

THE PROVIDER SURVEY REPORT IMPACT OF
ROCHESTER STATE HOSPITAL CLOSURE

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Disposition of Rochester State Hospital

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SUMMARY OF FINDINGS

1. The closure of Rochester State Hospital (RSH) resulted in the loss of a unique multi-resource facility in the continuum of mental health care. There has been a major effect on the provision of mental health services to residents of southeastern Minnesota. The effect is difficult to document in numbers, dollars and cents but is evidenced by:
 - a) Increased transportation costs and travel time to other state hospitals; and
 - b) An increased number of acute and severe cases, that would have gone to RSH, are being seen at mental health centers, social service agencies, and local hospitals.
2. All counties have been affected.
3. Local alternatives are being used to the extent possible.
4. Smaller counties tend to rely upon the larger counties for resources.
5. The providers report problems with the state hospitals:
 - a) Beds are not always available at St. Peter for committed patients, so they must be taken a greater distance to Willmar or Fergus Falls.
 - b) Because the state hospitals encourage admission and discharge of patients from 7:00 a.m. to 3:30 p.m., it is difficult to coordinate transportation with court hearings.
 - c) Voluntary and hold admissions are discouraged because the hospitals are often full.
 - d) County staff cannot participate in patient team meetings.
 - e) County staff members rarely speak with physicians, the primary care givers.
 - f) Patient examination records are not provided to the county for court hearings.
 - g) Some types of specialized medical and surgical care are not provided. The county must not only assist the patient to receive care but then pay for it.
 - h) Electroconvulsive shock therapy is given at only two of the state hospitals. Some patients must be transferred to private facilities for this treatment.
6. Budget cuts, of all kinds, and the new commitment act have compounded the problems associated with the closing of RSH.
7. There is increased personal expense and emotional stress for families of patients hospitalized at the state hospitals. Many families cannot afford trips to the facility. Because of distance, the family can no longer be directly involved in treatment and cannot provide support to the patient.
8. The client and family have difficulty understanding the changing service delivery system and the financial mechanisms and many people do not receive the care they need.

9. Support and problem solving among providers has been fostered by the development of screening teams mandated in the new commitment act.
10. New services have developed:
 - a) Holds and inpatient psychiatric care at community hospitals, detoxification at Winona Community Hospital,
 - b) Surgery for mentally retarded patients, outpatient electroshock therapy for mentally ill, and the emergency room crisis unit at Saint Marys,
 - c) The monitoring of patient medications by local providers and agencies,
 - d) DPW Rule 36 programs at Quarry Hill Residential Treatment Unit, Rochester and three existing facilities in Winona (Carlson Home, Broadway Center, Hiawatha Hall),
 - e) The Growth Center in Rochester, a DPW Rule 14 day treatment program for the mentally ill.
11. Services which the providers recommend should be in place:
 - a) A holding facility closer than St. Peter which would accommodate more difficult, assaultive patients for 72 hour and court order holds, and also hold patients throughout the 14 day period until the commitment hearing,
 - b) Local crisis care units,
 - c) Extension and possible expansion of existing programs, and more Rule 14 and 36 programs,
 - d) Housing, not necessarily licensed or supervised for 24 hours, but managed by a human service agency.
12. Students in area schools lost a vital component of their psychiatric clinical experience as well as employment opportunities.
13. The full impact of the closure has not been felt. The effect winter will have is unknown at this time. Providers recommend that a re-evaluation of the impact should be completed in one, two, or three years.

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The closure of Rochester State Hospital (RSH) in June 1982 resulted from an abrupt legislative decision made in May 1981. At the same time, other major changes were being implemented which affected the delivery of mental health services in southeastern Minnesota. Until 1979 the Minnesota Department of Public Welfare (DPW) had been responsible for coordinating and developing all public mental health programs in the state, including state hospitals and mental health centers. DPW allocated funds directly to the state hospitals and mental health centers with a trend toward developing alternatives to reduce state hospital populations.

The Community Social Services Act (CSSA) of 1979 shifted the locus of responsibility for local mental health care from the mental health centers to the counties. Currently funds for community based mental health services are distributed directly to the county via the CSSA block grant. The county then contracts for service with the mental health center and other providers. DPW is still responsible for the state hospitals.

Also in 1979, the state appropriated money for preventing mental illness and averting institutional care (Rule 14) as well as for developing community alternatives (Rule 22). In 1981, additional funding became available for community residential treatment (Rule 36).

The economic picture changed in 1981: "the new federalism" lumped many categorical grants into state block grants, shifting control from federal to state and county governments. Also national and state budget deficits resulted in large cuts in Medicaid (Medical Assistance in Minnesota), Title 20, General Assistance Medical Care, Supplemental Security Income (SSI) and Supplemental Security Disability Income (SSDI).

The Rochester State Hospital operations were phased out beginning July 1, 1981 when the surgical unit and chemical dependency unit were closed. Admissions to the adolescent unit also ceased. Other admissions ceased as follows: December 1, 1981 admissions from Steele, Rice, Dodge and Waseca Counties; January 1 from Freeborn and Mower Counties; February 1 from Winona, Wabasha and Houston Counties; March 1 from Olmsted, Fillmore and Goodhue Counties.

Effective August 1, 1982, a new state Commitment Act has further increased staff and travel time associated with the use of more distant state hospitals.

METHODS

In an effort to learn what impact the closure has had upon southeastern Minnesota residents, DPW contracted with the Southeastern Minnesota Health Systems Agency (SEMHS) to survey providers of service. The survey was completed in two parts: 1) a mail survey to 213 direct and related providers

of services for the mentally ill, chemically dependent, and mentally retarded—within the eleven counties of southeastern Minnesota and other major providers outside of the region, and 2) interviews with providers in 7 of the 11 counties.

1. The Mail Survey Method

Two questionnaires were developed and field tested, one for county social service agencies and the second for all other participants. See Appendix I for a list of agencies to which mail surveys were sent. The surveys were mailed August 5, 1982.

