



TOWN MEETING

WILLMAR STATE HOSPITAL REGION

September 13, 1984

PROGRAM

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

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

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

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

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

Hospitals revamp study is explained

By SHELLEY HEDLUND Staff
Writer

WILLMAR - Officials of the state planning agency explained Thursday how they will coordinate a study on the impact of possible state hospital reorganizations.

They met with state hospital staff, union people and local legislators at the Willmar State Hospital.

Tom Triplett, the director of the state planning agency, Dean Hon-etschiager, the assistant director, Colleen Wieck, the director of the agency's developmental disabilities program, and two consultants hired by the agency spoke to the group of about 20 people.

The Legislature enacted a law this year that includes a provision to create a special board to conduct a comprehensive study of several issues pertaining to state hospitals. A total of \$250,000 has been appropriated for the task.

The issues include employee displacement, cooperative arrangements between state and local governments, agreements among governmental agencies to effect changes, biennial budget changes and energy efficiency in state hospital buildings.

The Interagency Care and Economic Impact Planning Board includes state commissioners of public welfare, employee relations, economic security, and energy and economic development; the director of the planning agency and other appropriate agency heads.

Continued from Page 1

licited their input on his proposal.

Triplett told the group Thursday that officials from the planning agency are visiting state hospitals to explain the expectations, goals and the elements of the study. "The Legislature gave the state planning agency a big job in advance of the 1985 session," he said:

As the governor's policy advisor, Triplett said he knows Gov. Perpich's top goals are tax reform and spending reductions. But Perpich is also concerned about providing quality care in state institutions, he added.

Honetschlager, who directs the human services division of the planning agency, said his division will coordinate the study. It will look at the services clients need in a community, what services state employees provide, and the economic impact of any proposed changes, he explained.

Wieck explained that several separate studies will have to be conducted as part of the overall study. A cost study will examine past state hospital revenues and expenditures and will look at the cost of future options.

A survey of the spending and saving patterns of every state hospital employee will be the basis for an economic impact statement. The statement "will tell you how much impact there would be in this county if something happens to the state hospital," Wieck explained.

Bill Bednarczyk and Miriam Karlins have been hired as consultants. Bednarczyk will visit state hospitals to conduct the survey. Karlins will conduct town meetings and create core planning groups at each state hospital.

The needs of state hospital residents, the feasibility of state-operated services, and collective bargaining agreements for state

the legislation was developed in response to a controversial attempt last fall to reorganize the state hospital system. Len Levine, commissioner of the Department of Human Services (formerly the Department of Public Welfare) withdrew his plan after people harshly criticized the way he tried to implement it. At a hearing in Willmar in January, local citizens told Levine they were upset that he hadn't so-

STUDY

Continued on PageA-10

Triplett asked for the cooperation of local state hospital and community officials in the study. He reminded those present that no decisions have been made to close any state hospitals.

The studies will be completed by November or December. The results will be presented to legislators at next year's session.

Carole Vennerstrom, the executive director of the Willmar Area Chamber of Commerce, said local officials would cooperate. She said she was impressed with the procedure's that will be used for the study.

Sen. Dean Johnson, IR-Willmar, said state officials want to continue to deliver state hospital services and take care of state employees and hospital clients. Johnson serves on the Senate's health and human services committee, which worked on the bill.

Gary Noehl, a unit director at the state hospital, said everyone should be concerned about mentally ill people who have "fallen through the network of our services."

Wally Hood, the president of Local 701 of the American Federation of State, County and Municipal Employees, also offered his cooperation. The union represents 480 workers at the state hospital.



Opinions

Editorial

State hospital deserves support

Area residents concerned about the future of the Willmar State Hospital should be sure to attend the hearing Thursday on the state planning agency's study of the state hospital system.

The hearing is set for 2 to 5 p.m. at the school district's Central Office Building, 611 W. 5th St. We hope there's a large turnout and that strong support is shown for the Willmar State Hospital.

It's only natural for a community to be very concerned about the possible loss of a facility that provides many jobs and services. That bias sometimes ignores the truth in cases where facilities are not up to par. In the case of the Willmar State Hospital, however, we think the facility is well above average. It deserves public support and should continue.

At the same time, we support government efforts to reduce costs while still maintaining good services. Those are the main goals of

the initial plan to reorganize the state hospital system. Eventually, the study may support the closing of one or more state hospitals, or consolidating some services.

It's possible some changes may take place at the Willmar facility, but we like to think that it won't be closed. Geographically, it is relatively far from other such facilities. It serves a large region of west central and southwestern Minnesota. It is efficiently operated, and has a wide range of services, including the exclusive Adolescent Treatment Unit.

But even if we don't think it will be closed, that's no excuse for complacency. Closing is still a possibility. The impact of closing the hospital would be very great on the community, both on those it serves and those it employs. Deinstitutionalization; and community-based services are good, but there always will be a need for a campus-type facility.

West Central Daily Tribune 7/17/84

Hospitals hearing slated in Willmar

Consultant: 'Hard, cold facts' to be scrutinized

WILLMAR - With the recent launching of a major study on the future of the Minnesota State Hospital system, plans are under way for a public hearing in Willmar on the impact of local state hospitals.

