TOWN MEETING

ANOKA STATE HOSPITAL REGION

September 6, 1984

PROGRAM

INTRODUCTORY REMARKS Miriam Karlins
Town Meeting Coordinator

"FOR YOUR INFORMATION": A REVIEW OF CURRENT STUDIES Colleen Wieck, Ph.D.
Project Director

CITIZENS RESPOND Audience Participation

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

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

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

A one-day, toll free call-in will be held statewide on Tuesday, October 16, 1984, from 7:30 a.m. to 9:00 p.m. The procedure will be for the caller to dial 1 (800) 652-9747 and ask to be connected to the "State Hospital Study." The state operator will then connect the caller to our phone.
August 20, 1984

Public Relations
Minnesota Hospital Association
2333 University Avenue S.E.
Minneapolis, MN  55414

Dear Friend,

Could you air this public service announcement from now until the Town Meeting?

State Hospitals - Is Closure the Answer?
If you are interested in Anoka State Hospital, the issues relating to closure and how it may affect your community, attend the Town Meeting at Anoka City Hall, Thursday September 6, 7:00 - 9:30 p.m. This meeting is sponsored by State Planning Agency and hosted by Anoka City Hall. Everyone is invited and encouraged to speak up and share your views. This is a very important issue at this time. All thoughts and considerations are welcome.

That's Thursday September 6th at 7:00 p.m. in the Anoka City Hall.

If you have any questions or need more information, please contact me at 422-4369. Thank you for any publicity you can give this meeting.

Sincerely,

Sandy Bergeron
Volunteer Services Coordinator

SB/krq
STATE HOSPITALS

Is Closure The Answer?

A town meeting where citizens can discuss issues affecting Anoka State Hospital is scheduled at:

Anoka City Hall
2015 First Ave. - Anoka
September 6, 1984
7 - 9:30 p.m.

This town meeting is intended to provide the Governor and the Legislature with information on which to base future decisions regarding state hospitals. The program will consist of a brief presentation by Colleen Wieck, Project Director from the State Planning Agency, on the 1984 legislation and subsequent studies. Most of the program will be devoted to audience participation.

Please feel free to bring friends and neighbors; everyone is invited.

Your voiced opinions at this meeting can influence the future.
Thursday, September 6, 1984

1. TOWN MEETING TONIGHT AT THE ANOKA CITY HALL

   PURPOSE OF MEETING IS TO DISCUSS THE FUTURE OF OUR

   STATE HOSPITAL. Everyone is invited to attend and to bring

   friends. 7 P.M.

2. GRAND ROUNDS Open to all staff.

   September 12 10 - 12 C.D. Audit. Case Conference
   Presented by Vail II Team

   September 19

   September 27 10 - 12 C.D. Audit. Alzheimer's Disease
   (Thursday - please
   note date change

   Presented by Vail III team.

   Marlene Pritchett
   Staff Development Coordinator

3. September 18 (mandatory attendance)
   FIRE REFRESHER IN-SERVICE
   7:30 a.m. 10 a.m. 1 p.m. 2:15 p.m.
   Fahr II Classroom

   September 19 10 - 11:15 C.D. Auditorium

   October 5 7:30 a.m. 10 a.m. 1 p.m. 2:15 p.m.
   Fahr II Classroom

   Safety Committee/Staff Development

4. The Patient Advocate will not be in on Friday, September 7th.

5. State Capitol Credit Union will make both guaranteed student loans and
   parent loans (HEAF). For loan application see Joyce Swanson.
SPECIAL NOTICE

The Minnesota State Planning Agency is conducting a study on state hospitals. They have planned in conjunction with the city of Anoka to hold a town meeting on Thursday, September 6, 1984. It will be held in the community room in City Hall at 7:30 p.m. You are welcome and encouraged to attend. The topic of discussion will include how the hospital affects the community and what the future of state hospitals would be.

VOLUNTEER INSERVICE

TREATMENT AND PROGRAMS FOR THE MENTALLY ILL

AT

ANOKA STATE HOSPITAL

10 A.M. - 12 Noon

Thursday, September 27th

Learn about current treatment programs, why specific therapies are offered and how they benefit the patient. This will be held in the Administration Building in the Conference Room.

Please RSVP by calling 422-4369 by 9-25-84
"Rochester State Hospital CLOSED"

Is Anoka Headed For The Same Fate?

Come to the Town Meeting and voice your opinion!

September 6th, 7:00 p.m.

