

93 4

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

Minnesota State Planning Agency  
300 Centennial Building  
658 Cedar Street  
St. Paul, Minnesota 55155

JUN 11 1984

**ANOKA STATE HOSPITAL:  
A WORKING PART OF ANOKA**

A report of the ad hoc committee on  
the status and future of Anoka  
State Hospital to the Anoka City  
Council March 26, 1984

## INTRODUCTION

In reviewing the function of Anoka State Hospital in the community, the ad hoc committee found ample evidence that the hospital is necessary. The seriously mentally ill make up a predictable 3% of the national population. While community-based treatment centers may be suitable for some of them, there are many others who cannot afford them, or who for their own protection need a more structured environment—at least for a time. The Anoka State Hospital is a vital part of the continuum of mental health care in the twin city metropolitan area and in the state of Minnesota.

The hospital is also necessary to the Anoka community. As the city's fifth largest employer, the presence of the hospital is a significant factor in the local economy. Through the Mental Health Players and liaisons with the Anoka Vocational Technical Institute landscape and nurses' training programs it has some educational impact as well. Because of a more professional staff, more sophisticated screening of patients, and better security measures, security problems have diminished in the last four years.

Many factors indicate an upgrading of the services provided by the hospital. Its increased number of psychiatrists and other professionals, linkage with the University of Minnesota School of Medicine, and national accreditation are a few.

We believe that the majority of people in Anoka are unaware of the improvements made at the hospital. Their only information about it may come from what they read in twin cities newspapers. Therefore we see the City Council's interest in appointing this committee as a positive step toward public education.

But with all the changes that have been made at the hospital, much remains to be done. We are a committee of citizens, not experts, and cannot attempt to judge the quality of care or therapeutic value of treatments provided by the hospital. Yet it is obvious that empty and outmoded buildings do not square with the increasing demand for admission and decreasing average length of stay. An estimated \$55,206 is spent heating empty, substandard buildings to 60 degrees each winter so they won't deteriorate further.

Another factor, besides the ignorance of the public and an antiquated physical facility, which may work against the hospital's realizing its full potential in the community, is attributable to the fact that the hospital is administered and funded by the State Department of Public Welfare. The hospital is a vital working part of the metropolitan area mental health system administered and funded by the counties. To maintain its effectiveness in the metro system, for example, in terms of sufficient professional staff, physical facilities, and computer capability, the hospital must compete with nine other DPW institutions for funds. Users of the hospital, local residents and city and county officials—whose interests are served by a safe, modern, properly staffed facility—have little opportunity for direct input into funding decisions.

As part of the purpose of this committee was to provide a vision of what the hospital could be in the future, we would like to offer some recommendations. We do so with hope. In the words of Dr. Wilfrids T. Stelmachers, "There is no such thing as a bad hospital in a good community."

RECOMMENDATIONS

- I. We recommend that the nurses' dormitory should be renovated at a cost of \$190,000 and used as a supervised living facility; and further, that a 10-year building construction and renovation program be undertaken.
- II. DPW funds should be distributed on the basis of need, not just on the number of patients. We believe that the demand for its services, its proximity to the metropolitan area, the patients it treats, and the community concerns for safety in the city of Anoka all prove needs which must have continuous attention.
- III. The contents of this report should be public knowledge. The Community Board for Policy, Planning, and Liaison with the hospital should continue to be used to its fullest effect. Both recommendations are to promote public understanding and communication between the hospital and the community and active community support for a safe, properly staffed, modern facility.

These are the conclusions which the ad hoc committee reached in the course of its study. For background information on these recommendations, refer to the following pages under these specific headings:

1. On the need for state hospitals . . .	4
2. On Anoka State Hospital	
A) demand . . . . .	6
B) patients . . . . .	7
C) physical facilities . . . . .	9
D) long-term building plan . . . . .	11
3. Impact on local economy . . . . .	12
4. Security concerns . . . . .	13
5. Neighborhood reactions . . . . .	17
6. Hospital ↔ town connections . . . . .	20
7. What might happen? . . . . .	23

## ON THE HEED FOR STATE HOSPITALS

### An Idea Whose Time has Come and Gone and Come Again

The appropriate care of the mentally ill has been the subject of much debate in the last three decades. State hospitals were originally created as asylums for the mentally ill before much treatment for schizophrenia was known. These institutions provided food and shelter and protection for society from the patient, and protection for the patient from himself, and not much else. Most patients then were more reclusive than they are now, and hospital stays were measured in years.