The study was mandated by the 1984 Legislature.

"We are going to be looking at some very hard, cold facts that do impact on what kinds of decisions are to be made," said Miriam Karlins. A mental health consultant for the study, she was in Willmar Monday to meet with state hospital employees and community representatives to plan the hearing.

The tentative date is Sept. 13.

Karlins said feedback will be important for both government officials and legislators. "We need to know how the community perceives the treatment delivery system in their region."

Similar hearings will be held at other locations throughout the state.

The study being undertaken by the State Planning Agency looks at seven areas: state hospital buildings, costs of programs, economic impact, an employee study that will include information about salary impact, a resident/patient study, state-operated services, and the public process, such as hearings and involving the public in state hospital planning processes.

Karlins said it differs from previous studies in that it includes issues other than client programs, although she added that service to patients is still "paramount." A report on the study is due by



Members of the state House of Representative's Health, Welfare, and Corrections Subcommittee of the Appropriations Committee toured Willmar State Hospital Monday. In the foreground from left: Rep. Robert Reif, R-White Bear Lake; state hospital administrator Lester Johnson; Alan VanBerkirk of the state Department of Public Welfare

administrator; Rep. Ann Wynia, DFL-St. Paul; Rep. Bob Anderson, R-Ottertail; Rep. Lee Greenfield, DFL-Minneapolis; and Rep. Alan Welle, DFL-Willmar. Welle hosted the tour, but is not a member of the committee. Not pictured but also on the tour was committee member Rep. Gaylin DenDuden, R-Prinsburg.

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the host Monday morning to a visiting subcommittee from the House Appropriations Committee for the Health, Welfare and Corrections Division. In preparation for upcoming capital budget requests, the legislators are traveling to state hospitals to see firsthand how they operate.

The group toured a unit for newly admitted adult mentally ill patients, and an adolescent unit that included Minnesota's only protective custody unit for boys with severe behavioral problems.

They also visited the sheltered workshop at West Central Industries.

West Central Daily Tribune 7/17/81

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administrator; Rep. Ann Wynia, DFL-St. Paul; Rep. Bob Anderson, R-Ottertail; Rep. Lee Greenfield, DFL-Minneapolis; and Rep. Alan Welle, DFL-Willmar. Welle hosted the tour, but is not a member of the committee. Not pictured but also on the tour was committee member Rep. Gaylin DenOuden, R-Prinsburg. Later the group toured West Central Industries.

Jan. 1. The state has agreed that there will be no closing or modification of any state hospital until the study is finished, Karlins said. "Obviously, once the study is completed, there is no guarantee as to what is to be done." She said the study was

prompted partially by a controversial Department of Public Welfare plan to reorganize the state hospital system. That plan was later withdrawn amid criticism that its originators failed to consult those who would be affected. Willmar State Hospital was also

the host Monday morning to a visiting subcommittee from the House Appropriations Committee for the Health, Welfare and Corrections Division. In preparation for upcoming capital budget requests, the legislators are traveling to state hospitals to see firsthand how they operate.

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WEST CENTRAL MING 1110.
9/12/84

Hospital hearing Thursday

By SHELLEY HEDLUND
Staff Writer

WILLMAR - A hearing dealing with the impact of possible reorganization proposals on the Willmar State Hospital is set for 2 to 5 p.m. Thursday at the Central Office Building.

Hearings are being conducted at state hospitals throughout Minnesota as part of a study on the future of the state hospital system.

The Legislature mandated the study as a response to the Department of Public Welfare's controversial attempt last year to reorganize the state hospital system. The plan was withdrawn because of criticism that its originators failed to consult those who would be affected.

Miriam Karlins, a mental health consultant for the study, will be in charge of the hearing. She said feedback from the community will be important to government officials and legislators, who will use the information to make decisions on future reorganization proposals.

Sen. Dean Johnson, IR-Willmar, said recently that one or two state institutions for the mentally retarded and mentally ill could close because of the declining patient population under the waived services program. The program will use federal money for community-based facilities and services.

A special board appointed by the Legislature is coordinating the study. The board is made up of state commissioners of public welfare, employee relations, economic security, and energy and economic development, and the director of the State Planning Agency. The board will also

devise a proposal for the Legislature to consider at its 1985 session. The study includes these topics:



Willmar State Hospital, which provides 5 percent of all employment and 8.5 percent of all wages in the county, will be the

subject of Thursday's hearing. This view shows the Administrative Building.

Tribune photo by Michael Smith

- The projected displacement of state hospital employees because of deinstitutionalization;

- The extent to which displacement can be minimized through attrition, retirement, retraining and transfer;

- The development of cooperative arrangements between state and local governments and agreements among governmental agencies to effect changes;

- The energy efficiency of all state hospital buildings.

The board's proposal or plan is to address some of these subjects:

- The use of state hospital employees for non-institutional services;

- The development of non-institutional state-operated services for the mentally retarded;

- Alternative uses of state hos-

pital buildings that are closed;

- The preparation of an economic impact statement and economic development strategies for each state hospital region that could be affected by deinstitutionalization.

