to be in poor condition. The new 13.8 KV system was installed in 1965 and is in excellent condition.

ELEVATOR: Two older elevators were replaced in the Hospital Building in 1975. Other elevators are hydraulic type and are maintained by hospital Staff up to the limit of their expertise and then by contract maintenance.

ENERGY CONSERVATION: Energy Retrofit Program included insulation of steam

pipng in turned new burner and controls in Boiler No.1, heat recovery from regional Energy Building and dryer exhausts, exhaust air reduction and was of central air in kitchen, energy management computer monitoring and control system, electrically use reduction program, storm windows and roof insulation.

LIFE SAFETY: All patient buildings presently is compliance with Life Safety Code requirements and are so certified, however funds were not made available to complete the "Household" remodeling work in Seneca, Elm, Hickory, Mohawk and Linden buildings. They are therefore licensed with waiver on an annual basis

HANDICAPPED: Handicapped accessibility remodeling has been performed in two recently completed projects and brings the majority of resident living and program areas into compliance with code. Only ambulatory residents are housed in non-complying buildings.

ROOFS: New roofs have recently been installed on Birch, Seneca, Linden and the Hospital Building, as well as a portion of the Warehouse. Most other roofs are in good condition with the exception of Pawnee, the lower roof area on Rogers, Food Service and portions of Willow.

EXTERIOR WALLS: Predominately face brick with stone trim, a few older buildings are stucco and stone. Resident Building brick joints are generally in very good condition with only isolated flaws while the older buildings are just fair and in need of substantial tuck pointing.

DOORS: Generally solid core wood interior and hollow metal exterior. FRAMES: Generally hollow metal.

WINDOWS: Generally wood double-hung single-glazed with aluminum combinations and aluminum awning windows single-glazed.

HOSPITAL: Fergus Falls State Hospital

TOTAL GROSS AREA: 876,932 square feet

DESCRIPTION & USE: Facility for care and treatment of mentally ill, men-tally retarded and chemically dependent men and women. All programs are presently licensed and certified pending continued progress on correction of Life Safety Deficiencies.

OCCUPANCY & TYPE OF CONST: Institutional occupancy (a) Health Care Facilities and (b) Residential Custodial Care according to Life Safety Code definition. The type of construction is generally masonry, basement, one, two, three and four story steel frame.

GENERAL MAINTENANCE & PHYSICAL CONDITION: The general level of maintenance and housekeeping is good to excellent. The physical condition generally is fair to good. The exterior walls of the main complex are in need or repair in areas below the gutters. A substantial amount of tuck pointing is needed on several buildings.

HEATING, VENTILATION & AIR CONDITION: Generally perimeter hot water fin tube radiation with tempered fresh air ventilation systems with pneumatic controls in main building complex, G.M. and G.W. Most out buildings except G.M. and G.W. have no mechanical ventilation other than exhaust systems.

PLUMBING: Major plumbing remodeling took place in the early 1960s in the main complex. New piping and fixtures were installed. Overall, plumbing systems are in good condition.

ELECTRICAL: Electrical switch gear is old and in marginal condition. The distribution system is in fair condition. The emergency generator is approximately eight years old and in excellent condition is a 480 kiwi unit with manual transfer switch. Building lighting systems are mostly fluorescent.

ELEVATOR: Mixture of hydraulic and cable elevators in fair to good condition. A new hydraulic elevator is being installed in the receiving hospital. Existing elevators are key operated and therefore do not meet Handicapped Accessibility requirements, however, hospital program provide attendant for elevator operation.

ENERGY CONSERVATION: Energy Conservation program consists mainly of new windows and insulating panel installations, pipe and converter insulation, sensing controls and/or time clocks on air handling units and converters, roof insulation and conversion of incandescent lighting to fluorescent.

LIFE SAFETY: Most residential areas are now in compliance with the Life Safety Code. Areas which remain in non-compliance include the nun-remodeled portion of the G.M. building, funds for which have been requested but not appropriated. Exit stairs are required on Annex, Cottage and R.H. Buildings. Fire alarms in Buildings No. 5 and 6 have been ordered by the Fire Marshal.

HANDICAPPED: Most residential areas in buildings are in substantial compliance with the Council for Handicapped, i.e., all programs accessible concept.

