MOOSE LAKE STATE HOSPITAL

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MOOSE LAKE STATE HOSPITAL

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A. Population Served by the Moose Lake State Hospital (Fiscal Year 1981):

Chemical Dependency Programs*

County of Residence	SEX		RACE				TYPE OF ADMISSION						AGE							PROGRAM PLACEMENT						Total
	#Male	#Female	#White	#Indian	#Black	#Mexican	#Vol. Ineb.	#Vol. Ineb. Readmit	#Committed	#Hold Order	#Emergency	#Ret. from Prov. Disch.	10-19	20-29	30-39	40-49	50-59	60-69	70-79	#Interface	#Start	#Pioneer	#Lakeshore House	#Disch. Prior to Primary Placement	#Transfer to MI or MR Service	
Ramsey	531	65	496	39	51	10	120	447	21	0	3	5	29	156	155	115	104	32	5	116	171	188	55	66	0	596
St. Louis	362	48	354	45	11	0	125	267	6	2	6	4	14	137	103	78	62	14	2	118	124	99	25	41	3	410
Carlton	133	25	138	20	0	0	57	73	3	5	16	4	15	64	24	33	18	4	0	44	50	15	3	45	1	158
Itasca	63	6	59	10	0	0	22	35	8	0	0	4	6	25	10	6	8	12	2	16	33	9	1	9	1	69
Pine	49	5	53	1	0	0	20	22	0	1	10	1	6	20	8	10	7	3	0	18	11	5	1	19	0	54
Koochiching	37	8	25	20	0	0	13	30	2	0	0	0	8	17	10	5	0	5	0	12	10	13	4	6	0	45
Washington	34	10	43	1	0	0	11	27	5	0	0	1	5	19	7	7	4	1	1	9	15	10	3	5	2	44
Isanti	38	2	40	0	0	0	15	25	0	0	0	0	6	21	5	1	6	1	0	22	9	4	0	5	0	40
Mille Lacs	27	8	21	14	0	0	7	17	6	0	2	3	1	19	6	5	1	3	0	12	10	6	1	6	0	35
Lake	28	5	33	0	0	0	8	18	6	1	0	0	4	14	4	4	4	3	0	10	10	9	0	4	0	33
Chisago	27	0	26	1	0	0	13	13	1	0	0	0	3	12	5	3	4	0	0	17	4	1	4	4	0	27
Kanabec	20	2	22	0	0	0	7	10	2	0	3	0	1	9	8	0	3	1	0	10	3	2	1	5	1	22
Cook	3	0	3	0	0	0	2	1	0	0	0	0	0	1	1	1	0	0	0	1	1	0	0	1	0	3
Other Counties	53	8	50	9	2	0	17	37	4	0	3	0	0	9	18	16	14	4	0	9	17	15	6	13	1	61
Receiving Area Total:	1405	192	1363	160	64	10	437	1022	64	9	43	22	98	523	364	284	235	83	10	414	468	376	101	229	9	1597

1. Typical chemical dependency client is: male, white, informal admission, between 20 and 29 years of age, and is placed in our "Start Program".

2. Moose Lake State Hospital offers five chemical dependency treatment programs.

Program	Number of Beds**	Clientele Served/Services Provided
Acclimation	35	Admission Program, detoxification
Start	52	First Timers Program (0-3 previous treatment experiences)
Interface	53	Therapeutic Community (either/or clients, dually disabled clients, behavior/attitude problem clients)
Pioneer	58	Chronic Recidivist Program (4 or more previous treatment experiences)
Long Term Program	41	Extended Care Program
Total:	239	

*Source: Moose Lake State Hospital Admission Records: 1980, 1981.
**Rule 35 licensed beds.

3. The majority of Moose Lake State Hospital clients are indigent on admission. They have no health insurance or financial resources, and must rely on their county of residence for assistance in paying treatment expenses.

Mental Illness Programs:

Admission by County:*

St. Louis (D)	64
St. Louis (R)	46
Itasca	26
Pine	2k
Mille Lacs	6
Koochiching	8
Kanabec	16
Carlton	19
Chisago	12
Lake	5
Isanti	8
Cook	2
Hennepin	22
Ramsey	8
Stearns	1
Altkin	4
Cass	3
Washington	2
Kandiyohi	1
Morrison	3
Anoka	2
Out of state	5
Blue Earth	1
Total	288

Sex:

Male	202
Female	86

Race:

White	276
Black	4
Indian	7
Other	1

Admission Status:

Informal	119
Emergency/ Hold Order	74
Commitment	72
Return from PD	23

Age of Admission:

10-19	19
20-29	98
30-39	85
40-49	44
50-59	24
60-69	23
70-79	2
80 and over	0

Program placement of Admissions:

Admission	247
Life Adjustment Center	31
Geriatrics	10

*Moose Lake State Hospital admission Information received from Medical Records Department, Moose Lake State Hospital.