The social service questionnaire was designed to compare the annual use of RSH in calendar year 1980 with the utilization of current providers and costs of the replacement services in each county. The estimated annual need for services was also requested. The other questionnaire sought to document impact on caseload, staff, and costs. In addition it asked if the agency should provide these additional services. Both questionnaires categorized services by chemical dependency, mental retardation and mental illness.

2. The Interview Method

The Minnesota Department of Public Welfare selected a five-county sample to be representative of the region based upon similar size, geographic location, population characteristics, and resources available. The sample included Olmsted, Winona, Goodhue, Freeborn and Houston Counties. SEMHSA staff also interviewed providers in two additional counties, Mower and Steele. Appendix II lists the persons interviewed.

DPW outlined the types of facilities to be included in the survey and the minimum information sought from each interview. SEMHSA staff prepared a comprehensive list of questions regarding the effect of closing RSH upon the counties and then developed forms for ease in recording information. The forms were field tested in Steele County and used for all interviews. Following the interview, a summary was written and mailed to the participants requesting that they notify staff if corrections or additions were needed.

RESULTS

The response rate in the mail survey was 51 percent: 109 questionnaires were returned out of the 213 mailed. Fifty percent of the respondents noted impact from the RSH closure. Social service agencies and mental health centers responded most frequently; all indicated impact of some type. See Table 1 for the distribution of responses.

TABLE 2 RESPONSE TO MAIL SURVEY

	# Questionnaires Mailed	# Of Responses	Response Rate	# (%) Respondents With Some Type Of Impact
County Social Service Agencies	11	11	100%	11 (100)
Community Health Services Public Health Nursing	9	6	56%	3 (60)
County Law Enforcement Agencies	11	4	36%	4 (100)
Clerk of Court	11	4	36%	3 (75)
Hospitals	24	13	54%	6 (46)
Clinics	14	2	14%	0
Nursing Homes	58	22	38%	8 (36)
ICFs/MR	30	16	53%	3 (19)
Mental Health Centers	5	3	60%	3 (100)
Halfway Houses, Other Related Services	40	21	53%	12 (57)
Unidentified		8		2 (25)
TOTAL	213	109	51%	55 (50)

See Appendix 1 for list of agencies to which survey was sent.

The survey methods produced comparable responses to the question of impact. The interview method was more thorough than the mail survey and filled in gaps left by the other method.

This report of the provider survey presents the results of the survey by section according to the question asked.

Five major problems surfaced from the survey. They are listed below and will be discussed in more depth throughout the text.

PROBLEMS

1. Loss of a unique multi-resource facility in the continuum of care without a transition period to replace those services.
2. Increased costs (transportation and staff) at a time when budgets have been cut.
3. Increased personal expense and emotional stress for a family to have a member hospitalized in the state hospital.

4. More acute crisis cases are presenting themselves at agencies and mental health centers.
5. The client and family have difficulty understanding changes in the service delivery system, such as the new commitment process, shifts in public assistance eligibility and designated treatment locations and as a result some people do not receive needed care.

The immediacy of the decision to close RSH caused counties to re-evaluate their service delivery system, identify available local resources, and explore alternatives for using their resources to replace services lost at RSH. Most counties are using local alternatives to the extent possible before taking a patient to a distant state hospital. The number of available resources is directly proportional to the size of the county; therefore, the small counties tend to rely upon larger neighboring counties for resources.

Transition time has been short. A year has passed since some of the services at RSH ceased, but only five months since Olmsted, Fillmore and Goodhue Counties were no longer able to admit patients there. Geographic location has also been a factor in the transition. Residents of counties in the eastern part of the region now have to travel two or three times the distance to a state hospital than they did to Rochester. Residents of the western counties have also been affected because the designated state hospital, St. Peter, is often unavailable and it becomes necessary to take patients to Willmar or Fergus Falls, a much greater distance.

To analyze the effect of the lost services at RSH, an inventory of current resources was compiled for all 11 counties as of September 1982. See Appendix III for the inventory of current services.

The list does not include the county services that are available in all counties such as social service, court, jail, public health nursing, vocational rehabilitation and law enforcement unless the service is new or was developed to replace services lost from the closing. Sheltered workshops, ICF/MRs, and nursing homes are not included. Frequently used resources outside the region are also included.

New Services

New services are spread throughout the region. Each county was required to develop a screening team as a result of the commitment act. In some counties the team has fostered support and problem solving among the providers during this time.

St. John's Hospital in Red Wing, Winona Community Hospital, St. Elizabeth's Hospital in Wabasha, Owatonna City Hospital, St. Olaf Hospital in Austin and Saint Marys Hospital in Rochester are accommodating holds. Freeborn County has used Naeve Hospital's hold rooms for 12 or more years.

Saint Marys Hospital has performed surgery on mentally retarded patients and provided outpatient electroshock therapy replacing some services at RSH.

The Saint Marys Hospital emergency room is functioning as a crisis unit. A psychiatric social worker has been added to the Mayo Clinic staff to interview families, assist physicians in evaluating psychiatric patients and determine appropriate community resources which are available to the patient.

The Fountain Lake Treatment Center detoxification unit now uses a transport car to bring patients in from other counties and also return them after a hold.

Caledonia Hospital is occasionally used for detoxification but most Houston County CD-MI cases are taken to Winona. Northern Goodhue County uses Hastings detox and most western counties use Fountain Lake. Zumbro Valley Mental Health Center detoxification unit experienced a significant drop in occupancy over the past year. Its director speculates that counties are seeking service closer than Rochester. All detoxification units function as holding facilities.

Goodhue County rents a house from a local church for the offices of the Community Support Program (CSP). It serves as transitional housing for three or four chronically mentally ill persons for periods of six months to one year. The CSP staff provide programming for the residents. The house also may provide a short stay (one day) "time-out" crisis room.

Quarry Hill Residential Treatment Program is a new Rule 36 licensed MI residential treatment program funded by Temporary Rule 1, located in Building 8, RSH site. The program extends up to 60 days and does not provide acute or crisis care.