ROOFS: A substantial amount of roof replacement has been accomplished in the last three years including part of the main complex; however, quite a number of roof areas are hip and gable roofs of asphalt shingles, cement asbestos and clay tile.

EXTERIOR WALLS: The main building complex has face brick which has been painted. There are substantial areas in various stages of decay around cornices under gutters and behind down spouts. Tuck pointing and brick replacement is acutely needed. Hospital staff is working on this. Tuck pointing is generally needed on many buildings.

DOORS & FRAMES: Most interior doors are solid core wood with hollow metal or wood frames. Most exterior doors and frames are hollow metal. A few remaining doors that are not in compliance with code are on order and will be replaced upon receipt.

WINDOWS: Windows on the main complex have been replaced several years ago with glass block and aluminum sash vents. They have good insulating qualities but provide a distorted view to the outside. Windows have also been replaced on G.W. activation wing, partially on G.M., A.W. and R.H. buildings.

HOSPITAL: Moose Lake State Hospital

TOTAL GROSS AREA: 513,534 square feet

DESCRIPTION & USE; Facility for care and treatment of mentally ill, chemically dependent, mentally retarded, and geriatric men and women.

OCCUPANCY & TYPE OF CONST: Institutional occupancy (a) Health Care Facilities, and (b) Residential Custodial Care according to Life Safety Code definition. The type of construction is mainly basement, one, three, and four story brick, reinforced concrete frame.

GENERAL MAINTENANCE & PHYSICAL CONDITION: The majority of buildings on campus were constructed in 1938. Cottages 8 and 10 were added in 1949. They have been well maintained over the years and still exhibit many of the original materials. The general level of maintenance is good to excellent. The general physical condition is good.

HEATING, VENTILATION & AIR CONDITION: Generally recessed steam cast iron radiation throughout, pneumatic controls with individual room thermostats. Cottages 8 and 10, and buildings 51 and 52 have tempered fresh air ventilation system. Infirmary portion of Cottage 8 is air-conditioned, as well as Pharmacy Lab and Hospital Services. Fresh air ventilation systems are badly needed in Cottages 1, 2, 3, and 4.

PLUMBING: Generally original, however, three cottages and Building 8 have or are being remodeled to meet ICF mentally retarded standards. Other areas have been remodeled for accessibility.

ELECTRICAL; Generally good condition, new conduit installations have been concealed. Hospital recently went from 2400 to 4160 volt service. High and low voltage switch gear and emergency generator are in good condition. High voltage distribution cable is original and in marginal condition.

ELEVATOR: Both hydraulic and cable elevators are on contract maintenance and appear to be in good condition.

ENERGY CONSERVATION: Retrofit program presently under contract, includes energy computer for monitoring and controlling fresh air systems, attic and roof insulation under new roof work and low watt fluorescent fixture installation in corridors and stairwells. Storm combination windows were also installed previously.

LIFE SAFETY: All patient areas are either certified and licensed with or without waivers. Those waiver areas include, Building 50 - horizontal exits and smoke doors, Cottage 10 presently under remodeling, Auditorium -stage - sprinkler system, Library - second exit. Nurse's dorm requires smoke detectors in corridor or sprinkler system.

HANDICAPPED: In general the hospital complies with accessibility requirements. New sloped walk from main entrance to the end of building 52 provides good access to complex of buildings.

ROOFS: Several new roofs have been installed in the last few years which leave only the above grade tunnels in need of repair or replacement at this time.

EXTERIOR WALLS: Mostly face brick with stone trim. Joints in stone work generally need to be replaced. Areas of various buildings need tuck pointing.

DOORS: Generally solid core wood interior and exterior.

FRAMES: Generally hollow metal interior and wood exterior.

WINDOWS: Wood single-glazed double-hung with combination storm and screens.

HOSPITAL: St. Peter State Hospital

TOTAL GROSS AREA: 738,628 square feet

DESCRIPTION & USE: Facility for care and treatment of mentally ill, chemically dependent, mentally ill and dangerous and mentally retarded men and women.

OCCUPANCY & TYPE OF CONST: Institutional occupancy (a) Health Care Facilities (b) Residential Custodial Care accordance to Life Safety Code definition. The type of construction is generally masonry, basement, one, two and three story concrete frame.