The study and the board's recommendations are to be finished by Jan. 31, 1985.

The Willmar State Hospital has

provided treatment for the past 75 years. It serves 23 counties of southwestern Minnesota. It provides services to the chemically dependent, adult mentally ill, adolescent mentally ill and the developmentally disabled.

With 643 full-time employees, the state hospital provides 5 percent of all employment and 8.5 percent of all wages in the county.

9-14-84

State hospital hearing draws 350

By **SHELLEY HEDLUND**
Staff Writer

WILLMAR - A spirited crowd, expressed a loud and clear message Thursday that they would like to see the Willmar State Hospital continue to provide services to the mentally ill, mentally retarded and chemically dependent.

About 350 people attended a hearing in Willmar Thursday on what deinstitutionalization, could do to the state hospital, the community and the surrounding area. Miriam Karlins, a mental health consultant for the State Planning Agency, was in charge of, the hearing.

The hearing is part of a statewide study being coordinated by the planning agency and a special board appointed by the Legislature on the future of the state hospital system. Although no decision has been made to close any state hospitals, the Legislature may soon be considering such a proposal.

One or two state institutions could close under the waived services program, which provides federal money for community-based facilities and services.

Social service workers, county commissioners and legislators from several areas spoke at the hearing, as well as local business people, law enforcement and court officials, state hospital employees and relatives of state hospital patients. Each speaker at the three-hour hearing drew enthusiastic applause from the audience.

Sen. Dean Johnson, IR-Willmar, delivered to the group what he called a strange message from a Republican. He said the people of Minnesota would be willing to pay more taxes to strengthen present state hospital programs for the care of the mentally ill and



Jerry O'Connor, a human services technician and a representative of the state hospital's local branch of the American Federal of State, County and Municipal Employees, speaks at the

hearing about the economic impact on Willmar if the state hospital were to close.

Tribune photo by Michael Smith

mentally retarded.

"Willmar State Hospital should continue as a viable institution — one that is meant to help and care for people," he said.

Johnson reminded those present that, Legislative action closed the Hastings State Hospital in 1975 and the Rochester State Hospital in 1981.

Several people said the welfare of the state hospital patients should take precedence over the impact of a possible closure on state hospital employees and the

community.

"These are human beings we're dealing with," said Wally Hood, the president of the local union representing state hospital employees. "If we look at it that way we should be able to come up with a solution that takes care of everybody."

A Clarkfield man said that from his own personal experience, he could testify to the need for the state hospital to remain open. His severely retarded daughter is a resident of the hospital.

He said he was concerned about U.S. senators who seem to favor closing state hospitals. "Why do we want to experiment with the lives of the unfortunate? Why not leave something that's successful alone?"

Many of the speakers did emphasize the economic impact of a possible closure on the community.

Carole Vennerstrom, the executive vice president of the Willmar Chamber of Commerce, said closing the hospital would be

"catastrophic for us and for any out-state community that faces closure." She said the government can best be cost-efficient by providing funding for an adequate level of services to "excellent institutions."

Willmar Mayor F. J. "Ole" Reynolds said the state hospital, with 640 full-time employees, is the third largest employer in the area. Closing it would have a di-

HOSPITAL Continued on Page A-10



News Briefs

State hospital meet set for Sept. 13

WILLMAR - A town meeting for citizens to discuss issues affecting Willmar State Hospital will be held from 2 to 5 p m Thursday, Sept. 13, at the Central Office Building, 611 W. Fifth St

Nine public meetings are scheduled between Aug. 22 and Oct. 9

throughout the state.

These meetings and several ; studies being done by the Minnesota State Planning Agency are intended to provide the governor and the Legislature with information on which to base their future decisions:

The studies cover several topics, such as client and staff needs, the economic impact on communities if state hospitals close, other uses of state hospital buildings, and the possibility of the state operating community facilities.

A planning committee consisting of people from the Willmar State Hospital's region met in July to make arrangements for town meeting-



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A planning committee consisting of people from the Willmar State Hospital's region met in July to make arrangements for meeting.

At one point, when a speaker was delivering a comment to that effect, Walker said that he turned to WSH Administrator Les Johnson and "I indicated *that* was the perception I was getting."

"It was impressive that there were people not just from the immediate community" at the meeting, but "there were people from surrounding counties, from an hour away, to express their concern over the hospital's future."

Last week's hearing was one of a series held in state hospital communities to gain input for a special board appointed by the state Legislature. That board will report to the legislative committee that oversees state hospital planning.

The planning board was formed after public criticism last year of Welfare Commissioner Len Leviue's plan to reorganize the system. Critics contended that local officials weren't allowed to participate in the planning process.

Walker said he's sure that some changes will come out of the hearings.

"The legislators have to look at the system," Walker said, although a facility may not be closed outright. Alternatives such as decreasing a facility's patient population or switching to different uses may be considered.

Hospital

9-14-84

Continued from Page A-1
rect impact on the community with the loss of all these jobs and a potential cost of about \$9 million, he said.

Jerry O'Connor, a human services technician and union official, said the city of Willmar could lose \$7.56 million in income if the hospital were to close. He also listed what it would cost smaller surrounding communities.

