TOWN MEETING

FARIBAULT STATE HOSPITAL REGION

August 29, 1984

PROGRAM

INTRODUCTORY REMARKS

Miriam Karlins
Town Meeting Coordinator

"FOR YOUR INFORMATION": A REVIEW OF CURRENT STUDIES

Colleen Wieck, Ph.D.
Project Director

CITIZENS RESPOND

Audience Participation

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

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

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

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

The Faribault Area Chamber of Commerce believes that we would suffer a $58 million loss if the Faribault State Hospital work force is reduced by one-third.

This figure is based on the existing $25 million payroll multiplied by 7 (national economic estimate of the turnover of dollars in a community), providing a $175 million total impact. As such, a 33% staff reduction would cause a $58 million loss to our economy within the next 3 years. Our potential problem is compounded by the fact that the Faribault economy already has suffered losses from declining agriculture commodity prices, reduced number of small family farms, and the loss of agriculture-related businesses.

A major loss also occurred with the closing of Nutting Truck & Caster Co., resulting in about 70 lost jobs.

OUR LIST OF CONCERNS ARE AS FOLLOWS:

*The need for the licensing of employees who work in private group homes.
*Efficient use of existing State Hospital buildings that recently were remodeled to accommodate 4-15 residents per household. Several buildings could be used in a cluster concept utilizing existing state ownership, state employees, and administration as a pilot project to determine true costs of residential care.
*Highly-skilled employees with a combined total of hundreds of years of experience shouldn't be dispersed to other occupations requiring expensive re-training.
*Part of the existing campus could be adapted to house a V.A. hospital. Since the two populations are very compatible with many shared programs, a minimum of extra staff skills would be needed to accomplish this goal.
*Stress would be very severe for present residents who are forced to locate in a community that is void of mentally-handicapped citizens.
*We are proud that Faribault for over 80 years has accepted this very special population and, in many cases, has provided employment for them.
*Existing and proposed legislation does not provide for respite care or support specialized medical services for families electing to keep their retarded members at home.
*Vocational and rehabilitational training are not funded through Waiver 19.
*The cost of additional case workers needed to monitor the quality of care would not be cost-effective. The present social work caseload is 150 clients; the Waiver mandates a maximum of 25 clients. The additional staff required to monitor group home residents will be taken from the $52 daily allotment per retardate on waived services, leaving very little monies available for programming and other needs.
*Families of mentally-retarded individuals should have input regarding the placement of their family members in public or private institutions, as well as keeping the retarded person in the current county of residence (rather than the compulsory return to his/her home county). Some parents and guardians prefer a state campus with 124 acres and unlocked buildings to a 6 to 8-bed private group home with limited yard space.
Meeting to address concerns about hospital

State Planning Agency Director Tom Triplett has stated that he has received assurances from the governor and the legislature that no state hospital will be closed unless all the factors have been assembled and analyzed.

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

The State Planning Agency's study was authorized through legislation, passed through the efforts of Congressman Rep. Peter Sandeck and other legislators with state hospital districts to address the question of the effects of "wavered services" on state hospitals.

Waivered services is a federal plan which allows states to collect Medicare dollars to fund care for the mentally retarded other than in a state hospital or large group home setting.

Faribault's Sen. Clarence Frickert was among the senators who also worked on legislation related to waivered services.

With or without the advent of waivered services, the population of Faribault State Hospital has declined over the past two years, according to Warren Bach, acting director of the Minnesota Department of Human Services Mental Retardation Division.

Accounting for a greater impact on the population drop at state hospitals is a 1989 federal court order for the Department of Public Welfare to improve forecare, staff-to-patient ratios. The court-approved plan for compliance with these ratios was a "comprehensive plan" that requires the state to reduce its retarded patient population in state hospitals by 30 percent by 1987, Bach explained.

With waivered services and the court order, Faribault State Hospital's current population of 699 could fall to 499 in three years, said Arnold Madew, FSH program director.

Bach said the court order as of this month number 1,293, Madew said. If, as predicted, the population of the FSH falls by one-third in three years, the number of workers needed at the FSH is likely to drop as well.

Communities with state hospitals are concerned that as the number of patients declines, not all of the eight present state hospitals will be needed in three years.

In addition, pending legislation on the national level means Faribault and other communities with state hospitals also have the possibility that all state hospitals may close.