GENERAL MAINTENANCE & PHYSICAL CONDITION: St. Peter State Hospital has undergone a major building replacement program over the last 20 to 25 years and thus has been transformed from the oldest state hospital to one of the newest, physically. The general level of maintenance and housekeeping is good to excellent. The physical condition is generally excellent except for a few of the older resident buildings and garages.

HEATING, VENTILATION & AIR CONDITION: Generally forced air heating and ven-tilation systems with some perimeter heating all served by the Central Steam Plant except Hoffman Center which is now leased to others and has its own boiler. The new Supervised Living Facility is fully air-conditioned as well as portions of Shantz, Pexton, Bartlett, Administration Building, and Tomlinson Hall Green Acres and Sunrise.

PLUMBING: The building plumbing systems appear to be in generally good condition.

ELECTRICAL: The electrical distribution system has switch gear in excellent condition, a fair high voltage distribution system and new emergency generator with automatic transfer features. Many incandescent lights have been replaced with fluorescent.

ELEVATOR: Elevators on campus appear to be in good condition, having been modified to meet handicapped requirements. Elevator maintenance is on contract. New hydraulic elevator has Just been installed in Johnson Hall.

ENERGY CONSERVATION: Some new fluorescent lighting has been added. New stack economizers have been installed on three boilers. A summer boiler is being considered if the study proves adequate savings.

LIFE SAFETY: The facility recently received full accreditation for a period of three years from February 27, 1982. Accordingly, the facility is fully certified and licensed by the same life safety standards. Green Acres (wood working and storage areas) has been ordered by the Fire Marshal to have a sprinkler system installed within 90 days. Funds are yet to be released by Department of Finance for this project.

HANDICAPPED: Most resident buildings are in full compliance with accessi-bility standards. Buildings which are not in compliance do not house or employ physically handicapped people.

ROOFS: Roofs on campus are generally in good to excellent condition, many having been replaced in the past few years. Some are in need of repair and/ or replacement.

EXTERIOR HALLS: Generally masonry (face brick with stone trim) in relatively good condition on newer buildings, however a substantial amount of tuck pointing is needed on campus including some pointing at joints between stone and brick work on newer buildings.

DOORS: Mostly hollow metal exterior and solid core wood or plastic laminate interior.

FRAMES: Mostly hollow metal - some wood in older buildings.

WINDOWS: Mostly metal in combinations of double-hung fixed with overhead crank out operators or fixed. Glass is either single-glazed with storm units or insulated glass tempered plate insulated, or security insulated.

HOSPITAL: Willmar State Hospital

TOTAL GROSS AREA: 550,557 square feet

DESCRIPTION & USE: Facility for care and treatment of mentally retarded, mentally ill, chemically dependent and geriatric residents.

OCCUPANCY & TYPE OF CONST: Institutional (a) Nursing Home, and (b) Residential Custodial Care occupancies according to the 1973 Life Safety Code definition. The type of construction is mainly masonry two and one-half story reinforced concrete (tile and joist) frame.

GENERAL MAINTENANCE & PHYSICAL CONDITION: The majority of the buildings on campus were constructed from the year 1912 through 1933. Considering their age, they are in good physical condition and well maintained. Buildings constructed since the 1930s, i.e., MTC, Boiler Plant, Warehouse, Service and Activities Buildings are generally in excellent physical condition and likewise as well maintained.

HEATING, VENTILATION & AIR CONDITION: Mostly cast iron steam radiation in older buildings. Hot water radiant slab in MTC and perimeter hot water in Activities Building. Generally no mechanical ventilation system except in new buildings. MTC Building, Receiving Hospital and Activities Building are air-conditioned.

PLUMBING: Most plumbing is adequate for resident's usage, having been re-piped and replaced fixtures under general maintenance program. Many bathroom areas have been remodeled, but are limited to constraints of existing structure. Other bathroom areas are funded for remodeling but funds are being withheld by the Department of Finance*

ELECTRICAL: Generally good condition, having been upgraded by general remodeling and maintenance programs. There is a substantial amount of exposed conduit in the older cottages.

ELEVATOR: There are several elevators in use on campus in addition to three new elevators presently being installed.

ENERGY CONSERVATION: All buildings with attics have been insulated. The great majority of buildings have had combination storm windows installed throughout.