Winona County also received an eighteen month Temporary Rule 1 grant. Funding has provided treatment programs in three existing residential facilities:

The Broadway Center is a new six bed, 24-hour supervised facility for intensive MI therapy. It opened August 16 and length of stay varies from a few nights to four or five weeks.

The Carlson Home, a board and care facility, provides treatment for older adults.

Hiawatha Hall, an MI halfway house under St. Francis Hospital of LaCrosse, is oriented toward younger adults.

A psychiatrist consults these Rule 36 programs one day per week.

The Growth Center, a program of Thomas Group, Inc. in Rochester, is a newly funded Rule 14 day treatment program for MI, partially replacing the day hospitalization program at RSH.

Change in Patient's Needs

Providers report that more acute and severe cases are presenting themselves at the agencies—cases that would have gone to RSH, Social service agencies and mental health centers have had to shift priorities so emergencies can be handled promptly. Zumbro Valley MHC has delegated staff on a rotating basis to handle emergencies. Hiawatha Valley MHC has rearranged staffing patterns to allow the center to be open longer hours and to hold evening sessions.

Saint Marys Hospital reports that older, more severe and chronically mentally ill patients are being seen on the units. Because of this, fewer situational crisis patients are being admitted.

Waiting Lists

Most agencies cannot have waiting lists. Agencies triage clients, handle emergency cases immediately and schedule others as soon as possible. Scheduling delays may occur because of staffing shortages but usually for no more than two weeks.

Intermediate care facilities for the mentally retarded and sheltered workshops usually have waiting lists. With the budget cuts in some counties, fewer persons are able to work at the sheltered workshops and the waiting lists become longer.

Saint Marys Hospital, Rochester, historically has had a waiting list for the inpatient psychiatric units. Depending upon the severity of the case, the patient may be admitted immediately, referred to another resource or put on a waiting list. Patients may be transferred among units to make a bed available. Some patients are referred to Mayo Clinic for immediate appointments, reassessed, and may be put on medications and monitored at home or in a motel in Rochester until a bed becomes available*

Most of the patients who are seen in the Saint Marys emergency room (ER) and admitted are placed in the closed unit. A study at Saint Marys revealed that the average number of psychiatric visits to the ER per day has increased 35 percent from 1980 to 1982, or 1.9 visits to 2.9 visits per day (a total of 174 and 263 respectively) for comparable months of April, May and June.

A psychiatric social worker who is a former RSH employee, meets with physicians to discuss all psychiatric patients seen in Saint Marys ER. Forty of the 263 patients (15%) who visited the ER in April, May, and June were previous RSH patients and would have gone there if it had been open. The social worker, who is familiar with the community resources, follows up on patients seen in the ER needing referrals, assesses their financial situation and the resources available to them, and refers them to the best appropriate care.

The adolescent unit, a four to six-month program, always has a waiting list. There has been very little effect from the RSH closure on the adolescent unit.

The Growth Center has had a waiting list since June 1, 1982. This can be attributed to the closure as well as to the limited space of the program. A scheduled move to Building 8, RSH site is expected to alleviate some space restrictions.

Relationship With State Hospitals

When RSH closed, St. Peter was designated the receiving hospital for MI and CD and Faribault for MR. The transition time has been relatively short. Rapport is developing between the southeastern Minnesota providers and state hospital employees. County staff commend the contact person at St. Peter for his cooperative and helpful attitude. The contact person, who is the admissions

coordinator, makes arrangements for holds and admissions at St. Peter. If a bed is not available he will contact Willmar State Hospital, then Fergus Falls, to find a bed. Arrangements are made via a three-way conference call between representatives of the county, St. Peter, and the other state hospital.

Many of the county representatives have met with persons from St. Peter State Hospital to learn about the hospital and discuss problems encountered during this time. A staff person from St. Peter routinely attends patient team meetings in Freeborn County.

However, many problems remain.

1. Beds are not always available at St. Peter. The next closest state hospital is Willmar, six hours from Houston County, and the next is Fergus Falls, eight hours from Houston County.

Depending upon the caseload, options are evaluated before taking the person to Willmar or Fergus Falls. A round trip to Fergus Falls from Rochester is approximately 13 hours and from Caledonia approximately 16 hours. These trips require a driver and, frequently, one other attendant.

Table 2 lists the number of round trips made by law enforcement officers in five counties for MI-CD holds and commitments to facilities outside southeastern Minnesota in 1982. Most were admitted to St. Peter, but there was no bed available 23 times and patients were transported to Willmar or Fergus Falls.

TABLE 2
NUMBER OF ROUND TRIPS MADE BY LAW ENFORCEMENT
FOR MI-CD HOLDS AND COMMITMENTS
JANUARY THROUGH AUGUST 1982

LOCATION	FREEBORN	HOUSTON1	MOWER	OLMSTED	WINONA2
St. Peter SH	18	3	7	27	3
Willmar SH	2	2	1	9	1
Fergus Falls SH	2	3	1	2	0
St. Cloud VA		4	2		
University of MN		1			
Anoka SH					1
TOTAL	22	13	11	38	5

1. Number of times through June 1982

2. Winona data indicate # of commitments to the facilities. More trips than the number listed may have been made.

2 Coordination of the hold/commitment process is very time-consuming and frustrating to all involved.

The state hospitals admit and discharge patients during day working hours, usually 7:00 a.m. to 3:30 p.m. On nights and weekends county staff must call the Security Hospital switchboard and ask for a nurse. The nurse will indicate if there is a bed available and begin arrangements. If no bed is available, the nurse will call the next closest hospital to find a bed.

Being unable to pick up patients during the night and early morning creates a problem when trying to save transportation costs by coordinating trips for more than one patient, especially with the longer trips to Fergus Falls and Willmar.

Patients on 72-hour holds are not evaluated or medicated at other state hospitals as was done at RSH. The patient at the end of 72 hours is often no better than when brought in. It is advantageous for counties to do everything possible to hold the patient locally. Area hospitals have worked to accommodate the patients and county staff.