Anoka City Hall

Anoka State Hospital's fate is lying in wait. The Town Meeting is being hosted by the State Planning Agency in conjunction with the City of Anoka to look at what's happening at Anoka State Hospital, who is involved and what people think about it all. If you feel that you have a stake in Anoka State Hospital's future, come to the meeting, bring a friend and encourage co-workers to join you! We need to hear from everyone and show our support with a huge turnout. Spread the word - September 6th at 7:00 p.m.
TOWN MEETING

7:00 PM THURSDAY, SEPTEMBER 6TH

ANOKA CITY HALL

ANOKA STATE HOSPITAL —

WHAT IF IT IS CLOSED?
Monday, August 27, 1984.

1. **ALL HOSPITAL MEETING: 8/29/84, 3 PM**

**AUDITORIUM**

To discuss the town meeting scheduled for 9/6/84 at Anoka City Hall.

A panel of Administration and Union Reps will be available to answer questions. Please try to attend.

Jonathan A. Balk, CEO

2. Effective Wednesday, August 29th, Miller North will need everyone's assistance to respond to Dr. Blacks. This is essential during the next 60 days while there will be only one unit in Miller Building.

3. Telephone Number for Bruce Hesse, Social Worker, CDC Ext. 262 omitted from the telephone book.

4. Juanita Kongsjord can be reached at Ext. 307.

5. A big thanks to everyone who helped with the hospital picnic!
   It's nice to be able to meet people in an out-of-work setting and meet their families. A big thanks to dietary staff, for the punch and coffee, maintenance, for bringing chairs and tables and all the "big stuff", Joyce & Axel Gessel for being "race-finish watchers" and "ribbon awarders", Archie Anderson, official finish line holder, LT. for making signs and everyone who came and made it successful. On to the third! (annual picnic 1985).

6. The Patient Advocate's office will be closed on Thursday as the Patient Advocate will be attending a Department of Human Services Advocates meeting in St. Paul.

7. To my Friends and Co-Workers.
   Thank you for the cards, notes, phone calls and the person to person conversations. Your kindness and support has helped me cope with this difficult time in my life, the recent death of my husband.

   Marlene Pritchett

8. The following employees are overdue for chest x-rays/mantoux. Please report by August 31st.
   
   | Miller North | Administration | Cottage 8
   | Donna Carlson | Pearl Anderson | Diane Gamm
   | Dr. Coelho | James Jaeger | CDC
   | Rosemary Rausch | Vail I | Ruth Wold
   |             | Greg Sende |             

If you have any questions please contact X-ray Ext 320.

(over)
Town meeting set on State Hospital issues

A town meeting where citizens can discuss issues affecting Anoka State Hospital is scheduled at Anoka City Hall September 6, 7 to 9:30 p.m.

Persons with physical handicaps-mobility impairments may enter city hall from the north parking lot to the lower level of the building.

It is one of nine public meetings scheduled throughout Minnesota between August 22 and October 9.

These town meetings, plus several studies being undertaken by Minnesota State Planning Agency, are intended to provide the Governor and the legislature with information on which to base future decisions.

The studies include topics such as client and staff needs, economic impact on communities if a state hospital closes, other uses of state hospital buildings, and whether the state should operate community facilities.

These public forums, which will take place in each of the eight state hospital regions and metropolitan area, are intended to collect public testimony in preparation for the 1984 legislative session.

The program will consist of a brief presentation by Colleen Wieck, project director, on the 1984 legislation and the resulting studies and projects currently underway by the State Planning Agency (SPA). These include buildings, cost, economic impact, employees, residents-patients, state-operated services, and public process. Most of the program will be devoted to audience participation.

Tom Triplett, SPA director, has stated that he has received assurance from the Governor and the legislature that no state hospital will be closed until all the facts have been assembled and analyzed. It is hoped that the town meetings will generate specific suggestions for the legislature to consider.

Of major concern is how to provide cost-effective, quality services while recognizing economic constraints.

Persons unable to attend the town meeting in their region are invited to send their suggestions to Wieck, Developmental Disabilities Program, State Planning Agency, 201 Capitol Square Building, 550 Cedar Street, St. Paul MN 55101.
Anoka state hospital gets local backing

Any attempt to close Anoka State Hospital will meet stiff resistance from area residents on both moral and economic grounds, an Anoka city official said Thursday night.