LIFE SAFETY: All resident buildings are certified and licensed for their present occupancy. The only major deficiency (exterior open fire escapes) has been waived by Life Safety inspectors on a yearly basis, pending availability of funds.

HANDICAPPED: All hospital programs are provided with accessibility requirements according to the agreement with the State Council for Handicapped and the Department of Public Welfare.

ROOFS: Most buildings constructed through the 1930s have gable or hip roofs of clay tile. They have been well maintained and apparently are in good condition. The balance includes built up and new single ply membrane roofs.

EXTERIOR WALLS: Most buildings constructed through the 1930s exhibit face brick bases and trim with stucco in-fill.

DOORS: Solid core wood or hollow metal.

FRAMES: Hollow metal.

WINDOWS: The majority of windows on campus are wood single-glazed double-hung with combination storms and screens.

XI. APPENDIX C - COMMENTS RECEIVED FROM COUNTIES AND OTHER CONCERNED GROUPS

RESOLUTION NO. 81-2-174

Commissioner Derus offered the following resolution, seconded by Commissioner Robb:

WHEREAS, Anoka State Hospital is an essential resource for the mentally ill and chemically dependent of Hennepin County and surrounding counties and constitutes an important element of the continuum of care for such persons; and,

WHEREAS, the programs provided at the Anoka State Hospital should not be discontinued without a transfer of state fiscal support to community programs; and,

WHEREAS, the location of Anoka State Hospital is an essential element of Us ability to serve the citizens of Hennepin and other catchments area counties; and,

WHEREAS, the need for the programs provided at Anoka State Hospital will not abate in the foreseeable future:

BE IT RESOLVED that the Hennepin County Board of Commissioners urge the Minnesota State Legislature to reject efforts to close the Anoka State Hospital until assurances can be given that current services will not be disrupted and until a comprehensive funding mechanism for community alternatives can be established, and further that Hennepin County continues to offer the services of its personnel to assist in resolving problems in the operation of Anoka State Hospital and the establishment of alternative community resources.

The question was on the adoption of the resolution and there were seven YEAS and no NAYS as follows:

COUNTY OF HENNEPIN BOARD OF COMMISSIONERS	<u>YEA</u>	<u>NAY</u>	<u>OTHER</u>
Jeff Spartz	<u>X</u>	---	---
Randall E. Johnson	<u>X</u>	---	---
Richard e. Kremer	<u>X</u>	---	---
E. F. Robb. Jr.	<u>X</u>	---	---
Sam s. Sivanich	<u>X</u>	---	---
Nancy Olkon	<u>X</u>	---	---
John E. Derus, Chairman	<u>X</u>	---	---

RESOLUTION ADOPTED.

ATTEST: _____
Deputy County Auditor

Resolution

Board of
Ramsey County Commissioners

Presented By Commissioner Ahrens Date April 27, 1981 No. 81-325

Attention:

Budget & Accounting; ~~Chairman Orth~~;

Commissioner Ahrens;

WHEREAS, The goals of the Anoka State Hospital are to provide psychiatric and mental health treatment services and/or chemical dependency treatment services to residents of the five county metropolitan area: and

WHEREAS, The purpose of the treatment program is to reduce symptoms of psychosis and other severe impairment so that further the community and which will ensure the safety of the patients and others in the

WHEREAS, The Anoka State Hospital has been found by the Joint Commission on the Accreditation of Hospitals and the Minnesota Department; to have certain staffing deficiencies which have resulted in the loss of accreditation and

WHEREAS, These minimum staffing standards are lower than the staffing standards implemented at other inpatient psychiatric services operated by metropolitan area hospitals; and

WHEREAS; The Anoka State Hospital has developed a plan to appropriately control the occupancy of the beds in its various treatment units in an attempt to improve its staffing standards and the control of treatment services and security provided; and

WHEREAS, Program and security problems caused by inadequate staffing could lead to a reduction of services or closure of Anoka State Hospital; and

WHEREAS, The cost of community care for the large proportion of Hennepin County residents who are patients at Anoka State Hospital would lay a greater burden on the property taxpayers of Ramsey County; Now. Therefore Be It

RESOLVED, That the Board of Ramsey County Commissioners supports minimal staffing levels at Anoka State Hospital as provided by its minimum staffing standard; and Be It Further

RESOLVED. That the Board of Ramsey County Commissioners recognizes that the current allocation of staff is insufficient to meet the minimum staffing standards and that; therefore, there should be no reduction of staff at Anoka State Hospital; and Be It Further

RESOLVED, That the Anoka State Hospital Governing Board, the Governor's Office, and appropriate legislative bodies are urged to provide sufficient staff and funding to meet community and professional standards.