1. Moose Lake State Hospital currently offers four Mental Illness Programs:

Program	Number of Actual Beds	Clients Served
Admissions	35	New MI admission, acute services
Life Adjustment Center	55	Chronic MI client with previous Hospitalization
Geriatric Residential and Nursing	72	Clients are geriatric, requiring nursing care, and those who are semi-independent
Geriatric Acute and Chronic	65	New geriatric admissions and longer hospitalization

2. The majority of clients who are admitted are indigent and have had prior involvement with the welfare department of the county of their legal settlement. Community alternatives have been considered prior to hospitalization in the majority of these cases.

3. The current population of the Mental Illness Programs of Moose Lake State Hospital is 205. This translates to an occupancy rate of 90% of actual beds in place.

Mental Retardation Programs:

Current Population

The Skills Development Center provides services for 120 mentally retarded individuals over the age of 18 from Carlton, Cook, Lake and St. Louis Counties. As indicated by the chart below, St. Louis County is the largest consumer. This county includes both metro Duluth and the Iron Range. Persons under 18 years of age are generally provided for by alternative community resources with only occasional unusual cases being referred to Brainerd State Hospital.

Population by County

Carlton	14%
Cook	Less than 1%
Lake	7%
St. Louis	78% (Range - 25%; So. St. Louis - 53%)
Other	Less than 1%

Current population is 57% male, 43% female. Eighty-one and a half percent are in the age range between 21-44. Additional handicapping limitations including visual, mobility and physical problems make up 35%. Persons with primary diagnoses of profound or severe mental retardation account for 89.5% while the remaining 10.5% would be classified as moderate or mild retardation with associated behavior problems severe enough to prohibit community placement at this time.

Admissions*

Although few in number each year, they do serve as a trend indicator. The following table is a review of admissions during the past five years. It does not include transfers from other Minnesota state facilities or persons admitted to MI and CD unless they were subsequently admitted directly to MR. All but one were committed.

Fiscal Year	Total	Male/Female		Average Age	Length of Stay
1977-78	7	4	3	32.9	12.7 months
1978-79	8	4	4	39.4	19.8 months
1979-80	3	2	1	33	7.7 months
1980-81	7	4	3	26.7	12.6 months**
1981-82	5	3	2	28.2	4 months**
	30	17	13	31.9	

Distribution by county:			
	Carlton	8	
	Cook	0	
	Lake	3	
	St. Louis	14	(Range - 10, So. St. Louis - 4)
	Other	5	

Of these admissions, three people represent more than one admission, five have received services in the state system in previous years and one was a provisional discharge revocation from Moose Lake State Hospital. This table would further indicate that the average age is decreasing slightly and men outnumber women. Length of stay information is inconclusive at this time.

Discharges*

Discharges exceed our admission rate by five to seven per year. This trend has been established over the past six years and is generally in keeping with the Welsch vs. Noot consent decree. It has a direct relationship with the development of community resources and if it continues should target our population around 90 by 1987.

*Statistics from hospital admission and discharge records.
**A11 but 3 of the 12 are still In this facility.

Welsch vs Noot Reduction Requirements

Year	Required	Actual Moose Lake
1980	---	134
1981	128	128
1982	122	122
1983	116	120 (current)

Program Services

This facility consists of 143 beds, arranged into 10 small apartments occupying 2 building on campus. All are Rule 34 licensed and ICF-MR certified. Day programs are offered 5 days per week in an off-reeidential area setting. Specialty services are provided in the developmental areas of O.T., P.T. , recreation and speech. Volunteers and senior companions help to round out a client's day. Behavioral programs are developed by specialists on the staff and residential services teach basic adaptive living skills. Medical and nursing services are readily available to care for daily needs and to meet immediate emergencies that arise within a large multi-handicapped population.

