



League of Women Voters of Minnesota Records

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1987-89 MENTAL HEALTH STUDY

LL CONTACTS & MEMOS

SAMPLES OF PR, CORRESPONDENCE, ETC.

FOR THE SEPTEMBER VOTER

(Mental Illness in Minnesota logo at top of article; logo mailed Tuesday from Northfield...)

Why is the Minnesota LWV studying state services for the mentally ill AFTER the legislature passed the landmark Comprehensive Mental Health Services Act in March 1987?

Good question! The legislation is just the first step in a long journey toward creating a comprehensive and equitable health care system for the chronically mentally ill. Even that step will not be effective unless there are knowledgeable and active individuals in each of Minnesota's 87 counties to see that the legislation is implemented.

"We plan to establish a lively dialogue with Local Leagues," said Margit Johnson, chair of the state Mental Health Study Committee. "So that this is an accurate and truly statewide study, we need to hear from Leagues in each county what mental health services are available and what the quality of those services are." In return, the state study committee will publish monthly fact sheets for LLs, county commissioners and interested citizens about mental illnesses, the impact and implementation of the reform legislation, services available in Minnesota and in other states and more.

Those fact sheets and the March focus on mental health will provide the educational foundation during the first year of the state study. The second year will focus more on monitoring county boards' compliance with the new law, teaching other citizens monitoring techniques, and arriving at a position upon which LWV can lobby in the future when revisions and improvements are needed to fine tune the '87 legislation.

Gloria Segal, author of the Comprehensive Mental Health Services Act, and Bill Conley, lobbyist for the Mental Health Assoc. of MN, both agree that League's study could not be better timed. Mr. Conley is convinced that, "Active and informed citizen input will cut the implementation time in half!" League's two-year study, "Mental Illness in Minnesota", is prepared to meet that challenge.

Margit Johnson
507-645-5726

FOR THE BOARD MEMO:

Mental Health Study
507-645-5726

Margit Johnson, chair,

The summer stretched out ahead of us in June when we voted at the state convention to study mental health services. Now the grackles are flocking and the cucumbers are oversized, sure signs of approaching autumn.

The study committee met in early August to define the scope of the study, its timeline and budget. In a nutshell, we plan an exciting educational effort during 87-88, focusing on mental illnesses, services provided (or not provided), effects of the recent Comprehensive Mental Health Act and unmet needs.

Watch for requests, and assistance, to interview local county commissioners, providers and consumers of mental health services. Watch for serialized fact sheets which can be used as inserts in your local Voters, giving your members needed and readable background information. Watch for the Spring '88 focus meeting featuring the state study.

During 88-89 we plan to zero in on the implementation of the state legislation, training you in monitoring techniques and helping you train other interested citizens so they too can help monitor. Concensus will come in the second half of that year, with fact sheets and discussion guides tossed in for assistance.

The recent legislation is attempting to address serious gaps in basic services to the mentally ill. We look forward to working with local Leagues dotted all over the state, to monitor the implementation of that legislation and improve local services.

Your first chance to jump in is on Sept. 3 when our committee will interview heads of mental health lobbyist organizations and the state commissioner in charge of mental health. Watch for a postcard with details! and join us!

Any questions? call me or leave a message at the state office, 224-5445.



LEAGUE OF WOMEN VOTERS OF MINNESOTA

106 COMO AVE. • ST. PAUL, MINNESOTA 55103 • TELEPHONE (612) 224-5445

17 September 87

Dear Local League Presidents and New State Study Chairs!

This is like the family letters I write, telling you what we're doing. Except the "we" in these letters is the statewide committee overseeing the new mental health services study.

An article will appear in the Fall MN Voter about the direction of the new study. October's Presidential mailing will include the first of monthly Fact Sheets which the committee will publish and print, ready to slip into your local monthly Voter. In a more formal appeal, we will also be asking you for names and addresses of churches, organizations, schools, etc. to whom the Fact Sheets can be distributed for general public education. We have met with representatives of organizations and bureaucracies concerned with services for the seriously mentally ill - all in one day, a veritable crash course! We are actively seeking funding for the study from area foundations.

Now, for you, to do - today! Even as we begin our study, we can learn by doing. Each county has been mandated to establish a mental health advisory council, responsible to the local department of human services, by July 1, 1987 (yes, two months ago!). Some are established, others still in the making. All need interested citizens, as members or as monitors. Front row seats for your members, today! Enclosed is a letter which you can send directly to your county board chair, requesting that a League member be appointed to the council. Also enclosed is a copy of the application form which needs to be submitted to the powers that be in your county. Remember, these councils are not limited to a certain number - there is room for a League member! And if they are already functioning, a League member can attend as a monitor.

Also there are openings on task forces in the Department of Human Services, one dealing with the commitment law, the other with housing for the mentally ill. Call the state office with names of interested members.

More later.

Margit Johnson
Study Chair
613 Union Northfield
507-645-5726



LEAGUE OF WOMEN VOTERS OF MINNESOTA

106 COMO AVE. • ST. PAUL, MINNESOTA 55103 • TELEPHONE (612) 224-5445

September, 1987

To: Board of County Commissioners Chair

Re: Appointments to Mental Health Advisory Council

I encourage you to appoint to the Mental Health Advisory Council the League member whose application I have enclosed.

While the comprehensive Mental Health Services Act does not specifically mandate that an interested citizen be part of the advisory council, the League of Women Voters is confident that such a perspective would be valuable to that council and to the commissioners.

Leagues throughout Minnesota are studying the services provided to the seriously mentally ill. The study will include services currently available, ramifications of the reform legislation passed in March 1987, and means of monitoring the implementation of that legislation. Our local League and the League of Women Voters of Minnesota look forward to working with you during the two-year study and the ongoing monitoring process.

Sincerely,

APPLICATION FOR MENTAL HEALTH ADVISORY COUNCIL

Name of applicant: _____

Address of applicant: _____
(street) (city) (state) (zip)Phone: Home _____ Work _____
(include area code) (include area code)

Provider _____ Consumer _____ Family Member _____ Other _____ CSP _____

Please indicate your qualifications for serving on this Council (may include employment, community service, education)

(may continue on back)

I, the undersigned, hereby state that I will be able, to the best of my knowledge, attend meetings and participate in the activities of the Mental Health Advisory Council.

Signature of applicant _____

Date _____

If applicant is being nominated by another person or group, the above signature indicates consent to nomination.

Subdivision 1. [DEVELOPMENT OF SERVICES.] The county board in each county is responsible for using all available resources to develop and coordinate a system of locally available and affordable mental health services. The county board may provide some or all of the mental health services and activities specified in subdivision 2 directly through a county agency or under contracts with other individuals or agencies. A county or counties may enter into an agreement with a regional treatment center to enable the county or counties to provide the treatment services in subdivision 2. Services provided through an agreement between a county and a regional treatment center must meet the same requirements as services from other service providers. County boards shall demonstrate their continuous progress toward full implementation of sections 245.461 to 245.486 during the period July 1, 1987 to January 1, 1990. County boards must develop fully each of the treatment services and management activities prescribed by sections 245.461 to 245.486 by January 1, 1990, according to the priorities established in section 245.464 and local mental health services proposal approved by the commissioner under section 245.478.

Subd. 2. [MENTAL HEALTH SERVICES.] The mental health service system developed by each county board must include the following treatment services:

- (1) education and prevention services in accordance with section 245.468;
- (2) emergency services in accordance with section 245.469;
- (3) outpatient services in accordance with section 245.470;
- (4) community support program services in accordance with sections 245.471 and 245.475;
- (5) residential treatment services in accordance with section 245.472;
- (6) acute care hospital inpatient treatment services in accordance with section 245.473;
- (7) regional treatment center inpatient services in accordance with section 245.474; and
- (8) screening in accordance with section 245.476.

Subd. 3. [LOCAL CONTRACTS.] Effective January 1, 1988, the county board shall review all proposed county agreements, grants, or other contracts related to mental health services for funding from

any local, state, or federal governmental sources. Contracts with service providers must:

- (1) name the commissioner as a third party beneficiary;
- (2) identify monitoring and evaluation procedures not in violation of the Minnesota government data practices act, chapter 13, which are necessary to ensure effective delivery of quality services;
- (3) include a provision that makes payments conditional on compliance by the contractor and all subcontractors with sections 245.461 to 245.486 and all other applicable laws, rules, and standards; and
- (4) require financial controls and auditing procedures.

Subd. 4. [JOINT COUNTY MENTAL HEALTH AGREEMENTS.] In order to provide efficiently the services required by sections 245.461 to 245.486, counties are encouraged to join with one or more county boards to establish a multicounty local mental health authority pursuant to the joint powers act, section 471.59, the human service board act, sections 402.01 to 402.10, community mental health center provisions, section 245.62, or enter into multicounty mental health agreements. Participating county boards shall establish acceptable ways of apportioning the cost of the services.

Subd. 5. [LOCAL ADVISORY COUNCIL.] The county board, individually or in conjunction with other county boards, shall establish a local mental health advisory council or mental health subcommittee of an existing advisory council. The council's members must reflect a broad range of community interests. They must include at least one consumer, one family member of a person with mental illness, one mental health professional, and one community support services program representative. The local mental health advisory council or mental health subcommittee of an existing advisory council shall meet at least quarterly to review, evaluate, and make recommendations regarding the local mental health system. Annually, the local advisory council or mental health subcommittee of an existing advisory council shall arrange for input from the regional treatment center review board regarding coordination of care between the regional treatment center and community-based services. The county board shall consider the advice of its local mental health advisory council or mental health subcommittee of an existing advisory council in carrying out its authorities and responsibilities.

Subd. 6. [OTHER LOCAL AUTHORITY.] The county board may establish procedures and policies that are not contrary to those of the commissioner or sections 245.461 to 245.486 regarding local mental health services and facilities. The county board shall perform other acts necessary to carry out sections 245.461 to 245.486.

LEAGUE OF WOMEN VOTERS OF MINNESOTA**TO:** Local League Presidents

PHONE: (612) 224-5445

FROM: Margit Johnson, Mental Health
Study Chair**SUBJECT:** LL Monitoring Questionnaire**DATE:** October 21, 1987**MEMO**MONITORING LOCAL COUNTIES

As we begin to compile information about the counties throughout Minnesota, the following information will facilitate the gathering of that information:

Local League: _____

Local League Contact (President or State Study Chair or other): _____

_____ Phone No. _____

Which county are you in? _____

Which other counties are you conveniently near (i.e. you might be able to monitor)? _____

Names of County Staff dealing with mental health services:

Director of Social Services/Welfare: _____

Social Workers: _____

Other _____

Name of Chair of Mental Health Advisory Council (mandated by state legislation): _____

Names of Community Support Program Staff: _____

Names of Private Providers in your county: _____

Please return this to the state League office, 106 Como Avenue, St. Paul, MN 55103 by November 20, 1987. If you have any questions, please call Margit Johnson, Mental Health Study Chair at 507/645-5726. Interview forms for these individuals will be sent in the November President's mailing. Thanks for your help!

<to accompany Fact Sheets 1 and 2 in the 3rd class mailing to LL's>

Sample Letter to Editor:

Throughout Minnesota Leagues of Women Voters are examining services provided for the mentally ill. The League of Women Voters of <local name> is participating in this study. We encourage you to read the enclosed Fact Sheets, the first two in a monthly series of eight, which present some of the facts about mental illness and dispel some of the myths which stigmatize those who are mentally ill.

In 1985 Governor Perpich appointed a Mental Health Commission which, after a year's study, found that Minnesota offered disjointed and unequal services, a "non-system." A national consumer research team rated Minnesota 37th in the nation in the quality of services provided to those with mental illness. 1987 legislation mandates major reforms at the county level where mental services are delivered. Education about mental illness is an important element in this reform.

The League of Women Voters plans to educate its members and others in the community about mental illness and the services provided in Minnesota. We also plan to work with county commissioners and staff to monitor the implementation of the reform legislation and observe ways in which it can be refined or improved.

<local president's name, LL name, phone number and/or address>

10-87

REVIEW OF VIDEO TAPES

Two excellent video tapes dealing with mental illness and the services provided in Minnesota are available through the Minnesota Alliance for the Mentally Ill (AMI). Each local AMI chapter has a copy; otherwise they are available for rent from the state AMI office, 265 Fort Road, St. Paul 55102.

Your League could use these tapes as an introduction in a meeting about mental illness and/or they could be cablecast over your public access channel, with a brief introduction explaining LWV's role in this issue.

ROADS TO RECOVERY: 29 minutes; a sensitive profile of four Minnesotans who have suffered from mental illness, some from childhood. The four speak of the treatments and services they have used. A good first-hand account of the issue League is studying for two years.

WITH OPEN ARMS: 27 minutes; a visual account of what happened to those suffering mental illness after deinstitutionalization in the 1960's and how community support programs have grown and changed to meet their needs; effective, personal interviews of consumers and providers who describe the strengths and weaknesses of Minnesota's services; also in book format by the same name.

- CHAPTER CONTACTS -

MINNESOTA

5/1/87

- * **MHA in GREATER DULUTH**
Jefferson Square, Room 101
916 East 3rd Street
Duluth, MN 55806

Barb Glick, President
3657 Dunaisky Lane
Duluth, MN 55811
218/729-7652 (H)
218/726-5109 (O)

- * **MHA in HENNEPIN COUNTY**

Carolyn Curti, Director

Marilyn Jackson-Beeck, President
4005 West 48th Street
Edina, MN 55424
612/922-1521 (H)

MHA in KANDIYOHI COUNTY

Lois Ellinger, President
315 West 12th Street
Willmar, MN 56201
612/235-2057 (H)

MHA in KITTSON COUNTY

Clara Hvitsand, President
Rural Rt. 1, Box 196
Karlstad, MN 56732
218/436-2284

MHA in MOWER COUNTY

Robert Vilt, President
613 - 19th Ave. SW
Austin, MN 55912
507/433-9537

Joan Lindquist
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- * **MHA in NORTH CENTRAL MN.**

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MHA in OLMSTED COUNTY

Carol Steffenson
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Eyota, MN 55934
507/282-0351

MHA in PINE COUNTY

Merle Krabbe, President
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612/838-3345

MHA in RAMSEY COUNTY

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St. Paul, MN 55105
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MHA in RENVILLE COUNTY

Gladys Jones, President
219 NE Second Street, Box 164
Renville, MN 56284
612/329-3978 (H)

MHA in SWIFT COUNTY

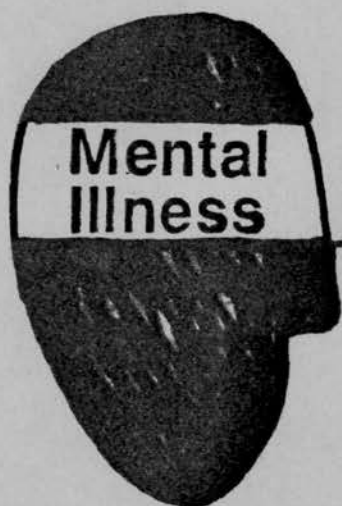
Marshall Dainsberg, President
310 - 19th Street North
Benson, MN 56215

Jane Klinge
513 - 18th Street North
Benson, MN 56215
612/843-3552 (H)
612/843-3380 (O)

MHA in SOUTH CENTRAL MN.

Bruce Ruble, President
PO Box 3656
Mankato, MN 56001
507/625-6251 (H)
507/389-5428 (O)

* **STAFFED CHAPTERS**



Mental
Illness

in Minnesota

LWV Study 1987-89

THE LEAGUE OF WOMEN VOTERS OF

PRESENTS:

A PUBLIC MEETING FEATURING

DATE: _____

TIME: _____

PLACE: _____



PHONE: (612) 224-5445

FROM:

SUBJECT:

DATE: 10-22

MEMO

Just thought I'd let you know first-hand what sort of information is going out to LL presidents and state study chairs. You may have seen most of this in Board Memo mailings, etc., but consider this your own rendition. If you have any questions or comments, please feel free to call me at 507-645-5726.

In September LLs received information about the mandated Mental Health Advisory Councils, to be established in each county, to draft and implement a plan for improved services in that county. We encouraged LLs to have members appointed to those councils or, at least, to observe their meetings. A sample letter to county commissioners was included for LL presidents to use if they wished.

In the October Board Memo LLs received a number of suggestions for educational meetings/forums/cablecasts etc. to begin informing members and community people about the issue. They were alerted to the coming of the first two (of 8) monthly Fact Sheets which will provide the informational basis of the LWVMN study, along with other materials to help promote educational efforts. Also in the October President's Mailing (3rd class) is a form to be completed and returned to the state office by Nov. 20th, listing contact people important in the monitoring process. Any encouragement on your part will be welcome!

We have promised them interview questions, to be asked of social service directors, chairs of advisory councils, providers, commissioners, etc. in the November 3rd class mailing, which will actually go out Dec. 4th. Like the Children's Health-Etc. study, we are going to use LLs to ferret out local information which will be compiled and published in the April publication. We hope these interviews will also serve as the foundation for an ongoing working partnership with those contacted, as Leagues begin monitoring the counties' responses to the mental health legislation. Tentatively (i.e. I haven't bounced this off the committee yet), those interviews will be conducted in Jan. and Feb., compiled in March and published in April 88.