Closing the hospital would also be stressful to employees whose age and skills would be against them if they were suddenly unemployed, he said.

"Deinstitutionalization is something of a lie," O'Connor said, because what really happens is the transfer of patients from one institution to another. If closure occurs, he said, county commissioners had better be ready to spend money for more law enforcement and expanded jails.

"We're in the business of providing care for the long-term. I think we should continue to do so," O'Connor said.

Willmar Police Chief Lyle Goeddertz said the professional services provided by the state hospital would be missed if they no longer existed. If the hospital were no longer here, it would be difficult for police officers to know where to refer people for treatment, he added.

Goeddertz emphasized to many people who can't afford private program seek treatment at the Willmar State Hospital.

District Court Judge Jo Lindstrom issued a statement the hearing through his law clerk. He urged the intra-agency board doing the study to consider the impact of closing the hospital the state's judicial system and < rural Minnesota, where there a limited options for treatment the chemically dependent. Lindstrom sometimes sentences people convicted of DWI to treatment the state hospital.

Marie Halls, an employee at the hospital, said it's important to look at what's going on inside the hospital. "What we have is care. I am proud of what I'm doing there and I'm proud to work there," she said.

The intra-agency board will submit the results of its study as a proposal to the Legislature by January.

The Legislature mandated the study in response to an attempt last year by Len Levine, the commissioner of the Department of Health and Human Services, to reorganize the state hospitals. The plan was withdrawn because of criticism that Levine failed to consult those who would be affected.

Official lauds state hospital meeting

By STEVE GRAVELLE
Staff Writer

WILLMAR - An official of the state Department of Public Welfare called the last week's town meeting on the Willmar State Hospital "impressive." for the dual message it delivered.

Tim Walker, director of residential facilities for the DPW, said that Thursday's meeting, which drew about 350 area residents, put across both the economic and social impact of the facility.

While some speakers emphasized the hospital's \$16 million annual payroll, which Walker said would figure to "somewhere around a \$100 million impact on the community," he said that speakers also proved that "Willmar is, a caring community, one that accepts the hospital as an integral part." Residents show "real concern" for the hospital's welfare.



SEP 20 1984

COMMUNITY SERVICES CENTER, INC.

1125 6TH STREET 8.E., P.O. BOX 787, WILLMAR, MN 56201
TELEPHONE (612) 235-4613

P.V. MEHMEL, Ph.D.
Executive Director

September 19, 1984

Ms. Miriam Karlins
MN State Planning Agency
Capitol Square Building, Room 100
550 Cedar Street
St. Paul, Minnesota 55101

Dear Ms. Karlins:

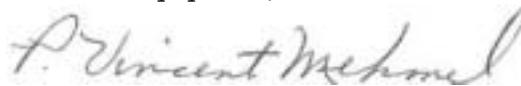
In September, the Citizens' Advisory Committee of West Central Community Services Center discussed the State Hospital Study by the Minnesota State Planning Agency. A subcommittee of three was assigned to summarize the discussion and recommendations. This was chaired by Mr. John Haines, Advisory Committee member and Board member of the Center. This committee developed the following response to the State Planning Agency which was adopted by the Center's Board of Directors at its September meeting. This response is as follows:

1. Commend the State Legislature for taking a rational and studied approach to the utilization of, and future use of, the presently established State Hospital system.
1. Erosion of federal funds and the present fiscal restraint by the State of Minnesota has already shifted costs to local units of government, and a further shifting of costs at this time would make it even more difficult to maintain the present level of mental health services.
1. This community as well as others has improved their ability to provide community services but do not have at this time alternative residential or community services to accommodate large numbers of patients presently served at the State Hospital.
1. Even though the State Hospital population has been lessening, there is little doubt that the kinds of services provided by Willmar State Hospital will continue to be needed. Logistically, the Willmar community and area are ideally suited to support the programs at the State Hospital. This present array of services includes medical, educational and community mental health services.
1. The committee did not consider the usual economic impact concerns of closing the State Hospital but does recognize that there are critical mental health aspects to this impact. This is not only in the difficult transition of patients from one hospital to another and the problems of families that must relocate, but in the reduction of local tax base which would make it increasingly difficult to maintain the high level of community mental health services which this area now has and deserves.

6. Special attention should be paid to the specialized programs now provided at the Willmar State Hospital such as the adolescent treatment unit and the secure adolescent unit for males.
7. Recognition of the unique skills available through the programs provided by the Willmar State Hospital and seek ways to utilize these skills as a more integrated part of the community system of mental health care. An example of this kind of cooperation is the plan by the Hospital and West Central Industries to operate a second shift to assist patients who have behavior problems to reach a level whereby they may be included in the ordinary sheltered work or other community programs.

Thank you for your consideration of these suggestions.