ROBERT J. ORTH, *Chairman*

By *Stephen M. ...*

BOARD OF COUNTY COMMISSIONERS Anoka County, Minnesota

DATE 3/10/81 . RESOLUTION NO. 81-18 .
OFFERED BY COMMISSIONER Fields .

COUNTY BOARD SUPPORT FOR CONTINUATION OF ANOKA STATE HOSPITAL

WHEREAS, the Anoka State Hospital is an essential resource for the mentally ill and chemically dependent of Anoka County and surrounding counties and constitutes an important element of the continuum of care for such persons; and,

WHEREAS, the programs provided at the Anoka State Hospital should not be discontinued without a transfer of state fiscal support to community programs; and,

WHEREAS, the location of Anoka State Hospital is an essential element of its ability to serve the citizens of Anoka County and other catchments area counties; and,

WHEREAS, the need for the program provided at Anoka State Hospital will not abate In the foreseeable future:

NOW, THEREFORE, BE IT RESOLVED by the Anoka County Board of Commissioners that they do hereby urge the Minnesota State Legislature to reject efforts to close the Anoka State Hospital until assurances can be given that current services will not be disrupted and until a comprehensive funding mechanism for community alternatives can be established, and further that Anoka County continues to offer the services of its personnel to assist in resolving problems in the operation of Anoka State Hospital and the establishment of alternative community resources.

BE IT FURTHER RESOLVED that copies of this resolution are forwarded to the State Department of Public Welfare, the Association of Minnesota Counties and the Anoka County Legislative Delegation,

	YES		NO
Kordiak	<u>X</u>		Kordiak <u> </u>
Fields	<u>X</u>		Fields <u> </u>
Lang	<u>X</u>		Lang <u> </u>
Ryan	<u>X</u>		Ryan <u> </u>
O'Bannon	<u>X</u>		O'Bannon <u> </u>

State of Minnesota }
County of Anoka } SS

1. Ralph L. McGinley, Executive Secretary to the County Board of Commissioners. Anoka County, Minnesota, hereby certify that I have compared the foregoing copy of the resolution of the County Board of said County with the original record thereof on file in the Administration Office. Anoka County, Minnesota, as stated in the minutes of the proceedings of said Board at a meeting duly held on 3/1081 and that the same is a true and correct copy of said original record and of the whole thereof, and that this resolution was duly passed by said Board at said meeting.

Witness my hand and seal this 10th day of March 1981



RALPH L. MCGINLEY
EXECUTIVE SECRETARY



DISTRICT BRANCH OF THE AMERICAN PSYCHIATRIC ASSOCIATION

March 1, 1982

The Honorable Albert Quie
Governor of State of Minnesota
State Capitol
St. Paul, MN 55155

Dear Governor Quie:

The Minnesota Psychiatric Society and various community based advocacy groups are very concerned about the care of indigent mentally ill individuals in the community, following the profound reductions in General Assistance Medical Care benefits, The situation has now reached a point where county and public hospitals can no longer cope with the increasing number of needy mentally ill presenting for psychiatric care.

In the seven county metropolitan areas alone there are 386 adult psychiatric beds (including 257 at Anoka State Hospital) and 23 public child beds at the University of Minnesota. The private sector has 617 adult psychiatric beds and 210 child beds. Therefore, ways will have to be found to fund indigent mentally ill in existing beds in the private sector.

The problem is that funding for hospitalization through GAMC has been cut back so far that hospitals cannot afford to admit GAMC patients. Existing Hill-Burton funds, when they exist, are rapidly being depleted and some relief from public welfare monies must be found.

The Minnesota Psychiatric Society proposes that this matter be given high priority by the Minnesota State Legislature. Ways to authorize legitimate, needy, indigent mentally ill individuals for community based inpatient care and outpatient psychiatric treatment must be found.