With the development of thiorazine in the 1950's, state hospitals were seen as no longer needed, and "institutionalization," or the adverse effects of spending prolonged periods of time in them, was marked as a contributing factor in the patient's inability to progress to the point of functioning normally in the real world.

Today some experts say that thiorazine was prematurely labeled a miracle drug, to the ultimate detriment of the mentally ill. It could control some of the most erratic behavior associated with schizophrenia, but not eliminate the disease. But in pinning their hopes on this and related medications, professionals abandoned their support of the old state hospital system.

The Community Mental Health Act of 1963 called for the deinstitutionalization of these patients and the creation of community-based treatment centers to care for them. As a result state hospitals were closed.

Now, twenty years after the legislation, it is the contention of some observers that for many, community treatment does not work. The assumption that the communities would accept the mentally ill in their midst has been disproved. Also that the mentally ill could or would maintain medication

programs. Also that they all had sufficient Judgment to make appropriate basic living decisions about food, shelter, and clothing. Without state hospitals, they became homeless; the inhabitants of freeway underpasses, bus shelters, and park benches.

It seems that the public would like to deny the existence of mental illness. But no matter how we shuffle the deck, we still come up with the inevitable 3% who need mental health care. Shuffle them into hospitals, into communities, into the streets, they still refuse to disappear. At least in state hospitals they can be insured of a humane environment.

"It is often said that a society can be judged by the way it treats its most disadvantaged, its least beloved, its mad. As things now stand, we must be judged a poor lot, and it is time to mend our ways."

-Lewis Thomas

Sources:

"On the Need for Asylums", an essay by Lewis Thomas, found in his book, *Late Night Thoughts While Listening to Mahler's Ninth Symphony*, New York, Viking Press, 1983.

"Still Looking for the Hose Garden: The effects of Deinstitutionalizing Mental Health Service", Eric Detzer, *Humanist magazine*, Nov. Dec.- Dec. 83, p. 22.

Dr. William Jepson, Chief of Psychiatry, Hennepin County Medical Center, in an informational meeting for the ad hoc committee, held Feb. 2, 1984 at the hospital.

ON ANOKA STATE HOSPITAL. (A) DEMAND

As of January 1984 Anoka State Hospital had a dally average occupancy rate of 98%. This figure is the highest since Jonathan Balk became Chief Executive Officer in August 1980. In fact it is the highest in the history of the hospital and among the highest occupancy rate any state hospital has ever had in Minnesota's history. According to Dr. William Routt, Medical Director at Anoka State Hospital, the hospital's 25% recidivism rate compares favorably to a 40-60% rate nationwide.

While the average daily occupancy graph describes an upward curve, the average length of stay continues to decrease. In a fact sheet dated February 1983 (see below), 74% of mentally ill patients stayed less than a year, and there had been a 12% reduction in the number of patients staying two or more years at the hospital between December 1981 and March 1983. It is an open question when the practice of discharging patients sooner in order to make more room for admissions will reach a point of diminishing return in terms of the outlook for rehabilitation.

**ANOKA STATE HOSPITAL  
FACT SHEET  
February 16, 1983**

**Length of Stay of Mental Illness Programs In-Residence Population, 12-31-82:**

<u>Length of Stay</u>	<u>Proportion of Total M.I. Patients</u>	
0 - 3 months	47%	61%
3 - 6 months	14%	
6 - 9 months	7%	13%
9 - 12 months	6%	
1 - 2 years	9%	26%
2+ years	*17%	

\*Since December, 1981 there has been a reduction of 12% in long-term resident patients.

