

CAMBRIDGE STATE HOSPITAL

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A. Population Served

Cambridge State Hospital has a receiving area consisting of nine counties: Anoka, Chisago, Isanti, Kanabec, Mille Lacs, Pine, Ramsey, Sherburne and Washington. It provides to the region it serves a resource that addresses itself to the needs of those people who have a primary diagnosis of mental retardation and who may also be epileptic, emotionally disturbed, socially maladjusted, and physically handicapped. Approximately 92 percent of the residents are severely or profoundly retarded and incapable of independently caring for their own needs. Most of the adult residents are admitted through a court commitment.

Cambridge State Hospital currently serves a population of 516 mentally retarded residents from 44 of the 87 counties in Minnesota. Residents from out of the designated receiving area live at Cambridge due to the fact that the families are living closer to Cambridge than another state hospital. In addition, several residents are at Cambridge State Hospital due to the inability of the designated receiving state hospital to provide comprehensive services. Map #1 shows the distribution of residents presently residing at Cambridge.

B. Capacity Lost

1. Ability of the rest of the State hospital system to absorb clients.

If the Minnesota Legislature closed Cambridge State Hospital, Moose Lake State Hospital perhaps would have to assume responsibility for the counties of Ramsey, Washington, Chisago and Pine; and Brainerd State Hospital perhaps would assume responsibility for the counties of Mille Lacs, Kanabec, Isanti, Sherburne and Anoka. Map #2 depicts the hypothetical changes in each state hospital's catchment's area. Should closure occur, residents presently residing at Cambridge would probably have to be transferred to the following state hospitals: Brainerd, Faribault, Fergus Falls, Moose Lake, St. Peter and Willmar.

Given the arbitrary regional boundaries contained in Map #2, Table #1, below, gives the hypothetical number of residents to be transferred to each facility and compares the adjusted population totals against the current actual licensed bed capacity.

Table #1

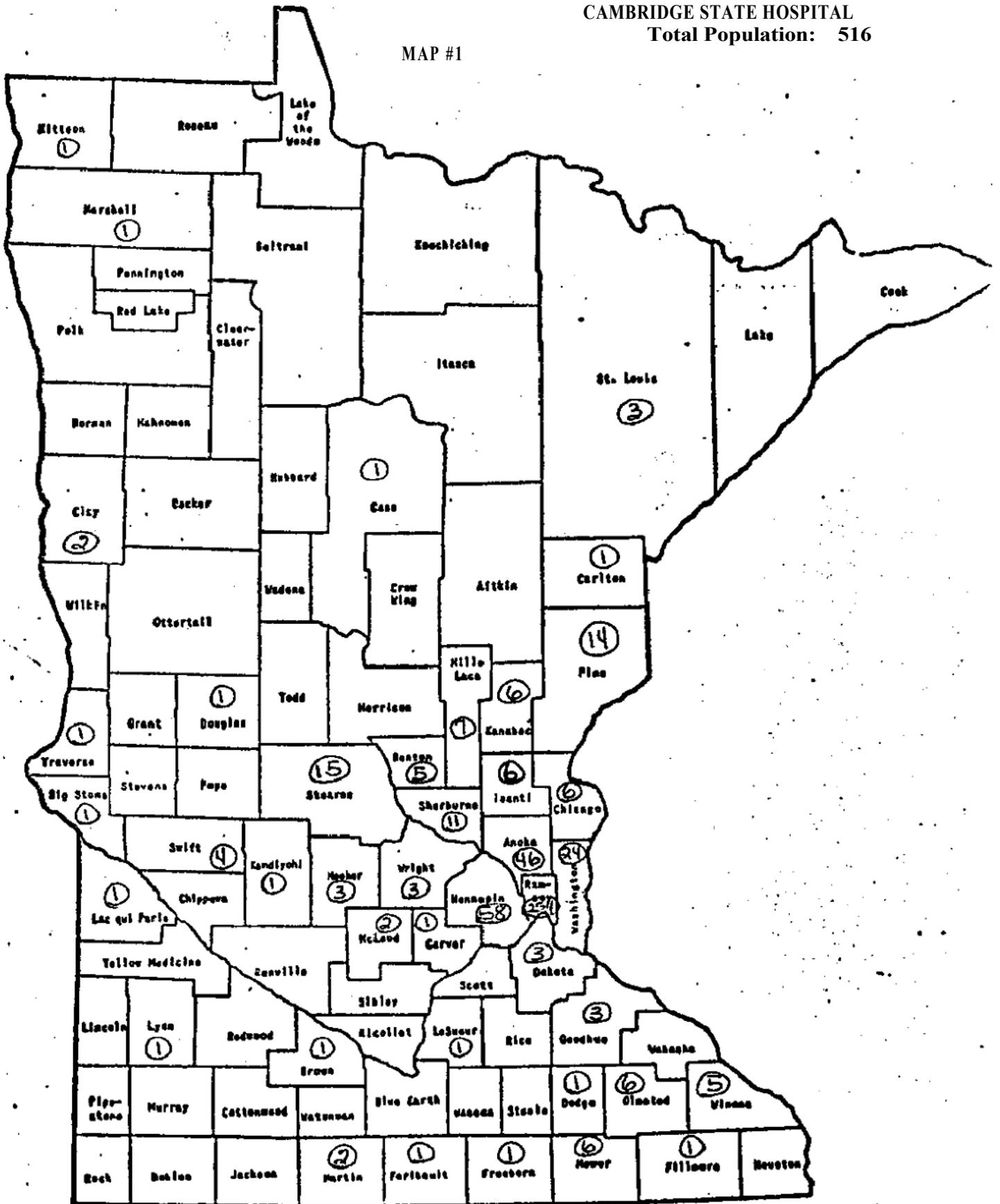
	Present ¹ MRC.S.H. Pop.	Adjust. Trans. Pop.	UC.MR2 Pop.	Over /Under Beds	Bed Cap.
Anoka State Hospital	0	0	0	0	0
Brainerd State Hospital	360	81	441	448	-7
Faribault State Hospital	770	65	835782	+53	
Fergus Falls State Hospital	264	26	290	316	-26
Moose Lake State Hospital	120	305	425	143	+282
St. Peter State Hospital	182	27	209	204	+5
Willmar State Hospital	162	12	274	177	-3
TOTAL	1,858	516	2,374	2,070	+304