As you are aware, with the closure of Hastings and Rochester State Hospitals, the number of state hospital beds available has been reduced. The solution, therefore, must be found in providing reimbursement to the private sector. The key to controlling costs will be the appropriate authorization of needy mentally ill and some method of monitoring the disposition of funds.

Perhaps an authorizing authority, designated by DPW and/or the county hospital and or public system, will be necessary. Unless there is some action to

March 1, 1982
The Honorable Albert Quie
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remedy this deteriorating situation, mentally ill Individuals will fall victim to numerous abuses and neglect. It is also likely that many will end up in the criminal justice system, still not receiving appropriate treatment.

We urge your attention to this important matter and stand ready to assist in needed planning efforts.

Sincerely,

Lee Beecher, M. D.
Legislative Representative
Minnesota Psychiatric Society

LHB:I

copies to:

Senator Roger D. Moe, Majority Leader
Senator Mary Hanson, Assistant Majority Leader
Senator Tom A. Nelson, Majority Whip
Senator Gerry Sikorski, Majority Whip
Senator Robert O. Ashbach, Minority Leader
Senator John Bernhagen, Assistant Minority Leader
Senator Mel Frederick, Minority Whip
Senator Howard A. Knutson, Assistant Minority Caucus Leader
Representative Harry A. Sieben, Jr., Speaker of the House
Representative Willis ft. Eken, Majority Leader
Representative Glen A. Sherwood, Minority Leader
Representative Michael R. Sieben, Chairman, Appropriations Committee
Representative Jim Swanson, Chairman, Health & Welfare Committee
Representative Tad Jude, Chairman, Judiciary Committee
Representative Don Samuelson, Chairman, Health, Welfare & Corrections Division
Appropriations Committee
Representative Shirley Hokanson, Vice Chair, Appropriations Committee
Dr. William Routt, Medical Director, Anoka State Hospital, Anoka, MS.
Dr. William Jepson, Chief of Psychiatry, Hennepin County Medical Center
Dr. Vicente Tuason, Chief of Psychiatry, Ramsey County Medical Center
Dr. Paula Clayton, Head, Department of Psychiatry, University of Minnesota
Dr. Ronald Young, Assistant Commissioner, Bureau of Mental Health, MDPW
Dr. Frank Kiesler. President, Minnesota Psychiatric Society, Grand Rapids, MN
Dr. M. J. Martin, Chairman, Department of Psychiatry, Mayo Clinic, Rochester
Dr. Zigfrids Stelmachers, Director, Crisis Intervention Center, HCMC
Dr. John Mulvahill, Chairman, MMA Resource Group on Mental Disorders
Mr. Arthur Noot, Commissioner of Public Welfare
Mr. Tom JoliCoeur, Supervisor, Professional Services Section, DPW

XII. APPENDIX D - PROPOSED LEGISLATION

A bill for an act

relating to public welfare: providing for establishment of state hospital governing boards by the commissioner; providing for appointment of board members; providing for board powers and duties; providing for establishment of community programs; requiring an evaluation and report by the commissioner; providing for termination of state hospital boards; proposing new law, coded in Minnesota Statutes, Chapter 246,

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. [246.024] (STATE HOSPITAL GOVERNING BOARDS)
Subdivision 1. {PURPOSE.} The commissioner of public welfare shall formulate policies and procedures that will foster effective methods of administration of state hospitals and to establish the future role of state hospitals as an integral part of a community based system for services for mentally ill, mentally retarded and chemically dependent persons. The commissioner shall foster the development of local control of state hospital services on an experimental basis by formulating one or more local governing units for state hospitals according to the provisions of this section.

Subd. 2. {ESTABLISHMENT.} The commissioner of public welfare may establish one or more state hospital governing boards who shall, by contract, each assume full responsibility for the governance of a state hospital. The contract shall be formulated by the commissioner and specify the duties stated in this section and shall be revocable upon 30 days notice. Members shall be appointed by the commissioner with the advice and consent of the board of commissioners of the member's county of residence. The governing board's membership shall:

(1) Be representative of the population distribution within the area the state hospital

(2) Contain a majority of members who are either elected county commissioners or designated by a county board;

(3) Contain persons knowledgeable in each disability area served by the hospital, and to the extent possible be interdisciplinary in nature.