Sincerely yours,



P. Vincent Mehmel, Ph.D.
Executive Director

PVM:mj

A Statement

Prepared for The Minnesota State Planning Agency

Re
Closing Down State Hospitals Caring For
Mentally Retarded Individuals

By

John L Holahan, Annandale MN 55302
Retired, Vice President, General Mills Inc
Founder, past President, ARC MN Past
President, ARC Hennepin County
Founder, Camp Friendship

October 1, 1984

1. Most parents, with children in Minnesota State Hospitals believe that State Hospitals offer a vital and indispensable care. State Hospitals are part of a spectrum of care modes which makes possible attending to the needs of all retarded people. Parents are in favor of increasing, not decreasing the number of care modes.
2. Over the past 20 years the number of persons in state hospitals for the retarded has decreased from over 6000 to the current level of approximately 1500.
3. The remaining 1500 are, for the most part, severely and profoundly retarded persons with other severe handicaps; physical, emotional, behavioral, learning, and health care.
4. The large majority of the living parents of these residents are satisfied that the State Hospitals are meeting the needs of their children, and that as good or better care is not available in the community.
For example; the children of four past ARC MN presidents live at the Faribault State Hospital. These past presidents want their children to continue living at FSH and all speak highly of FSH.
5. At the judicial appearances and hearings mandated by the Commitment Law, the judges are ruling in the vast majority of cases that State Hospital residents are having their needs met, that these needs cannot be met in community facilities currently available, and that, accordingly, the residents should remain in State Hospitals.
6. At these hearings, when asked, the large majority of parents affirm their wishes for continuing placement in State Hospitals.
7. At these hearings, and in other public appearances, county social workers say they see the need for State Hospitals, and that without this resource they would have an impossible job of finding suitable placement for individuals with the handicaps typical of State Hospital Residents.
8. The new Commitment Law makes it difficult to place a new resident in a State Hospital. Currently, about two thirds of admissions are for persons who were previously placed out of State Hospitals into community facilities; only to find that these facilities cannot take care of the persons, and readmission is the only viable option remaining. In the meanwhile, the hospital resident has suffered the considerable trauma of a displaced person; shifted from one community facility to another, and cared for by ever changing personnel.

9. Referring to point (2), a large majority of the 4500 persons removed from State Hospitals continue to live in a supervised environment, in ICF/MR regulated and financed facilities.

State Hospitals operate under the same regulations and financing but for the most part are held to more stringent standards. Two of the State Hospitals, Faribault and Willmar, are fully accredited, meeting the more demanding standards of the Accreditation Council for Mentally Retarded and Developmentally Disabled,

10. Those who want to close down state hospitals also advocate closing down the ICF/MR facilities but at a somewhat slower timetable. The first step is a cap on all ICF/MR beds.

The net result: A waiting list now exists for many of the facilities with ICF/MR beds. Were State Hospitals to be closed, the situation would become much worse. Most state hospital residents would have to be placed in ICF/MR beds in order to receive a level of care not grossly inferior to what they now receive.

Note that current community based ICF/MR care is geared for persons not as handicapped as State Hospital residents.

11. The net effect of the ill-conceived recommendations to close State Hospitals and ICF/MR facilities is to force a care mode which, in our opinion, is grossly inadequate. It substitutes philosophical concepts of care for the very harsh reality of caring for the current State Hospital residents, 24 hours per day, ? days per week, year in and year out,

12. It is one thing to care for a highly dependent individual 8 hours per day, 40 hours per week, knowing that at the end of a shift and on days off, you are released from the responsibility.

It is an entirely different matter to care for the same individual around the clock with no days off except for a rare period of respite care. The houseparent concept for small group homes fell apart because the house parents burned out. Foster home care suffers from the same flawed concept. Should a foster parent be expected to handle a severe care problem that has defeated the parents?

13. Another key issue is that of shifting direct care from State responsibility (Operating State Hospitals) to the private sector. No country in the world has gone this route.

All other countries do as we are now doing in Minnesota; divide direct care between state and private sector facilities.

14. To cite one of many references, I quote from an article in U.S. NEWS REPORT, page 6, Sept 24, 1984

"WHEN A MENTAL HEALTH IDEA BOOMERANGS"

"...An American Psychiatric Task Force reported that as many as 1.5 million persons needing medical treatment are living in the streets...ragged, ill and hallucinating human beings, wandering through our city streets, huddled in alleyways or sleeping over vents....

"Largely responsible is the shift away from confining the mentally ill for long stretches....a shift that caused population of State Hospitals to fall from 550,000 in 1955 to 130,000 today.

"The mass release was supposed to lead to community-based care but it did not."

"One costly and controversial proposal from the psychiatrists: Make it easier for authorities to force homeless persons into hospitals when they are so ill that their lives become "chaotic, unsafe, and unbearable."

"Critics assailed the idea, "We should not put more people in large, understaffed hospitals where they won't get adequate treatment."

COMMENT Minnesota State Hospitals are fully staffed, meet all ICF/MR standards and more, and are judged adequate by parents, social workers, and county district courts.

COMMENT I have been told that when the state of Illinois closed down Dixon State Hospital, many residents were moved to third rate hotels in the Chicago loop where they quickly became victims of the street people who prowled that area.

COMMENT Frequently, these days, the media reports on charges of abuse in Day Care Centers and Foster Homes. The public sector supervision of the private sector leaves much to be desired. Philosophical concepts of care are not enough.