(B) PATIENTS

Dr. Ronald Young, former medical director of Minnesota Department of Public Welfare, characterized the patients at Anoka State Hospital as the "sickest of the sick." And according to the hospital administration, the patient population has not changed since Dr. Zigfrids Stelmachers described it in his report issued in May 1980:

There is a near consensus at all levels that the mentally ill patients at Anoka State Hospital are unique and have changed considerably over time in their characteristics. Anoka State Hospital is the only state hospital which draws patients from a large metropolitan area, with all the problems peculiar to it. They have typically less social support systems outside the hospital. They represent a hard core group of dropouts from the multitude of community services offered in the metropolitan district. The fact that they ended up at Anoka State Hospital means that they represent community treatment failures, i.e., are more selected and cluster at the highest morbidity and least treatable end of the continuum. . . Over the years there have been less and less voluntary patients, and the patients' rights movement has created a climate which makes it more difficult to administer medications against the patients' wishes and encourages the patients to refuse forced medications. . . Generally, the mentally ill patient today is younger, more behaviorally disturbed, more active and aggressive, and more apt to have a drug dependency problem, in addition to being mentally ill. . . Finally, in the words of one staff member, a larger proportion of the more recently admitted patients are "unfixable" and "burned out."<sup>1</sup>

In this report Dr. Stelmachers made 67 recommendations for changes in program, policy, and organization of the hospital. When Dr. Stelmachers spoke to the ad hoc committee Feb. 2, 1984, he began by saying, "I never would have believed that so much could be done in such a short time here,"

---

"Anoka State Hospital: A survey of program and organization", Zigfrids T. Stelmachers, Ph.D., issued May 27, 1980, D.P.W. p. A.

specifically mentioning the professional staffing standards attained, and the system-related admission criteria developed by the hospital. It was also at this meeting that the need for a supervised living facility in Anoka County was identified.

ANOKA STATE HOSPITAL BUILDINGS: Date built and Function

BUILDING	YEAR BUILT	CAPACITY	FUNCTION
Cottage 2	1905		Empty - former residential bldg.
Cottage 3	1908		Patient work activity center (daytime use only)
Cottage 4	1909		Empty - former residential bldg.
Dormitory	1950		Empty - former residential bldg.
Vail	1912 & 1965	129 beds	Residential for mentally ill
Cottage 8	1914	37 beds	Residential for mentally ill
Cottage 9	1914	37 beds	Residential for mentally ill
Miller	1951	54 beds	Residential for mentally ill, activity center including gym, swimming pool and home economics room, admissions unit
Cronin	1980	90 beds	Residential for chemically dependent
Service Center	1930		Linen sorting, laundromat for patients and housekeeping office
Fahr	1914		Offices
Auditorium	1917		Auditorium and patient library
Maintenance	1918		Maintenance shops and offices
Power Plant	1910		Heating plant and offices
Repair Shop	1933		Automotive repair
Food Service	1959		Food preparation, patients' and employees' dining room, warehouse and canteen
Administration	1917		Administrative offices and information center

### (C) PHYSICAL FACILITY

Of the 17 buildings at Anoka State Hospital, 11 were built before 1918. Except for the chemical dependency treatment building (1980), all were constructed before 1958.

80% of the mental illness beds are in three buildings constructed before 1914 (Vail, Cottage 8, Cottage 9). Although remodeled and expanded, the layout of these buildings makes staff supervision of patients difficult. Their three-story construction causes a life safety hazard. Space is too limited to meet modern treatment and patient privacy requirements. Finally, they require more and more costly maintenance and repair. When improvements in heating or ventilation are made, utility supply lines must also be replaced, which adds considerably to the cost. The hospital estimates that these buildings could be replaced at a cost of \$9.3 million. But the total number of beds available would remain constant.

The hospital is running at virtually full capacity now. More beds are needed to allow chronic M.I. patients time to consolidate rehabilitative gains before being sent back to the community. The hospital is now forced to turn away voluntary admissions because court-ordered commitments must be given priority. There is no transitional, supervised living facility in the county for patients who do not need full hospital care, but who are not yet ready for halfway houses in the community.

### (D) LONG TERM BUILDING PLAN

The nurses' dormitory is a comparatively modern (1950) building which is standing empty because it does not meet the building safety codes. It could be renovated at a cost of \$190,000 and provide approximately fifty beds.

There should be a long term building plan which would provide for the

replacement of the Vail, Cottage 8, and Cottage 9 buildings (cost: \$9.3 million), and the construction of one or two new buildings (cost: \$6 million) to meet the projected demand from the counties, along with renovation of the nurses' dormitory. And ideally, a single architectural firm would be hired to lay out a long-range site plan so that successive building projects fit together visually. It was suggested that a far-sighted approach, in a government which knew how to work in some other way than biennium-to-biennium, hopscotch fashion, would be to start putting money aside now for other future construction which might begin ten years from now.