B. Capacity Lost and, C. Impact on Clients

1. Availability of Other State Hospital Resources.

a. Chemical Dependency Programs:

STATE HOSPITAL TREATMENT SERVICES

	NUMBER OF BEDS						
NAME	# Primary Beds	# Extended Beds	# Medical Admission Beds	# Adolescent Beds	# Total Beds	Average Census	RESTRICTIONS
Anoka State Hospital	42	43	0	0	90	86	Must be detoxed
Brainerd State Hospital	55	0	0	0	55	53	Must be detoxed
Fergus Falls State Hospital	83	80	13	25	206	181	None
St. Peter State Hospital	45	13	0	0	58	49	Must be detoxed
Willmar State Hospital	73	40	0	0	113	100	Must be detoxed
TOTALS	303	181	13	25	522	469	

Source: Directory of Chemical Dependency Programs in Minnesota - Department of Public Welfare, 1981. Occupancy data gathered from each state hospital.

Overall:

Only 522 total chemical dependency beds are available in the other state hospitals. An average of 89.8% are occupied. Therefore, only an average of 53 beds are available in the state hospital chemical dependency system (Moose Lake State Hospital population averages 199 (Fiscal 1981)).

Detoxification Services:

State hospitals with the exception of Moose Lake State Hospital and Fergus Falls State Hospital do not provide detox services so the already limited county-based detox facilities would have to provide detoxification services. (Refer to section B.2. re: availability of detoxification in community resources.)

Primary Residential Treatment Services;

303 beds are available for primary residential treatment throughout the state hospital system (excluding Moose Lake State Hospital). Our 165 average dally primary clients would fill 54.5% of the total beds available.

Therapeutic Community Resources:

The state hospitals do not provide any "therapeutic community" services for our "either/or" clients such as we provide on the Interface Program.

Extended Care Resources:

The other state hospitals have 181 beds available for extended care treatment, which likely could absorb our extended care "Lakeshore House" client population if Moose Lake State Hospital closed. However, the "extended care" programs in the other state hospitals do not typically treat the more motivated client that our Long-Term Program works with. Extended care at our facility is more than an extension of primary treatment and requires clients to actively participate in a self-help client community-oriented program.

Location/Transportation:

Outlying counties from our receiving area would have to travel longer distances:

e.g. International Falls

to:		
	Anoka	289 miles
	Brainerd	194 miles
	Fergus Falls	249 miles
	St. Peter	346 miles
	Willmar	301 miles
	(Moose Lake	205 miles)

Large portion of Moose Lake State Hospitalclientele (i.e., those from St. Louis County) would have to travel further than at present;

e.g. Duluth to:	Anoka	149 miles
	Brainerd	113 miles
	Fergus Falls	210 miles
	St. Peter	215 miles
	(Moose Lake	45 miles)

b. Mental Illness Programs

Anoka State Hospital Mental Illness Program

This program provides for the acute, chronic and geriatric mentally ill individual. The licensed bed capacity of the mental Illness program is currently 247 beds. The hospital has an average daily census of approximately 220 clients. During the past year, this hospital has on many occasions reported that they have been full. They do not have any restriction on admission as a matter of routine; however, if they are full, informal admissions are put on a waiting list. In terms of mileage from counties in our receiving area, the distance from our counties to the hospital would Increase generally. Isanti County would be the closest with a distance of approximately 40 miles while Koochiching County would be the farthest with approximately 320 miles.

Brainerd State Hospital Mental Illness Program

This program provides for the acute, chronic, and geriatric mentally ill individual. The licensed bed capacity of this mental illness program is 80 beds. Current average daily census is at approximately 78 clients. There are no restrictions on admission to this program. Mille Lacs County would be nearest to Brainerd State Hospital with a distance of approximately 250 miles.

Fergus Falls State Hospital Mental Illness Program

This program provides services to the acute, chronic and geriatric mentally ill individual. Current licensed bed capacity is 168 beds, but they have only 135 of the beds ready for utilization. Current average daily census is approximately 113 clients. This program does not have any admission restriction. Kanabec County would be the county nearest to FFSH with a distance of approximately 170 miles while Cook County would be the farthest distance to travel with approximately 350 miles.

St. Peter State Hospital Mental Illness Program

This program provides services to the acute, chronic, and geriatric mentally ill individual. The current licensed bed capacity of

this program is 176 beds. The average daily census of this program is approximately 172 clients. There are no restrictions to admission to this program. Isanti County would be the nearest to SPSH with a distance of approximately 100 miles while Koochiching County would be the farthest away with a distance of approximately 360 miles.

Information received from the above hospitals Indicates that they are currently operated at near capacity. The figures listed above represent daily census for each hospital for the past year. At the current time, the beds available for the mentally ill in state hospitals are nearly full.