"I used to be a severe critic of the hospital and the way it was run, but no more," Anoka City Council member John Weaver told State Planning Agency officials at a public forum in Anoka on the future of eight state hospitals.

"It used to be a disgrace, a warehouse with 1,500 patients and no full-time psychiatrist. It was the bottom of the pit. Fortunately, that changed. Now it's a first-class hospital for the mentally ill and a community asset."

The planning agency is conducting nine forums on the hospitals across the state through Oct. 9. Officials of the Department of Human Services, which operates the hospitals, deny there are plans for more shutdowns.

Since 1977 state hospitals in Hastings and Rochester have been closed, partly as a result of declining patient populations.

The shift in treatment emphasis for the mentally retarded in recent years toward community-based programs and away from central institutions has stirred speculation that more state hospital closings are likely.

Sonnen leads
Town meeting on ASH

Issues affecting Anoka State Hospital will be discussed at Anoka City Hall from 7 p.m. to 9:30 p.m. Sept. 6.

The town meeting is intended to provide the governor and State Legislature with information on which to base future decisions regarding state hospitals.

The program will consist of a brief presentation by Colleen Wieck, project director from the State Planning Agency, on the 1984 legislation and subsequent studies. Most of the program will be devoted to audience participation.
Hospital  Continued from page 11C 1B

The alleged bogeyman here is government's new efforts to stifle Medicaid and Medicare spending in private hospitals. Under Medicaid, the health plan for the elderly, hospitals are paid according to "diagnosis-related groups" — a flat rate for each type of patient.

A similar system is in place for Medicaid payments to hospitals. The effect of the flat rates in both systems, critics say, is that private hospitals have a financial incentive to get mental patients out as quickly as possible.

If they need more treatment, and many do, that means an eventual referral to Anoka. Hospitals have an even greater incentive to get rid of patients on General Assistance Medical Care because the flat rate is even higher, according to the mental health system — not just Anoka State Hospital — is glutted with increasingly difficult psychotics. Even the number of offenders tested to determine if they are too mentally ill to stand trial has more than doubled in a year's time, according to James Hansan, director of the county's screening program for potentially committed patients.

A similar picture was painted at the Crisis Intervention Center, at Hennepin County Medical Center. Psychologist Zigfrids Stelmachers, crisis center director, said Anoka apparently is "experiencing what we are experiencing — the whole system is backing up."

More and more troubled people are coming to the center, he said. More of them nowadays require consultation with a psychiatrist but few of these troubled people are admitted to the hospital in-patient service, Stelmachers said, "because it's always full."

What's the reason is for this system-wide," he said. "I don't know."

"The system is backing up."

In Beecher's view the problem was worsened by the 1981 Legislature's cuts in rates paid to psychiatrists for treating Medicaid and General Assistance patients. These doctors "have very little incentive to treat patients... (They) don't want to get $10 a day to treat these people," he said.

That would mean that more patients get cast adrift, often landing in Beecher's office.
"As a physician you're under tremendous pressure to start moving that patient into the state hospital," Beecher said. "But Anoka is full of committed patients..."

"The system is backing up."

In Beecher's view the problem was worsened by the 1981 Legislature's cuts in rates paid to psychiatrists for treating Medicaid and General Assistance patients. These doctors "have very little incentive to treat patients... (They) don't want to get $10 a day to treat these people," he said.

That would mean that more patients get cast adrift, often landing in Hennepin County Medical Center or the Crisis Intervention Center, eventually adding to the pool of psychotics who, without private insurance, are grist for commitment to Anoka.

Another possible factor in Anoka's population boom is frequently cited: That it's cheaper for the county to have patients in Anoka, where the county's share of the cost is 10 percent of the daily rate, than to have them in community programs where costs and the county's share are much higher.

Some observers believe recent changes in the Minnesota commitment law — designed to prevent "railroading" people into hospitals against their will — add to the length of stay at Anoka and therefore to the absence of empty beds.

The theory is that the tougher it gets to commit someone, the more difficult to handle are those who are committed. You don't get committed in other words, unless you are really in bad shape and need long-term treatment. The more such people on the Anoka campus the slower the turnover and the fewer empty beds.

But there is general agreement that
Expansion of Anoka State Hospital

By Paul Gustafson
Staff Writer

State officials should study expanding the Anoka State Hospital, which is unable to serve all the mentally ill and retarded people who need its services, hospital employees, residents and officials said at a public hearing Thursday.