15. The many problems, real and claimed, associated with large State Hospitals have made news for years. But very little publicity has been given to the improvements effect in Minnesota over the past 10 years. Critics still think in terms of the "snake-pit" conditions of 30 years ago.

No publicity has been given to the Accreditation status of the Faribault and Wilmar State Hospitals,

The fundamental issue is QUALITY OF CARE for current state hospital residents and people like them who need the care that ONLY STATE HOSPITALS ARE OFFERING. If the move to shut down state hospitals reaches the other ICF/MR facilities, then a future issue will become QUALITY OF CARE for residents displaced from these facilities.

16. The Quality Control responsibility of watching over the more than 300 small facilities that will be required to accommodate current State Hospital residents, added to the present ICF/MR community based facilities presents a problem in case management which the county social workers say they cannot handle without drastic changes in the human services staffing.

As was the case with the Mentally Ill, those who want to close State Hospitals ignore the Quality Control problem and assure us that it will be handled, The county social workers I have talked with doubt if they will be Staffed to handle the quality control problem.

17. There are many problems attendant to having small private facilities caring for mentally retarded persons as handicapped as are State Hospital residents. Some of these are listed below:

High staff turnover due to low pay and few benefits.

Inadequate staff training.

No backups to cover sudden resignations

Relative to State Hospitals, slow and inadequate support services such as health care, psychological, and so on.

Burn out of In-charge personnel who must cover the deficiencies

Pressures to accept high-care patients either for financial reasons or to accommodate social workers who are under pressure to find spots for State Hospital residents so as to meet the unrealistic depopulation schedules advanced by the federal district court monitor and the DPW Waiver Services plan.

18. Today, only State Hospitals are required to care for severely and profoundly retarded persons with other severe handicaps. Community facilities have the right to turn out residents for whom care presents problems they say they cannot handle,

19. Parents with children in State Hospitals no longer have a spokesman. Formerly this was a chartered responsibility of the Associations for Retarded Citizens. Both ARC MN and ARC US now advocate closing State Hospitals but still claim to speak for Parents with children in State Hospitals.

This is an out and out deception. To cite but one of the deceptive practices employed by ARC MN I cite portions of their resolutions passed by a split vote at the Feb 25 1984 ARC MN board meeting:

WHEREAS State Institutions were originally established to protect society from the imagined dangers of mentally retarded persons (NOT SO) and, the historical records of institutions in providing services to people who are mentally retarded is abysmal..." (What a terrible misrepresentation of facts as characterized by the Minnesota State Hospitals of today!)

20. The rights of parents with children in State Hospitals have become obscure. More and more, those who claim to be advocates presume to speak for parents. There is an assumption that parents gave up their rights when they consented to have the State become the guardian of their children.

Parents are seldom consulted when major decisions effecting their children are being made. Sometimes they are informed after the fact. Sometimes not at all.

Advocacy, as practiced by employees of the ARC's, isolates the state hospital resident from the very people who do the most for them; state hospital employees, county case workers, and parents. Advocates employ the cliché that only they have no conflict of interest. In fact, their advocacy has only one simple purpose: To get residents out of state hospitals (regardless of the consequences).

State Hospital employees do keep parents informed on matters effecting their children within the State Hospital complex.

21. The present responsibility of The State Planning Agency is to determine the impact of closing State Hospitals on both employees and communities, Legislators made the assumption that the Quality Control issue was being addressed by other means.

As indicated in the statements above, this issue is not being properly addressed. I recommend that the report issued by the State Planning Agency make some note of this.

22. Thus we must ask this very pertinent question:

Do the questionable benefits of, and the very real risks attendant to moving residents out of State Hospitals justify the terrible price which must be borne by state hospital employees when a State Hospital is closed? First, the employees loose their jobs. Next they must move out of the community and look elsewhere for employment. And finally they must sell their houses in a community which will have a surplus of housing. Thus they will loose part or all of their equity.

23. If superior care were assured by State Hospital closings, these employee sacrifices might be defended. But parents with children in State Hospitals do not believe that as good or better care is being offered. That being the case we cannot support the tragic losses which will be suffered by employees and the communities when state hospitals are closed down.

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Tuesday, June 5, 1984

Overdoing institutional care

Minnesota relies too heavily on institutional care for those in need of society's protection and treatment: the elderly, the mentally ill, the mentally retarded, the chemically dependent and youngsters in the juvenile-justice and child-welfare systems. As new Citizens League study points out, well-intentioned efforts to house these vulnerable people in facilities where they can be tended to, supervised or rehabilitated may instead be creating both a human and an economic crisis.

In human terms, institutional care may be counter-productive. It can encourage dependency, unnecessarily restrict personal freedom or deprive clients of what research increasingly indicates are the advantages of helping people to remain at home. Economically, the cost of treating people in institutions is one of the most rapidly growing parts of the state budget — even as less costly and potentially more effective non-institutional alternatives go underused.

For Minnesota, the irony is profound. Perhaps because of its sense of social responsibility, this state relies more on institutional care than most other states. It recently ranked first in Medicaid-reimbursed days of nursing-home care per 1,000 persons over age 65, third in the proportion of mentally retarded persons in residential care, 11th in the proportion of juvenile commitments to training schools, and first in the number of chemical-dependency beds per capita (even though it ranked

25th nationally in per-capita alcohol consumption and 44th in its rate of alcohol-related problems).