Future dates affecting LLs include the monthly Fact Sheets coming 3rd class until May. The April Focus meeting, part of the LWVMN Council, is scheduled for the 19th. Monitoring efforts will be checked upon in the Spring of '88. A study guide and consensus questions will be sent to LLs by early August '88. Consensus meetings should be scheduled for the fall of '88, with the deadline being Dec. 1, 1988. That will allow us to formulate a position in time to lobby the '89 Legislature. Simultaneously, 4 monitoring workshops for Leaguers and interested citizens will be planned in the fall of '88. They will be held Jan.+ '89, accompanied by a guidebook similar to the pay equity guidebook. We will be asking LLs who have successful monitoring systems in place to help run those workshops, leaning on their experiences. <This portion of the study is still somewhat vague, since it seems a ways off and we are currently full-tilt trying to get the Fact Sheets underway and the Focus meeting planned. Patience, please.>

Questions to you: which Leagues, particularly in Greater MN, could use some personal encouragement from me to participate in the monitoring process? What are you hearing from LLs about the state study - anything? Are there ways of facilitating their local meetings on mental health that we could help with? Any other cheap advice?

Thanks for your assistance!

<FOR THE VOTER>

ATTN: MARY SANTI

Materials for the state study, "Mental Illness in Minnesota", are going to press - every month! Already Fact Sheets # 1 and 2, describing mental illnesses and the 1987 comprehensive legislation, respectively, have been sent to Members at Large and local Leagues throughout the state. Fact Sheet #3, "The Continuum of Services" including housing, and Fact Sheet #4, "Funding" are soon to follow. The remaining four Fact Sheets in the year-long series will examine quality control of services provided to those with mental illness, the debate surrounding the commitment laws and services for children and adolescents, and emerging issues.

These Fact Sheets are also being mailed directly to county commissioners in all 87 Minnesota counties. Local Leagues are being encouraged to circulate copies among churches, human service organizations, local newspapers, public libraries, etc.

Education is a primary goal of the LWVMN mental illness study. Like mental illness, chemical dependency was once stigmatized due to the public's lack of understanding of the illness and the treatments possible. That increased understanding of mental illness is now needed, and the LWVMN's Fact Sheets are the first step toward educating League members and the general public.

Oct 87

<for the Board Memo>

A bundle is coming your way in the President's Mailing!

- the first two Mental Health Fact Sheets, ready to include in your next Voter and to distribute to churches, public libraries, your local editor (complete with sample "Letter to Editor") and anyone else interested in services to the mentally ill.

- reviews of Alliance for the Mentally Ill videotapes which could be used in meetings and/or cablecast on your public access channel.

- a form, to be returned to LWVMN by November 20th, with names of contact people for the county interviews and monitoring you will be contributing to the state study.

- list of local Mental Health Association chapters and their contacts; a similar list will be coming soon from the Alliance for the Mentally Ill (AMI).

- sample form which could be elaborated upon to advertise your meeting dealing with mental health services, etc. (see suggestions below).

Because the state study committee decided it was important to have a position on mental health services before the '89 legislative session, we have moved the consensus date up to Dec. 1, 1988 (6 mos. earlier than first imagined). Working backwards, that means that consensus meetings should be scheduled in the fall of 1988, that consensus questions and study guides will be mailed to you by August '88, that the April 19th Focus meeting in the Twin Cities will provide a major source of information and inspiration, and that other educational efforts should be fit in this year. Short notice for those of you who have firmly set calendars this year. To all of you, some suggestions:

- town meetings/forums featuring county commissioners, social service directors, members of the newly-formed advisory councils, consumers - anyone who can discuss what services are/are not being provided, how mentally ill people are presently served, what changes are in the wind, etc.; co-sponsor with local chapters of MHAssoc. or AMI (see lists).

- if you have public access cable TV, cablecast the videos reviewed (see 3rd class mailing).

- the interviews in which you will collect local data on your county in January and February '88 could be televised or provide the content of those town meetings mentioned above (proverbial two birds with one stone!).

- a tour of a regional treatment center or community

mental health center near you.

- in Northfield every January we have a lavish mid-winter Saturday brunch where LWV observers tell-all! about elected bodies they monitor - it's always a big hit! Feature your county board observer and/or a member or monitor of the Mental Health Advisory Council.

- form a network of interested persons or organizations (AMI, providers, consumers) so that you know which rows have been plowed and which need planting.

If you're still lacking ideas or inspiration, call me!!
507-645-5726

10-87

REVIEW OF VIDEO TAPES

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<to be reproduced on Board Memo paper>

10-87

LWVMN MENTAL HEALTH STUDY
MONITORING LOCAL COUNTIES

As we begin to compile information about the counties throughout Minnesota, the following information will facilitate the gathering of that information:

League -----

Local League contact (president or State Study Chair or other) -----

Which county are you in? -----

Which other counties are you conveniently near (i.e. you might be able to monitor)?

Names of County Staff dealing with mental health services:

Director of Social Services/Welfare -----

Social workers -----

Other -----

Name of Chair of Mental Health Advisory Council (mandated by state legislation) -----

Names of Community Support Program Staff

Names of Private Providers in your county

Please return this to the state LwV office, 106 Como Ave., St. Paul 55103 by NOVEMBER 20TH, 1987. Interview forms for these individuals will be sent in the November President's mailing. Thanks for your help!

<for League Lines>

Even as LWVMN begins to study services for the mentally ill, local League members are learning by doing. Each county has been mandated by the 1987 reform legislation to establish a Mental Health Advisory Council, responsible to the local department of social services or county commissioners. According to the bill, "the council's membership must reflect a broad range of community interests...including one consumer, one family member of of person with mental illness, one mental health professional, and one community support services program representative."

Throughout the state local League members are being appointed to those advisory councils or are monitoring their meetings. The Mental Health Advisory Councils are beginning to fill out a voluminous form describing services provided and gaps needing to be filled, as defined by the Comprehensive Mental Health Act. That form is due at the Department of Human Services office by Jan. 1, 1988, so that the state and the public know what is needed in each MN county in order to provide adequate and equitable services to those who suffer mental illness.

If you are interested in participating in this level of the LWVMN study, contact your local president who has more information about the local Mental Health Advisory Councils, or call the state office, 612-224-5445.

1/12/88

Board Report
Mental Health Study

1. Committee activities

- a. calling LLs in January to check on progress of study and to find out what assistance they may need
- b. attending DHS outside advocate review meetings Feb. 2-10, examining all the county plans outlining services available and measures needed to upgrade them to meet legislation
- c. working on Fact Sheet #5; typeset and printed fact sheets will be mailed to commissioners, legislators, resource people, funders and other interested organizations
- d. April Focus meeting will feature Schleppegrell and Ashley with providers, advocates and clients participating as speakers and on panel. Need guidance lining up videotaping.

2. Funding 2/3 complete. Still need suggestions to Tews of possible grantors.

3. We have been asked to join a legislative coalition, including AMI, MHA and others who lobby for mental health services. Told we cannot until we arrive at a position. Asked if instead we want to be ex officio member, non-voting, now, so that we might know what coalition is doing? Or just observer? Advice from board?

Margit Johnson

talk to

① Linda Peck

② req. reps

1/15/88

To:
From: Margit Johnson
Re: Phone calls to Local Leagues

At our January meeting we agreed to call every League about the status of the Mental Health study in their League.

Enclosed are the forms to be filled in with each of their responses, and the names of numbers of people to call.

PLEASE RETURN THESE RESPONSES TO THE FEB. 3RD MEETING, WEDNESDAY EVENING, 7:30 PM AT BARBARA FLANIGAN'S HOME (agenda and map to follow). If you are unable to bring them, please mail them to Barbara in time - 2405 Sheridan Ave. So., Mpls. 55405. Thanks.

1/88

MENTAL HEALTH STUDY COMMITTEE
LOCAL LEAGUE PULSE CHECKS

League:

Contact person:

Phone number:

(Each president received a memo on Jan. 14th, alerting them to this phone call.)

Hi! I'm...etc.

Calling to hear how your League is doing with the state study on mental illness.

1. Have you chosen to participate in the state study? If not, is there the possibility of some local related issue which your League might address, using the Fact Sheets or our resources for background?

2. Are you including the Fact Sheets in your local Voter? Have you been able to distribute the extra copies to your local paper (a sample cover letter for an editor was included in the Oct. 21 President's mailing), public library, local hospital, churches, etc.? Are they aware they may reproduce the Fact Sheets for other interested citizens?

3. Do you have a committee or individual in your League working on the state study? Is there someone observing your county commissioners or monitoring them and/or the Mental Health Advisory Council? Who?

4. Have you interviewed a county commissioner, labeled "pre-test" in the December President's mailing (Edina aptly renamed the pre-test "awareness survey"; emphasize the need for this information for our own evaluation of the effectiveness of the study)? That interview response is due Jan. 15 or as soon as possible. (County commissioners will be receiving the first 5 Fact Sheets by the end of Jan.)

5. Are you interviewing county staff, providers, consumers, etc., using the questions included in the Dec. mailing (emphasize how important this information is to our study; these questions probe further than those from the Department of Human Services; we will compile some of these responses in our April publication)? Are there AMI or MHA chapters in your community who can help with the interviews?

6. Do you need further program suggestions for your local examination of the state study (AMI videos, individual county staff or providers, panels of them, joint meeting with AMI or MHA chapter, Mental Health Advisory Council chair or member reviewing that county's plan - all can become unit meetings or town forums sponsored by League or cosponsored with other organizations, churches, etc.)? What additional kind of help might LWVMN offer your League for this study?

7. Will someone from your League be attending the LWVMN Council which will include the Spring Focus Meeting on April 19 in the Twin Cities? Who, if you know now? The issue of quality assurance in mental health services will be examined during that forum.

8. Other scheduled items to be aware of:

- County interviews (see #5) due on Feb. 15.
- Consensus questions and discussion guide will be available by Sept. 1; consensus meetings should be scheduled for next fall; consensus due Dec. 1, 1988.
- Monitoring county government, particularly mental health services, will be the focus of next year's efforts; an instruction booklet (similar to the pay equity booklet) will accompany regional monitoring workshops a year from now (winter, 89).

9. Thank you!!!



**LEAGUE OF WOMEN VOTERS
OF MINNESOTA**

PHONE (612) 224-5445
106 COMO AVE. • ST. PAUL, MINNESOTA 55103

news release

For further information contact:
Margit Johnson, 507/645-5726 or
LWMN Office, 612/224-5445

For immediate release

January 22, 1988

MENTAL ILLNESS FACT SHEETS AVAILABLE

The League of Women Voters of Minnesota Education Fund has just published "Fact Sheet #5: the Quality of Minnesota Mental Health Services", one in a series of eight examining mental illness, the services available and the impact of mental health policies on those with mental illness. The League is making copies of all eight Fact Sheets available, free of charge, to anyone interested in the topic.

These Fact Sheets, part of the League's two-year project are funded in part by the McKnight Foundation. Local Leagues throughout Minnesota are evaluating mental health services and their administration at the county level. These monitoring efforts will continue into the second year of the study with the publication of a monitoring guidebook and regional sessions, training League members and other interested citizens to effectively follow the progress of mental health services in Minnesota's 87 counties.

The B.C. Gamble and P.W. Skogmo Foundation has granted funds for a metro area public forum on April 19th, examining quality assurance in mental health services. A booklet, collecting these Fact Sheets with additional information, including findings from local League research, will be available at that forum.

Requests for the Fact Sheets or additional information about the study "Mental Illness in Minnesota" or the forum may be directed to the LWMN office, 106 Como Avenue, St. Paul, MN 55103.

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LEAGUE OF WOMEN VOTERS OF MINNESOTA

PHONE (612) 224-5445

106 COMO AVE. • ST. PAUL, MINNESOTA 55103

For further information contact:
Kay Erickson, 612/934-2991 or
LWMN Office, 612/224-5445

For immediate release
January 22, 1988

DINNER/AUCTION TO BENEFIT LEAGUE OF WOMEN VOTERS OF MINNESOTA EDUCATION FUND

Mink coats, a fabulous house in Vail for a week in July, a frequent flyer pass, dinner parties and many handmade goods are just a few of the interesting items to be awarded at a gala February 27th benefit for the League of Women Voters of Minnesota Education Fund.

Lively entertainment, the glamorous Hotel Sofitel and many exciting items for auction should contribute to another fun and profitable event for the 69 year old organization.

Connie Evingson, vocalist with the popular Moore by Four vocal group will entertain with jazzy, snazzy music, backed by her own trio.

The League of Women Voters is a nonpartisan, non-profit organization that seeks to inform people about how their government works and motivate them to become informed and involved in the process. Membership is open to all citizens. Donations to the LWMNEF are tax-deductible.

Tickets are \$30 per person, and must be reserved by February 19th at the LWMNEF office, 106 Como Avenue, St. Paul, MN 55103.

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2/14/88

for the VOTER:

Recently, members of the LWVMN Mental Health Study Committee attended a 6-day ~~long~~ review of the 87 Minnesota counties' ~~plans~~ services for those with mental illness. The plans, mandated by the 1987 mental health legislation, profiled the services available and described those to be offered by 1991. The department of Human Services, Mental Health Division, is responsible for the reviews and for enabling the counties to comply with the legislation.

Several general concerns emerged throughout the state. Many mental health advisory councils do not have adequate representation, nor do they have assured access to the county commissioners who are responsible for mental health services. An emergency 24-hour "hotline" phone number other than 911 is needed but often too expensive for many counties. Screening requirements and acute care funding strain county mental health budgets. Throughout the system the question persists "How does the client gain access and receive a continuum of services?" The "working poor", those ineligible for government financial support who can't afford private insurance, present another persistent concern. Individual concerns within counties range from services for Vietnam veterans as a special population to services for those with mental illness in Minnesota prisons.

Combined with this information are the local League findings, gathered in interviews with directors of social services, private providers, consumers and county commissioners. The composite profiles of selected counties throughout Minnesota will appear in a publication "Mental Illness in Minnesota", available at the April 19th Focus/LWVMN Council. The publication will also include a compilation and expansion of the eight Fact Sheets which address the issues LWV is studying in preparation for the members' consensus in December 1988.

One of the key issues to be addressed in both the Fact Sheets and the Mental Health Focus is quality of services. The metro area Focus meeting, open to the public, will examine the question from several points of view, ranging from metro and outstate providers to consumers and state policy makers. The Focus meeting and the mental health workshops offered during the Council's afternoon sessions will provide local League's with materials and assistance needed for further study in their local communities. Additional information about the Fact Sheets, Council workshops and the Focus meeting may be obtained from the LWVMN office, 106 Como Ave. <etc>.

2/14/88

For the Board Memo:

Mental Health Study

Margit Johnson 507-645-5726

IT'S NOT TOO LATE!! Several local presidents and state study chairs have called me, wondering if their county interviews should still be completed, could the LWVMN study committee still use the information?? Yes! Very interesting responses are coming in, but we can certainly use more. We plan to sit down by March 15th to pour over the counties' responses and combine those with information gleaned from the Department of Human Services' review of all 87 county mental health plans. That composite information will be written into the "Mental Illness in Minnesota" booklet which will be available to everyone attending the April 19th Focus/LWVMN Council. So get your interviews completed and mailed to the state office, 106 Como Ave., by March 15th!!

Our phone calls to each of you during January were heartwarming - hearing about what your League is doing, its general health, and why some of you are unable to participate in the state study at this time. As a first-timer on the state board, I truly enjoyed hearing real voices of real League members in north and central Minnesota, until then only dots on the Minnesota map I have hanging above my desk. If you have any questions or comments, feel free to call me - I'm the little dot of "Northfield" due south of the metro area.

4-18-88

Re: distribution of MH publication

Free to: one/LL

MAL

DPM

funders

Council and Focus attendees

LL interviewers

interviewees, with cover letter and typeset Fact Sheets

Mental Health Advisory Council chairs, 87 counties and

state

chairs of local AMI and MHA chapters

state AMI and MHA offices

Legislative Coalition members

Joint Religious Coalition

Rep. Gloria Segal

Senator Linda Berglin

staff persons for House and Senate Health and Human

Services committees

US Congressmen and Senators

To order:

additional publications \$4.00 each, plus postage

<market to public library systems>

additional revised Fact Sheets \$1.00/set of 8, plus postage

<other orders could include rental of Focus videotape, \$\$\$>

FOR THE BOARD MEMO

5-10-88

If Northfield is like other communities throughout Minnesota, May is a busy month of gardening, confirmations, graduations and the opening of the fishing season. League matters tend to step back for awhile.

The state study committee is gathering only once in May, to simply enjoy one another over a potluck luncheon, to admire our recent publication *Serving Minnesota's Mentally Ill*: an Introduction, and to reminisce about the wealth of information shared at the April 19th Focus. We encourage your local mental health study committee to do the same.

During the summer we will knuckle down again, writing a discussion guide and consensus questions for LLs. Look for them in the August President's Mailing. Remember to schedule a consensus meeting sometime during the fall, so that you can participate in the Dec. 15 consensus deadline.