This all falls into the category of the Anoka State Hospital of the future, and what may be possible, given adequate vision on the part of the taxpayers.

On a list of all possible outcomes, the committee ranked remodeling the nurses' dormitory as priority one. The laudable changes made at the hospital in the last four years are in organization, staff, policy, and procedure. These are the most necessary, most basic changes to be made, but it is now time for the next phase, which should include updating the physical plant.

The nurses' dormitory seems the most immediate candidate in terms of low cost (\$190,000) and high yield (50 beds). The fact that the building is on hospital grounds would probably make it less vulnerable to the neighborhood reaction which can occur when a supervised living facility is placed in a community on its own. In addition, all the resources of the hospital and the expertise of its staff would be available.

Following is a priority list of major new construction and renovation needed at the hospital.

LONG-TERM BUILDING PLAN  
Anoka State Hospital

Priority	Building Project	No. of Beds	Cost	Starting Date
1.	Remodel nurses dorm, including elevator.	50	\$190,000	1985
2.	New M.I. & C.D. structure. Tear down cottages 2,3,4.	125	\$6 million	1985-89
3.	Replace cottages 8,9, & Vail.	200 M.I. beds	\$9.3 million	1987-95
4.	Renovate auditorium and administration buildings. Replace activities center.		\$4-6 million	1987-95

(This plan does not include a detailed account of all repairs and renovations needed.)

## ECONOMIC IMPACT

A Business Survey Summary Report in 1983 of the city of Anoka, compiled by the city's community development office, shows Anoka State Hospital is the city's fifth largest employer. It has 386 people on the payroll, comprising 4% of the total number of jobs in the city.

According to hospital figures, 133 of the people who work at the hospital live in Anoka as identified by the 55303 zip code, 20 in Champlin, 51 in Coon Rapids, and 14 in Blaine, with other surrounding communities represented in smaller numbers.

The total 1984 Fiscal Year Salary Allocation for the hospital is \$8,132,000.

The hospital purchases goods and services in the community. For example, in 1983 \$506,000 was paid for utilities (water, gas, oil, sewer, and electricity), \$146,000 to the City of Anoka and \$325,000 to North Central Public Service. \$177,000 was paid for contractual services to local providers (Mercy Medical Center \$111,000, Security \$56,500). \$8,800 was paid for supply purchases including auto, building, office, and miscellaneous.

The total amount of state funds disbursed to local vendors/providers in 1983 was \$691,800.

The total estimated state funds to be paid to local vendors/providers in Fiscal Year 1984 is \$731,000.

## SECURITY CONCERNS

In 1960, Zigfrids Stelmachers called security issues "the tail wagging the big and shaggy dog of the entire Anoka State Hospital program." There is considerable evidence that security is less of an issue now.

Greater professionalism, expanded training for staff, and better communication at every level have led to a change in the quality of direct care which the patient receives. The patient benefits, and eventually the community benefits, by a quantifiable reduction in the number of serious incidents in which patients are involved with residents of the community. More sophisticated screening and diagnosis of patients when they are admitted can separate the few who require more supervision.

This sounds like good preventive medicine, which essentially keeps a problem from happening. Whatever it is, it's working. The committee considered evidence from Anoka Police records, Anoka State Hospital Deputy Administrator Mark Wilcox, and an informal survey of Anoka residents in arriving at this conclusion.

According to Anoka Police records, community complaints or requests for assistance regarding patients have remained fairly constant over the past years, with a slight decrease starting in 1979.

The number of patients reported missing has increased in 1983, but part of this is due to a change in the hospital's policy of reporting. Prior to 1983 missing patients were reported and teletypes sent to law enforcement agencies if the patient posed a serious risk to self or others. How missing reports are sent if patients pose any risk. The number of missing patients may also be up because of a change in frequency or range into the community of patrols done by the hospital's contracted security force. Since a different vendor of security guard services was hired in 1983, there appear to be fewer patrols in the community.

"Absent Without Leave" is a term used by the hospital to describe patients who walk away briefly patients who are away overnight and whose whereabouts are unknown as well as patients who have had a day or weekend pass and have not returned by midnight. In most of the latter cases the patient is still with the family or friends he signed out to be with, and it is a simple matter of the hospital checking that he is there and then arranging transportation back. According to hospital figures, the number of AWOL patients whose whereabouts are unknown dropped from 441 in 1981 to 295 in 1982 and then down to 177 in 1983.