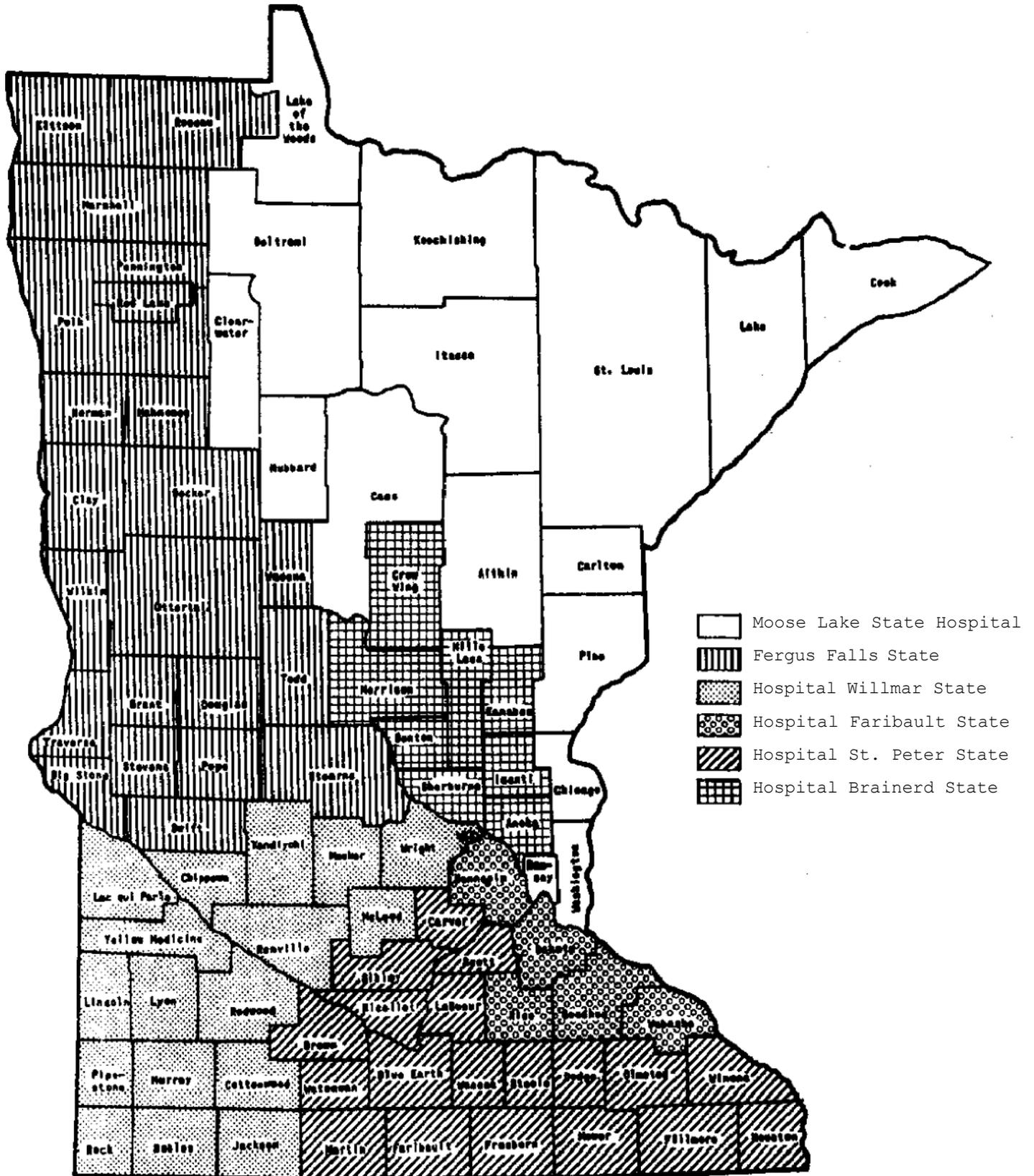
1 Telephone conversation with Joyce Gilbertson, DPW