Winona and Mower counties have used an airplane to transport some patients. Winona also has a customized ambulance suitable for one person to transport some patients.

The new commitment act, which requires more steps in the process than before, compounds the problems associated with traveling greater distances. It may also be difficult to find an examiner or a judge with an open calendar in order to schedule the hearing. Hearings may be scheduled in the afternoon not allowing time to transport the patient to a state hospital before 3:30 p.m.

There is much waiting for patient, family and staff. Providers in counties are working to better coordinate the process. In some cases pre-screening can avoid a commitment by determining a feasible alternative. Occasionally parts of the process may be waived. Sometimes the screening and probable cause hearing are completed before the person is transported for a 72-hour hold. Commitment admissions take priority over voluntary admissions to the state hospital; therefore, it is often necessary to commit persons to get them treated at a state hospital. But sometimes commitment is not possible and gaps arise. The new commitment act makes it more difficult to commit a person by specifying that a person must be dangerous and mentally ill to be committed. Persons who do not have both characteristics and will not seek treatment voluntarily may not get care. Many times these persons will be picked up by the criminal justice system for DWI or other charges.

County workers are familiar with most chronic MI-CD patients and county residents because they are seen many times throughout the years. However, a transient may be charged with disturbing the peace, jailed, determined to need psychiatric treatment, and referred to treatment. Data was unavailable to document the extent with which this situation occurs.

Fewer and shorter (30 or 60 day) provisional discharges (PD) are given. The PD discharges the patient into a somewhat supervised situation (like probation) for a designated period. At the end of this period, if the person needs further hospitalization, commitment proceedings must begin once again. RSH issued PDs for as long as one year. Providers feel the longer supervised period gave patients a more structured lifestyle and remissions were longer. There is also more staff time involved if repeated commitment is needed.

3. Communication regarding patient management is difficult.

Distance prohibits county staff from participating in patient team meetings and discussing discharge plans. The meetings are held at exactly 30 day intervals without the flexibility to group several meetings on one day, thereby enabling county staff to participate. Workers attempt to visit patients at St. Peter monthly, but communication with Willmar and Fergus Falls is only by phone.

Providers were accustomed to open rapport among physicians and staff at RSH; now they talk with a social worker who plays a less significant role in care than at RSH. Providers commented that there are many more patients per staff than there were at RSH.

The state hospital does not provide the county with patient records. The court can subpoena them but it takes time, they arrive late or immediately before the hearing and often do not assist the examiner or answer questions of the court.

One county worker reported that unlike RSH, the other state hospitals do not provide medical care. The county has to find care for the patient, pick him up from the state hospital, take him to the doctor, return him to the state hospital, and pay the bill. Electroshock treatment is not given at the state hospitals as was the case at RSH. If a patient needs this treatment, he must be transferred to Immanuel-St. Joseph's in Mankato or private facilities near Willmar or Fargo-Moorhead.

4. Families can no longer be directly involved in the patient's treatment.

One of the most significant problems resulting from the closure of RSH has been the absence of family treatment for state hospital patients.

In both mental illness and chemical dependency the family plays a significant role because the illness directly affects each member. Without family involvement the patient may return to the same problem situation and possibly lose what had been gained through treatment.

Providers report that most families of persons in a state hospital are low income and cannot afford the trip to a distant state hospital, especially if they need to remain overnight. The patient may not have needed

hospitalization at the state hospital if the family could afford other treatment. Visits are fewer and shorter. Other patient activities (work or group) may limit visiting and family therapy time once the family does arrive.

Many patients and families still refuse to be hospitalized at St. Peter because of the stigma associated with the Security Hospital. In some cases this may motivate a person to take medications and stay out of the hospital.

Financial Impact

All counties are working creatively to keep costs down and remain within budgets. Services have been reassessed in order of priority and money allocated accordingly. Use of local resources, even with higher per diem rates than the state hospitals, defrays transportation and law enforcement overtime expenses. When trips are made, there is a decrease in staff and county law enforcement coverage. Overnight stays are rare.

Some agencies are unionized and must pay overtime, but they use flexible schedules and juggle staff to minimize overtime. Some agencies are absorbing costs temporarily and looking for alternative funding. Mental health centers contract for services but prorate their budgets over the year.

Voluntary treatment, private and third party pay is highly encouraged. People are now seeking treatment at private outpatient clinics, community hospitals and veterans hospitals. For example, St. Francis Hospital in LaCrosse noted an increase in admissions from Minnesota, from 8% before RSH closed to 12% currently. Medicaid and other public funds are used as needed. Cuts in Title 20 restrict counties' use of out-of-county resources such as halfway houses. Some persons receiving Social Security Disability Income (SSDI) and Supplemental Security Income (SSI) have been notified that because they have received income from work they are no longer considered disabled and therefore are not eligible for benefits. Once a person is ineligible for SSI and SSDI he is ineligible for MA because he is not considered disabled.

If a person is ineligible for MA and SSI, he may be eligible for General Assistance (GA) and General Assistance Medical Care (GAMC). GAMC, which covers medication costs, eye exams, medical care, and some outpatient psychiatric visits, was cut 25 percent in October 1981. Because of the cuts, many patients cannot afford their medical care and choose to discontinue their medications. There has been no significant increase in Medical Assistance patients for most hospitals. Hospitals are unable to document any financial impact directly related to the closing of RSH. Some patients in the general hospital population neither have insurance nor qualify for MA. If unable to pay the entire bill, some patients may pay a little at a time when able to do so. Some expense may be written off and some may be shifted throughout the system.

Community Memorial Hospital, Winona, is re-evaluating its experimental detoxification program to determine the cost impact.

Some hospitals are testing the market for more in-depth psychiatric programs, both inpatient and outpatient. The daily costs of community-based hospital care must be borne fully by the county when no insurance is available. This is considerably higher than 10% of the state hospital rate or approximately \$10. Daily rates at state hospitals are \$89. Rates at the community hospitals vary from \$120 to more than \$200.