Direct your state study chair's attention to the monitoring programs planned for 88-89 in the Outlook. The monitoring workbook and training sessions will become the backbone of League's ongoing efforts to improve community services for those with mental illness.

SERVING MINNESOTA'S MENTALLY ILL: AN INTRODUCTION is just off the presses! This comprehensive overview of the mental health system in Minnesota brings together, in layperson's terms, the many layers of state and community support programs for those with serious and persistent mental illness.

Barbara Flanigan, writer and editor, expanded the content of the eight Fact Sheets which described mental illnesses, the 1987 Comprehensive Mental Health Act, funding, housing and employment, the array of services available to adults, commitment procedures, issues of quality and services to children and adolescents. "I incorporated personal interviews, many done by local Leagues throughout the state, of county commissioners, policy makers, providers and consumers to flesh out the statistics cited in the Fact Sheets," explained Ms. Flanigan. The 45-page publication is the result. Norma Schleppegrell, former chair of the Governor's Mental Health Commission and current chair of the State Mental Health Advisory Council, concurred strongly with one of the publication's conclusions - that a sustained political will is needed in order for Minnesota to rebuild a responsive and accessible system for the mentally ill.

To foster and help sustain that political will, in 1989 LWVMNEF will publish a monitoring workbook and offer regional training sessions for League members and other interested citizens. Those trained will learn how mental health services are created at the state level and administered at the county level.

In the meantime, SERVING MINNESOTA'S MENTALLY ILL: AN INTRODUCTION is being distributed to LL's, MALs, elected officials, policy makers, administrators, providers, consumers and advocates. Additional copies of the publication or of the 8 Fact Sheets may be ordered from the LWVMN office, 106 Como Ave., St. Paul, 55103.

FALL VOTER ARTICLE
September 1988
Margit Johnson

Consensus and Beyond in LWVMN's Mental Health Study

The statewide LWVMN consensus on mental health issues is underway. After a year of study, aided by 9 Fact Sheets, an introductory book and a Spring Focus, members will be deciding this fall what LWVMN positions will be on mental health policies. Specifically, members will be considering questions about funding, an array of services, housing options, a system for emotionally disturbed children, the commitment process, quality assurance and ongoing state financial responsibility. This consensus comes earlier than is customary in most two-year studies, because LWVMN wants to be prepared to lobby for mental health legislation in the 1989 session, starting in January. That advocacy effort will necessarily split away from the study itself, which is funded by Education Fund grants.

The study will continue into its second year with its focus on training League members and other interested citizens to effectively monitor and assess mental health policies and programs. The training will focus particularly on the county level where most mental health services are delivered. LWVMN is working with the Humphrey Institute of Public Policy, the Alliance for the Mentally Ill, and the MN Mental Health Association to develop a series of workshops for that training. LWVMN is writing a monitoring workbook, to be used by workshop participants, to assist in assessing services provided and programs needed in counties ranging from Lake of the Woods on the northern border to Hennepin County in the metro area. The format of the workbook will facilitate an annual review of a county's services and the network of individuals involved in their delivery.

LWV members' understanding of mental health services at the local level combined with what they have learned about mental illness and Minnesota public policy puts them in a strategic position to further educate other Minnesotans about the needs of those with mental illness.

<Mary, Barbara Flanigan may be able to give you some quotable quotes re: the monitoring workbook which she is writing or the combined efforts with the Humphrey Institute with whom she is working.>

COUNTERPART COMMUNIQUE - MENTAL HEALTH STUDY

Margit Johnson, 613 Union, Northfield MN 55057, 507-645-5726

The 2-year state study has been divided into two parts: education and consensus, and monitoring.

EDUCATION '88

We have just completed the major educational effort, recognizing that education is always ongoing. Eight Fact Sheets were sent to all LL members throughout 87-88. Those Fact Sheets were expanded and compiled into the study's publication *Serving Minnesota's Mentally Ill: an Introduction*, published in April 88. Also in April the LWVMN Council piggybacked the spring Focus meeting, "Creating Quality in Minnesota's Mental Health Services".

CONSENSUS DEC. 15, 1988

Consensus questions with discussion guide will be sent to LLs in the August President's Mailing. All LLs are urged to schedule mental health consensus meetings during the fall '88 in order to meet the consensus deadline of December 15, 1988. The state board will establish a mental health position at their January board meeting so that LWVMN can lobby for improved services during the '89 legislative session. Because that constitutes advocacy, that effort will split away from the state study itself, which must remain educational in nature.

MONITORING '89

Because most mental health services are delivered at the county level, a level which has been somewhat ignored by LWV, training workshops will be conducted throughout the state in 1989. Monitoring skills will be taught to League members and other interested citizens. A monitoring workbook will reinforce those skills and facilitate an ongoing effort. This sustained effort, educating the public and keeping an eye on the policymakers and administrators, is essential for long term improvements in the mental health system.

RESOURCES

Materials, speakers and videos are available to help you in your local study of the state study. Additional Fact Sheets and copies of the publication are currently available at the state office; request an order form by calling 612-224-5445. Members of the state study committee are available to speak about the League study and findings; local commissioners, social service directors, consumers and advocates are often able to describe the system in your own county. The Alliance for the Mentally Ill (AMI) has 3 videos for rent; the Mental Health Association (MHA) has additional resources to loan or rent. Call the state office for a bibliography and resource list.

CONTINUING EDUCATION

Ignorance and stigma continue to plague the progress of improved mental health services. Whatever you can do to help educate

other community members - distributing Fact Sheets to local churches, donating copies of the publication to your public library, holding town forums when you have speakers on mental health, etc. - all will help dispel the myths that surround mental illness and replace them with facts and understanding.

December, 1988

WOMEN COME TO THE CAPITOL FEBRUARY 26 & 27

They poured onto the Capitol grounds by the carload and busload, from points all over the state. Women--more than 500 strong--converged for an exciting day of informative briefings, spirited discussions, with each other and with legislators, about the concerns of Minnesota women and their families.

Women will again flex their political muscle Feb. 26 and 27 in the annual Women Come to the Capitol, sponsored by LWV, Women's Consortium, AAUW, Junior League and other women's organizations.

A dinner (\$10) with a program on Gender Bias in the Courts is planned for Sunday at the AAUW St. Paul clubhouse starting at 5 p.m..

Monday's activities (starting at 8 a.m. at Christ Lutheran across from the Capitol) include workshops on women's issues, updates on hot issues, visits with legislators and observing committee hearings. Tentative issues to be heard include violence and prevention programs, economic equity, health care and children's issues.

Box lunches (\$6) will be available in the lower level of the church.

Registration for meals, with a check, needs to be sent by Feb. 21 to the MN Women's Consortium, 550 Rice St., St. Paul, MN 55103.

NOMINATE A COLLEAGUE FOR THE HOPE WASHBURN AWARD

Any member can nominate any other member for the Hope Washburn Award, given annually by LWVMN for outstanding service to the League of Women Voters. Service at any level of League can be recognized.

The award honors Hope Washburn (1892-1984), a Minnesota League member and state board member who was instrumental in establishing local League groups throughout the state during the 1950's.

Send your letter of nomination and any supporting material to nominating committee chair Peggy Lucas, 4427 E. Lake Harriet Blvd., Minneapolis, MN 55409.

LWV RECEIVES MENTAL HEALTH AWARD

The Alliance for the Mentally Ill of Minnesota presented a special recognition award to League of Women Voters Oct. 29 for "making doing something about the neglect of people with mental illness a top priority this past year."

AMI executive director Don Storm congratulated League, and local Leagues, for "raising the awareness of their own members and the general public about the plight of the mentally ill."

Storm mentioned League's public education effort at meetings around the state, its distribution of a series of fact sheets on mental illness, and the publication of "Serving Minnesota's Mentally Ill: An Introduction." Barbara Flanigan (LWV Minneapolis), writer and editor of the publication, accepted the award for the League.

AUCTION SET FOR APRIL 8 DONATED AUCTION ITEMS NEEDED

Even though LWVMN's annual dinner/auction isn't until April 8, the committee is busy gathering items that will be sold at the auction. Donors benefit from having a tax write-off and from being recognized as donors; League benefits from the funds raised. Contact the LWVMN office at 612-224-5445.

LEAGUE OF WOMEN VOTERS OF MINNESOTA



106 Como Ave. St. Paul Minnesota 55103

PHONE: (612) 224-5445

MEMO

TO: LL Presidents

FROM: Margit Johnson, Mental Health
Study Director

SUBJECT: A phone call
in the near future

DATE: 1/13/88

FEB 1 1988

Just to let you know that one of the state study committee members will be calling you sometime during the month of January to:

- find out the status of the mental health study in your League; are you doing it? are you interviewing your commissioner and your county staff and providers for much-needed local information? what assistance do you need?
- remind you of the Focus meeting, in conjunction with the LWVMN Council, on April 19, 1988, which will feature the state study.
- give you additional local meeting ideas to educate your members and your community about the issues surrounding the services for those with mental illness.

Stay by your phones! Or if you want to be proactive, call me evenings at (507) 645-5726.

Release contact
Ruth Rusche at (507) 376-4837 - evenings
Worthington

1/15/88

To: LOIS

From: Margit Johnson

Re: Phone calls to Local Leagues

At our January meeting we agreed to call every League about the status of the Mental Health study in their League.

Enclosed are the forms to be filled in with each of their responses, and the names of numbers of people to call.

PLEASE RETURN THESE RESPONSES TO THE FEB. 3RD MEETING, WEDNESDAY EVENING, 7:30 PM AT BARBARA FLANIGAN'S HOME (agenda and map to follow). If you are unable to bring them, please mail them to Barbara in time - 2405 Sheridan Ave. So., Mpls. 55405. Thanks.

① CRYSTAL (NEW HOPE

SARA UTT 545-5390

✓② FRIDLEY Vicki Klaers 571-5818
~~CAROLYN ROSE 574-9638 - 374-4177~~

✓③ GOLDEN VALLEY
ANNE BORGEN 545-7076

✓④ NEW BRITTON
MARY STEINBACH 636-0114 -

✓⑤ NO. DAKOTA COUNTY
YOURSELF!

✓⑥ RICHFIELD
JANE BUTTERFIELD 866-7627

✓⑦ WOODBURY / COTTAGE GROVE
ANN MARSHALL 735-1380

✓⑧ WHITE BEAR LAKES / NO. OAKS
JANE BACON (h) 426-4319 (w) 429-8544

1/88
MENTAL HEALTH STUDY COMMITTEE
LOCAL LEAGUE PULSE CHECKS

League:

Contact person:
Phone number:

Jane Bacon -
426-4319

Ramsey Co. meeting -
Don Mockenhaupt -
Director of Services -
Clinical Services -
for Ramsey County, Minn.
Dare County, Wis.
excellent program
Feb. 17-9-4
no charge -

(Each president received a memo on Jan. 14th, alerting them to this phone call.)

Hi! I'm...etc.

Calling to hear how your League is doing with the state study on mental illness.

1. Have you chosen to participate in the state study? If not, is there the possibility of some local related issue which your League might address, using the Fact Sheets or our resources for background?

2. Are you including the Fact Sheets in your local Voter? Have you been able to distribute the extra copies to your local paper (a sample cover letter for an editor was included in the Oct. 21 President's mailing), public library, local hospital, churches, etc.? Are they aware they may reproduce the Fact Sheets for other interested citizens?

3. Do you have a committee or individual in your League working on the state study? Is there someone observing your county commissioners or monitoring them and/or the Mental Health Advisory Council? Who?

4. Have you interviewed a county commissioner, labeled "pre-test" in the December President's mailing (Edina aptly renamed the pre-test "awareness survey"; emphasize the need for this information for our own evaluation of the effectiveness of the study)? That interview response is due Jan. 15 or as soon as possible. (County commissioners will be receiving the first 5 Fact Sheets by the end of Jan.)

5. Are you interviewing county staff, providers, consumers, etc., using the questions included in the Dec. mailing (emphasize how important this information is to our study; these questions probe further than those from the Department of Human Services; we will compile some of these responses in our April publication)? Are there AMI or MHA chapters in your community who can help with the interviews?

ask to see if another Ramsey County League is interviewing people.

I never turn down a suggestion-

6. Do you need further program suggestions for your local examination of the state study (AMI videos, individual county staff or providers, panels of them, joint meeting with AMI or MHA chapter, Mental Health Advisory Council chair or member reviewing that county's plan - all can become unit meetings or town forums sponsored by League or cosponsored with other organizations, churches, etc.)? What additional kind of help might LWVMN offer your League for this study?

7. Will someone from your League be attending the LWVMN Council which will include the Spring Focus Meeting on April 19 in the Twin Cities? Who, if you know now? The issue of quality assurance in mental health services will be examined during that forum. *Not sure -*

8. Other scheduled items to be aware of:

- County interviews (see #5) due on Feb. 15.
- Consensus questions and discussion guide will be available by Sept. 1; consensus meetings should be scheduled for next fall; consensus due Dec. 1, 1988.
- Monitoring county government, particularly mental health services, will be the focus of next year's efforts; an instruction booklet (similar to the pay equity booklet) will accompany regional monitoring workshops a year from now (winter, 89).

9. Thank you!!!

Return Nov. meeting ¹⁻³
9th ~~1988~~

October 88

Calling Local Leagues re: mental health consensus progress

A short phone call to each of the Leagues listed to ascertain if they are participating in the consensus, when they have scheduled their consensus meeting, when their board will confirm the consensus results, and whether they need any assistance from the state office. Please record their responses in the space beneath their names. Put phone charges on a LWVEF voucher and submit to office. Thank you.

~~Mari Lowe~~

✓ Janet Midtbo, Mpls., 926-0954

Will finish consensus first part of Dec. (didn't have dates). Didn't need state assistance as several of their members are on committee.

✓ Carolyn Lyngdal, Minnetonka etc., 937-2596

Scheduled consensus meeting Oct. 17th + 19th. Board will confirm Nov. 1. No state assistance so far needed, + they have the discussion guide.

✓ Virginia Gibson, Roseville, 636-4053

Scheduled consensus meetings Nov. 15, 16, 17. Board will confirm Dec. 1. No state assistance needed, have the discussion guide. They had a very successful general meeting with guests from Ramsey Ct. Human Services division.

✓ Rebecca Scott, St. Anthony, 781-0570

Scheduled consensus meeting Nov. 15. Board will confirm same day. No state assistance needed. Has discussion guide.

✓ Jane Hansen, Shakopee, 445-7419

Scheduled Consensus meeting Nov. 17th. Board will confirm Dec. 1. Might need state office assistance because person in charge is also handling Voters' Services + is very busy. She will call if necessary. They have the discussion guide.

✓ Cheryl Hobbs, South Tonka, 448-7301

2 discussion meetings scheduled in Nov. with Consensus meeting scheduled for 1st week or 2 in Dec. (didn't know exact date). The meeting for board confirmation not yet set.

✓ Patty Miller, Westonka, 472-4071

Scheduled consensus 1st Thursⁱⁿ Dec. - will have board ~~se~~ confirm shortly thereafter. No date is set yet. Will call if assistance is needed.

✓ Joy Tierney, Wayzata/Plymouth, 473-1681

Scheduled Consensus meeting Nov. 19th. Board will probably confirm at Dec. meeting which is not on the calendar yet. They have all the information + if assistance is needed the woman in charge of mth. study will call me.

8 consensus mtp



THE LEAGUE OF WOMEN VOTERS

MINNESOTA

550 RICE STREET ST. PAUL, MN 55103 PHONE (612) 224-5445

February 22, 1989

Lynn Glaus
Good Company
KSTP Television
3415 University Avenue
Minneapolis, Minnesota 55414

Dear Ms. Glaus:

We spoke recently about the possibility of Joan Higinbotham, president of the League of Women Voters of Minnesota (LWVMN), being a guest of your show. You mentioned that you would like to have a specific topic to consider.

For the last two years the League of Women Voters has been doing a study of mental health needs, facilities, and current legislation in Minnesota. One in four U.S. families is affected by some form of mental illness and 8% of families see serious mental illness in a family member.

Children are included in these statistics although they are called emotionally disturbed rather than mentally ill. The term "emotionally disturbed" sometimes prevents the stigma attached to the term "mental illness". However, there are some illnesses serious enough in children that the public needs to understand the difference. This legislative session may see the creation of a Children's Mental Health System. The League of Women Voters will be lobbying for that.

Our study has been able to document gaps in community services such as housing. We hope the interest of our 3,000 members in Minnesota will encourage support for mentally ill by the rest of the public.

Margit Johnson, Northfield, directed the mental health study. She feels that the landmark 1987 Mental Health Services Act is just the first step in creating a comprehensive and equitable health care system for the chronically mentally ill. The legislation, she said, "will not be effective unless there are knowledgeable and active individuals in each of Minnesota's 87 counties to see that it is implemented."

The next phase of the League's study will focus on training League members and others to effectively monitor and assess mental health policies and programs in counties, where most mental health services are delivered. The League has published a monitoring workbook to assist in assessing services and programs provided.