State Hospital data gathered from each facility.

c. Mental Retardation Program

There are currently a significant number of vacant beds for the mentally retarded within the state hospital system to readily absorb the 120 mentally retarded clients at the Moose Lake State Hospital. Since most of these clients are from the Northeastern counties and closest to Brainerd State Hospital, it would seem logical that most, if not all, should be transferred to that facility in order to continue planning with county workers and families at the nearest distance possible.

2. Other Community Resources.

a. Chemical Dependency Programs (see following pages)

Conclusions:

A. Detoxification Services:

The local counties for which Moose Lake State Hospital provides detox services (i.e., Carlton and Pine Counties) have only four non-Moose Lake State Hospital detox beds available. These four beds are the only detoxification beds available between Moose Lake and the Minneapolis-St. Paul metropolitan area (approximately 120 miles). The nearest detoxification center to the north is in Duluth, 45 miles away. Refer also to section B. 1. re: availability of detoxification services in other state hospitals.

B. Primary Residential Treatment Services:

1. Eight of the thirteen counties in our receiving area have no primary residential treatment centers within their boundaries. This would necessitate the present Moose Lake State Hospital clientele being moved further distances to receive primary residential treatment services, if there are any out-of-county beds available.

2. Other Community Resources

a. Chemical Dependency Programs

TOTAL RECEIVING AREA COMMUNITY RESOURCES

County	Detoxification Center	Primary Residential Free Standing	Primary Residential Hospital Based	Halfway Houses	Therapeutic Community	Extended Care Residential	Board and Lodging Residential	TOTAL
Ramsey	50	68	178	160	0	30	48	534
St. Louis	46	0	78	130	0	0	0	254
Carlton	0	28	0	0	0	0	23	51
Itasca	8	0	0	0	0	0	0	8
Pine	4	26	0	0	0	0	0	30
Koochiching	8	0	0	0	0	0	0	8
Washington	0	0	0	36	24	0	0	60
Isanti	0	0	0	0	0	0	0	0
Mille Lacs	0	0	0	18	0	0	0	18
Lake	0	0	0	0	0	0	0	0
Chisago	22	191	0	0	0	0	0	213
Kanabec	0	0	0	15	0	0	0	15
Cook	2	0	0	0	0	0	0	2
TOTAL	140	313	256	359	24	30	71	1,193

Source: Directory of Chemical Dependency Programs in Minnesota, Department of Public Welfare, 1981,

MOOSE LAKE STATE HOSPITAL AVERAGE DAILY CENSUS
AND
PRIMARY RESIDENTIAL TREATMENT COMMUNITY RESOURCES

County	(Fiscal 1981) Average Daily In-house Census at MLSH	Total Number of Primary Residential Treatment Beds in Community	Number of Unrestricted Primary Residential Treatment Beds in Community
Ramsey	74	246	178
St. Louis	51	78	78
Carlton	20	28	0
Itasca	8	0	0
Pine	8	26	26
Koochiching	5	0	0
Washington	5	0	0
Isanti	5	0	0
Mille Lacs	4	0	0
Lake	4	0	0
Chisago	3	191	0
Kanabec	3	0	0
Cook	1	0	0
Non-receiving Area	8	-	-
Total	199	569	282

Source: Moose Lake State Hospital Medical Records Statistical Report: 1980-81 and Directory of Chemical Dependency Programs in Minnesota, Department of Public Welfare, 1981,

2. A total of 569 community beds are available in our receiving area, but 287 are restricted due to age, race or financial status.

3. The above table shows the average dally census for Moose Lake State Hospital and the number of primary residential beds available in each county. Example: Moose Lake State Hospital averages 51 St. Louis County clients in-house each day. Only 78 primary residential beds are available in St. Louis County. Therefore, if Moose Lake State Hospital were closed, our St. Louis County clientele would fill up 65.3% of the available St. Louis County beds. If admission restrictions are considered, the number of beds available in each county decreases further.

C. Therapeutic Community Resources:

Twenty-four beds are available in a "therapeutic community" setting throughout the receiving area, but are restricted to adolescents. No Moose Lake State Hospital "Interface Program" setting is available in our receiving area for criminal justice clients,

D. Extended Care Resources;

Thirty beds are available throughout our receiving area for extended care clients, but they are restricted to adolescents. No Moose Lake State Hospital "Lakeshore House" setting is available in our receiving area.

E. Halfway House and Board/Care Resources:

Three-hundred fifty-nine beds are available in halfway house and board and care facilities in our receiving area. Most beds are in the Ramsey County area. Moose Lake State Hospital, however, does not provide these services, so the beds could not be used as a community resource replacement for Moose Lake State Hospital.

b. Mental Illness Programs:

See following page.