Services Which Should Be in Place

Providers interviewed from all counties indicated a need for a holding facility closer than St. Peter which would accommodate the more difficult, assaultive patient for 72-hour and court-order holds, and also hold patients through the 14-day period until the commitment hearing. This would avoid trips to the state hospitals and save the counties money. The providers felt that Rochester would be a suitable location.

Providers from all counties in the survey reported a need for crisis care units to be developed locally, i.e. in Naeve, St. John's, St. Olaf, and Winona Community Hospitals. Saint Marys ER is functioning as a crisis care unit. Olmsted County is also looking at other crisis care alternatives. St. Olaf Hospital in Austin is awaiting approval of a proposed 12-bed stress unit.

Extension and possible expansion of existing programs, particularly the Rule 14 and 36 programs, was cited as a need by most of the providers. One provider suggested that more Rule 14 and 36 programs would support many of the chronic mentally ill within the community.

Several providers in Olmsted and Goodhue counties reported a need for housing, not necessarily to be licensed or supervised for 24 hours, but managed by some human service agency. An example in Goodhue County is the Morely House, managed by the Community Support Project.

Positive Aspects of the Closure

Approximately 50 percent of the providers cited only negative aspects of the closure. Others, often qualifying their replies as idealistic, commented that counties and communities have had to work together to resolve problems. There is more planning and better communication among providers. New programs have begun.

Nursing Homes

Six of the nursing homes returning the mail survey were directly affected by admitting previous RSH patients. The nursing homes sought out mental health providers to acquaint the staff with special skills needed to care for the patients. In some cases local psychiatrists, psychologists, and psychiatric nurses have been available for consultation and inservice training.

Most of the respondents commented that a valuable resource was lost for nursing home patients whose condition had degenerated. More time will be required to locate this service when it is needed.

Schools

The nursing programs at Rochester Community College, Luther College, Winona State University and Rochester Area Vocational Technical Institute have lost a vital component of their psychiatric clinical experience. Other programs affected are the Human Services Technician Program and the Surgical Technician Program at Rochester Vo-Tech. In addition, there is a loss of employment opportunities for the graduates. Approximately 21 percent of the graduate Human Service Technicians and 10 to 15 percent of the graduate Practical Nurses were hired at RSH.

APPENDIX I
AGENCIES TO WHICH SURVEY WAS MAILED

County Social Services

Beverly O'Malley, Dodge	David Rooney, Olmsted
Rolf Huggenvik, Fillmore	Chester Pearson, Rice
Fred Silbaugh, Freeborn	Stanley Groff, Steele
Philip McGonagle, Goodhue	Wallace Walter, Wabasha
Harold Thompson, Houston	Craig Brooks, Winona
Robert Schultz, Mower	

Community Health Service Agencies (Public Health Nursing):

Arvid Hougum, Olmsted	Dave Severson, Steele
Anna Agerbeck, Mower	Terry Stell, Freeborn
Peter Herlofsky, Rice	Lynn Theurer, Winona
Elsaine Timmer, Goodhue-Wabasha	Douglas Moen, Houston

Law Enforcement

Ernest J. Vanderhyde, Dodge	Charles Von Wald, Olmsted
Donald Gudmundson, Fillmore	William Stransky, Rice
Don Nollander, Freeborn	Wesley Welker, Steele
Dale Grote, Goodhue	Robert Loehler, Wabasha
Dennis Swedberg, Houston	Bruce Stanton, Winona
Wayne Goodnature, Mower	

Clerks of Court

Pauline Huse, Dodge	Ray Sanders, Rice
George Milne, Fillmore	Gail Lipelt, Steele
Bill Aanerud, Freeborn	David Meyer, Wabasha
Merle Schultz, Houston	Frank Kinzie, Winona
Joseph Morgan, Mower	Lawrence Peterson, Goodhue
John McCally, Olmsted	

Hospitals

Community Hospital, Spring Valley	Zumbrota Community, Zumbrota
Harmony Community, Harmony	Caledonia Community, Caledonia
Maeve, Albert Lea	Tweeten Memorial, Spring Grove
Community Hospital, Cannon Falls	St. Diaf, Austin
St. John's, Red Wing	Northfield City, Northfield
Olmsted Community, Rochester	Owatonna City, Owatonna
Rochester Methodist, Rochester	Community Memorial, Winona
Saint Marys, Rochester	St. Elizabeth's, Wabasha
Lake City	Rice County District One, Faribault
Immanuel St. Joseph's, Mankato	St. Francis, LaCrosse
St. Marys Hospital, Minneapolis	Veterans Administration, Minneapolis
Lutheran, LaCrosse	Veterans Administration, St. Cloud

Clinics

Interstate Medical Center, Red Wing	Winona Clinic
Root Valley Medical Clinic, Preston	Austin Clinic
Valley Medical Clinic, Spring Valley	Owatonna Clinic
Mayo Clinic, Rochester	Albert Lea Clinic, P.A.
Albert Lea Medical and Surgical Center	Community Clinic, Wabasha
Olmsted Medical Group, Rochester	Northfield Medical Clinic
Northfield Physicians and Surgeons, PA	Faribault Clinic, LTD