Ms. Johnson would be happy to talk to your audience as would Barbara Flanigan, author and editor of "Serving Minnesota's Mentally Ill: An Introduction". Their phone numbers are respectively 507/645-5726 and 212/374-2892.

This may be a subject one would prefer to ignore, but the reality of one in four families being affected should be acknowledged. Our information will reassure your viewers that someone is concerned.

Yours truly,

Anne Francis

Anne Francis
Marketing Director

F:m



THE LEAGUE OF WOMEN VOTERS

MINNESOTA

550 RICE STREET ST. PAUL, MN 55103 PHONE (612) 224-5445

February 24, 1989

Mary Ann Rentas
Jim Rogers - Late Night
WCCO Radio
625 - 2nd Avenue South
Minneapolis, Minnesota 55402

Dear Ms. Rentas:

For the last two years the League of Women Voters of Minnesota (LWVMN) has been doing a study of mental health needs, facilities, and current legislation in Minnesota. One in four U.S. families is affected by some form of mental illness and 8% of families see serious mental illness in a family member.

Children are included in these statistics although they are called emotionally disturbed rather than mentally ill. The term "emotionally disturbed" sometimes prevents the stigma attached to the term "mental illness". However, there are some illnesses serious enough in children that the public needs to understand the difference. This legislative session may see the creation of a Children's Mental Health System. The League of Women Voters will be lobbying for that.

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Ms. Johnson would be happy to talk to your audience as would Barbara Flanigan, author and editor of "Serving Minnesota's Mentally Ill: An Introduction". Representative Gloria Segal has a special interest in this subject and would offer a political perspective. Their phone numbers are 507/645-5726; 612/374-2892; and 612/296-9889 respectively.

Yours truly,

Anne Francis

Anne Francis
Marketing Director

AF/jm



Reatha Clark King to be featured speaker at LWVMN Convention

Former Metropolitan State University president and new executive director of the General Mills Foundation Reatha Clark King will be the featured speaker at the biennial LWVMN Convention, June 1-3 at St. Cloud State University. King will address delegates and visitors at the Friday evening banquet. The Hope Washburn Award for distinguished service to the League will also be presented at that time.

King, who was recognized as 1988 Twin Cities Woman of the Year by Twin Cities Magazine, is the daughter of southern sharecroppers and began her education in a one room schoolhouse. She challenged expectations of the times to study chemistry in college instead of home economics, a decision that eventually led her to positions as professor and associate dean at York College, Queens, N.Y.

King took her potential employer aback during her job interview by telling him she and her husband had a new baby who they considered a "special responsibility." Her candor and courage helped her win the job.

Agreeing readily to speak at the convention, King said she admires the League greatly. She will talk about her own inspiring career and about leadership.

LWVMN Convention '89 offers plenty of things to do

While delegates will be involved with adopting program and budgets, there'll still be plenty for visitors to do at the LWVMN convention, June 1-3 in St. Cloud. A reception and river walk hosted by the St. Cloud LWV, a party, caucuses, award presentations and a great variety of workshops are open to everyone. Visitors may observe all convention sessions.

LWVMN vice president and convention organizer Bev McKinnell said she especially invites new members of local Leagues and members-at-large to come and be a part of convention. "You don't have to be afraid of coming alone," she said, "because I plan to have mixers to make sure people get acquainted with each other."

Convention '89 workshops have something for everyone

Whether you're a brand new member or an experienced hand, workshops being offered at Convention '89 in St. Cloud are bound to appeal to you. Workshops for presidents and other local League board members will give you needed training to perform your portfolio; issue workshops will bring you up to date on current program; and a series of in depth leadership workshops will give you skills you can use in League and on the job. More than a dozen workshops have been suggested.

Some are perennial favorites—like Membership and Parliamentary Procedure. Others zero in on issues, such as Mental Health, Social Policy and Sustainable Agriculture. Presidents will meet with LWVMN president Joan Higinbotham and their counterparts to learn tips and share concerns. Four Leadership Development workshops will center around conflict management, communications and listening, and leadership and personal styles. All promise to be stimulating and enlightening.

Interested? Set aside June 1-3 and then contact your local League president to get in on the fun. Or contact the State Office, 550 Rice St., St. Paul 55103.

Workshops and guide are mental health monitoring tools

The mental health study takes a new direction now that consensus is complete. We now turn to monitoring implementation of services in the counties.

Ten leadership workshops between March and June, jointly sponsored by LWVMN and the Humphrey Institute, will focus on mental health policies and programs. The League will follow these with four workshops of its own in the fall of 1989 to teach members and others how to monitor and assess mental health programs and services in their own counties.

All workshops will use the new Mental Health Monitoring workbooks just off the press in March. It contains suggested monitoring techniques, specific assessment questions and annual monitoring forms.

BIBLIOGRAPHY

The following books are recommended by the mental illness committee as useful introductions to an understanding of mental illness for laypeople.

Nancy C. Andreasen, M.C., Ph.D., The Broken Brain, the Biological Revolution in Psychiatry, Harper & Row, 1984.

PACER Center, Inc., A Guidebook for Parents of Children with Emotional Disorders, Minneapolis, 1984.

Demitri F. Papolos, M.D., and Janice Papolos, Overcoming Depression, Harper & Row, 1987.

Clara Claiborne Park and Leon N. Shapiro, M.D., You Are Not Alone, Little, Brown and Company, 1976.

Susan Sheehan, Is There No Place on Earth for Me?, Houghton Mifflin, 1982.

E. Fuller Torrey, Surviving Schizophrenia, A Family Manual, Harper & Row, 1983.

Maryellen Walsch, Schizophrenia, Straight Talk for Family and Friends, Warner Books, 1985.

For more information contact the Alliance for the Mentally Ill Minnesota, 265 Fort Road, St. Paul, 55102, or the Mental Health Association of Minnesota, 328 E. Hennepin, Minneapolis, 55414.3



**Mental
Illness**

in Minnesota

LWV Study 1987-89

THE LEAGUE OF WOMEN VOTERS OF

PRESENTS:

A PUBLIC MEETING FEATURING

DATE:

Gloria Segal

District 44B
St. Louis Park

Committees:

Education

Health and Human Services,

Physical and Mental Health

Subcommittee, Chair

Local and Urban Affairs

Transportation

Chair, Commission on Economic Status
of Women

National Conference of State Legislatures,

Health and Human Services

Legislative Audit Commission

Job Skills Partnership Board

Co-Chair Joint House/Senate

Subcommittee on Libraries



Minnesota House of Representatives

cc: files
Johnson

JUL 31 1987

July 30, 1987

Joan Higinbotham
League of Women Voters
106 Como Avenue
St. Paul, MN 55103

Dear League Members:

I wish to congratulate you for undertaking the study of the availability and quality of services for the mentally ill in Minnesota. Although a significant new approach was adopted and funded in the 1987 Legislative session, it was only a beginning and much remains to be accomplished.

The implementation of quality new services depends on an informed citizenry. The leadership of the League over the next two years in dispelling the myth and stigma surrounding mental illness will be key to successful community support and education programs on all mental health issues.

Thank you for your far-sighted commitment.

Sincerely,

A handwritten signature in cursive script that reads "Gloria Segal".
Gloria Segal
State Representative

GS/dn

Reply to: ☐ 415 State Office Building, St. Paul, Minnesota 55155
☐ 2221 S. Hill Lane, St. Louis Park, Minnesota 55416

Office: (612) 296-9889
Home: (612) 926-5146



LEAGUE OF WOMEN VOTERS OF MINNESOTA

17 September 87

108 COMO AVE. • ST. PAUL, MINNESOTA 55103 • TELEPHONE (612) 224-5445

Jeanne Newcomb
President, LWV of Missouri
6665 Delmar Room 304
St. Louis MO 63130

Dear Ms. Newcomb,

I read with interest in your May-June Voter that Missouri will be studying the problems of the mentally ill. Minnesota has just adopted a similar state study for the biennium.

In March 87 the Minnesota Legislature passed a massive reform bill dealing with mental health services for the seriously mentally ill. Our study will examine that legislation, including the areas it doesn't address, and ways in which its implementation can be effectively monitored.

We are still in the preliminary stages of defining the scope of the study and of establishing working relationships with other organizations concerned with mental health services. Any information or insights you can share with us will be greatly appreciated. We'll keep you abreast of our progress as well.

Sincerely,

Margit Johnson

Margit Johnson
LWV Mental Health Study Chair
613 Union
Northfield MN 55057
507-645-5726



LEAGUE OF WOMEN VOTERS OF MINNESOTA

106 COMO AVE. • ST. PAUL, MINNESOTA 55103 • TELEPHONE (612) 224-5445

17 September 87

Mary Stoltz
Study Chair
LWV of Illinois
67 East Madison St.
Chicago IL 60603

Dear Ms. Stoltz,

I envy and admire your current position. You are where, hopefully, I will be in two years - a statewide study of mental health services completed, a handsome and informative book published, and a plan in place for action.

Minnesota just adopted a study of mental health services for the seriously mentally ill. In March 87 the Legislature passed a massive reform bill dealing with just those issues. Our job is to study that bill, understand where it falls short and see that it is effectively implemented.

I would love to know from you effective ways to gather information from local Leagues on available community services, monitoring state mandates, and any other bits of wisdom you could pass along. Your publication has already been a source of inspiration and a model.

Looking forward to hearing from you,

Margit Johnson

Margit Johnson
LWV Mental Health Study Chair
613 Union
Northfield MN 55057
507-645-5726



LEAGUE OF WOMEN VOTERS OF MINNESOTA

106 COMO AVE. • ST. PAUL, MINNESOTA 55103 • TELEPHONE (612) 224-5445

17 September 87

Mary Alice Pisani
LWV of Texas
1212 Guadalupe #107
Austin TX 78701

Dear Ms. Pisani,

I read with interest in your July Voter that Texas is doing a state study of the services for the mentally ill. Minnesota also has adopted that topic for the next biennium.

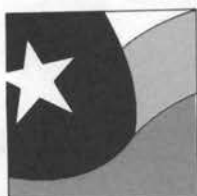
The Minnesota Legislature just passed a massive reform bill dealing with mental health services for the seriously mentally ill. Our study will examine that legislation, including the areas it didn't address, and ways in which its implementation can be effectively monitored.

We are still in the preliminary stages of defining the scope of the study and of establishing working relationships with other organizations concerned with mental health services. Any information or insights you can share with us will be greatly appreciated. We'll keep you abreast of our progress as well.

Sincerely,

Margit Johnson

Margit Johnson
LWV Mental Health Study Chair
613 Union
Northfield MN 55057
507-645-5726



LEAGUE OF WOMEN VOTERS OF TEXAS

1212 Guadalupe, No. 107 • Austin, Texas 78701 • Tel 512/472-1100

September 15, 1987

Margit Johnson
LWV Mental Health Study Chair
613 Union
Northfield, Minnesota 55057

Dear Ms. Johnson:

I appreciated your letter about your state study on mental health. We have focused our study to services for the seriously mentally ill, most of whom are living in the community where there are often significant gaps in the support system. I am working with two other state board members and we have been doing research and interviews since July. We have our consensus questions in draft and are beginning work on a "facts and issues" publication which will (hopefully) be sent to all 4,000 members in Texas and sold to the public.

One of the topics which it has been hard to get information on is what is happening in other states. We would certainly appreciate any information you can send us on the reform bill you mentioned in your letter, such as its major provisions. Texas passed a "core services" bill in 1985 which mandated specific services which local community mental health centers must provide: 24-hour emergency screening and rapid crisis stabilization services; community-based crisis residential service or hospitalization; community-based assessments, including interdisciplinary treatment plans, diagnosis and evaluation services; family support services, including respite care; and case management services. Medication-related services and psychosocial rehabilitation programs were added in 1987.

I would be happy to send you information about programs in Texas serving the mentally ill if you will let me know your specific interests. Good luck with your study.

Sincerely,

Mary Alice Pisani

Mary Alice Pisani
Director

723 Mary Lake Dr.
Bryan TX 77802



LEAGUE OF WOMEN VOTERS OF MINNESOTA EDUCATION FUND

106 COMO AVE. • ST. PAUL, MINNESOTA 55103 • TELEPHONE (612) 224-5445

<sent to George Carr, MH Assoc, Donald Storm, AMI,
Marge Goldberg, Pacer Center, and below:>

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Joan Higinbotham

20 October 87

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Nina Rothchild
Commissioner of
Employee Relations
State of Minnesota

Arend J. Sandbulte
President
Minnesota Power

Lee Beecher, M.D.
Minnesota Psychiatric Society
1770 Colvin Ave.
St. Paul MN 55116

Dear Dr. Beecher,

Thank you for your enthusiastic letter of support for the LWV's study on mental health services in Minnesota. We have submitted it to several foundations from whom we are seeking funding.

We have yet to hear the outcome of those proposals. But our study is in full swing, with monthly Fact Sheets going to every Minnesota League member and each county commissioner. Local Leagues are monitoring the Mental Health Advisory Council meetings, as plans for implementation are being drafted.

We will keep in touch as we continue our educational and monitoring activities. Again, thank you for your support.

Sincerely,

Margit Johnson
Director, LWVMN Mental Health Study
613 Union
Northfield MN 55057

STATE ADVISORY COUNCIL ON MENTAL HEALTH
PO Box 1188
VIRGINIA, MN 55192

NORMA SCHLEPPEGRELL, CHAIR
1-800-972-4567

October 30, 1987

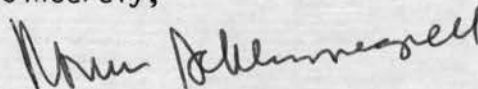
Marget Johnson, Director
LWVMN Mental Health Study
613 Union
Northfield, MN 55057

Dear Ms. Johnson:

Thank you so much for your letter outlining the work the League of Women Voters has done so far on education of mental illness. As I told you on the phone I am delighted that the League has made this part of their study for the next two years. I placed your name on the mailing list for Advisory Council material and am also sending a copy of your letter to the Chair of our Work Group dealing with the same issues you are responding to.

If there is any way we can be helpful, please contact us.

Sincerely,



Norma Schleppegrell, Chair

NS:jm

cc: Rep. Gloria Segal
Chair, Education, Prevention and Research Committee
State Advisory Council on Mental Health

Program / Quality Assurance

Mary Absalom

MN NURSE ASSOC.

Susan Lentz

attng, MA Law Project

Becky Fink

Rhyes Inc.

22 October 87

Norma Schleppegrell
Range Mental Health Center Inc.
Mesabi Regional Medical Center
750 East 34 st.
Hibbing MN 55746

Dear Norma,

I enjoyed talking with you yesterday morning, and I appreciate your willingness to share information with our LWV study committee.

For my part, a brief summary of the two-year project we have undertaken:

League's efforts will be directed toward educating members and the public about mental illness and the services for those who are mentally ill, and monitoring individual counties as they implement the Comprehensive Mental Health Act.

During this first year of our study we are publishing eight fact sheets, summarizing mental illness, the legislation, the continuum of services available, funding, quality control, services for children and adolescents, commitment laws and emerging issues. These fact sheets are being sent to every Minnesota League member, interested citizens, and each county commissioner. The information in the fact sheets will be expanded upon and compiled with data gathered by local Leagues into a publication which will be available at the LWVMN April Focus meeting. That public forum will focus on the issues of quality control and funding for mental health services.

A year from now local Leagues will form a consensus on mental health services, in order to establish a state position in time to lobby the 1989 Legislature. Simultaneously we will conduct regional workshops to train League members and interested citizens to effectively monitor county compliance with the state mandates, similar to our monitoring efforts for pay equity.

We plan to coordinate educational efforts with AMI and the Mental Health Association where possible. We hope to establish working relationships with local social service directors, chairs of advisory

councils, commissioners, etc. for ongoing monitoring of the legislation, as it now stands and as it may be revised.

A small task, something akin to your state level advisory council mandates...

Amended information: the fellow at NW Area Foundation is Karl Stauber, VP-Program.

I look forward to meeting you personally at some time.

Margit Johnson
Director, LWVMN Mental Health Study
613 Union
Northfield MN 55057
507-645-5726

10/21

Norma Schleppegrell: full committee 1x/mo.

3 work grps w. chairs in TC.

① Program / quality assurance

② legislative / budget

③ education / ^{research} prevention ^{legis. chair}

children / adults. → will be referred.

→ send summary of studies

Nari Appeldorn

TO CHUCK KRUGER AMI

~~222-2746~~

645-2948

15 March 1988

LWVMN - Mental Health Study

For the AMI newsletter:

Over fifty Leagues throughout Minnesota are participating in a two year study of mental illness in Minnesota. The first year of the study focuses on education - of League members, of the general public and of elected officials. Monthly Fact Sheets are being distributed to all of them, examining the issues of funding, the Comprehensive Mental Health Act of 1987, the continuum of services, quality control, the commitment process, services for children and adolescents, housing and accessibility to services. Leagues are sponsoring town meetings featuring local providers, the Commissioner of the Department of Human Services, the chair of the State Mental Health Advisory Council, and other sources of information including the AMI videos "With Open Arms" and "Roads to Recovery".