Some of this, says the league, may be due to the state's Scandinavian heritage, which places a heavy reliance on social institutions. But the central reason appears to be that in each treatment system, public funding and private insurance programs provide incentives for in-patient care while discouraging out-patient treatment, regardless of which might better meet the client's needs. "Frequently," says the league, "people are only able to obtain service if they live in a residential facility." And even when public policy has promoted deinstitutionalization — as for the mentally retarded — one form of institutional living has largely replaced another. The result is more retarded people living in residential facilities now than before the deinstitutionalization movement began.

The league acknowledges that residential treatment is usually excellent and often necessary. But as the league's study also makes clear, the extent to which Minnesota institutionalizes its vulnerable citizens goes beyond what is good for many of those citizens, and beyond what is good for the society that pays the bills. The league proposes a variety of reforms. But underlying them all is the need for a change in attitudes that will make institutionalization the last care option rather than the first.

Union criticizes plans for retarded

Mpls. Trib
1/16/84

By Sam Newlund
Staff Writer

A plan that welfare officials see as a boon to the mentally retarded has drawn sharp criticism from a stated employees' union.

The state Department of Public Welfare views it as an innovation to help retarded people lead more normal lives in homelike settings rather than hospital wards or large group homes.

Officers of Council 6 of the American Federation of State, County and Municipal Employees, which represents about 4,000 state hospital employees, see the plan as a threat "to the continuance of the hospital system, and therefore to union jobs.

"I don't think we can view it as anything but a major attack ON the state hospital system," Pete Benner Council 6 director, said Saturday.

The effect, he said, will be to destroy the system.

At issue is the department's plan-to-use federal Medicaid money for a variety of small-scale living arrangements and services.

If the federal government approves a "waiver" authorizing Medicaid for such use, several Hundred residents of state hospitals and smaller community facilities, including group homes, would move.

The new settings would be such units as "developmental training homes" for as few as three children, and apartments for adults who would get professional help with basic survival skills.

"There are no provisions in the plan for what happens to the (hospital) workers," Benner charged. Nor is consideration being given to the effect on the communities where the hospitals are located, he said.

"We have no plans to close a state hospital at the present time ... and no plans to dismantle the hospital system," Welfare Commissioner Len Levine said. "Our primary goal is to serve the people who are there, and their families."

He said the Legislature passed the bill authorizing the new program, contingent on federal approval. He said there was ample opportunity for public participation in legislative hearings.

Levine mentioned two plans to widen the discussion about the hospital system. He said he will form a committee to meet regularly with employee groups to "plan together for the future of the state hospital system."

He also said he supports a request that Gov. Rudy Perpich form a state wide task force of community representatives for the same purpose.

Levine had been sharply criticized for a lack of discussion about a reorganization of state hospital services for the mentally ill.

He said Friday that he has scrapped that plan and will begin planning anew.

Institutional care

Your June 5 editorial, "Overdoing Institutional care," and the Citizens League study it commends both miss the complexity of the issue. The American Federation of State, County, and Municipal Employees, which represents workers in institutions, can be accused of self-interest, but we think the critics of Institutions have a self-interest also: They don't want to pay the freight.

Society has great difficulty finding a place for the infirm elderly, the mentally ill, the mentally retarded, the chemically dependent and adolescents in trouble. The family structure is not able to cope or to bear the financial and emotional burden.

The Citizens League oversimplifies the issue. The alternative to institutionalization often is board and lodging on Franklin Av., with no job and

nothing to do. We do not have enough jobs for the able-bodied and able-minded, let alone for those with handicaps.

The questions concerning care of the elderly go well beyond choosing between a nursing home and something less. There are major unmet needs among elderly living outside institutions, poverty being only one.

Those who argue that institutions should be the last care option (and they may not be the first choice now) need to do far more than ask for a change in attitudes. They need to address the changes in employment, schooling, Social Security and other areas necessary. — Pete Benner, AFSCME, Council 6, AFL-CIO, St Paul.

Diary

by Steven Thomma

6-21
PAUL
SPATCH

State hospital system studied

Another Rochester? The very suggestion sends shivers up the spines of 6,100 workers in Minnesota's state hospital system.

Rochester State Hospital closed its doors in 1982, a victim of increasingly tight state spending policies. The move was hastily planned and poorly executed, by anyone's admission. The 400 mentally retarded or mentally ill patients were transferred to the eight remaining state hospitals.

The 500 or so employees at the hospital weren't so easily shuffled around the state. In the hue and cry that surrounded the closing, it was estimated that one-fifth of the workers were transferred or found work in another branch of state government. The other 400 went elsewhere.

"Nobody was satisfied with those decisions," state planning boss Tom Triplet said this week.

Speaking to the Legislative Commission on Long Term Health Care, Triplett said the state wants to know what it is doing next time it shuts down a hospital.