The number of incidents reported and filed by police on Initial Complaint Reports concerning hospital patients has decreased since June 1980. Incidents used to be more common and of a more serious nature, particularly before controls on transfers from the Department of Corrections were instituted. Controlling transfers from the Department of Corrections and the Minnesota Security Hospital at St. Peter has improved the safety and security of the hospital, the community and the metropolitan area.

Today some transfers from the Department of Corrections and the Security Hospital are accepted on a case by case basis following a careful review process. There have been three transfers from the Department of Corrections in the last 18 months.

However, it would be wrong to place too much emphasis on the Department of Corrections or Security Hospital transfers, for they alone have not been responsible for all incidents within the community in the past. It is also true that the M.I. & D. label (mentally ill and dangerous) does not always correlate with those patients who cause the most trouble. There is always a "wild card," in other words, but it is our judgment that the hospital is currently embarked on a course which

minimizes the risk.

Patients sent to the hospital in Rule 20\* proceedings from the Anoka and metro criminal courts may be the greatest risk, because they represent an unknown quantity and may be admitted without much background history or data which can be used to predict their behavior.

There is still some risk to other patients or staff members on the hospital grounds. Simple assaults, thefts and fires occur. The extent to which they should be prosecuted is debatable. One way to evaluate the amount of patient aggression toward staff is to look at the hospital's figures of Employee Workman Compensation claims. In the last three years claims due to patient aggression have numbered 24, 17, and 27.

The hospital administration has been the greatest force for change in reducing security problems. That they are sensitive to the needs of the community in this area is apparent.

Team meetings, follow-up visits or calls to community victims, liaison work with local police and security patrols on and off campus are all evidence of this concern.

Patients are granted passes to town or around the hospital grounds after staff members agree they have met certain criteria. The patient's time in treatment and its effect are considered in team meetings of cottage staff. The patient himself may be interviewed as a part of the decision-making process.

There is also a transfer procedure which is implemented when it seems a patient needs a more secure treatment program within the hospital.

- The Rule of Court Procedure under which persons may be committed for evaluation of competency to stand trial or other mental evaluation.

Police and hospital officials meet as needed to discuss problems and Make changes. These meetings are often productive although results can be slowed down by formal procedures.

In general, complaints from area retailers are few. Citizens' complaints often come from bus stops or restaurants, particularly during the winter months. Alcohol-related incidents are down since the closing of the 38th Avenue liquor store adjacent to the hospital grounds.

When asked, most people in the neighborhood closest to the hospital said they had seen no patients lately and were not unduly concerned about living near the hospital.

## NEIGHBORHOOD REACTIONS TO ANOKA STATE HOSPITAL

Seeking another way to evaluate the impact of the hospital on the community in terms of safety, the committee decided to interview citizens for their impressions. Although those polled were all from the neighborhood closest to the hospital, in other words were those most likely to be affected, the overall reduction in the number of serious incidents as it was shown by police and hospital records was also borne out by the reactions of these Anoka residents.

Eleven families, an administrator of Anoka Senior High School, and five businesses were interviewed. Of course this number has significance as a sampling of public opinion, not as a comprehensive study.

"We haven't seen patients like we used to - haven't even thought about Anoka State Hospital lately" was typical of the comments of eight of the eleven families interviewed. In this group another resident said she used to worry about the kids playing outside but now does not think about it. Another said "Living this close and not having contact says things must be getting better."

Three of the families interviewed had had sane contact with patients in the last year. In one case a patient climbed an outside stairway to a second floor apartment and tried to enter, but the door was locked. The homeowner called police. His 86-year-old mother lives in the upstairs apartment. Homeowner said he always calls police so he can be sure his call is on record.

Another contact took place when a patient in pajamas rang the doorbell and asked for a ride to Minneapolis. Homeowner called

the hospital and a security car arrived in approximately ten minutes and picked up the patient.

Finally, another family saw a patient climb into a wood-filled trailer in their backyard and begin flinging the wood about him in all directions. They called police and hospital, did not go outside, and clocked the response time. In three minutes two police cars and one hospital car pulled into the driveway. The patient explained he was going camping and was just "setting up camp".