In addition to educational efforts LWVMN is monitoring county governments to better understand the services provided and their response to the mental health legislative reform. A number of League members were appointed to county mental health advisory councils and helped draft the plans mandated by the DHS. Many more Leaguers have interviewed county commissioners, social service directors, providers and consumers about their experiences with mental health services.

On April 19, 1988 LWVMN will sponsor a statewide forum for members and the general public focusing on quality of services for those with mental illness. Norma Schleppegrell, chair of the Governor's 1985 Commission and currently of the state Mental Health Advisory Council, will keynote the evening, starting at 5:30 at the Hennepin County Vo-Tech Institute in Eden Prairie. Providers and consumers from the metropolitan area and Greater Minnesota will address the issues and field questions from the audience. Allyson Ashley will conclude the forum with her observations as Assistant Commissioner of Mental Health Services.

A publication, expanding on the information in the 8 monthly Fact Sheets, will be available at that forum. That combined with a discussion guide to local Leagues will give LWV members the background needed to decide upon a position on public services for those with mental illness. By January 1989 LWVMN will be prepared to lobby at the county and state levels of government for proposals which concur with that position.

The two-year study will conclude with a series of regional workshops, training League members and other advocates how to monitor and lobby for improved services for those with mental illness. The contacts made at the county level mentioned earlier will provide the foundation for the effort needed to ensure that the legislation is improved and carried out for the benefit of the clients. A monitoring workbook, similar to a pay equity monitoring guidebook published by LWVMN, will help advocates continue that effort beyond the two-year timetable of this study.

This study is funded in part by the McKnight Foundation, the Gamble-Skogmo Foundation and the Mahadh Foundation. Additional information concerning the LWVMN's study should be directed to the state office, 106 Como Ave., St. Paul 55103; phone (612) 224-5445.

TO MOLLY

15 March 1988

For the Rice Co. Coalition newsletter:

Over fifty Leagues throughout Minnesota are participating in a two year study of mental illness in Minnesota. The first year of the study focuses on education - of League members, of the general public and of elected officials. Monthly Fact Sheets are being distributed to all of them, examining issues ranging from the continuum of services to funding and the commitment process.

In addition to educational efforts LWVMN is monitoring county governments to better understand the services provided and their response to the mental health legislative reform. A number of League members have been appointed to county mental health advisory councils; others have interviewed county commissioners, social service directors, providers and consumers about their experiences with mental health services.

On April 19, 1988 LWVMN will sponsor a statewide forum for members and the general public focusing on quality of services for those with mental illness. Norma Schleppegrell, chair of the Governor's 1986 Commission and now chair of the state Mental Health Advisory Council, will give the keynote address. Providers and consumers from the metropolitan area and Greater Minnesota will address the issues and field questions from the audience. Allyson Ashley will conclude the forum with her observations as Assistant Commissioner of Mental Health Services.

A comprehensive publication combined with a discussion guide to local Leagues will give members the background needed to decide upon a position on public services for those with mental illness. By January 1989 LWVMN will be prepared to lobby at the county and state levels of government for proposals which concur with that position.

The study will conclude with a series of regional workshops, training League members and other advocates how to monitor and lobby for improved services for those with mental illness. A monitoring workbook, similar to a pay equity monitoring guidebook published by LWVMN, will help advocates continue that effort beyond the two-year timetable of this study. Questions concerning the study and/or the April 19th public forum may be directed to:

Margit Johnson
Director, LWVMN Mental Health Study
613 Union Northfield MN 55057
645-5726



ML

BOARD OF HENNEPIN COUNTY COMMISSIONERS

2400 GOVERNMENT CENTER
MINNEAPOLIS, MINNESOTA 55487

July 21, 1988

JUL 28 1988

Ms. Margit Johnson
Mental Health Study Director
League of Women Voters
106 Como Avenue
St. Paul, Minnesota 55103

Dear Margit:

Thank you very much for sending me the Fact Sheets about mental illness and the services for the mentally ill.

Although I have been deeply involved in these issues during the ten years I have been on the County Board, I found the fact sheets to be very informative and well-prepared. I intend to use them in dealing with people who raise (sometimes sincerely) objections to community-based facilities and our other approaches to helping people with mental health problems.

Thank you for a job well done.

Very truly yours,

A large, stylized handwritten signature of Randy Johnson in dark ink, written over the typed name and title.

Randy Johnson
Commissioner

REJ:me:252

1 September 1988

George Funch
Stevens County Social Services
Morris Minnesota

Dear Mr. Funch,

Thank you for your remarks about the Minnesota League of Women Voters mental health fact sheets. We appreciate your interest in reading and commenting on our publications.

We understand that our nine fact sheets and even our 43-page publication SERVING MINNESOTA'S MENTALLY ILL: AN INTRODUCTION cannot address all of the issues regarding mental health services. We are focussing primarily on public services to those with serious and persistent mental illness. Certainly private acute care and particularly private health insurance policies for mental health have a significant impact on public services and programs. We hope that this two-year study is indeed an introduction to mental health issues for League members and other interested citizens.

During the second year of our study we plan to train League members and others to monitor and assess programs offered by the state and the counties. We hope that these training sessions will instill the sustained political will needed to examine mental health services, both public and private, for years to come.

Thank you again for your interest.

Sincerely,

Margit Johnson
Mental Health Study Director



LEAGUE OF WOMEN VOTERS OF MINNESOTA EDUCATION FUND

106 COMO AVENUE

• ST. PAUL, MINNESOTA 55103

• TELEPHONE (612) 224-5445

JUN 23 1988

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President
Minnesota Power

June 10, 1988

Dear County Commissioner:

The League of Women Voters of Minnesota is pleased to share with you these nine Fact Sheets about mental illness and the services for the mentally ill. These concise summaries are being distributed to League members and other interested citizens throughout the state, as part of our two-year study on the direction and implementation of public mental health programs.

Because county boards are responsible for administering many of the mental health programs, the League is focusing much of its attention on that level of government. Local League members have already interviewed many county staff and providers, gathering information which is included in our publication, Serving Minnesota's Mentally Ill: An Introduction (April, 1988; see enclosed order form). We look forward to new or renewed efforts of cooperation with you as we continue our study of services for those with mental illness.

In the meantime, we encourage you to read these Fact Sheets and share them with interested staff, Mental Health Advisory Council members and others in your constituency. Thank you.

Sincerely,

Margit Johnson

Margit Johnson
Mental Health Study Director

MH/rk
enc.

Margit

6-17-88
This Report doesn't not
Mention Acute Care Mental
Private inpatient care
Health

George Tuncel
Stevens County Social Services
Morris, Mn.



LEAGUE OF WOMEN VOTERS OF MINNESOTA EDUCATION FUND

106 COMO AVE. • ST. PAUL, MINNESOTA 55103 • TELEPHONE (612) 224-5445

1 September 1988

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President
Minnesota Power

Governor Rudy Perpich
Office of the Governor
St. Paul Minnesota 55155

Dear Governor Perpich,

Thank you for your letter commending the Minnesota League of Women Voters' study of mental health issues.

We are pleased with the response commissioners, providers, advocates and League members throughout the state have expressed about our publication SERVING MINNESOTA'S MENTALLY ILL: AN INTRODUCTION.

LWV members in our 60 local chapters will participate in a members' consensus this fall to determine our position on a range of mental health issues. Meanwhile we are working with the Humphrey Institute on a curriculum for county commissioners, Mental Health Advisory Council members and other interested citizens. The Humphrey Institute has contracted with the Department of Human Services to conduct 20 workshops throughout the state, educating the participants about leadership responsibilities as they pertain to mental health services. We look forward to incorporating our research into those workshops, in addition to a monitoring workbook, to be published in November 1988, to assess mental health services and their delivery.

Thank you again for your interest in our study of Minnesota's mental health system.

Sincerely,

Margit Johnson
Mental Health Study Director
613 Union
Northfield MN 55057



RUDY PERPICH
GOVERNOR

STATE OF MINNESOTA

OFFICE OF THE GOVERNOR

ST. PAUL 55155

June 9, 1988

Ms. Margit Johnson, Chair
League of Women Voters Mental
Health Study Committee
613 Union Street
Northfield, MN 55057

Dear Ms. Johnson:

I would like to take this opportunity to extend my personal appreciation and thank you for the contribution you have made to the mental health field by your publication of "Serving Minnesota's Mentally Ill: An Introduction".

This publication serves as an excellent tool and aid in understanding the history, needs and direction in the delivery of mental health services in Minnesota.

Thank you for your time and efforts in the development of a comprehensive, coordinated, effective and efficient mental health system.

Sincerely,

A handwritten signature in cursive script that reads "Rudy Perpich".

RUDY PERPICH
Governor



STATE OF MINNESOTA
State Planning Agency
300 Centennial Building
658 Cedar Street
St. Paul, Minnesota 55155
(612) 296-3985

mg
JUN 1 1988

May 31, 1988

Ms. Barbara Flanigan
Writer and Editor
League of Women Voters of Minnesota
106 Como Avenue
St. Paul, MN 55103

Dear Ms. Flanigan:

On behalf of Governor Perpich, I would like to thank you for submitting a copy of Serving Minnesota's Mentally Ill: An Introduction to the Governor's office.

The report is very timely as we continue to examine the scope and quality of services in Minnesota for people with mental illness. I am always impressed with the high quality of reports produced by the League of Women Voters Education Fund, and look forward to reading Serving Minnesota's Mentally Ill in greater detail. I am sure it contains many good ideas that will greatly compliment the present range of services for people in Minnesota.

Thank you for your interest in this important issue.

Sincerely,


LANI KAWAMURA
Commissioner

November 21, 1988

Margaret Johnson
613 Union
Northfield, MN 55057

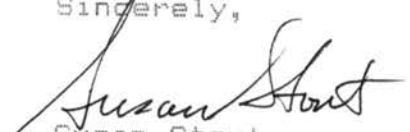
Dear Margaret,

Thank you so much for agreeing to speak at our League of Women Voters meeting in Albert Lea on November 28th. I had mentioned over the telephone that the meeting was at 7:00 pm, but I was in error, the meeting is scheduled for 7:30 pm, so I think it would be best if we met at Perkins at 7:15 pm. I did tell you that I would let you know what we have discussed with regard to this study, and I'm afraid I have little to report. The members have been getting copies of the fact sheets all along, and also we did have one unit meeting last fall on the topic of mental health issues. At this meeting, the Director of one of the group homes in our area spoke to the group about mental health issues from his perspective.

My hope is that we can go through some of the issues discussed in the league book on mental health, and then finally to come to consensus at the end of the meeting.

Thanks again for your help, and I will see you on November 28th.

Sincerely,


Susan Stout
League of Women Voters
Albert Lea

THANK YOU 11.30.88

1989 MENTAL HEALTH LEGISLATIVE ACTION



THE LEAGUE
OF WOMEN VOTERS

MINNESOTA

550 RICE STREET ST. PAUL, MN 55103
PHONE (612) 224-5445

MEMO

M. Johnson
TO: Members of the Mental Health
Legislative Network

FROM: Jane McWilliams, Legislative
Coordinator

SUBJECT: Coalition Representative

DATE: February 13, 1989

The League of Women Voters of Minnesota would like to announce its new mental health positions. You will find them attached.

We would also like to participate with you in your cooperative effort to improve Minnesota's Mental Health System.

Our representative to your coalition will be:

Pat Bugenstein
10757 Hopkins Circle
Bloomington, MN 55420
(612) 888-5309

*Copy of Jan 31 LCV Ltr
also sent*

MINNESOTA MENTAL HEALTH LEGISLATIVE NETWORK

1988 Contact Mailing List

*Might
In some
cases there
addresses are
for
we might
to call
lobbyists
need
to find about
distinction of PR
or building*

Alliance for the Mentally Ill of MN

Donald Storm
~~Diek Welch~~
265 Fort Road
St. Paul, MN 55102
(612) 222-2741

Association of MN Mental Health Outpatient Programs

c/o Evelyn Nerenberg
St. Mary's Hospital Psych Outpatient Dept.
2414 S. 7th St., Box 1919
Minneapolis, MN 55440
(612) 338-2229, ext. 472

and

Carol Jorgens
United Hospital Adolescent Day Treatment
333 N. Smith Ave.
St. Paul, MN 55102
(612) 298-8480

Family and Children's Service

Louise Brown
414 S. 8th St.
Minneapolis, MN 55404
(612) 340-7444

Joint Religious Legislative Coalition

Sam Horowitz
122 W. Franklin Ave.
Minneapolis, MN 55404
(612) 870-3670

Mental Health Association of MN

George Carr *Executive director*
Jim Auron
328 E. Hennepin
Minneapolis, MN 55414
(612) 331-6840

and

Bill Conley
114 Mackubin
St. Paul, MN 55102
(612) 228-9458

and

Susan Lentz
4720 Glenwood Avenue
Golden Valley, MN 55422
(612) 374-4302

MN Association of Community Mental Health Programs

* Tom Bounds
215 SE Second Ave.
Grand Rapids, MN 55744
(218) 326-1274

and

Jan Gervais ~~Buelow~~ ~~Buelow~~ Buelow
1131 Goodrich Ave.
St. Paul, MN 55105
(612) 228-9326

**MN Association of Mental Health
Residential Facilities**

Karl Hallsten
TASKS Unlimited Training Center
3020 Clinton Ave. S.
Minneapolis, MN 55408
(612) 823-0156

and

Susan Lentz
4270 Glenwood Ave.
Golden Valley, MN 55422
(612) 374-4302

and

Kathy Pollock
2122 Portland Ave. S.
Minneapolis, MN 55404

**MN Association of Voluntary
Social Service Agencies**

Barbara Kaufman
1821 University Ave.
St. Paul, MN 55104
(612) 645-0267

MN Community Support Network

Mary Huggins
3503 Cedar Lake Ave.
Minneapolis, MN 55416
(612) 348-8113

MN Council of Child Caring Agencies

Betty Scott
c/o MAVSSA
1821 University Ave., #306N
St. Paul, MN 55104
(612) 645-0268

MN Hospital Psychiatry Coalition

Mary Ganzel
Abbott-Northwestern Hospital
800 E. 28th St. at Chicago Ave.
Minneapolis, MN 55407
(612) 863-5175

MN Licensed Psychologists

Joe Huber
Box 16494
St. Paul, MN 55116
(612) 690-1973

MN Mental Health Law Project

Patricia Siebert
222 Grain Exchange Bldg.
323 Fourth Ave. S.
Minneapolis, MN 55415
(612) 332-1441

MN Nurses Association

Mary Absolon
1821 University Ave.
St. Paul, MN 55104
(612) 646-4807

MN Psychiatric Society

Lee Beecher, MD
6600 Excelsior Blvd., #121
St. Louis Park, MN 55426
(612) 935-7117

and

Dominic Sposeto
2824 Irving Ave. S.
Minneapolis, MN 55408
(612) 831-1747

MN Psychological Association

Bill Strusinski
475 Rice Street
St. Paul, MN 55103
(612) 293-1873

and

Dennis Anderson
Central MN Counseling Center
1500 Northway Drive, #2
St. Cloud, MN 56301

MN Psychologists in Private Practice

Susan Lentz
4270 Glenwood Ave.
Golden Valley, MN 55422
(612) 374-4302

and

Gary Perrin, Ph. D.
1809 S. Plymouth Rd.
Minnetonka, MN 55343

MN Society of Clinical Social Workers

c/o Lynne Lockie
Minneapolis Psychiatric Institute
2545 Chicago Ave., Suite 417
Minneapolis, MN 55404
(612) 871-1355

NASW, MN Chapter

Alan Ingram
614 Portland
St. Paul, MN 55102
(612) 293-1935

List current as of 12/11/87



THE LEAGUE OF WOMEN VOTERS

MINNESOTA

550 RICE STREET ST. PAUL, MN 55103 PHONE (612) 224-5445

Testimony Presented to the
House Appropriations Committee
Health and Human Services Division
by Pat Bugenstein, Lobbyist

February 13, 1989

Representative Greenfield and members of the committee, my name is Pat Bugenstein and I am here today representing the League of Women Voters of Minnesota. I am testifying on behalf of the Rehabilitation Services Division biennial budget request for Vocational Rehabilitation and Extended Employment Services.

Some of you may be aware of the study we have recently completed entitled "Serving Minnesota's Mentally Ill: An Introduction." I was a member of that study and would like to share some of the information regarding employment for persons who have severe mental health problems. Unemployment is high. National data shows that only 20 to 25% of persons who were hospitalized for psychiatric illness are employed full-time at competitive employment, and for those with severe psychiatric disabilities, full and part-time employment drops to 15% or lower. In a 1987 survey of Minnesota clients with severe mental illness "help in finding a job" was most frequently noted as a major need or gap in their life. Other studies and surveys have pointed out the unmet need for vocational and employment services.

I am speaking in support of the Division's request for an additional five counselor positions in 1990 and three more in 1991 for a total of eight at the end of the biennium. The role of the job counselor is to determine eligibility - then to assess the individual needs and abilities - counsel them in overcoming vocational obstacles - develop a job or place them in a job - or to refer them for job skills training or to prepare for placement. There are presently two-month waiting lists for an initial interview. These eight counselor positions we refer to would specialize in serving persons with mental illness exclusively. As such they would have smaller case loads. The current average counselor case load is about 130 which is much too high to effectively serve persons in need of more intensive supportive services. With additional counselors and case service funds it is estimated that about an additional 580 persons with mental illness could enter into vocational planning in 1990, and in 1991 another 860 would enter into planning.