Nursing Homes

Fairview Nursing Home, Dodge Center	Thorne Crest, Albert Lea
Field Crest NH, Hayfield	Cannon Falls Manor NH
Chosen Valley Care Center, Chatfield	Community Home, Zumbrota
Green Lea Manor, Mabel	Haven Homes of Red Wing
Parkview Care Center, Ostrander	Kenyon Sunset Home
Seminary Memorial Home, Red Wing	Lake City NH
Preston NH	Pine Haven NH, Pine Island
Albert Lea Board and Care Center	Red Wing Health Center
Good Samaritan Home, Albert Lea	LaCrescent Nursing Center
Broadway Care Center, Albert Lea	Valley View NH, Houston
Cornick Nursing Home, Albert Lea	Burr Oak Manor, Austin
Norstrude Guest Home, Albert Lea	Comforcare NH, Austin
St. John's Lutheran Home, Albert Lea	Meadow Manor NH, Grand Meadow
St. Lucas Geriatric Care Ctr., Faribault	Sacred Heart Hospice, Austin
Cedarview NH, Owatonna	St. Mark's Lutheran Home, Austin
Oak Hill Rest Home, Owatonna	Madonna Towers, Rochester
Prairie Manor, Blooming Prairie	Maple Manor, Rochester
Hillcrest Nursing and Retirement, Plainview	Samaritan Bethany Home, Rochester
Lakeview Health Care Cntr., Lake City	Stewartville NH
Wabasha NH, Wabasha	Town Hall Estates, Rochester
Deloughery Home of Senior Adults, Lewiston	Faribault Manor NH
Owatonna Health Care Center	Adams Health Care Center
St. Annes Hospice, Winona	MN Odd Fellows Home, Northfield
Sauer Memorial Home, Winona	Northfield Retirement Center
Starzecki Boarding Care Home, Winona	Pleasant Manor, Inc., Faribault
Watkins United Methodist Home, Winona	Bethany Samaritan Heights, Rochester
Whitewater Manor NH, St. Charles	
Rochester Health Care Center	
Woodside Convalescent Cntr., Rochester	
Westside Boarding Care Cntr., Owatonna	

Intermediate Care Facilities for the Mentally Retarded

Fourth Street House, Kasson	Cedar II, Austin
Dodge Residence, Dodge Center	Cedar III, Austin
Sunshine Place, Harmony	Cedar IV, Austin
Crest Home of Albert Lea	Woodvale III, Austin
Woodvale V, Albert Lea	Bear Creek House, Rochester
Red Wing Group Home	Hiawatha Children's Home, Rochester
Yasa Lutheran Home, Red Wing	Sixth Street House, Rochester
Riverview Manor, Wauwingo	Meadow Park House, Rochester
Cedar I, Austin	Kroegers House, Faribault

Intermediate Care Facilities for the Mentally Retarded--continued

Park Avenue Home, Faribault	Groups Homes of Winona
Region Park Hall, Faribault	Woodvale VI, Austin
Resident Homes, Inc., Faribault	Adams Group Home
Seventh Street House, Faribault	Houston County Group Home
Woodvale II, Owatonna	REM, Inc., Rochester
717 Rustic Lane, Mabasha	

Mental Health Centers

Freeborn MHC, Albert Lea
Zumbro Valley MHC, Rochester and Red Wing
Mower MHC, Austin
Luther Youngdahl Human Relations Center, Owatonna
Hiawatha Valley MHC, Winona

Halfway Houses

Thomas House, Rochester	Hiawatha Hall, Winona
Pine Circle Community Living Center, Rochester	Agape Halfway House, Austin
Westhill Lodge, Inc., Owatonna	Hewitt House, Minneapolis
Virgil Cochran Halfway House, Hastings	Hoikka House, Minneapolis

Other Related Services

Circle Center, Rochester	Northside House, Faribault
The Growth Center, Rochester	Quarry Hill Treatment Cntr. Rochester
Family Consultation Center, Rochester	Women's Shelter, Rochester
Women's Resource Center, Rochester	Lucas Psychological Clinic, Rochester
Southeast Family Recovery Center, Winona	Lutheran Social Services, Rochester
Cannon Valley Center, Cannon Falls	Catholic Social Services, Rochester
Sunrise, Rochester	Rochester Pastoral Counseling Cnt.
Rochester Public Schools	Catholic Social Services, Winona
Lourdes High School	Women's Resource Center, Winona
Continuum of Care, Rochester	Nursing Consultation, Winona
Winona Counseling Care Center	REACH, Red Wing
Recovery, Inc., Albert Lea	Owatonna Family Center
Wilson Center, Faribault	Fountain Lake Treatment Center
Lutheran Social Services, Red Wing	Alcoholics Anonymous, Rochester
Oak Hill, Owatonna	

APPENDIX II
LIST OF PERSONS INTERVIEWED BY COUNTY

Freeborn County

Judge William Sturtz
Ted Baumgardt, Social Worker - MI, Freeborn County Social Services
Tom Schleck, Social Worker - CO, Freeborn County Social Services
Mark Giorgini, Assistant Freeborn County Attorney
Marvin Arvidson, Director of Freeborn County Mental Health Center
Elyse Arvidson, Patient Service Coordinator, Naeve Hospital, Albert Lea
Phil Stephen, Patient Accounts, Naeve Hospital, Albert Lea
Don Nollander, Freeborn County Sheriff
Nancy Weller, Admission Coordinator, Fountain Lake Treatment Center, Albert Lea
Neil J. Carolan, Program Director, Fountain Lake Treatment Center
Wes Eral, Detox. Fountain Lake Treatment Center

Goodhue County

Sara Ousky, Social Worker, Goodhue County Social Services
Join Close, Community Support Project
Dennis Zollander, Division Vocational Rehab
Mellissa Wolford, PHN, Goodhue-Wabasha Community Health Service
Dave Wooden, Interstate Rehabilitation Center
Bob Glasenapp, Community Support Program
Bill Spitzmueller, Psychologist, Zumbro Valley Mental Health Center
Jane Dietzman, PHM, Goodhue-Wabasha Community Health Service
Ruth Erickson, Director of Hurting, St. John's Hospital, Red Wing
Alice Ellis, Director of Social Services, St. John's
Jeff Stevenson, Administrator, St. John's
N1ck Even, Zumbro Valley Mental Health Center, Red Him
Joanne Pohl, Assistant Goodhue County Attorney
Willam E. Kelm, Chief Deputy, Goodhue County

Houston County

Ronald Tornstrom, Social Worker, Houston County Social Services
Harold Thompson, Houston County Social Services Director
Dennis Swedberg, Houston County Sheriff
Sue Steffen, Assistant County Attorney
Geraldine Oseth, Deputy Clerk of Court
Sandy Seaman, Hiawatha Valley Mental Health Center