Community Acute Care Facilities for Psychiatric Services
Available in MLSH Receiving Area

	No. of Beds	Occupancy Rate	Commitments Accepted
St. Luke's Hospital (Duluth)	30	70%	Usually don't
Miller-Dwan Hospital (Duluth)	32	65%	Usually don't
Itasca Community Hospital (Grand Rapids)	10	60%	Usually don't
Hibbing Medical Center (Hibbing)	9	70%	Yes
Virginia Medical Center (Virginia)	11	75%	Usually don't

Information received from each hospital listed above.

Community Resources

County	Board & Care	Board & Lodging	Rule 36	Nursing Home	Total
Isanti	0	0	0	200	200
Kanabec	20	0	0	87	107
Lake	0	40	0	100	140
St. Louis	0	310	114	2,564	2,988
Mille Lacs	0	8	0	0	8
Koochiching	0	0	0	206	206
Itasca	0	16	0	332	348
Pine	0	36	0	174	210
Cook	0	0	0	45	45
Carlton	0	6	50	328	384
Chisago	0	0	0	200	200
Total	20	416	164	4,236	4,836

Community Facilities Summary:

In our receiving area there are 75 facilities which provide some type of residential services and these include Acute Care, Board and Care, Board and Lodging, Rule 36, and Nursing Home facilities. Most facilities are generally full in terms of bed occupancy.

Acute Care Facilities: There are currently five (5) acute care facilities in our receiving area which provide specialized acute care for the mentally i11. Included here are a total of 92 beds. The general occupancy rate for these facilities runs about 60-75%.

Board and Care; There is one of these facilities and this has a 20-bed capacity.

Board and Lodging: At the present time, there are 23 of these facilities in operation in our receiving area with a bed capacity of 416 beds. When Rule 36 is enforced, it will mean that many of the adult mentally ill in these facilities may have to be placed elsewhere, the maximum number of adult mentally ill in a non-Rule 36 facility is four. Should this happen, the beds available to adult mentally ill in these 23 facilities would drop to 92 beds. This represents a rather substantial decrease in available beds.

Rule 36 Facilities: The information collected represents five facilities that intend to obtain Rule 36 licensure. There would be 164 beds available. If funding does not come through for these, the number of Rule 36 beds available could be much lower.

Nursing Homes: There are 41 nursing homes in our receiving area with a bed capacity of 4,236. These beds are used primarily by the general population rather than the adult mentally ill individual. As nursing homes generally are full, this leaves very few beds which would be available.

Information regarding community resources obtained from county social service departments, Health Systems Agency of Western Lake Superior, and facilities themselves.

C. Mental Retardation Programs:

Community Resources:

Region III (four counties plus Itasca and Koochiching)

*There are a total of 347 beds licensed by Rule 34 available. Of these, 51 are outside our receiving district. Size of facilities range from 40 beds to 2. Eighty-six are restricted in their admission to persons under 25. Only two provide for severely multi-impaired.

*DPW Licensed Beds Listing

St. Louis County, this hospital's largest consumer of services for the mentally retarded, has indicated in their needs assessment report 81-83** that community development of facilities has nearly reached a state of balance. This would seem to indicate that they see a role for continued use at this facility to meet special needs for severe and multiple handicapped as well as specialized supportive and programmatic services.

Day programs are provided by eight centers (two outside the four-county area). Several of the facilities provide their own in-house programs. Other service needs such as O.T., P.T. and speech services are somewhat limited unless within commuting distance of Duluth rehabilitation centers County nursing services do provide health care follow-up service but many times we have been able to avoid commitment through prior Involvement. There are three mental health centers in the region but residential centers seem reluctant to utilize this resource more fully.

Current financial limitations are causing serious effects on the development of any new or expanded Day Program Services, and in fact have produced some cutbacks. This in turn creates some additional ramifications for the development of residential programs since most are dependent on receiving day program services outside the facility.

Most of the residential and day care programs function at or near capacity at all times. By working through the county social workers with these facilities, we are able to mix and match facilities to serve each client's needs. Approximately 10% of the clients placed over the last three years have been placed outside the region because of special program needs.