So, Triplett and his office are conducting a lengthy study of the eight remaining hospitals — at Anoka, Brainerd, Cambridge, Fari-bault, Fergus Falls, Moose Lake, St. Peter and Willmar.

Legislators dictated the study their 1984 meeting, and they want the results by Jan. 31, 1985.

The need for state hospitals as a home to mentally retarded, mentally ill or chemically dependent citizens has declined steadily since the peak year in 1962. There were more than 16,000 patients in state hospitals then, compared with fewer than 5,000 today.

That decline in itself is enough reason to believe more hospitals will be closed in the future. But there is another factor. The nature of caring for these folks is changing. More states are switching to what is bureaucratically called community-based service.

Rhode Island, for instance, has abandoned its state hospital pro-

gram in favor of community-based services. These services are offered in much smaller facilities, located in more cities. Many patients are treated on an out-patient basis.

Led by Colleen Weick, director of the state's Developmental Disabilities Program, a team of planners and consultants is surveying the 6,100 state hospital employees. They want to know where these employees would go, or would want to go, if their hospital closed.

They want to know how much money they spend, and where they spend it. One of the victims of dishevelment when a hospital closes is its community. Lawmakers want to know how much impact each city would face if it lost its hospital.

Rhode Island is one state offering a model for Minnesota. It had an agreement with the American Federation of State, County and Municipal Employees not to lay off anyone while closing its hospitals. Michigan also is being considered here. In that state, legislators required that all former hospital employees be given top preference for hiring in new community-based service facilities.

Miriam Karlins, 3 consultant to the National Association of Mental Health, has been hired to help Minnesota write its plan. She is preparing public meetings in all eight hospital locations to hear from unions, guardians of patients local governments and businesses.

A Twin Cities meeting, not yet scheduled, may include a public television program and a 800 toll-free telephone number.

Study finds yellow fire trucks safer

OWEGO, N.Y. (AP) - Tradition and not safety has kept most fire departments using red equipment, according to the author of a study that says yellow fire trucks have half as many accidents.

The study by Dr. Stephen Solomon was published in the June issue of Firehouse magazine.

State-hospital study won't ignore politics

By Sam Newlund
Staff Writer

Minnesota has launched a study of its state hospital system, but it won't be limited to what's best for the state's 3,900 patients.

Of at least equal concern will be the fate of 5,300 jobs in the eight hospitals and what might be done with buildings and grounds if a hospital should close.

The political, economic and social factors are realities that exist and have to be dealt with," Miriam Karlins, a mental health consultant for the study, said Wednesday.

Even the energy efficiency of scores of hospital buildings will be scrutinized. So will the possibility of a radical departure in treatment for the mentally ill, the retarded and the chemically dependent — perhaps state-run community facilities outside the hospital system.

if such a plan were adopted, the state for the first time would operate such community facilities as mental health centers and smaller residences for the retarded. Community programs now are the province of local authorities, frequently with federal or state aid or both.

The 1984 Legislature ordered the study in the aftermath of two developments that upset many constituents. Union leaders representing hospital employees and civic leaders representing hospital communities were convinced, despite denials, that some hospital would close soon.

First, the state welfare department unveiled a plan to reorganize the system in a way that seemed to deemphasize some institutions in favor of others. The less-favored communities — Moose Lake, for example — feared that their hospitals' days were numbered.

Next came growing concern over the department's plan for "waivered services" for the retarded. The department had applied for a federal waiver (since granted) that would unlock federal money for an array of community-based facilities and services. The trend away from state hospital care for the retarded would be accelerated.

Legislation was introduced to stop the waiver application. Instead, lawmakers ordered a study of the future of state hospitals, with a report due early next year. The study is being done by the state planning agency.

The welfare department's earlier reorganization plan, announced last December and scrapped amid protest in January, was criticized as an edict issued without consultation with those affected.

This time the state is seeking the opinions of just about everybody with a stake in the hospitals' future.

At a meeting yesterday of the new study's "public process" subgroup, plans were made for a series of public forums in each of the eight hospital communities.

The meetings probably will begin in

Study continued on page 46

Study

Continued from page 3B

three to four weeks and end by mid-September, said Karlins, the subgroup consultant.

This time, she said, no hospital will be closed with so little study as when Hastings State Hospital was closed in 1877 and Rochester State Hospital in 1982.

The eight remaining hospitals are at Anoka, Brainerd, Cambridge, Fergus Falls, Fergus Falls, Moose Lake, St. Peter and Willmar.

Minnesota launches study of state hospital system

ST. PAUL (AP) - The welfare of patients and the fate of 5,300 jobs in Minnesota's eight state hospitals are main concerns as the state launches a study of its hospital system.

"The political, economic and social factors are realities that exist and have to be dealt with," Miriam Karlins, a mental health consultant for the study, said Wednesday.

Even the energy efficiency of scores of hospital buildings will be scrutinized, she said. So will the possibility of a radical departure in treatment for the mentally ill, the retarded and the chemically dependent, perhaps in the form of state-run community facilities outside the hospital system.

If such a plan were adopted, the state, for the first time, would operate such community facilities as mental health centers and smaller residences for the retarded. Community programs now are the province of local authorities, frequently with federal or state aid or both.

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