Anoka and other state hospitals are being studied by a state task force, headed by State Planning Agency officials. Employees and officials whose towns have hospitals fear the study is a prelude to more closings.

State hospitals in Hastings and Rochester have been closed in the past seven years.

Anoka officials, who had been unhappy with the hospital in 1980 after a series of patient escapes, joined patients and employees who said Anoka should be the last hospital considered for closing. Two residents died as a result of the escapes.

Anoka City Councilman John Weaver admitted that in 1980 local officials and residents were concerned that the hospital was not doing the job. But conditions at the hospital, and community reaction to it, has vastly improved under the leadership of Chief Executive Officer Jonathan Balke, Weaver said.

Mary Hicken, a member of the League of Women Voters, said her group concluded after a recent study that the hospital is of benefit to the community in more ways than one ... if Anoka didn't have the state hospital, it would be missed.

Slate Rep. Darby Nelson told a packed auditorium at Anoka City Hall that the question of whether more state hospitals should be closed seems reasonable because the number of state hospital patients is declining.

Teachers instructed in effective reading techniques

By Paul Gustafson
Staff Writer

Teachers in the Kenyon-Wanamingo district were introduced Thursday to an innovative reading technique that promises to improve students reading ability.

The technique, called the "reading circle," is being tested in several schools in the district. The technique involves students reading aloud from a text, with other students providing feedback on their reading.

The technique has been praised by teachers and students alike. "It's a great way to improve reading skills," said teacher Mary Johnson. "And it's fun for the students, too."
hospital urged at hearing

But Nelson received an ovation when he pointed out that Anoka's backlog of patient referrals is "in marked contrast" to other state hospitals where patient loads have declined.

Anoka State Hospital is the treatment center for the least affluent and most severely disabled mental patients in the Twin Cities area. "It's really important the different role Anoka plays becomes more well known," Nelson said.

Reaves said he doubted that the expansion of community-based facilities for the mentally ill and retarded is less expensive than maintaining state hospitals, especially those like Anoka with increasing patient demands.

Though not contradicting the concept of "de-institutionalization" of patients, Anoka County social worker Roy Newcomb told state officials that he doubts whether there are community facilities to accommodate some of Anoka's difficult patients.

"We have no halfway houses for them in Anoka County," Newcomb said. "We refer them to facilities usually in the poorer districts of Minneapolis and St. Paul, and those facilities are very selective in who they accept.

"For over a year at Anoka, you have to prove in court that a person is dangerous to self or others before they can be accepted because of the demand. Instead of talking about closing Anoka State Hospital, we should talk about improving and expanding it, making it a better place."
State hospital has to turn away patients

By Sam Newland
Staff Writer

Miltona State Hospital, the treatment center for the metropolitan area’s most affluent and most severely disabled mental patients, is as full that it is turning patients away.

It is supposed to serve patients from Anoka, Ramsey and four other counties, and it does. But nowadays officials say last week, the hospital’s doors are virtually closed to anybody who wants to go there voluntarily. Nearly all who gain admission are committed by Private Court. And those treated at Anoka are likely to remain longer than people who were treated there a few years ago. Some are being diverted to other state hospitals.

The hospital averaged 237 mentally ill patients a day (plus 79 chemically dependent cases) during the past fiscal year, and for reasons difficult to pinpoint, they were staying longer than mental patients used to. Four years ago the median length of stay for Anoka patients was 9½ months. It was down to 4 months by mid-1983 and back up to 9½ months by mid-1984, according to Jonathan Jollic, chief executive officer.

The change runs counter to the general trend since major tranquilizing drugs began bringing down the length of mental hospital stays about two decades ago.

"It’s a reversal of all our hard work and it’s very frustrating," Jollic said.

The trend could point to an index of mental illness in Anoka county, the kind that one Minneapolis psychiatrist called "the dirty, chronic, screaming and bothering, disruptive, extremely ill people."

In fact, increasing numbers of seriously disturbed people whose mental illness makes them easier to control were chosen by a number of knowledgeable sources as one factor in Anoka’s business in psychotics.

No one can say for certain why the number of patients is increasing at Anoka, but the acting director of the state Department of Human Services said he thinks it may reflect delayed emotional fallout from the recent recession.

"It does seem that the economic recovery is not filtering all areas," said Dr. Brian Gottlieb. And people suffering hard times, including emotional trauma, "tend to drift into the urban areas," he said.