Impact

Rule 185 makes it imperative that we work closely with each county welfare caseworker in providing necessary care for individual clients. Our role as part of a continuum of care is and needs to be complementary to other resources In northeastern Minnesota. The move toward regionalized services made it more feasible to work closely with others in the field. Considerable time and effort have have expended on building good community relationships. With regionalization travel distances were cut by nearly 50% in most cases. Reduced distances make it feasible for a state facility to provide follow along services which frequently result in the client being able to remain in a smaller community setting. As Indicated earlier, our return rate remains very low. Families are also able to participate more actively with their relatives as noted by an increase of involvement from 30 to nearly 60%.

**St. Louis County Mental Retardation Needs Assessment, 1981-63 Biennium.

Although this facility is still rather large, it should be noted that further consolidation would in all probability result in mentally retarded persons being placed together in still larger settings. This further decreases the possibility of being able to provide special attention and programs.

Conclusion

Admission and discharge trends show an ever increasing need for this facility to continue to provide for the specialty groups, notably persons with severe behavior problems and multiple handicapping conditions. An apparent shift in the population from 92% to 89.5% profound or severely impaired reflects the Increased admissions of less impaired persons with associated behavior problems, while the multi-handicapped group has remained essentially the same.

Since the region is primarily rural, resources for these two groups are limited outside of the Duluth metro area. There are currently two facilities that serve multi-handicapped and none that are willing to deal with severe behavior problems. At the current rate of community development of alternative resources, it will take considerable time to meet the needs for these two groups as well as the remaining population.

D. Impact on Counties:

The staff of the Moose Lake State Hospital feel that the various county social service agencies are in the best position to respond to this portion of the report. We are able to offer our opinions, or conjectures, regarding the impact on counties, but county administrative personnel would know the actual ramifications of our closure upon their personnel and fiscal resources. Therefore, we strongly suggest that county agencies be involved in submitting information for the final draft of the report.

Our treatment and administrative staff have over the years developed working relationships with county agency staff that have resulted in cooperative efforts to provide quality treatment and aftercare services to clients. Obviously should this facility be closed these working relationships might be developed with a new state hospital treatment provider, but it will certainly take a considerable amount of time and effort with the possibility of client treatment suffering during the process.

The report format asks us to comment on some specific areas that might impact on counties:

1. Transportation: Some of our counties, i.e., in the southern portion of our receiving area, may not have to travel as far to obtain treatment services if in fact beds were available. A number of other counties in northern Minnesota, however, would have to travel much farther than they now do in order to place

clients in treatment (e.g., St. Louis County - Duluth clients would have to travel a minimum of 113 additional miles to receive treatment in another state hospital). Similar transportation problems are anticipated for county representatives who visit treatment facilities as a part of the client's treatment process.

2. Participation in planning/aftercare: County representative par ticipation in the client's treatment (i.e., individual treatment planning and discharge/aftercare planning) would be impaired if transportation distances were Increased. Complicating the problem further may be a lack of county familiarity and rapport with other institutions. County representatives may no longer encourage/ assist families of the clients to continue close participation (i.e., attending treatment and aftercare planning sessions and Family Program activities), a necessary ingredient in the recovery process.

3. Placement problems: As shown in Section B, neither the state Hospital nor the private treatment community is currently able to absorb the current and expected Moose Lake State Hospital population (i.e., enough beds are not available close to counties they would serve). Additionally, a large portion of the current Moose Lake State Hospital population is considered inappropriate for community placement (i.e., the profound mentally retarded, the mentally retarded with behavior problems, Criminal Justice System referrals, the dually disabled MI/CD, MR/CD, etc.), or treatment facilities are not available, making placement difficult. The limited financial resources of our clientele would preclude placement in a private facility, where high treatment charges would financially impair the county. Present waiting lists in other facilities would make immediate placement of difficult clients impossible.

4. Commitments: Close community agency involvement is a necessary, and legally mandated, part of the committed client's treatment. Transportation costs as shown above may make close, personal involvement by county workers impossible. County agency staff may well be reluctant to commit an individual to a facility far removed from their control and the individual's environment. Private and/ or overcrowded public facilities may not be willing to admit the committed, and often resistive, client who requires more time and effort from treatment staff.

5. Costs. Our figures below demonstrate that the per diem cost of treating chemically dependent, mentally ill and mentally retarded clients would Increase if individuals and community agencies were forced to rely on securing treatment services from a non-state hospital source. Should individuals and county agencies utilize other state hospital resources, transportation coats may become prohibitive for many counties who would have to travel farther distances. Increased personnel costs for transportation may double or triple the cost of one treatment planning trip.