A federal bill introduced in Congress by Republican Sen. John Chafee of Rhode Island, would provide Medicaid funding to the state hospitals and to private group homes to house 10 residents or fewer.

Medicaid, the federal health program for the poor and disabled, currently pays 90 percent of the cost for residential care, or about $4 billion a year. Without the Medicaid funding, states could be forced to close those state hospitals caring for the mentally retarded.

Faribault State Hospital, the largest of the eight state hospitals, The others are Hope, Anoka, Brainerd, Cambridge, Fergus Falls, St. Peter and Wisconsin. But only the Faribault and Cambridge hospitals are exclusively for the retarded.

The program at the Wednesday's public forum will consist of a brief presentation by Colleen Wieland, program director from the State Planning Agency, who will discuss the program and the questions will be asked in audience participation.

Helping plan Wednesday's town meeting was a local Faribault task force headed by Faribault Chamber of Commerce President Helen Boothman.

People unable to attend the town meeting can send their suggestions to Colleen Wieland, Developmental Disabilities Program, State Planning Agency, 100 Capital Square Building, St. Paul, MN 55101.
City adopts ‘position statements’ on FSH

By BILL McGRAH
Daily News staff writer

Closing the Faribault State Hospital could affect the community so much that the city council wants to influence related decisions as much as possible.

Tuesday night, the council approved a document outlining its concerns about the state hospital’s future. In other business, the group decided to pay part time firefighters to take additional hours because three full-time firefighters are unable to work, and to set up a new system for handling complaints made to the police.

In the past year, state authorities have proposed that some state hospitals be either closed or reduced in size. An interagency board created by the state is holding a public hearing on the matter at 7 p.m. tonight (Wednesday) at the Faribault Junior High.

The city council last night did not take a position on whether FSH should be closed. Instead, the group endorsed the following three positions, which will be presented to the interagency board tonight and subsequently conveyed to the Legislature. The council is calling for:

“(1) The establishment of a public notice process that would provide an opportunity for input by relatives of State School residents, “host cities,” and employee organizations with respect to policy determinations affecting state residential schools. Such a process could be initiated by a petition of the advocacy groups identified above, the Minnesota State Legislature or the administrative agencies.

“(2) The recognition of the economic development impact of state residential schools as a major area of concern. Regions of the state adversely affected by policy determinations of the State of Minnesota should receive ‘priority status’ for discretionary economic development programs. The Minnesota Legislature should consider directing appropriate state agencies to adopt rules that recognize adverse economic impact as a major criteria in funding or establishing public and private incentive programs.

“(3) The utilization of existing facility and labor resources of the State of Minnesota should receive serious consideration prior to the development of new facilities. The Legislature should consider establishing policy that requires any new construction or substantial remodeling to examine the feasibility of converting existing facilities or re-training existing personnel. An examination of the current Faribault State Hospital resources may result in providing ‘out-patient’ services, a training center for private sector health care staff, veterans hospital and so on. The long-term planning for state facilities and the state’s work force requires an ‘interagency’ approach.”

These three statements were endorsed unanimously by the council. Councilman Frank Schimanski did not attend last night’s meeting.

Three of the 15 fulltime firefighters have been unable to work lately.

One of them was involved in an off-duty motorcycle accident, and the CITY COUNCIL.

(Continued on page 2).
Town meeting

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Town meeting

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The inaugural flight of the first shuttle, Columbia, was delayed two days by computer software problems, while the second ship, Challenger, struggled on new command panels and got around the problem, and after extensive tests, NASA reported the program would work "under even the worst-case conditions."

State hospital

(Continued from page 1)

program for the poor and disabled, currently pays 50 percent of the cost of residential care, or about $4 billion a year. Without the Medicaid funding, states could be forced to close their state hospitals caring for the mentally retarded.

There has been no data supporting the premise that the mentally retarded can be adequately cared for in groups of 10 residents or less, said Dean Thomas, parent of a FSH resident and member of the FSH Advisory Board. Thomas was one of around half dozen parents of FSH residents to speak at the meeting.

Thomas was opposed to Chafee's bill that would force the closing of state hospitals and praised the care his child receives at FSH. "We need the services of a psychiatrist, physical therapist, educational specialists, medication, physical, and speech therapists," he said. "Why disband that?"