That may be one reason Anoka is unlike the other five state hospitals that treat the mentally ill. Those are at Brainerd, Fergus Falls, Moose Lake, St. Peter and Winstaw.

James Walker, director of residential facilities for the Minnesota human services department, said the mentally ill renters of those institutions still follow the long-term trend—more people being treated in shorter lengths of time.

Several analysts agreed on one possible, indirect reason for Anoka’s brief business:

Money.

Hospital continued on page 7B
The alleged inequity here is government’s new effort to settle Medicaid and Medicare payments to private hospitals. Under Medicaid, the health plan for the elderly, hospitals are paid according to “consumer-related groups” — a flat rate for each type of patient.

A similar system is in place for Medicaid payments to hospitals. The effect of the flat rate in both systems, critics say, is that private hospitals have a financial incentive to get mental patients out as quickly as possible.

If they need more treatment, and many do, that means an eventual referral to Asaoka. Hospitals have an even greater incentive to get rid of patients on General Assistance Medical Care because the flat rate is even less for that program, according to Lee Beacher, legislative representative and president-elect of the Minnesota Psychiatric Society.

"As a physician you’re under tremendous pressure to start moving that patient into the state hospital," Beacher said. "But Asaoka is full of committed patients...

"The system is backing up."

In Beacher’s view the problem was worsened by the 1981 Legislature’s cut in rates paid to psychiatrists for treating Medicaid and General Assistance patients. Those doctors “have very little incentive to treat patients... (They) don’t want to get $16 a day to treat these people,” he said.

That would mean that more patients go out of state, often landing in Ramsey County Mental Health Center or the Crisis Intervention Center, eventually ending up in the pool of psychotics who, without private insurance, are left for commitment to Asaoka.

Another possible factor in Asaoka’s population boom is frequently cited: That it’s cheaper for the county to have patients in Asaoka, where the county’s share of the cost is 10 percent of the daily rate, than to have them in community programs where costs and the county’s share are much higher.

Some observers believe recent changes in the county’s commitment law — designed to prevent "overcommitting" people to hospitals against their will — added to the length of stay at Asaoka and therefore to the absence of empty beds.

The theory is that the tougher it gets for committed patients, the more difficult it is for those who are committed. You don’t get committed, in other words, unless you are really in bad shape and need long-term treatment. The more such people on the Asaoka campus the slower the turnover and the fewer empty beds.

But there is general agreement that the mental health system — not just Asaoka State Hospital — is failing with increasingly difficult psychotics. Even the number of admissions needed to determine if they are too mentally ill to stand trial has been changed to a year’s time, according to James Brown, director of the county’s screening program for potentially committed patients.

A similar picture was painted at the Crisis Intervention Center, as Ramsey County Mental Health Center Psychologist Zigfrids Stelmachers, crisis center director, said Asaoka apparently "is experiencing what we are experiencing — the whole system is breaking up..."

More and more troubled people are coming to the center, he said. More of them nowadays require consultation with a psychiatrist but few if any of those troubled people are admitted to the hospital in-patient service.

Stelmachers said, "because it's always full."

Why?

"What the reason is for this syndrome," he said, "I don't know."
Anoka State Hospital expansion urged

Anoka State Hospital provides a vital need for the mentally ill and the Minnesota Legislature should act to expand. Not only does the facility, which serves as a mental health care provider in Anoka County, benefit from increased funding, but it also supports the mental health needs of the community.

A state task force, headed by the State Planning Agency, is studying Minnesota's state hospitals. The goal is to develop a new system for the mentally ill that is more efficient and cost-effective.

The facility has undergone several expansions, including a new wing that opened in 1988. However, there is still a need for additional space to accommodate the growing number of patients. The state task force has recommended increasing the size of the hospital to meet the needs of the community.

Additionally, the facility provides a range of services to help patients recover and re-enter the community. These services include housing, employment, and education programs. The goal is to help patients gain the skills they need to live independently and contribute to society.

The facility also houses a nursing home for elderly patients who require long-term care. The nursing home provides a safe and secure environment for patients who need round-the-clock care.

Overall, Anoka State Hospital plays a vital role in providing mental health care to the community. With increased funding and support, the facility can continue to provide high-quality care and support for patients in need.
THERE WAS A STANDING-ROOM ONLY CROWD AT Anoka City Hall last week for a town meeting on the future of Anoka State Hospital. Members of the audience told officials of the State Planning Agency, which held the meeting, that the hospital should be expanded. Story. page 20.

Photo by Joe Perrin