The information which we have received from many of our counties is that they simply cannot afford to send staff great distances because of costs. The counties suggest they would be unable to pay increased costs so the service would not be provided. This would directly affect individuals by either preventing needed treatment admission or through the lack of involved county staff to adequately plan treatment and aftercare services.

Should county agencies or individuals attempt to utilize non-state hospital treatment services in our receiving area they will encounter costs similar to these:

a. Chemica1 Dependency: For detoxification services the mean per diem cost is $74.56. The mean per diem costs for freestanding and hospital-based primary residential treatment centers in our receiving area is $86.01 and $103.50 respectively. The mean per diem cost for private extended care treatment (available only for adolescents) is $65.20. These figures do not include many charges (e.g., medical and pharmacy services) which add at least 15% to the total treatment cost and are included in the Moose Lake State Hospital cost of $65.55 (effective 7/1/82). Increased costs for transportation and private treatment services would limit the amount of treatment available for county-funded clients.

b. Mental Illness: The per diem cost of care figure for the mentally ill in the state hospitals as of July 1, 1982 is $83.65. This rate includes all services provided. In order to compare rates with acute care facilities in the community, Miller Dwan and Itasca Community Hospitals were contacted. The current rate at Miller Dwan is $200.00 per day for the open unit. This figure includes therapy but does not include such services as lab, x-ray, pharmacy, etc. The rate for the locked unit is $250.00 per day which also includes therapy. The rate at Itasca Community Hospital is $198.00 per day for open and $211.00 per day for security beds. This figure does not include therapy and other services which are billed separately. The cost of care in the state hospital Is significantly less than in the acute care facilities in the community.

c. Menta1 Retardation: Total cost of care for the mentally retarded individual living in a community setting will need to be carefully and equitably reviewed. Hennepin County in doing such a comparison study in 1981 recorded a per diem cost of $101.95 compared to state cost at that time of $74.05. (County figures did not include medical costs which are included with state figures.)

E. Impact on Staff:

The financial obligation which would be incurred as a result of relocation or severance of the employees of Moose take State Hospital if that

institution were to close would be substantial. One is tempted to equate this cost with that of the Rochester experience because the staff size and composition of the two facilities are roughly equivalent. To do so, however, would be grossly inaccurate since the Rochester community was much better able to absorb the state hospital employees. The entire northeastern part of Minnesota is experiencing a depressed economy. Of the approximately 14,000 steel workers, 10,000 are not working. The region currently has at least a 14% unemployment rate. This economic status has also affected the human services agencies in our region; both Carlton County and St. Louis County have laid off employees in the last year. Many hospitals in the region, particularly on the Iron Range, are either laying off employees or not hiring as vacancies occur. We have more applicants right now for nursing positions, both registered and licensed, than we have ever had.

The figures for June, 1981, from the Duluth Area Office of Job Service show that in occupations employed at Moose Lake State Hospital the following activity took place:

Occupations	End of Month Active Applicants	End of Month Unfilled Openings	End of Month Applicants/ Openings	Individuals Placed During Month
Professional, Technical, Managerial	779	35	22.3	9
Clerical	800	31	25.8	48
Services	298	23	13.0	0
Food & Beverage	389	6	64.8	0
Total	2,266	95	23.9	57

With 2,266 persons already active in applying for work in this region, the addition of 500 more would Increase the overall applicants per job to 29.1. However, using these figures with our employees added in, there would be 48.5 applicants per placed individual. So for every person actually hired, there would be 47.5 who were not hired.

The future outlook for this region, though difficult to predict with any certainty, does not appear to contain any optimism for a vast resurgence. Any recovery, according to most economic sources, will be both slow and gradual. Even a positive, growth economy would have difficulty absorbing the over 500 employees of Moose Lake State Hospital.

Since there is now one less state hospital, there are that many fewer state positions into which eligible Moose Lake employees could transfer. We would, therefore, anticipate a smaller number of transfers. Those that do transfer would probably Incur higher relocation costs since the real estate market in this area is very bad and some provision would almost surely be made for those employees unable to sell their current homes.

To compare to the Rochester experience, keeping the above in mind, reveals the following anticipated disposition of staff.