2 Monthly Recap memo from Dennis H. Boland, DPW, dated 2-10-82

CAMBRIDGE STATE HOSPITAL
 Total Population: 516

MAP #1





The table shows that (excluding Cambridge State Hospital) there are presently 1,858 mentally retarded residents in state hospitals and there is a licensed bed capacity of 2,070. If it were necessary to transfer the 516 residents from Cambridge into other state hospitals it would bring the total population number up to 2,374. With the present licensed capacity of only 2,070, the state system would be short 304 beds. At this time the largest number of transfers that could take place would be 212.

The table assumes that all the vacant beds would be available for any mentally retarded person, regardless of his degree of disability. This assumption is, of course, doubtful since many Cambridge residents require buildings of one story or with elevators. It is questioned whether the physical plant in other state hospitals could accommodate physically handicapped people without major renovation and considerable additional costs. There is also the question of whether adequate day program space would be available in other state hospitals.

Other community resources available for various types of clients.

Should closure of Cambridge State Hospital occur, it is likely that only a small number of residents would be placed in the community. At this time we can estimate that 25 residents over the course of a year would be able to move into community facilities. A cap has been placed on Title XIX funded group home for the mentally retarded and their development across the state has slowed down dramatically over the past several months. Developmental Achievement Centers (DACs) are showing very little expansion and many are operating at capacity. In fact, many DACs are reducing hours of service to their clients and it is expected some will close in 1983 due to funding deficits.³ In addition; discharges from Cambridge State Hospital have decreased by nearly one-third compared to last year's discharges. The reduction is due to residents' decreased skill level and compounded by the fact that community facilities and DACs are having very little turnover in their clientele.

Consideration should also be given to the fact that the Minnesota Legislature has allocated \$4.25 million since 1976 for remodeling costs in order to bring Cambridge into full compliance with physical plant codes. If closure occurred, there would be a need for

³ Memo dated May 4, 1982 to Commissioner Hoot from Thomas J. Fashingbauer, Director, and Ramsey County Community Human Services Department regarding day services for mentally retarded individuals.

additional community-based beds and building of these facilities would be more costly than the average par diem in a state facility. Should not serious thought be given to the allocations already made to bring Cambridge up to code, in addition to the cost of new construction for additional community-based facilities?

C. Impact on Clients.

1. Availability of Treatment
2. Distances Involved (transportation problems/costs, effect of family participation)
3. Commitments
4. Other

-One-third of the population at Cambridge is non-ambulatory, requiring facilities for the physically handicapped. In order to meet American National Safety Institute Standards (a set of regulations developed to make buildings accessible to the physically handicapped), other state hospitals would most likely require additional renovation and other capital expenditures.