The League of Women Voters study that I mentioned earlier found that there has not been an increase in state funds for the Vocational Rehabilitation program for over six years, and that the purchasing power of the program has been eroded. Right now the Division is reaching only about 20% of those in need. With additional resources the Division can begin to serve more of the estimated 8,700 individuals with severe and persistent mental illness.

In regard to the Extended Employment program, we are supportive of the request which would expand supported employment services to persons with severe and persistent mental illness. Our study found that much more flexible options are necessary to support and keep people with mental

illness employed. The new case management rule plus development of the community support programs will begin to help by providing the psychosocial support that has been missing in the past. The Extended Employment program, however, is of crucial help to the mentally ill person by providing a job coach who gives support and guidance to the client or arranges for another worker to share a job. If a mentally ill person has a bad day or week, the job is still covered and the individual can maintain employment. This kind of follow-up must be provided at appropriate times so that problems can be solved for the individual. Extended Employment provides on-going job support and counseling and job coverage so greatly needed.

Although the request in the program may seem large, it will result in an additional 1,800 individuals who are now in need of supported employment services to become employed. It is estimated that 10,000 persons are in need of this services and of that 4,000 of these by DHS count of active clients have severe and persistent mental illness. This additional funding will help to develop the innovative vocational programming that is needed for many persons with severe and persistent mental illness.

The League of Women Voters of Minnesota urges continued cooperation with the Department of Human Services. We urge support for innovation. The loss of human potential will remain high until we begin to provide options for mentally ill persons who will experience periods of decompensation, but who have good potential when they are in remission. Please consider funding these requests. Thank you.

MENTAL HEALTH POSITION STATEMENT

Position: LWVMN supports a comprehensive and coordinated system of programs and services for mentally ill adults and emotionally disturbed children and adolescents (hereafter referred to as "persons with mental illness"). Priority should be given to persons with acute and/or serious and persistent mental illness. Minnesota public policy and funding should sustain an array of community based services which are available and accessible to persons with mental illness. Administration of that policy should provide clients with appropriate and adequate services.

- LWVMN supports adequate and consistent funding for services for persons with mental illness. Public funding should be flexible, following the client's needs, yet accountable to the public.
- LWVMN supports a range of appropriate housing options for persons with mental illness.
- LWVMN supports a commitment process which ensures prompt and appropriate treatment for persons with mental illness while protecting their civil rights. The commitment process should enable the commitment of persons so gravely disabled by mental illness that they cannot meet their basic human needs.
- LWVMN supports a coordinated system of quality assurance (including standards, mechanisms to monitor and the ability to take corrective action) for programs and services for persons with mental illness with an emphasis on evaluating outcomes and consumer response.
- LWVMN supports continuing state financial responsibility for improved intensive treatment programs and adequate living conditions for persons currently served in regional treatment centers.

Approved by the LWVMN Board of Directors, January 10, 1989



THE LEAGUE OF WOMEN VOTERS

MINNESOTA

550 RICE STREET ST. PAUL, MN 55103 PHONE (612) 224-5445

Testimony presented to the
House Appropriations Committee
Health and Human Services Division
by Pat Bugenstein, LWV MN Lobbyist
February 27, 1989

While no illness or disability has had a more tragic history than mental illness, we have been presented with medical developments and public policy which place increasing numbers of persons with serious mental illness in the community.

As a result we, as Minnesotans, are faced with the outmoded buildings of the former state hospitals and with the problem of dealing equitably with employees -- in light of the fact that long-term treatment of the mentally ill is now being recommended in non-institutional settings.

Certainly the LWV MN will support the Deficiency Bill in its responsibility to reimburse counties for persons residing in IMDs. It is consistent with our position to "support a range of appropriate housing options for persons with mental illness," and that support in this case must include fiscal support. In terms of RTC budget we would support the food and snack increases as being needed and appropriate. We would also support personal need items.

We do support continuing state financial responsibility for improved intensive treatment programs and adequate living conditions for persons currently served in RTCs.

We would like to present a list of questions for the committee:

1. What alternative uses might these buildings serve if they are found to be unusable for modern treatment therapies - or are simply too old to be renovated practically?
2. Have we considered exploring the use of already existent hospital beds in the community as beds available for persons currently served in RTCs?
3. What are other states doing? Historically the state "asylums" as they were known, were part of the movement founded by Dorothy Dix in the 1840's and our own system was inaugurated in 1866. Since this was a national movement, what has been done elsewhere?

4. Are states like Wisconsin providing better service since their discontinuance of the statewide hospital system?
5. Could the University of Minnesota Dept. of Psychiatry faculty, interns, residents and students participate actively in the RTC system if a system were thoughtfully integrated and an appropriate site chosen?

Areas we find critical to the development of a quality system will be support for training incentives for staff and psychiatrists who will make a commitment toward service to the severe and persistently mentally ill population. Shortages in these areas must be remedied creatively.

LWVMN supports efforts for EBD children to be removed from RTCs and provided with more suitable placements.

We would support expenditures that involve the planning monies for housing and believe that RTCs should be part of the total housing study to be done by the Department of Human Services.

The desires of the family should be a significant factor in making a choice as to whether or not a person remains in long-term care in an RTC or in the community. We are told that a supportive family creates a better treatment prognosis. We have no objection to medical and functional assessments, but a sense of behavioral history and the families' wishes in terms of placement should also be of prime consideration.

The LWVMN fully supports recapitalization funds and planning monies and hopes that these monies will be flexibly used. We would also like to be full and active participants in the establishment of "the Minnesota Model" for serving the mentally ill.



THE LEAGUE
OF WOMEN VOTERS

MINNESOTA

550 RICE STREET ST. PAUL, MN 55103 PHONE (612) 224-5445

Testimony presented to the
Senate Health and Human Services Committee
by Pat Bugenstein, LWV MN Lobbyist
February 28, 1989

Senator Berglin and members of the committee, my name is Pat Bugenstein, and I am here today representing the League of Women Voters of Minnesota. I am testifying on behalf of SF 235, the Zoning Bill.

Some of you may be aware of the study we have recently completed entitled "Serving Minnesota's Mentally Ill: An Introduction". In this study we cited mental health experts who stressed the importance of stable housing as crucial if persons with mental illness are to be rehabilitated.

As an outgrowth of our study, the LWV MN has arrived at a position of support for a range of appropriate housing options for persons with a mental illness. In addition, we also have a national position on social policy which urges efforts to promote social justice, equal rights for all and combat discrimination. We believe that enactment of the Zoning Bill would further these goals.

We fully approve the concept of six or fewer persons in a residential program being a permitted use in a single-family area. Sixteen or fewer are to be permitted in a multi-family land-use area, and fifty or fewer in a corrections facility in a commercial or light industrial area.

We fully approve of efforts to deal with over-concentration and downsizing. In addition, we approve the quarter mile and 450 foot intervening distances as appropriate planning standards.



THE LEAGUE OF WOMEN VOTERS

MINNESOTA

550 RICE STREET ST. PAUL, MN 55103 PHONE (612) 224-5445

Testimony presented to the
House Ways and Means Committee
by Pat Bugenstein, LWV MN Lobbyist
March 1, 1989

Representative Vanasek and members of the committee, my name is Pat Bugenstein and I am here today representing the League of Women Voters of Minnesota. I am testifying on behalf of the Rehabilitation Services Division biennial budget request for Vocational Rehabilitation and Extended Employment Services.

Some of you may be aware of the study we have recently completed entitled "Serving Minnesota's Mentally Ill: An Introduction." I was a member of that study and would like to share some of the information regarding employment for persons who have severe mental health problems. Unemployment is high. National data shows that only 20 to 25% of persons who were hospitalized for psychiatric illness are employed full-time at competitive employment, and for those with severe psychiatric disabilities, full and part-time employment drops to 15% or lower. In a 1987 survey of Minnesota clients with severe mental illness "help in finding a job" was most frequently noted as a major need or gap in their life. Other studies and surveys have pointed out the unmet need for vocational and employment services.

I am speaking in support of the Division's request for an additional five counselor positions in 1990 and three more in 1991 for a total of eight at the end of the biennium. The role of the job counselor is to determine eligibility - then to assess the individual needs and abilities - counsel them in overcoming vocational obstacles - develop a job or place them in a job - or to refer them for job skills training or to prepare for placement. There are presently two-month waiting lists for an initial interview. These eight counselor positions we refer to would specialize in serving persons with mental illness exclusively. As such they would have smaller case loads. The current average counselor case load is about 130 which is much too high to effectively serve persons in need of more intensive supportive services. With additional counselors and case service funds it is estimated that about an additional 580 persons with mental illness could enter into vocational planning in 1990, and in 1991 another 860 would enter into planning.

The League of Women Voters study that I mentioned earlier found that there has not been an increase in state funds for the Vocational Rehabilitation program for over six years, and that the purchasing power of the program has been eroded. Right now the Division is reaching only about 20% of those in need. With additional resources the Division can begin to serve more of the estimated 8,700 individuals with severe and persistent mental illness.

In regard to the Extended Employment program, we are supportive of the request which would expand supported employment services to persons with severe and persistent mental illness. Our study found that much more flexible options are necessary to support and keep people with mental illness employed. The new case management rule plus development of the community support programs will begin to help by providing the psychosocial support that has been missing in the past. The Extended Employment program, however, is of crucial help to the mentally ill person by providing a job coach who gives support and guidance to the client or arranges for another worker to share a job. If a mentally ill person has a bad day or week, the job is still covered and the individual can maintain employment. This kind of follow-up must be provided at appropriate times so that problems can be solved for the individual. Extended Employment provides on-going job support and counseling and job coverage so greatly needed.

Although the request in the program may seem large, it will result in an additional 1,800 individuals who are now in need of supported employment services to become employed. It is estimated that 10,000 persons are in need of this services and of that 4,000 of these by DHS count of active clients have severe and persistent mental illness. This additional funding will help to develop the innovative vocational programming that is needed for many persons with severe and persistent mental illness.

The League of Women Voters of Minnesota urges continued cooperation with the Department of Human Services. We urge support for innovation. The loss of human potential will remain high until we begin to provide options for mentally ill persons who will experience periods of decompensation, but who have good potential when they are in remission. Please consider funding these requests. Thank you.



THE LEAGUE
OF WOMEN VOTERS

MINNESOTA

550 RICE STREET ST. PAUL, MN 55103 PHONE (612) 224-5445

Statement before the
House Health & Human Services Committee
by Pat Bugenstein, Lobbyist
League of Women Voters of Minnesota
March 21, 1989

The League of Women Voters of Minnesota has accepted a charge to bring about improvements system-wide for individuals with mental illness. We are strongly supporting SF 195 which gives subpoena power to the ombudsman and which requires reporting of deaths and serious injuries. The subpoena power is necessary to investigation and reporting requirements are crucial.

Funding to adequately carry out the responsibilities of the Ombudsman is of primary importance to people who use the system and for the integrity of the system as a whole.



THE LEAGUE
OF WOMEN VOTERS

MINNESOTA

550 RICE STREET ST. PAUL, MN 55103 PHONE (612) 224-5445

Statement before the
Subcommittee on Social Services
House Health & Human Services Committee
by Pat Bugenstein, Lobbyist
League of Women Voters of Minnesota
March 28, 1989

The League of Women Voters of Minnesota has accepted a charge to bring about improvements system-wide for individuals with mental illness. We are strongly supporting HF 403 which gives subpoena power to the ombudsman and which requires reporting of deaths and serious injuries. The subpoena power is necessary to investigation and reporting requirements are crucial.

Funding to adequately carry out the responsibilities of the Ombudsman is of primary importance to people who use the system and for the integrity of the system as a whole.



THE LEAGUE OF WOMEN VOTERS

MINNESOTA

550 RICE STREET ST. PAUL, MN 55103 PHONE (612) 224-5445

Testimony presented to the
House Health and Human Services Committee
by Pat Bugenstein, LWVMN Lobbyist
March 28, 1989

While no illness or disability has had a more tragic history than mental illness, we have been presented with medical developments and public policy which place increasing numbers of persons with serious mental illness in the community.

As a result we, as Minnesotans, are faced with the outmoded buildings of the former state hospitals and with the problem of dealing equitably with employees -- in light of the fact that long-term treatment of the mentally ill is now being recommended in non-institutional settings.

Certainly the LWVMN will support this RTC Bill. It is consistent with our position to "support a range of appropriate housing options for persons with mental illness," and that support in this case must include a state-of-the-art hospital system. Would it not be eminently sensible to locate an RTC so that it is accessible to the University of Minnesota in order to allow the Psychiatry Department of the University to conduct weekly grand rounds and incorporate interns, residents and students in the system?

We further urge the use of the mental health centers to provide community hospital beds such as is done in the Range Mental Health Center.

It may be that each RTC needs to divide into sectors as far as catchment areas are concerned - four sectors or more - so that people in the system can be closer to home.

The League of Women Voters of Minnesota supports HF 903 and urges a speedy timetable for needs of the mentally ill.



THE LEAGUE OF WOMEN VOTERS

MINNESOTA

550 RICE STREET ST. PAUL, MN 55103 PHONE (612) 224-5445

Statement presented to the
Senate Economic Development and Housing Committee
by Pat Bugenstein, LWVMN Mental Health Lobbyist
March 29, 1989

The League of Women Voters of Minnesota has recently completed its study of the mental health system in Minnesota and highlighted a particular concern for a range of housing options for mentally ill persons. It goes without saying that the vast majority of mentally ill persons are economically beneath the poverty level and would therefore qualify for low-cost housing. Our study also established the importance of stable housing as a basic element to maintenance and treatment of the condition.

We appreciate this bill's provision for a housing inventory, as well as provision for a loan fund for pre-development and development costs. Any legislation that encourages non-profit organizations and/or local governments and service providers to develop housing is much needed.

Advocacy groups have long stated that the most needed element in the mental health system is housing. Families and clients have participated in studies that have born out this need.

The mental health advocates believe that their loved ones are victims of a system that does not provide enough public housing in a timely way which then allows people to drift into the group homes and into RTC's instead of providing stable housing and supportive services in the community.

LWVMN strongly supports SF 522.



THE LEAGUE OF WOMEN VOTERS

MINNESOTA

550 RICE STREET ST. PAUL, MN 55103 PHONE (612) 224-5445

Testimony presented to the
House Health and Human Services
Subcommittee on Family Health
by Pat Bugenstein, LWVMN Lobbyist
March 29, 1989

As you may know, the League of Women Voters of Minnesota is committed to system-wide improvements in services for the mentally ill in Minnesota. This bill, the "delete everything" draft of HF 805, is a significant step. It makes refinements that we support in the Minnesota Comprehensive Adult Mental Health Act. We would, however, question one thing. Are we not making useless expenditures for support services if we can't have top-notch case management? Would it not be better to establish a maximum caseload size of 30 to 1 in this bill? Sec. 17, Subdivision 1 could read "Staffing ratios must be no more than 30 to 1" rather than, "Staffing ratios must be sufficient to serve the needs of the clients". We are told that case management ratios in metro areas are possibly running 60 to 1 and the service ceases to be what we call case management if these numbers exist to be served. The system just won't work without good case management and that includes a mandated ratio of 30 to 1.

We also fully support the Public/Academic Liaison Initiative which would bring about joint research and education, secure grants and provide training grants in terms of its mission. LWVMN judges this a much needed area of endeavor.

We further support the children's mental health system and in particular would stress the crucial importance of family community support which should receive full funding.

Last summer I attended a conference which had as featured speaker an academician in the field of mental health from the state of Florida. This speaker pointed out the manner in which community-family support could save dollars. He gave the example of a child who was doing fairly well at home, but was in danger of out-of-home placement because he was disruptive on the school bus and disruptive in the classroom. They solved the problem by providing an aide who rode the bus and tutored him at the school and this saved the child from being removed from the home.

He also gave an example of children's services in Alaska where inpatient services are so far away and there are no out-of-home placements. Children are maintained with direction in the home and if an intervention is required, six "gentle giants" as they are known are hired from the community - six gentle adult neighbors to intervene with the child, isolate him and set in one-to-one dialogue whenever possible. Hospital standards require six trained people to do this job but in Alaska they were able to train six neighbors chosen to do the job, and undoubtedly this is not only more comfortable for the child but much more cost effective.

In short, failure to fully fund the family-community support element of this bill would mean that "the system wouldn't work".

In closing I want to point out another area of concern. In greater Minnesota 5.6% of all teenagers attempt suicide. In 1986 the figure doubled in Minnesota in one year. Between 1984 and 1986 the rate of teen suicide tripled. Not only is the rate constantly rising but Minnesota has a higher than average teen suicide rate. (Attached to our testimony is material that you may give out to your constituents if they inquire about teen suicide.)

We look for help here in the enactment of a system for mental health in our state that will address needs of children as well as adults. We encourage the passage of HF 805.