Mower County

Gary Ellingson, Chief Deputy, Mower County
Dorothy Schulz, Social Worker - CD, MI, Mower County Social Services
Robert Schulz, Director of Mower County Social Services
Bruce Helwig, Social Worker, Mower County Social Services
Larry Maier, Ph.D., Director of Mower Mental Health Center
John Bohrod, Psychiatrist, Mower Mental Health Center

Mower County—continued

Bob Nelson, Police Chief, Austin
Karen Wheelock, Director of Nursing, St. Olaf Hospital, Austin

Olmsted County

Bob Frisby, Social Worker - HI, Olmsted County Social Services
Dave Erickson, Social Worker - MI, MR, Olmsted County Social Services
Julie Harris, Social Worker - MR, Olmsted County Social Services
Bob Zabel, Director of Zumbro Valley Mental Health Center
Larry Smith, HI Coordinator, Zumbro Valley Mental Health Center
Bev Burban, Social Worker - CD, Olmsted County Social Services
Jan Duffy, Social Worker - CO, Olmsted County Social Services
Rod Walters, Chief Deputy, Olmsted County
Peggy Kuisle, Deputy Clerk of County Court
Pat Keith, ER/Psych Patient Coordinator, Saint Marys Hospital
Katy Mewhorter, Finance, Saint Marys Hospital
Elizabeth MacDougall, Director, Clinical Nursing, Saint Marys Hospital
Connie Tooley, School CD Coordinator, ISD 535, Rochester
Tom Davie, Assistant Director Special Education, ISD 535, Rochester
Lynn Haagenson, Director, Thomas House, Inc.
Carol Huyck, Circle Center
Jeff Gorfine, Director, Quarry Hill Residential Treatment Center
Sheila Kiscaden, Planning, Olmsted County

Steele County

Stan Graff, Welfare Director
Margaret McDonald, Adult Protection, Steele County Social Services
Jack Amundson, CD, Steele County Social Services
Jean Swanson, Social Service Supervisor
Wesley Welter, Steele County Sheriff
Gail Lipelt, Steele County Clerk of Court
Scott L. Schreiner, Assistant Steele County Attorney

Winona County

David Brand, Police Chief, Lewiston
Herb Nichols, Assistant Police Chief, Winona
Kathleen Robertson, Winona County Social Services
Gerry Poison, Social Services
Steve Midthune, Community Support Project, Hiawatha Valley MHC
Sue Steiner, Public Health Nursing
Lynn Theurer, Community Health Services
Larry Greene, Director of Hiawatha Valley Mental Health Center
Vern Spitzer, Chief Deputy, Winona County
Charles Smith, County Commissioner and Hiawatha Valley MHC Board member
Jeanne Burke, Assistant Director of Nursing, Community Memorial Hospital.
Winona
James Curto, Assistant Administrator, Community Memorial Hospital
Ed Kobler, County Commissioner
Mary Berg, Deputy Clerk

APPENDIX III
RESOURCE INVENTORY September 1982

•Indicates New

Service Dodge

County

Luther Youngdahl Human Relations Center (MHC) satellite offices: Kasson- one day per week, Mayfield, Dodge Center - half day per week. Psychiatrist available in Owatonna.

Fillmore County

Zumbro Valley Rental Health Center satellite offices in Preston and Spring Valley: staffed one day per week; psychiatrist consults with public health nurses and social workers once per month.

•School psychologist contracted through SE MN Special Education Cooperative and Fillmore County, to open office in Rushford in future.

Freeborn County

Naeve Hospital: Two hold room in use for the past 12 years, some inpatient psychiatric treatment, full time psychiatrist.

Fountain Lake Treatment Center: Regional detoxification and hold center. CO treatment, and transportation car for holds.

Chemical Dependency Center (County): 1 and R. PSIs for DWI evaluations. responsible for school programs, community education.

Freeborn County Menu) Health Center: Psychiatrist spends one day per week at MHC.

Four MO's are used as examiners and help fill in gaps. Most are familiar with medications. Also have used Doctor Bohrod, Mower Mental Health Center, when Freeborn MHC is not covered by psychiatrist.

Board and Care Homes: Connors in Albert Lea -
MI Norstude - CD
Thompsons

Alice Hotel: low rent housing

Goodhue County

Zumbro Valley Mental Health Center. Red Wing: Full time psychologist available, psychiatrist and nurse consultations available to nursing homes and other agencies through ZVMHC -Rochester.

Community Support Project (through ZVMHC)

*Morley House: House rented by Goodhue County from a local church; offices of CSP located there, provides transitional housing for three to four chronic mentally ill persons from six months to one year; may provide short stay "tine out" crisis room.

Goodhue County (continued)

*St. John's Hospital: One holding room, some psychiatric Inpatient treatment. outpatient CD program.

*Licensed consulting psychologist. Interstate Medical Center
TeePee Tonka Hotel, Mohawk Hotel: Low rent housing.

Houston County

Hiawatha Valley Mental Health Center, Caledonia: Staff available several days per week.

Caledonia Hospital: Occasionally used for detoxification, two physicians. Skemp Grandview Clinic, LaCrescent: Two physicians

Mower County

Mower Mental Health Center: One licensed consulting psychologist, one psychiatrist.

ACT (Adult Community Treatment); Rule 14 funded day program through Mower Mental Health Center, capacity up to 15 people.

*St. Olaf Hospital: One hold room, some psychiatric inpatient treatment.

Sheriffs Boys Ranch, Austin: Hone for emotionally and behaviorally disturbed children.

Gerard School, Austin: School/Home for emotionally and behaviorly disturbed children.

Agape House: CD halfway house.

Olmsted County

Zumbro Valley Mental Health Center: Detox unit and hold, *weekly psychiatrist and nurse consultation to Red Wing area (nursing hoses), weekly staff visits in both Preston and Spring Valley, psychiatrist consults monthly with public health nurses and social workers 1n Fillmore County.