-Cambridge State Hospital has a number of consultants from the metro area to assist with the treatment programs (i.e., radiologist, orthopedist, psychiatrist, audiologist, optometrist, etc.). It is unclear if other state hospitals would be able to provide increased numbers of consultants to meet the special needs of some residents.

-The Mental Health Treatment Service Unit at Cambridge is the only unit in the state system to serve adults who have a diagnosis of mental retardation and behavioral disorders. This program consistently operates over capacity. The present trend is for a greater number of admissions to need this service.

-Cambridge State Hospital has Just completed major remodeling campus-wide and is now in compliance with all codes. Would other state hospitals be able to absorb additional residents without first requiring allocations of capital expenditure to bring them up to code? In addition, would other state hospitals be able to offer comparable newly remodeled household and day program areas for the residents?

-The treatment programs at Cambridge are highly respected for their DAC services, behavior modification programs, program evaluations and research.

-Cambridge state hospital has a number of physically handicapped/medically involved children and adults who require the services of St. Paul Ramsey Hospital, Gillette Children's Hospital, University Hospitals, Mercy Hospital and Unity Hospital,

Approximately 100 trips are scheduled to these hospitals each year for neurological follow-up, surgery, C.T. scans and special ortho fittings for wheelchairs. If these residents were transferred to other state hospitals, the trips might require overnight costs in addition to a far greater distance to travel when coming from Moose Lake, Brainerd, and Fergus Falls.

-Many residents residing at Cambridge receive regular visits from their families and some are taken home for weekend visits. If these residents were transferred to more distant state hospitals, it is doubtful whether the families would be able to continue the regular contacts.

-Closure of Cambridge State Hospital would not only have a tremendous impact on the Cambridge staff, but would also have an impact on the staff of the receiving hospitals. An addition of as many as 305 residents (number suggested for transfer to Moose Lake) to any facility would result in overcrowded conditions, a shortage of staff and an extended period of time for both staff and residents to adjust to one another.

-The distance from St. Paul to Cambridge is 45 miles and the distance from St. Paul to Moose Lake is 101 miles. There are presently 245 residents from the St. Paul area (Ramsey County) at Cambridge State Hospital. If these residents were transferred to Moose Lake the parents' time, travel and costs would more than double when they visit their child. Assuming a parent visits on the average of twice a month, the mileage over a year's time would be a total of 2,160 miles to Cambridge and back and the mileage round trip to Moose Lake would be 4,848 miles. A figure of 22 cents per mile was recently quoted as the cost for operating a car. At 2,160 miles per year the parents' cost to visit their child at Cambridge would be \$475.20. The cost to the parents for visitation trips to Moose Lake over a year's time would be \$1,066.56, more than double the cost of visiting their child at Cambridge.

D. Impact on Counties

1. Transportation
2. Participation in Planning/After Care
3. Placement Problems
4. Commitments
5. Other

-In order to facilitate discharge from Cambridge, pre-placement tours of potential group homes and day programs are made. If the residents were transferred to a more distant state hospital, the pre-placement tours would require greater distances to travel, since each county prefers to bring their state hospital clients back into the home county, if at all possible.

In order to retain residents in the community, the Cambridge State Hospital Social Worker makes follow-up contacts with the residential and day program staff in the community. At this time the Social Worker makes one on-site follow-up visit and two additional contacts (usually by phone or on-site, if necessary) within the first six months of placement. Would other state hospitals be able to continue this service if it meant additional time, travels and costs?

-Area and regional planning would be difficult and would likely be curtailed considerably. At this time, the Director of the Mental Health Center, the local five-county welfare directors and the Cambridge State Hospital CEO meet monthly to discuss planning and services for the area. In addition, Ramsey County, Washington County, Anoka County and Isanti County each have representation on the Cambridge State Hospital's Advisory Board. Cambridge staff also work closely with the Metro Developmental Disabilities Task Force, Washington County Developmental Disabilities Advisory Board, St. Paul Association for Retarded Citizens, the Central Minnesota Health Systems Agency and many other groups to plan for the region. This activity would have to take a lower priority if greater distance, travel time and costs were required. Hospital closure would further complicate economic and mental health planning.

-Families and county staff would have to travel far greater distances to attend Annual Team Reviews, Quarterly Reviews, Admission Evaluation Meetings, Pre-placement Meetings, Discharge Planning Meetings and for family visits.