THE LEAGUE
OF WOMEN VOTERS

MINNESOTA

550 RICE STREET ST. PAUL, MN 55103 PHONE (612) 224-5445

Statement before the
Appropriations Committee
House Health & Human Services Committee
by Pat Bugenstein, Lobbyist
League of Women Voters of Minnesota
March 30, 1989

The League of Women Voters of Minnesota has accepted a charge to bring about improvements system-wide for individuals with mental illness. We are strongly supporting HF 403 which gives subpoena power to the ombudsman and which requires reporting of deaths and serious injuries. The subpoena power is necessary to investigation and reporting requirements are crucial.

Funding to adequately carry out the responsibilities of the Ombudsman is of primary importance to people who use the system and for the integrity of the system as a whole.



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OF WOMEN VOTERS

MINNESOTA

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Statement before the
Appropriations Committee
House Health & Human Services Committee
by Pat Bugenstein, Lobbyist
League of Women Voters of Minnesota
March 30, 1989

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THE LEAGUE OF WOMEN VOTERS

MINNESOTA

550 RICE STREET ST. PAUL, MN 55103 PHONE (612) 224-5445

Testimony presented to the
Senate Health and Human Services
by Pat Bugenstein, LWV MN Lobbyist
March 31, 1989

As you may know, the League of Women Voters of Minnesota is committed to system-wide improvements in services for the mentally ill in Minnesota. This bill, the "delete everything" draft of SF 746, is a significant step. It makes refinements that we support in the Minnesota Comprehensive Adult Mental Health Act. We would, however, question one thing. Are we not making useless expenditures for support services if we can't have top-notch case management? Would it not be better to establish a maximum caseload size of 30 to 1 in this bill?

We also fully support the Public/Academic Liaison Initiative which is missing from this bill and would bring about joint research and education, secure grants and provide training grants in terms of its mission. LWV MN judges this a much needed area of endeavor.

We further support the children's mental health system and in particular would stress the crucial importance of family community support which should receive full funding.

Last summer I attended a conference which had as featured speaker an academican in the field of mental health from the state of Florida. This speaker pointed out the manner in which community-family support could save dollars. He gave the example of a child who was doing fairly well at home, but was in danger of out-of-home placement because he was disruptive on the school bus and disruptive in the classroom. They solved the problem by providing an aide who rode the bus and tutored him at the school and this saved the child from being removed from the home.

He also gave an example of children's services in Alaska where inpatient services are so far away and there are no out-of-home placements. Children are maintained with direction in the home and if an intervention is required, six "gentle giants" as they are known are hired from the community - six gentle adult neighbors to intervene with the child, isolate him and set in one-to-one dialogue whenever possible.

Hospital standards require six trained people to do this job but in Alaska they were able to train six neighbors chosen to do the job, and undoubtedly this is not only more comfortable for the child but much more cost effective.

In short, failure to fully fund the family-community support element of this bill would mean that "the system wouldn't work".

In closing I want to point out another area of concern. In greater Minnesota 5.6% of all teenagers attempt suicide. In 1986 the figure doubled in Minnesota in one year. Between 1984 and 1986 the rate of teen suicide tripled. Not only is the rate constantly rising but Minnesota has a higher than average teen suicide rate. (Attached to our testimony is material that you may give out to your constituents if they inquire about teen suicide.)

We look for help here in the enactment of a system for mental health in our state that will address needs of children as well as adults. We encourage the passage of SF 746.

CHILDREN'S MENTAL HEALTH

TO: LL Presidents and Action Chairs

FROM: Pat Bugenstein, Mental Health Lobbyist -612/888-5309
Jane McWilliams, Legislative Coordinator - 507/645-8423

DATE: March 31, 1989

LWVMN Position: LWVMN supports a comprehensive and coordinated system of programs and services for mentally ill adults and emotionally disturbed children and adolescents.

Action

What to do: Ask legislators to vote for HF 805 in the House and SF 746 in the Senate. Urge them to support the "new bill, delete everything amendment". Call or write your senator and representative and - Senators Gene Merriam, 122 State Capitol, and Don Samuelson, 124 State Capitol, of the Senate Finance Committee and Rep. Glen H. Anderson, chair, House Appropriations Committee, 365 State Office Bldg. All should be addressed at St. Paul, MN 55155.

Ask them to 1) support the Children's Mental Health Initiative and 2) to support full funding up to \$20 million for this bill. In particular Family Community Support is crucial!

Background: The new LWVMN mental health position, reached after this fall's consensus, supports comprehensive mental health services for children and youth.

The 1987 Comprehensive Mental Health Act applied to all persons with mental illness but failed to address the special needs of children. Moreover, it defined mental illness in such a way that a number of seriously emotionally disturbed children would not qualify for service.

The Children's Mental Health Initiative would mandate that counties provide a minimum level of mental health services for children and youth. Case management services would be available, up to the limit of county resources, for all children who are "seriously emotionally disturbed".

The bill would also require counties to coordinate all elements of the local system of care for children. Agencies at the state level would also be required to coordinate their services. This provision is particularly important because of the important role of the schools and the corrections system as well as community mental health services in dealing with emotionally disturbed children. The involvement of a variety of agencies sometimes leads to children falling between the cracks and to buckpassing.

The definition of "seriously emotionally disturbed" would include specific diagnoses but would also cover children who are suicidal or experiencing a psychotic episode because of a traumatic experience as well as those who have a specific diagnosis of serious emotional disturbance. It would also cover children who have been placed out of home or who are at risk at being placed out of home because they are emotionally disturbed.

Level of Appropriations

Advocates and the Mental Health Division staff estimate that \$20 million is needed to implement the bill fully. The \$3.5 million in the original Governor's Budget (to be revised) would not cover family support in the community. Family support (including such programs as respite care and day treatment) for the child and family is much less expensive, approximately \$3,000 per child per year, as opposed to an average of \$22,000 for each child in a Rule 5 residential facility. Current service for children is much criticised because there is very little available to help children before they have reached the point where they must have out-of-home placement.

VISIT TO ANOKA METRO REGIONAL TREATMENT CENTER

All League members are invited to join members of the state LWV Mental Health Committee for a tour of the Mental Illness program at Anoka Regional Treatment Center on Friday, April 21 at 9 p.m. Since the closing of Hastings State Hospital in 1978 Anoka RTC (formerly Anoka State Hospital) is the facility which serves most persons who are committed by the court for treatment from the metro area. A recent negotiating team recommended the razing of the current Anoka facility and rebuilding on the same site.

For more information and directions call Barbara Flanigan, 374-2892 or Margaret Ueland, 871-3156.



THE LEAGUE OF WOMEN VOTERS

MINNESOTA

550 RICE STREET ST. PAUL, MN 55103
PHONE (612) 224-5445

action

H.F. 903, Regional
Treatment Center

TO: LL Presidents & Action Chairs

FROM: Pat Bugenstein, LWVMN Mental Health Lobbyist, 612/888-5309
Jane McWilliams, Legislative Coordinator, 507/645-8423

DATE: April 6, 1989

LWVMN Position: Supports continuing state financial responsibility for improved intensive treatment programs and adequate living conditions for persons currently served in Regional Treatment Centers.

Action: Now! Now! Now! Encourage your entire League membership to contact your representative about H.F. 903. We support the bill but we strongly feel the timelines for the mentally ill should be stepped up!!! We should vote for money for state-supported, state-staffed group homes for the mentally ill to be located in the community and we should vote this way NOW!!! Call before Tuesday, April 12th. There should be provisions for 38 mentally ill person now residing in Regional Treatment Centers to be moved into the community. Provision should be made in this biennium!

Background: For further background see the January 31, 1989 issue of Capitol Letter. We already have state-operated community-based residences for the retarded established in this bill and we want to ensure this for the mentally ill as well.

House Health & Human Services Committee

Rep. Paul Ogren - no League

" Marvin Dauner - Wilkin County

Ben Boo - Duluth

John Dorn - Mankato

Leon Greenfield - Minneapolis

David Gruenes - St. Cloud

Gilbert Gutmacht - Rochester

Kris Hasskamp - no League

Joyce Henry - Richfield, Bloomington

Richard Jefferson - Minneapolis

Becky Kelso - Shakopee

Bill Macklin - no League

Peter McLaughlin - Minneapolis

Clair Nelson - Alexandria

Bernard Omann - St. Cloud

Tony Onnen - no League

Howard Orenstein - St. Paul

Don Ostrom - St. Peter

Linda Runbeck - ABC

Gloria Segal - St. Louis Park

Steven Sviggum - Red Wing

Douglas Swenson - Mahtomedi Area

Eileen Tompkins - no League

Kathleen Vellenga - St. Paul

Alan Welle - Willmar

Diane Williams - Moorhead



THE LEAGUE OF WOMEN VOTERS

MINNESOTA

550 RICE STREET ST. PAUL, MN 55103
PHONE (612) 224-5445

action

MENTAL HEALTH FUNDING

TO: Action Chairs & LL Presidents

FROM: Pat Bugenstein, Mental Health Lobbyist, 612/888-5309
Jane McWilliams, Legislative Coordinator, 507/645-8423

DATE: April 19, 1989

LWVMN Position: LWVMN supports adequate and consistent funding for services for persons with mental illness.

Action: Have all your members call their senator. Call on the day you receive this Alert, for time is short, the process moves fast.

When you call, if the Senator is not available, ask to leave a message. Mention that you are a League member.

Ask your senator to support the Department of Human Services Budget request for mental health services with special reference to the Childrens/Adults Comprehensive Mental Health Services Act, the Regional Treatment Centers Negotiated Plan and the Ombudsman for Mental Health and Mental Retardation.

Tell the senators that you are counting on them to back the development of the system initiated in 1987.



THE LEAGUE OF WOMEN VOTERS

MINNESOTA

550 RICE STREET ST. PAUL, MN 55103 PHONE (612) 224-5445

Testimony presented to the
House Health and Human Services Committee
by Pat Bugenstein, LWV MN Lobbyist
April 20, 1989

Representative Ogren and members of the committee, my name is Pat Bugenstein, and I am here today representing the League of Women Voters of Minnesota. I am testifying on behalf of HF 222, the Zoning Bill or the Facilities Dispersal Bill.

Some of you may be aware of the study we have recently completed entitled "Serving Minnesota's Mentally Ill: An Introduction". In this study we cited mental health experts who stressed the importance of stable housing as crucial if persons with mental illness are to be rehabilitated.

As an outgrowth of our study, the LWV MN has arrived at a position of support for a range of appropriate housing options for persons with a mental illness. In addition, we also have a national position on social policy which urges efforts to promote social justice, equal rights for all and combat discrimination. We believe that enactment of the Zoning Bill would further these goals.

We fully approve the concept of six or fewer persons in a residential program being a permitted use in a single-family area. Sixteen or fewer are to be permitted in a multi-family land-use area, and fifty or fewer in a corrections facility in a commercial or light industrial area.

We fully approve of efforts to deal with over-concentration and downsizing. In addition, we approve the quarter mile and 450 foot intervening distances as appropriate planning standards.



THE LEAGUE OF WOMEN VOTERS

MINNESOTA

550 RICE STREET ST. PAUL, MN 55103 PHONE (612) 224-5445

Testimony presented to the
Senate Health and Human Services Committee

Re: SF 954

by Pat Bugenstein, LWV MN Lobbyist

April 21, 1989

The League of Women Voters of Minnesota has taken a charge to improve the mental health system statewide. Included in our concern are the functions performed by regional treatment centers and the facilities in which persons with mental illness reside.

Though we feel that the House bill provides a reasonable framework and reflects the negotiations that were held regarding the RTCs there are some very good features in this bill, SF 954.

Sec. 15. Subd. 1, page 8, line 21 which "requires treatment for an underlying mental illness" is a significant addition.

In this bill respite care is limited to RTCs and nursing home beds. We would ideally see this function offered at other sites and to family members in their homes.

On page 9, line 26 we object to "residential services in RTCs" unless these become state operated community-based facilities for the mentally ill in the same manner as is being provided for the developmentally disabled.

In the section dealing with the location of the program we believe the needs of the individual should be paramount.

Sec. 33 detailing studies is very good and should be maintained.

In terms of purpose we would appreciate a focus on community-based living and in terms of dates would see the earliest feasible dates chosen.

In all cases the authority of the commissioner should receive emphasis in dealing with the mental health system as a whole.



THE LEAGUE OF WOMEN VOTERS

MINNESOTA

550 RICE STREET ST. PAUL, MN 55103 PHONE (612) 224-5445

Statement to the
House Health and Human Services Committee
by Pat Bugenstein, LWMN Mental Health Lobbyist
April 21, 1989

The League of Women Voters of Minnesota supports HF 222, the Zoning Bill, unamended. It is important to have this bill in order to down-size group homes that have over 16 persons and have thus become IMDs (Institutions for Mental Disease). If we down-size we can recapture the MA (Medical Assistance) dollars for their services (half federal dollars) and get them off GAMC (General Assistance Medical Care) (all Minnesota dollars).

Other states will be downsizing and there is talk of capping MA so we should take action now.



THE LEAGUE
OF WOMEN VOTERS

MINNESOTA

550 RICE STREET ST. PAUL, MN 55103 PHONE (612) 224-5445

TO: Human Resources Appropriations Conference Committee

FROM: Pat Bugenstein, LWV MN Mental Health Lobbyist

DATE: May 12, 1989

As you begin your work on the Human Resources Omnibus bills, we urge you to keep these criteria in mind:

1. Funding for services for persons with mental illness should be adequate and consistent.
2. Mentally ill persons should have a range of appropriate housing options.
3. There should be a coordinated system of quality programs and services.
4. Persons currently served in Regional Treatment Centers should have improved intensive treatment and adequate living conditions.

Based upon the above standards, the League of Women Voters of Minnesota urges you to:

1. Address adequate funding (\$3.8 million) for Rule 12 group homes and Rule 14 community support programs. This is essential in keeping people out of costly community hospitalization.
2. Support nine positions in the Mental Health Division including one position to work with elderly, two positions in maxis, housing specialist, employability specialist, and four with children's mental health.
3. Adopt zoning bill in licensing to include group homes of sixteen and under to come in without conditional use permit.
4. Appropriate \$1 million for SOC's for the mentally ill.
5. Establish a brain research fund of \$6 million that would also create professional training incentives.

Thank you for your consideration of our concerns.

cc: Governor Rudy Perpich
Rep. Robert Vanasek
Sen. Roger Moe



THE LEAGUE
OF WOMEN VOTERS

MINNESOTA

550 RICE STREET ST. PAUL, MN 55103 PHONE (612) 224-5445

Statement presented to the
Health and Human Services Conference Committee
by Pat Bugenstein, LWV MN Lobbyist
May 15, 1989

The League of Women Voters of Minnesota has taken a charge to improve the mental health system statewide. Included in our concern are the functions performed by regional treatment centers and the facilities in which persons with mental illness reside.

Though we feel that the House bill provides a reasonable framework and reflects the negotiations that were held regarding the RTCs there are some very good features in SF 954.

In this bill respite care is limited to RTCs and nursing home beds. We would ideally see this function offered at other sites and to family members in their homes.

We object to "residential services in RTCs" unless these become state operated community-based facilities for the mentally ill in the same manner as is being provided for the developmentally disabled.

In the section dealing with the location of the program we believe the needs of the individual should be paramount.

In terms of purpose we would appreciate a focus on community-based living and in terms of dates would see the earliest feasible dates chosen.

In all cases the authority of the commissioner should receive emphasis in dealing with the mental health system as a whole.



THE LEAGUE OF WOMEN VOTERS

MINNESOTA

550 RICE STREET ST. PAUL, MN 55103
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Capitol Letter

Vol. XIX

January 11, 1989

President: Joan Higinbotham
Legislative Coordinator: Jane McWilliams, 507/645-8423

"Knowing and not doing are
equal to not knowing at all."...Fortune Cookie

As the session opens, it is interesting to note how friendly and optimistic everyone, legislators and lobbyists alike, seem to be. Among the veteran lobbyists, there is almost a feeling of homecoming. By May 22nd, when the session is scheduled to end, no doubt some of the glow will have worn off.

Committees began meeting in earnest on January 9th. In some, bills are being heard, but for many, it is a time for hearing reports and background information. In the House there are some changes in committee memberships which, according to speaker Robert Vanasek, are designed to enhance a statewide perspective on panels like the tax and education committees. The Governor's budget message will be delivered January 25th, after which we can anticipate increased tempo and intensity.

EDUCATION

Jane McWilliams

Education Committees: The membership of the Senate Committees is practically the same as the last session. In the House, membership has been changed "to enhance a statewide perspective," according to Speaker of the House, Robert Vanasek. The focus, Vanasek said, will be on looking at school funding and taxes in a coordinated way because of the interrelationship between school finance and property taxes.

Finance: A group of organizations has agreed to come in with the same request for school funding - which is a radical change from previous years. A news conference announcing this phenomenon is planned for next week. Included in the group are such major education groups as the MSBA, Association of Stable & Growing School Districts (ASGSD), MEA & AFT. We will watch this and consider supporting the proposal.