Thomas' words drew a standing ovation from the crowd.

State hospital residents are provided with the services of an occupational therapist, physical therapist, medical physical, psychiatrist, psychologist, and speech therapist, and are supervised by nurses. The services are needed, plus a five-day-a-week training and development program.

Several people at the meeting questioned whether small group homes could afford to provide such services at the same cost as the state hospitals.

Mel Hecht, parent of the FSH resident, said, "Parents believe their children are receiving the best care possible now at the Fairbault State Hospital, and believe the state hospital is capable of providing a higher quality of care than group homes."

Hecht added he was impressed with the improvement of the staff over the last 10 or 15 years and the improvements at the FSH during that time. "It is important that residents have a diversified staff available to them," Hecht said.

For small group homes to provide the same services, residents will get quality care in those homes, said Jack Lockner, Fairbault City Councilman.

Lockner added, "We hear of children in day care centers being abused and they come home each night and talk with their parents. Now we are talking about people who can't talk and put them in private group homes. How can those homes be monitored to make sure (residents) aren't being abused?"

Taking residents out of the state hospital and scattering them in many small group homes will likely not save money and "more importantly, provide a better quality of life for the mentally retarded, not necessarily because it is a cheaper way of providing services."

One parent of a resident testified that she was concerned that the state was eliminating a parents' option of choosing between having their child in a state institution or a group home.

"It will be a community placement in a group home is what the state seems to be telling us," the parent said. "Parents are the first to push for what is best for their child. Community placement is not always beneficial."

Some other matters brought up at the town meeting included:

- A need exists for a better comparison of the cost of residential care vs. group home care to determine which is more cost-effective, considering the many specialized services provided by state hospitals.
- A change in legislation should be made to enable state hospitals to be used by families with mentally retarded children in day care, dental services and other specialized services.
- Since the closing of the Rochester State Hospital, it...
and MacKay can be solved

A crowd of 750 gathered Wednesday evening in a sweaty Faribault Junior High School auditorium for a town meeting on the future of the Faribault State Hospital.

"All those in the audience who chose to speak were warm in another sense -- in their regard for the hospital's positive role in the care and nurturance of the mentally retarded.

The Faribault Chamber of Commerce estimated the city would suffer an economic loss of $56 million over the next three years if the Faribault State Hospital work force were reduced by one-third -- a likely possibility because of a state plan to reduce the number of residents at FSH by 30 percent in three years.

Several people wanted to know how group homes are monitored to insure the mentally retarded living in them receive quality care and are not being abused, since many residents leaving the FSH are placed in group homes.

In the event the hospital is closed at some future date, others at the meeting suggested alternative uses for Faribault State Hospital buildings -- such as for a veterans home, service center for the mentally ill or site for a chemical-dependency treatment program.

Last night's town meeting was one of five scheduled by the State Planning Agency in communities with state hospitals. The planning agency has been directed by the Legislature to conduct a thorough study of the impact of deinstitutionalization of the mentally retarded on communities with state hospitals.

"No decision has been made, or will be made, to close any state hospital until after all town meetings are held and our other studies have been put together and given to the Legislature," Miriam Karlins, State Planning Agency staff member and town meetings coordinator, told the crowd at the beginning of the 2½ hour session.

"The State Planning Agency has no authority to make decisions. We are here for fact gathering," Ms. Karlins added. "We will turn over to the Legislature information we gather at
Most group homes usually only have specialized staff available to serve residents on a consulting basis, Hect said, and there is a faster turnover rate of staff in group homes. "Parents feel a lot more stability by having their child in a state-operated facility," he added.

Group homes do serve a need by providing residents who can benefit from such placements; the opportunity to live within communities, said Lois Paulsen, a social worker at the Faribault hospital and head of the FSH union for professional workers. However, she added, there is a population at the FSH with special needs and with extreme behavior problems that can benefit more from a state hospital setting and the services provided there than from a group home.

There should be a place for both state institutions and group homes under Minnesota's umbrella of services for the mentally retarded, said Frank Schimanski, Faribault City councilman and FSH employee.

Schimanski also told the State Planning Agency that families of residents and even the residents themselves should be asked for their opinions on Minnesota's plan to transfer one-third of state hospital residents into private group homes over the next three years.

Workers in private group homes need to be licensed to assure residents