*Quarry Hill Residential Treatment Program: Eighteen month grant funded under Temporary Rule I for residential treatment programs, licensed under Rule 3G, for MI-CD up to 60 days. Located in Building 8, RSH site. It is a program of Olmsted County through Olmsted Community Hospital, Zumbro Valley HHC and Thomas Group, Inc.

Thomas House: Rule 22, small amount from Temporary Rule 1 through December 1982; residential MI halfway house.

Pleated County (continued)

Circle Center: Rule 14 social-recreational program for HI. *The Growth Center: Rule 14 day treatment program far HI.

Saint Marys Hospital: Eighty bed adult inpatient psychiatric treatment (30 -lock ward, 50 - open ward), 19 bed adolescent unit, *holding rooms, *emergency room provides crisis care. *Psychiatr1c social worker also follows up persons seen in ER but not admitted for appropriate referral. *Surgery for the mentally retarded. *Outpatient electroshock therapy.

Family Consultation Center
Center for Effective Living; Psychologist
Lucas Psychological Clinic: Licensed consulting psychologist

Associates in Psychiatry and Psychology; Psychiatrist, licensed consulting psychologist, psychiatric social worker.

Doctors frequently used as court examiners are from the ZVMHC, Associates in Psychiatry, Lucas Psychological Clinic, Retired RSH Doctor and one doctor from Chatfield, Occasionally use psychologist from Center for Effective Living.

Parker, Park, Pennington, Maxwell Hotels: Low rent housing.
Cronin Home : Board and care facility for CD.
Pine Circle: CO halfway house.
Sunrise: Outpatient CD-MI treatment for adolescents, family therapy.

Rochester Methodist Hospital: Adult and adolescent chemical dependency treatment unit.

Mayo Clinic: Outpatient treatment, psychiatric and CD.

Independent School District 535: Project B, employee assistance program, counseling for referral to appropriate treatment.

Rice County

Faribault State Hospital
Three licensed consulting psychologists in Faribault
One licensed consulting psychologist in Northfield

Family Focus (under Waseca Memorial Hospital), Faribault: Outpatient CO treatment.

District One Hospital, Faribault: Occasional used for hold. Northfield City Hospital: Occasionally used for hold.

Rice County Fully Services (MHC under Rice Co. Social Services): MI and MR consultation; CD evaluations go to Family Focus,

Hunan Resource Center, Northfield: private Mental health services; no CO

Constance Bultman Wilson Center, Faribault: School, long tern residential adolescent psychiatric program.

Laura Baker School. Faribault: School/supervised living facility for the mentally retarded.

Steele County

Luther Youngdahl Human Relations Center (Mental Health Center): part time psychiatrist.

*Owatonna Hospital: Hold room, some extended holds through commitment. West Hill Lodge: CD halfway House.

Wabasha County *St. Elizabeth's Hospital: One hold room soon to be available.

Hiawatha Valley Mental Health satellite offices: Wabasha -staffed four days per week; Lake City -one day per week; licensed consulting psychologist available; psychiatrist available through Winona office; CO counseling two days per week in Wabasha.

Winona County

Hiawatha Valley Mental Health Center; Full time psychiatrist. *Rule 36 Programs, funded by temporary Rule 1 (through Mental Health Center):

Broadway Center - a six bed, 24 hour intensive type MI therapy which opened August 16, length of stay from a few nights to four or five weeks,

Carlson Home - residential MI treatment for older adults.

Hiawatha Hall; MI halfway house under St, Francis Hospital, LaCrosse. oriented toward younger adults.

*Psychiatrist one day a week for Rule 16 facilities from LaCrosse through Hiawatha Valley Rental Health Center.

Community Support Program (Rule 14) - Through Hiawatha Valley Mental Health Center.

*Winona Community Hospital: Four 72-hour hold rooms (can't take violent, dangerous cases), detoxification program (work with Mental Health Center, opened January 5, 1982). Originally detox was a six month experiment; now re-evaluating.

National, Washington, West-End Hotels: Low rent housing.

Resources Frequently Used Outside the Region

Wisconsin

LaCrosse Lutheran Hospital: Inpatient and outpatient psychiatric treatment. St. Francis Hospital, LaCrosse: Inpatient and CD psychiatric treatment. Siena Hall, LaCrosse: Halfway house under St. Francis Hospital. Lair House, LaCrosse: CD halfway house Three quarters-way CD House, Y1roo.ua St, Croix Dell: Inpatient CO treatment

Resources Frequently Used Outside the Region (continued)

Minnesota

Sanctuary Group Home, Minneapolis: CD halfway house. Omegon Residential Center, Minneapolis: CD Treatment Center. New Corrections, Inc., St. Paul: CD Treatment Center.

St. Marys Hospital, Minneapolis: Inpatient and outpatient psychiatric and CD treatment.

Abbott-Northwestern, Minneapolis

VanGuard, Minneapolis: CD treatment.

Hope Transition, St. Paul: CD halfway house.

Hoikka House, Minneapolis: HI halfway house

Center for Behavior Therapy, Minneapolis

Re-entry House, Minneapolis: CO halfway house

Hastings Detox and Inpatient CD Unit

St. Josephs-Immanuel Hospital, Mankato: Inpatient psychiatric treatment.

Chain of Lakes, Fairmont: CD halfway house

VA Hospital, Minneapolis

VA Hospital, St, Cloud

Minnesota State Hospitals:

St. Peter: MI-CD

Willmar: MI-CD

Fergus Falls: Nearest adolescent CD unit, long-tem MI, MR

Faribault: MR

Cambridge: MR

Moose Lake: MR

Anoka: MI, rarely used by SE MM

Resources Recently Closed Which Here Used by SE MM Residents

Beth Yeshua, Red Wing: Christian Home for Women.

Cannon Valley Center, Cannon Falls: CD residential adolescent treatment program.

Girl's Villa, Austin: Home for emotionally and behaviorly disturbed children.

St. Michael's, LaCrosse: How for emotionally and behaviorly disturbed Children,