Despite these incidents, the homeowners, for the most part, still have a positive attitude toward the hospital. Citizens were more likely to have a positive attitude toward the hospital if they had other experience of it beside patient contacts; for example, if they knew about the Clothes Closet, social activities at the hospital, or if they themselves or someone they knew participated in volunteer activities there.

The way in which a call from a citizen was handled by a hospital employee could greatly influence the citizen's opinion of the hospital, either positively or negatively.

And residents were always reassured by a prompt response from Anoka police and hospital security forces if they were called.

Four of the five retailers in the neighborhood of the hospital who were interviewed expressed very little concern:

"So much improved- especially since the liquor store closed. We see very few patients in here."

"We had a snail problem with one patient but I spoke to him. Filings have been fine since."

"Patients never did come in here but we'd see lots of them walking down 4th Avenue. We don't see that many now."

"We don't have any problem with the patients. They don't come in here."

The manager of a grocery store expressed some concern, saying that sometimes a group of five or six patients would come into his store and he 'couldn't watch them all at once', while if a staff person comes along with them, he usually waits outside. The store manager concluded, "We were thinking of calling the hospital."

These comments were all made by retailers whose businesses are located in areas where patient traffic would probably be highest. Two are located at the shopping area at 7th and 38th, two at 4th and Pleasant, and one on 7th Avenue. Just as it seems unlikely that neighbors farther from the hospital would have had more negative comments, it also seems unlikely that more remote businesses would respond differently.

**HOSPITAL ↔ TOWN CONNECTIONS**

The list of shared Activities and programs which unite Anoka State Hospital and Anoka is a long one, proving that neither exists in a vacuum.

Advantages to the community fall into the categories of education, land use, and medical.

Advantages to the hospital take the form of various volunteer activities and the participation of citizens on hospital committees.

Education

The Mental Health Players (hospital staff and volunteers) deliver mental health education through skits to local school and community audiences (38 performances in 1983). See page 22 for a more detailed description of the Mental Health Players.

In 1982-83, in cooperation with School District 11, six high school seniors from Anoka, Blaine and Coon Rapids in the health services sequence were employed part-time as nurses aides at ASH for a total salary outlay of \$21,433.

The Anoka AVTI training programs for Licensed Practical Nurses and Human Services Technicians place each class of their students at Anoka State Hospital for a two-week practician.

ASH annually hires college students who reside in the local community in 5-6 summer grounds care jobs.

ASH provides a speaker's bureau and professional staff members frequently provide guest lectures at high schools, the AVTI and community colleges in the area.

ASH provides tours for community and school groups tailored to ages and interests. Average 22 tours annually.

Land Use

The hospital leases 81 acres to AVTI landscape program, City of Anoka for ball diamond and transformer storage, Metro Transit Commission for park-and-ride space at nominal or no cost.

Hospital land is utilized in a Community Action Program garden.

ASH gym, auditorium and swimming pool are used by local community groups at no cost. Most recently a community-sponsored Jaccercise program was regularly conducted at the hospital to which patients and staff were also invited.

### Medical

Anoka Senior Citizens can get x-rays and radiological interpretation from the hospital at a nominal fee of \$5.00, which compares with a cost of about \$39.00 at private hospitals for the same service. The state hospital does x-rays for about 120 seniors a year.

### Other

The hospital's patient population in 1980 averaged 337 persons which were listed in the 1980 Federal Census. Federal and state funds transfers to the municipality are proportionately attributable to the patient population.

The Chief Executive Officer and several other hospital managers are active in Anoka service clubs, community and county health service groups.

The hospital recently donated surplus office equipment to the new Center for Family Resources Drop-in Center in Anoka.

### Anoka Volunteer Efforts

Clothes Closet - community donated clothing for patients and for resale to benefit patients (\$8,000/yr). Sales made to public on Thursdays.

Alcoholics Anonymous groups in Anoka, Andover, Fridley, Blaine participate in Hospital Chemical Dependency Program and bring patients to meetings in the community.

The Hospital Volunteer Services program in 1983 involved 210 regular and occasional volunteers, 5500 hours of service worth \$18,425 at the minimum wage, and donations of goods and cash valued at \$50,111. Most of this came from the greater Anoka community.