For example, the distance from St. Paul to Moose Lake is 101 miles. Assuming an individual from Ramsey County were admitted to Moose Lake State Hospital instead of Cambridge, the distance would more than double. If the individual were brought in on a Hold Order, it would mean a round trip of 202 miles for the Ramsey County Sheriff's Department. When the court held a pre-hearing and hearing, it would mean two additional round trips at 202 miles each for the Moose Lake staff to drive to Ramsey County for the hearings. Within one month of admission, an admission Evaluation Meeting would be held, and the county Social Worker is expected to participate. This would be a trip to Moose Lake at 202 miles round trip. The county is also required to participate in each Annual Review and any special meetings regarding a resident's programming. With the first month only the Ramsey County Sheriff's Department, the Moose Lake staff and the Ramsey County Social Worker could travel a total of 808 miles for one admission. At 55 mph, these trips would require nearly 15 hours of travel time. This same admission to Cambridge State Hospital would require mileage of 360 miles and six and one-half hours of travel time. At 22 cents per mile, the mileage cost for Ramsey County admission to Moose Lake would be \$177.76 versus a cost of \$79.20 for the same individual to be admitted to Cambridge State Hospital. Admissions to Moose Lake would more than double the travel time, mileage and costs per individual.

E. Impact on Staff

1. Relocation and Other Costs

- A. Relocation. The closing of Rochester State Hospital has resulted in approximately 80 employees out or 500 relocating to other state facilities.¹ A Department of Public Welfare Personnel Officer estimates that the maximum percentage of employees who would transfer to other State facilities as a result of a hospital closing would be no more than 20% of the staff.² Rochester set aside \$2,500 for single employees and \$6,500 for married employees to cover moving, travel, real estate, and incidental expenses.³ Using the 20 percent figure, Cambridge would have approximately 80 single persons and 82 married persons relocating.⁴ Using the same expense allowances, this would result in a total cost of \$732,500.
- B. Severance Pay. This cost is calculated by estimating that 80 percent of current employees with over ten years of service would no longer be employed by the State and that severance payment would be made for 40 percent of sick time hours and 25 percent of sick bank hours. This would result in a total cost of \$240,728.72.⁵ The cost of paying off existing vacation time to 80% of all employees would amount to \$404,842.⁶
- C. Special Severance Pay. This cost is presented because of the past practice of making this payment to employees in the closure of both Hastings State Hospital and Rochester State Hospital. The cost is calculated on the basis of a maximum payment of \$5,000 to an employee with ten years of service or more and a percentage payment made to employees with less than ten years of service.⁷ The total cost would be \$1,523,941 for the 80 employees who would no longer work for the state.⁸

2. Unemployment

The May, 1982 Central Labor Market Bulletin states that the unemployment rate for Isanti County in March of 1982 was 10.91.9 This is an increase of 1.9% in the last year, and is 3.2% above the March state average. The Bulletin also states that at the Mora Economic Security Office there were 387 people applying for positions in service occupations (this is the category under which most hospital employees would be listed). Six Job openings in service work were listed by the employment service as available in that report. The Mora Office had a total of 2,544 applicants for all occupations and only 28 job openings were listed. This indicates that the current job market for service work and work in

^{1,3,7}Rochester State Hospital Personnel Office

²Julie Chamberlin, DPW

^{4,5,6,8}Research of CSH Records

⁹ May, 1982, Central Labor Market Bulletin

general is extremely poor in this area. In Isanti County there are only three other health service employers: a community hospital and two nursing homes. Comparable positions utilized by these employers are generally paid at a lower rate and have fewer fringe benefits.¹ Even those few employees who may be assimilated would suffer a reduction in their standard of living. The Personnel Department of the Rochester State Hospital states that their employees will receive unemployment benefits at an estimated cost of \$550,000.² using this figure adjusted for the number of Cambridge State Hospital employees, it would result in an approximate cost of \$826,686.³ This figure is most probably low in that the Rochester area has a large base of health service employment while Isanti County's is much more limited. Closure of Cambridge State Hospital would increase the current number of unemployed in the area (2,544) by 16.9%, would increase the current number of unemployed in the county (1,132) by 38% (429), and would raise unemployment in service occupations by 1113E in the region.⁴ This would be a devastating blow to the area's economic well-being.