The terms, compensation and removal of members shall be pursuant to the provisions of section 15.0575, except that the membership may exceed 15 when the commissioner finds that adequate representation according to this section cannot be achieved with a membership of 15 or less.

Subd. 3. (DUTIES.) The governing board shall, pursuant to contract, act as the legal authority for the operation of the state hospital subject to state and federal laws and regulations, state and federal court orders, and other state contractual agreements, including those relating to employees. Hospital employees shall continue to be state employees for all purposes except that the chief executive officer and the chief medical officer of the hospital shall serve at the discretion of the board with the approval of the commissioner pursuant, to sections 246.02 and 246.0251. .Within the limits of state appropriations and state agreements the board shall determine the services to be offered and the allocations of staff in consultation with the chief executive officer and the chief medical officer. It shall be the duty of the governing board to assure that the state hospital:

(1) Does not reduce the established standard of care for any population currently served by the hospital;

(2) Does not deny admission or care due to a history of prior treatment or due to a finding that a person is not amenable to treatment, except that a person transferred to a community program established pursuant to subdivision 5. shall not be construed as a denial; and

(3) Meets all provisions of state regulations relating to quality of patient care and all laws and regulations relating to the rights of patients.

Subd. 4. [ALLOCATION OF FUNDS.] On July 1, 1983, and annually thereafter the commissioner of welfare shall determine a proportion of the state hospital appropriation to be placed at the disposal of state hospital boards for allocation to programs outside of the state hospital where determination has been made that needs of certain state hospital patients can be more properly served in community programs. For the biennium beginning July 1, 1983, the commissioner's determination shall not exceed ten percent. A single determination shall be made for all state hospital boards based on the amount of the state appropriation to hospitals and the cost of all statutes, laws, regulations or other contractual agreements that are binding upon state hospitals.

Subd. 5. [COMMUNITY PROGRAMS.] Each state hospital board is hereby empowered to enter into grants or contracts with units of local government or with private agencies for the provision of community mental health, mental

retardation and chemical dependency services, within the funds allocated according to subdivision 4. All community service grants shall obtain county board approval pursuant to the provisions of section 254A.07, with respect to chemical dependency, services and section 256E.08, subdivision 1.

Subd. 6. {DUTIES OF THE COMMISSIONER.} The commissioner of public welfare shall provide assistance and direction to county boards and state hospital boards requesting assistance in performing their duties under this section. The commissioner shall continue to set standards of care and treatment of all disabilities served by the hospital and to monitor compliance with all state laws and regulations relating to state hospital operations and shall have complete access to all facilities, staff and records to fulfill these duties. During the biennium beginning July 1, 1983 the commissioner shall not reduce staff or budget allocations to a state hospital managed by a state hospital governing board, except as prescribed by the Governor and the Legislature.

Subd. 7. [REPORT TO THE LEGISLATURE,] The commissioner of public welfare shall monitor and evaluate the effectiveness and efficiency of each state hospital governing board's operation. The evaluation shall include analysis of the quality of patient care and the degree to which coordination with local mental health, mental retardation and chemical dependency services has been achieved by the board. The commissioner shall prepare a report to the 1983 legislature stating:

(1) The degree to which standards of patient care have been maintained or enhanced;

(2) A description of local coordination efforts made by the board and of the impact of local coordination on patient care, treatment, and post-treatment services;

(3) An assessment of the feasibility of state hospital governing boards and recommendations regarding continuation of the board;

(4) Recommendations regarding the formulation of governing boards for other state hospitals; and

(5) Recommendations regarding statutory changes needed to implement the report's conclusions.

Subd. 8. [TERMINATION OF POWERS.] The powers and duties of state hospital governing boards established under this section shall terminate on December 30, 1985. If the commissioner determines that a board established

under this section is not operating the hospital in compliance with this section or with federal or state laws, regulations, or court orders or preventing the state from complying with such laws, regulations, or orders, the commissioner shall either temporarily or permanently dissolve the board and resume administration of the hospital. If the commissioner later determines that the board can resume responsibility for the hospital, the commissioner may obtain appropriate assurances and reinstate the board or appoint a new board pursuant to subdivision 2.

Sec. 2. This act is effective July 1, 1983.