	Rochester	Moose Lake
Beginning # of employees	540	561
Lay Offs	338	422
Transfer Out	94	85
Resignations	63	20
Dismissal	2	0
Death	2	0
Retirement	13	15
Skeleton Crew	15	

The Rochester closure costs, though far from final, are anticipated to be estimated as follows:

vacation leave paid off	$ 283,921.92
sick leave severance	324,136.70
special severance	1,154,517.00
other severance	58,583.00
unemployment to date	300,000.00
	$2,121,158.62

By using an arbitrary figure of a 25% increase in Moose Lake closure compared to Rochester closure results in the following figures:

vacation leave pay off	$ 354,902.40
sick leave severance	405,170.87
special severance	1,443,146.25
other severance	73,228.75
unemployment compensation	375,000.00
	$2,651,448.27

F. Impact on Community

The Moose Lake State Hospital is located on the southern edge of Moose Lake, Minnesota, in southern Carlton County. The City of Moose Lake has a population of approximately 1500. Community leaders, county officials, area legislators, state hospital staff, and other community members fully agree that the closure of the Moose Lake State Hospital would mean the economic ruin of Moose Lake and the surrounding smaller communities. In March of 1982 the Carlton County unemployment rate was 13.8% while the rate for nearby Pine County was 13.1%. We can surmise

that the actual unemployment rate for the Moose Lake area may be significantly higher than the quoted rate because of the lack of major employers other than the Moose Lake State Hospital in this immediate area.

The Carlton County labor force as of March, 1982 was estimated to be 12,008. Approximately 393 of the Moose Lake State Hospital employees reside in Carlton County. Should they become unemployed the number of workers unemployed in the county would rise to 2046 and result in an unemployment rate of 17%. The Pine County labor force as of March, 1982 was estimated to be 9,239. Approximately 140 of our employees reside in Pine County. Should they become unemployed the number of unemployed county workers would rise to 1,350 and result in an unemployment rate of 14.6%. These projections are based upon March, 1982 work force and unemployment estimates which may be inaccurate now and in the future because of the declining economy of the region.

The payroll of the Moose Lake State Hospital in fiscal 1981 represented 3.6% of the total gross income for Carlton and Pine Counties. This is a significant portion of the area's economy and should this income be removed from the area many businesses and services would be seriously, perhaps fatally, affected. We, therefore, strongly feel that the closure of Moose Lake State Hospital would precipitate a multiplier effect ending in economic disaster for this area. This would result in severe unemployment, business/service failures and decreased property values. The decrease in the property values alone would cause a disastrous and permanent hardship on the community. The demand in the housing market would drop considerably; and, subsequently, the actual value of property, In the process of relocating, state employees would most likely use their personal savings (assuming they have savings) in purchasing a home in another community. State employees and other members remaining in the area could also expect the value of their property to diminish drastically with the closure of the state hospital, the major employer within a 25 mile radius of Moose Lake.

1. Services no longer available.

   a. Chemical dependency, mental illness and mental retardation treatment programs to those people requesting or needing these services. In fiscal year 1981, for example, Moose Lake State Hospital had a total number of 177 admissions from Carlton County: 158 to the chemical dependency program and 19 to the mental illness program.

   b. Hospital staff who serve as resources to schools, organizations, agencies, etc., primarily for educational purposes.

   c. Testing and counseling for community members by the Division of Vocational Rehabilitation. In fiscal year 1981, over 100 people from Moose Lake and surrounding areas received services from DVR currently operating out of the state hospital. If the hospital closed, people from the community would have to undoubtedly travel a greater distance to receive these services.

d. Many other professional services provided by hospital staff. For example, some hospital psychologists have established a private practice and see community members who request their services for counseling.

2. State Hospital Payroll

a. Gross payroll fiscal year 1981: $8.9 million

3. Estimated revenue lost to community.

If Moose Lake State Hospital closed, a minimum of $6.2 million would be lost to the community.

This figure was reached by taking into consideration the following areas which currently generate revenue for the community.

a. 1981 fiscal year payroll of employees spent in Moose Lake (one-third was deducted from gross annual payroll for taxes, social security and retirement plan; also considered in the amount of payroll spent in Moose Lake was that 90% of employees live within a 25 mile radius of Moose Lake and shop in this community}.

b. Meals, gas, lodging and other items purchased in the community by friends and families when visiting hospital clients.

c. Meals, clothing, and other personal items clients themselves purchase with their own money in the community.

d. Items purchased in Moose Lake for the hospital and for clients.

e. Food, clothing, meals, beverage, and other items purchased in the community by nursing students, college and high school student who spend a day, week or month at the hospital for educational programs.

f. Meals, lodging and other items purchased in the community by Department of Public Welfare officials, county and private administrators and other personnel of human services agencies, salesmen, etc., when visiting the hospital on business.

g. Christmas gifts, bus tickets and other items purchased by volunteer services department from donated money for clients.