The Hospital Auxiliary membership is predominantly made up of Anoka residents. It provides liaison to numerous community and veteran groups on behalf of patients and raises funds for patient benefit and special project needs such as the current drive for a handicapped-equipped bus.

An ASH retiree group meets regularly at ASH. It is composed primarily of Anoka residents and provides a valuable social activity for them and for patients and staff.

### Other

The City of Anoka provides police department services and fire department services, including training of hospital staff in fire prevention, geared to unique needs of the hospital.

The hospital's Community Policy, Planning and Liaison Board, its Mental Illness and its Chemical Dependency Advisory Committees include, collectively, 8 members representing Anoka community and governmental leadership.

## ANOKA STATE HOSPITAL MENTAL HEALTH PLAYERS

The Anoka State Hospital Mental Health Players are a group of nine employees and two volunteers who provide community education for the hospital. The players use an improvisational role-playing technique that stimulates their audience to interact with the players and to consider their attitude about the issues raised. The programs focus on mental health-related subjects and are most effective when relating to the prejudices, myths, and misconceptions held by the audience. The topics are tailored to the audience and can include situations involving mental health, mental illness, chemical dependency, grief, depression, mental retardation, physical handicaps, teen-aged pregnancy, parent-child abuse and poverty and welfare. Subjects for inservice programs are staff morale and burnout, public perception of the organization, bureaucracy and other issues needed by the specific group.

The players' first performance was in October 1981 after being trained by staff members of the Hudson River Psychiatric Center, a state hospital in Poughkeepsie, New York. Funds for the training were provided by foundations and Anoka-community businesses and organizations.

The purpose of the group is to increase the community's understanding and support of the hospital's roles and services, the treatment and prevention of mental illness and chemical dependency, and the human and legal rights of the mentally ill and chemically dependent, as well as increasing the understanding of existing services and resources and support for the development of additional resources.

Through December 1983, the players have given 156 performances for 7,318 people. Most of the presentations have been made in the hospital's catchment area but they have also traveled outstate to other agencies and to workshops. They have gone to schools, churches, service providers, civic and special interest groups as well as the general public.

In the Anoka area, performances included: Anoka  
Senior High School Anoka Area Vocational  
Technical Institute Anoka Schools' Teen  
Parent Classes Churches  
Elementary Schools Parents  
Without Partners League of  
Women Voters Philolectian  
Kiwanis  
Anoka County Nurses Association  
Anoka County Foster Care Providers  
Anoka County Financial Workers  
Anoka County Homemakers/Health Aides  
Alanon  
Anoka-Ramsey Community College  
Advocates for the Handicapped  
Nursing Homes Anoka Area Human  
Service Providers

Prepared by Dorothy Bridges,  
Anoka State Hospital employee  
and member of the Mental Health  
Players

## WHAT MIGHT HAPPEN?

When the hospital requested funds to screen upper windows on their largest three-story buildings as a precaution again suicides and AWOL's at night, their request was granted. But only for third, not second or first floor windows.

In their last building budget request the hospital asked for \$5,232,000 which was reduced by DPW to \$325,000. The building requests of all ten institutions administered by DPW were similarly reduced to a combined amount of \$5,372,000. Anoka State Hospital's share, if appropriated by the 1985 legislature, will hardly begin to address real building needs.

We have tried to show how in many ways the goals of the hospital and those of the community are identical. Right now the hospital stands at a half-way point in its development. Leadership and professional quality are excellent but physical facilities are very outmoded. We would like to see the hospital continue to progress.

But if Anokans want to have a hospital which is a source of community pride they will have to support that goal in the state legislature. It is our hope that this report will demonstrate that such support is well deserved and in the best interest of the Anoka Community.

Ad hoc committee members contributed in these specific areas to the completion of this report:

John Weaver	Economic Impact
Dick Blomquist	Economic Impact
Sue Kimball	Neighborhood Reactions
Robert W. Johnson	Hospital Town Connections
Mary Hicken	Introduction, State Hospital Facts
Tom Mangan	Hospital Town Connections
Florence Stull	Security
Richard Kruger	Physical Facility
Buster LaTuff	Security

Assistance to the Committee was provided by:

Mark Wilcox, ASH	Security, Physical Facility, Long-term Building Plan
------------------	---------------------------------------------------------