F. Impact on Community

1. Services no longer available.

- A. Cambridge State Hospital makes available a wide range of in service training to counties in the region, day activity centers, ICF-MR group homes and other area state agencies.
- B. Cambridge State Hospital staff participates in governmental, educational and civic organizations such as East Central Regional Development Commission, Anoka Vocational-Technical Advisory Board, Chamber of Commerce, school district advisory boards, Jaycees, Lions, etc.
- C. Staff supplies consultant services to county welfare departments, county courts, developmental achievement centers, area health planning board, local ARCs, Camp New Hope, and the local school districts in the region.
- D. Cambridge State Hospital provides a respite care service for developmentally handicapped children whose parents need to arrange temporary care. This service accounts for over 50% of our admissions. At this time there is no other agency in or near Region 7E that can provide this type of service.
- E. Cambridge State Hospital serves as a secondary source of medical services in the event of an area disaster.

¹Grandview Christian Home, Cambridge Nursery Care Center, and Cambridge Memorial Hospital ²Rochester State Hospital Personnel Office

³Research of CSH Records ⁴May, 1982, Central Labor Market Bulletin

2. The Cambridge State Hospital 1982-83 fiscal year payroll totals \$17,093,445.1 Sixty-five percent (536) of the hospital's employees live within Isanti county. This means that approximately \$8,777,484 is paid to these employees. This payroll makes up 15.5% of all wages that are listed by the Department of Economic Security in Isanti County² and 6.7% of the county's gross taxable income.³ The Department of Economic Security reports that the average weekly income per employee in Isanti County is \$195.71.⁴ The average weekly Income for a Cambridge State Hospital employee is \$314.93⁵ or 60.9% above the average. The removal of Cambridge State Hospital's payroll would lower the county average weekly Income to \$182.96. This would result in a severe depression of the local economy. In the Department of Public Welfare's 1979 "Residential Care Study" it stated that "Cambridge State Hospital's payroll expenditures constitute the largest proportion of the county personal income among all facilities," and data were presented that Isanti County's unemployment rate as a result of the state hospital closure would be very severely affected.

3. Payrolls directly dependent upon the presence of Cambridge State Hospital

- A. School District 911. The school district employees 29 professionals (1) 44 para-professionals and five support services people to serve Cambridge State Hospital residents. Their payroll totals \$1,012,536. Most of these people live within the county.⁶
- B. Foster Grandparent Program. This program employs 32 grand parents, two support service staff and one director. The payroll totals approximately \$95,000. Almost all of these people live in Isanti County.⁷

4. Estimated revenue lost to the community.

Cambridge State Hospital residents spend each year approximately \$200,000 in the community for clothing, entertainment and personal need.⁸ Most of these expenditures are made in the immediate community. Cambridge State Hospital also spent \$224,862 of other budgeted money in Isanti County in the last year.⁹ Reliable Information to determine the amount of money spent by employees living both within and outside the county is not available. However, it can be assumed that the greatest part of the income

^{1,5,7,8,9}Research of CSH Records

^{2,4}Harry Marso, Central Regional Labor Market Information Center

³Carol Wald, Department of Taxation

⁶CABRE Program, School District 911

paid to employees who live in the county is spent or saved in the county, as well as a smaller part of employee's income who live outside the county.

5. Save economists state that any new dollars entering an economy has an accelerator effect of six to one. Using this factor, the closure of Cambridge State Hospital would result in an approximate loss of 62 million dollars to the Isanti County economy. Even by cutting this figure in half to 31 million, it represents 24% of the gross income for the county. There would also be other costs in the community. Some employees will not find work and will require financial assistance. The addition of approximately a hundred homes or more to the real estate market by employees moving to other state employment would depress the market and could result in a lower tax base.

The combination of losses would make a severe impact on the whole community that would, at best, take several years in order to return to its current level.

Cost of Closing CSH to the State		Loss To Isanti County		Per Year
Relocation	732,500	CSH Payroll		8,777,484
Sick and Sick Bank	240,728	Hospital Purchases		224,862
Vacation	404,842	Resident Purchases		200,000
Special Severance	1,523,941	District 911 Payroll		1,012,536
Unemployment Benefits	826,666	Foster Grandparents		95,000
TOTAL	\$3,728,671	TOTAL		\$10,309,882