SOCIAL POLICY

Polly Keppel
612/823-3389

The 1989 New Year's Resolutions for Children: A large group of community child advocacy organizations from across the state (including the League of Women Voters of Minnesota) joined together in the Capitol rotunda on January 9th to propose a children's legislative agenda. This agenda, the 1989 New Year's Resolutions for Children, presents the needs of Minnesota's children and the dollars the state would have to allocate to meet those needs. The \$679 million total is a yardstick of long term goals against which progress may be measured during the upcoming bienniums.

The following dignitaries spoke on behalf of children: Lt. Gov. Marlene Johnson; Richard McFarland, Chairman and CEO, Inter-Regional Financial Group; Ann Wynia, House Majority Leader; and Duane Benson, Senate Minority Leader.

Babies and toddlers sporting New Year's Resolution banners added to the festivities in the rotunda and provided lively footage for the TV evening news. The event was a successful demonstration of unity among community child advocacy organizations and expression of our determination to make progress in the 1989 Legislative session on behalf of children.

Previewing the LWVMN legislative priorities in Social Policy will also be an opportunity to highlight several of the agenda items.

1. Make child care more affordable: Increase the sliding fee program which helps lower-income and working poor parents pay for child care so they can attend school or be employed.
2. Increase the availability of child care: Increase the Child Care Service Development Grants for start up, facility improvements, equipment or training and for resource and referral services.
3. Improve child care quality: Increase compensation to attract and retain qualified child care teachers/ professionals in schools and accredited programs.
4. Enhance court ordered child support enforcement.

NATURAL RESOURCES

Linda Peck
612/685-3365

Solid Waste Management: In the 1987-88 Legislative Session, League worked diligently designing the Waste Reduction and Recycling Act and pushing for its passage. As we are painfully aware, the Act was quickly stripped of its funding options through opposition from labor, retailers, soft drink industry and some of the larger recyclers. Ultimately the holistic attempt of the Act was destroyed and it "died". Some concepts of the Act were successfully passed, however, as Amendments to the Waste Management Act:

- Yard Waste Bans: Bans land disposal of yard waste in metro area after January 1, 1990, and statewide after January 1, 1992;
- Plastics Ban: Bans the use of plastic cans to package beverages for sale (July 1, 1989) and bans the use of non-degradable plastic rings that hold together beverage or motor oil containers;
- Plastic Container Labeling: Requires rules be adopted by March 31, 1989, to require plastic containers to be labeled to identify constituent resins to make recycling possible;
- Source Separation of Recyclables. Solid waste plans and grants for recycling facilities may not be approved unless source separation of recyclables is used where cost effective.

Due to the immensity of the solid waste dilemma and the stalemating impacts of opposing viewpoints to finding more holistic approaches, Governor Perpich appointed the Select Committee on Recycling and the Environment (SCORE). Headed by Robert Dunn, SCORE brought together as much as possible people representing the diverse approaches and interests. Could they identify, discuss, agree on and propose an approach to solid waste reduction and recycling for Minnesota that all could support in legislation? LWVMN, along with other members of the WRRC (Waste Reduction and Recycling Coalition) were ably represented on SCORE by Debbie Meister, recycling coordinator for District 14 Community Council in St. Paul.

SCORE's recommendations were made public November, 1988 and sent to the Governor. Legislation for 1989 is being drafted now from these recommendations (Senator Gene Merriam and Rep. William Munger are working on this legislation).

Recommendations covered in the legislation probably will include the following:

- setting a 25% recycling goal for the state;
- labelling materials at the retail level which are hazardous to the environment;
- placing a surcharge, on hazardous materials such as car batteries;
- 6% tax on consumers garbage bills to help fund recycling efforts.

To keep abreast of this issue it would be helpful for local Leagues to get a copy of SCORE's recommendations and then keep track of which ones are incorporated in the legislation. For a copy of SCORE's recommendations contact: SCORE Coordinator, State Planning Agency, Environmental Division, 300 Centennial Bldg., 658 Cedar Street, St. Paul, MN 55155; 612/296-2888.

Hazardous Materials: Under the federal "Emergency Planning and Community Right-to-Know Act" (Title III of the Superfund Amendments and Reauthorization Act, known as SARA) enacted late in 1986, the development of emergency plans for hazardous materials was mandated throughout the U.S. In 1987, Governors created state Emergency Response Commissions (ERCs). Minnesota's ERC is directed by Lee Tischler from the Dept. of Public Safety. This commission has established Local Emergency Planning Committees (LEPCs) in seven districts (regional) around Minnesota (see Oct. 1988 Board Memo for more details). The LEPCs must review city and county emergency plans to determine whether or not they meet the requirements under SARA as regards hazardous materials releases. Facilities in each district are required under Title III to report the following to the LEPCs: quantity and types of hazardous and toxic substances stored in their facility; transportation routes; and any releases that occur.

City and county planners have been charged with an enormous job in designing the emergency plans. The Minnesota ERC and the seven district LEPCs have an enormous task in reviewing each plan under the evaluation criteria. Yet the only funding provided was to cover some initial training programs.

Legislation is needed to identify funding sources for more of the work mandated: a) collection of data, b) community education programs, c) setting up and carrying out compliance measures, d) the preparation of evacuation plans within each district. Draft legislation, now available from Lee Tischler, would impose a fee system on the facilities handling hazardous materials at or above threshold quantities. League members need to keep abreast of how this draft legislation evolves. Is a fee on facilities alone adequate and fair? Should the federal and/or state government(s) also provide funding? How will the funds be distributed? How can we make the allocation of funds equitable, i.e. evaluating the needs of the state ERC, the county and city planners within the districts, the needs of the LEPC to review, and the immense variation from county to county and district to district in the number of facilities they must address in their plans.

Groundwater Protection: Draft legislation entitled Comprehensive Water Resources Protection Act of 1989 has been coordinated through the State Planning Agency and the Environmental Quality Board (EQB). This bill covers ten legislative initiatives proposed by state agencies and is a response to recommendations put forth by the EQB Water Resources Committee in a document entitled "Protecting Minnesota's Waters: A Strategy for the Wise Use of Pesticides and Nutrients". Through the proposed legislation, efforts will be established to protect our ground water from pollution and misuse - to focus on prevention of pollution by strengthening public education programs, evaluating land use practices especially in areas more sensitive to contamination and establishing a new state commitment to land stewardship and the wise use of pesticides and nutrients.

Things to watchdog: 1) the legislation mentioned and another one being proposed by the Dept. of Agriculture. The Dept. of Agriculture is proposing a pesticide and fertilizer incident fund and a revolving loan fund for construction of storage and handling facility safeguards. How do clean-up programs impact, interact, and/or postpone implementation of programs to prevent contamination? Ultimately prevention of contamination is key to the protection of our waters. 2) League needs to watch how the goal of nondegradation fares. Will this be replaced by continued and expanded uses of standards? The use of standards allows contamination although the amount of contamination is identified through the standards. Can these two policies remain separate in any legislation? Efforts will be made by various interests to dilute non-degradation with allowable, i.e. acceptable, standards of pollution.

Environmental Trust Fund: Leaguers need to watch how enabling legislation to operate the MN lottery evolves. One-half of the net lottery proceeds are to be placed in the Environmental Trust Fund for the first five full fiscal years, but no lottery revenue will be available until enabling legislation is enacted. Voters in November sent a strong message to legislators that they want money provided for Environmental Trust Fund programs:

- Reinvest in Minnesota (RIM) program (agricultural land conservation and wetland restoration);
- Environment and natural resources research (acid rain, risk assessment);
- Data collection and analysis (air and water quality monitoring, land use changes);
- Environmental Education;
- Acquisition and Development (native prairie, unique flora & fauna);
- Activities for threatened natural resources (reintroduction of native species, habitat for endangered species).

Debate at the legislature is already intensifying on the enabling legislation.

GOVERNMENT

Jane McWilliams

Handicapped Election Access Bill: This bill provides for handicap access to precinct caucuses and party conventions and provides for sign interpreters at precinct caucuses and party conventions. LWVMN agreed to support this measure at the invitation of the United Handicapped Federation. Our support is based on the LWV principle that a democratic government depends on the informed and active participation of its citizens, and that every person should be protected in the right to vote. Access to the party caucus and convention process is an important component to active citizen participation.

The group working on the bill is meeting this week to plan strategy. State Board member Peggy Leppik will represent LWVMN in that group. Watch for additional information in future issues.

Ethics in Government
SF 5 - Marty, DFL-Roseville

Jane McWilliams

The Ethics in Government bill establishes a code of ethics for public officials and employees at all levels of government in Minnesota. Presently the Dept. of Employee Relations has an advisory code of ethics, but no enforcement tool. That code applies only to state employees. SF5 establishes a board of ethics to enforce the code, and transfers responsibilities for lobbying disclosure from the Ethical Practices Board to the new board. The Ethical Practices Board would be renamed the Board of Campaign Finance to comply with its remaining responsibility of regulating campaign financing. LWVMN Action Committee will review the bill next week to decide whether to support parts or all of it.

Mental Health

Pat Bugenstein
612/888-5309

LWMN's new position on mental health will be announced in the near future. At present these are areas where legislation is expected to emerge:

- 1) Implementation of the 1987-88 Act through increased funding to adequately develop community support programs in each county and continue housing support pilot projects;
- 2) Case management client load restrictions of 30 to 1;
- 3) Study of the consolidated mental health fund while observing just how the CD fund experiences consolidation;
- 4) Housing for the seriously mentally ill (including zoning, licensing and IMD (Institution for Mental Disease) waiver issues);
- 5) Future rate of the RTC's and its effect on community-based services;
- 6) Creation of a Children's Mental Health System;
- 7) Combining commitment and medication hearings (Jarvis hearings) and adding the right of families to be informed about diagnosis, treatment and medications.

Watch for more information in the next issue of Capitol Letter.



THE LEAGUE OF WOMEN VOTERS

MINNESOTA

550 RICE STREET ST. PAUL, MN 55103
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Capitol Letter

Vol. XIX, No. 2

January 31, 1989

President: Joan Higinbotham

Legislative Coordinator: Jane McWilliams, 507/645-8423

Things are beginning to move at the Capitol. For example, last week over 120 bills were introduced in the House. Major committees received presentations from administrative staff on recommendations from the Governor's 4700 page budget.

LWVMN is busy too. In addition to our five program chairs and other seasoned lobbyists, we have a dozen interns attending hearings, reading bills, scrutinizing the budget and getting acquainted with the maze of tunnels and rooms at the Capitol.

The first issue of the Capitol Letter featured our Natural Resources position. This time Mental Health will be the focus. Please file your copies of each issue for reference later in the session when we hope that these background articles will provide needed information when readers are called to an action alert.

MENTAL HEALTH

Pat Bugenstein
612/888-5309

Now that we have our consensus on Mental Health, we are translating this study into state action.

Zoning Bill: (SF 235, Lantry, DFL-St. Paul; Berglin, DFL-Mpls) states that state policy shall assure people needing residential services the benefits of normal residential surroundings in light of city zoning ordinances. Therefore the following categories of licensed programs will not be subject to conditional use permits:

1. residential programs of six or fewer located in a single-family area shall be a permitted use;
2. programs for 16 or fewer shall be permitted in multi-family land use areas;
3. corrections facilities of 50 or fewer shall be a permitted use in commercial or light industrial zones.

Support of this bill would be consistent not only with our new state position but also with our national positions which supports equal access to housing.

SF 235 also deals with "over-concentrated areas," that is municipalities or planning districts with more than 1% of their population residing in state licensed residential facilities - not including regional treatment centers (state hospitals) or large correctional facilities. It designates appropriate distances within which other facilities cannot be located. It requires counties to have a dispersal plan of over-concentrated areas along with a plan for downsizing of facilities and future siting of residences. SF 235 as yet has no companion bill.

Meanwhile the role of the Regional Treatment Centers (RITCs) is being debated. The Regional Treatment Task Force has recommended the deinstitutionalization for developmentally disabled (mentally retarded), but has not yet completed its work for the mentally ill. Advocates believe that the entire system should have been looked at at the same time instead of piecemeal. The Advocacy groups recommend that a continued but diminishing role be given to RITCs (formerly state hospitals). Quality standards should be adhered to in these institutions while an adequate and sufficient community-based mental health service system is being established in communities.

Advocacy groups are also supporting full and timely implementation of the Comprehensive Mental Health Services Act, with no reduction in the scope, funding or intent of the law. Increased funding to adequately develop community support programs in each county and to continue housing support service pilot projects are important budget considerations in this regard. The Dept. of Human Services has recommended that \$3.8 million for 1990-91 in new funding for these Rule 14 or community support programs and housing support service pilot projects.

Advocacy groups are also asking for a reduction in the client load for case managers from a current average of 48 to one to a level of no more than 30 to one. High quality case management services are critically important in helping people to return to productive lives and to help ensure that a continuum of services exists. In the past, case management has, in fact, been a missing link in service coordination. It must operate not only on paper but in people's lives.

Another needed feature of the mental health continuum are additional levels of less intense but structured care under Rule 12/36 (group homes with some level of treatment and care). Especially needed are more long-term housing and transitional housing slots. This feature of the '87 mental health reform was pulled out at the last moment but remains needed. Support of housing would clearly be consistent with our new League position.

A further housing problem involves the IMD/Rule 36 ruling. About 29 of the state's Rule 12/26 facilities will be affected by a federal ruling on IMDs (Institutions for Mental Disease). Any facility with over 16 residents will be classified as an IMD, making its residents ineligible for MA (Medical Assistance) coverage.

In the long-term, this should have the positive effect of reducing the size of facilities, which the state plans to do. This process however, will take time and DHS (Dept. of Human Services) is proposing that the 1990-91 budget include sufficient General Assistance Medical Care (GAMC) funds to provide for case management and medical services for those affected during the transition. This funding request will be critical to the overall operation of the mental health system. Of major concern is the phase-down process, how it will be accomplished and what/where/how many new facilities will be developed to replace the lost beds. It is consistent with our position to support this request and we will be examining the Governor's budget in this regard.

Also of interest are the children's revisions which specifically address the needs of children based upon a national model developed by the children's program of the National Institute of Mental Health. The Child and Adolescent Service System Program (CASSP) was established in 1984 to assist states in developing an awareness that some children develop severe emotional

disturbances and to aid in establishing a system of children's services statewide. Hearings are still being held on this subject and no legislation has been introduced as yet.

Ombudsman's Bill: (SF 195 - Berglin, DFL-Mpls) The State Mental Health Advisory Council is recommending legislation that would increase the powers of the Office of Ombudsman for Mental Retardation and Mental Illness. The proposal would:

- a) provide the Ombudsman with subpoena powers to investigate complaints, injuries and deaths;
 - b) amend the Vulnerable Adults Protection Act to require that all deaths and serious injuries occurring in inpatient and residential programs be reported;
 - c) add two staff persons, one in the metro area and one for greater Minnesota.
- The bill is now in committee.

We are expecting legislation regarding the suggestion to combine commitment and medication hearings and the right of families to be informed about diagnosis, treatment and medications.

Sadly, special employment assistance for the mentally ill did not survive the Governor's screening for the budget. However, there is a bill, SF 75 (Lantry, DFL-St. Paul), which will increase minimum wage to \$4.35 an hour in 1991 and we will report on this bill's progress since it impacts wages in homes for the aged and mentally ill.

EDUCATION

Legislative Audit Report

Cathy Richards
612/571-4912

On January 23rd the House Committee on Education heard the response of the Dept. of Education to the Legislative Audit Report on High School Education. The report examined how well students are doing academically compared to students in other states. Curriculum requirements and time spent in high school were also studied. Variations among high school programs among schools in the state were reported, as well. "Minnesota's educational advantage has been slowly eroding. Compared with many other states, Minnesota expects less of its students and its students' college admission test scores have dropped," according to James Nobles, Legislative Auditor.

The Auditor's report recommended the following key points: 1) uniform state standards; 2) funding for a monitoring staff; 3) extension of the school year; 4) phasing out of small school districts; 5) proficiency testing in reading and mathematics; 6) an annual certification program to ensure adequate and advanced high school courses; and 7) upgrading statewide graduation standards.

Ruth Randall, Commissioner of Education, agrees with uniform state standards, and annual district certification. She also agrees that the state could monitor districts, but added her concern that the state not become a regulatory body in education. She felt that small districts could reorganize but asks that districts reorganize on their own - not by state mandate.

Randall disagrees with the extension of the school year, suggesting that "the way to go is the outcome route - not seat time". She felt that testing should be "learner-outcome" based, rather than based on specific subjects.

Governor's Budget

Mary Theresa Downing
612/824-1556

"How reliable are your projections, Mr. Hackett?" That was the question asked by the House Education Finance Committee of Ron Hackett, Dept. of Finance, reporting enrollment for Minnesota Public Schools. Using inaccurate projections leaves committee members looking for money to make up the deficit at the beginning of each biennium or even during off years. Asking for money to make up for the shortfall and then returning for the regular biennial budget request has left members responding with comments like "We just gave you \$30 million. Why do you need more?"

No happy sounds were heard when Commissioner of Education Ruth Randall presented the Governor's education budget. The budget purports to increase spending for education by 13.9% over 1988-89 levels. Committee members pointed out with bipartisan unanimity that the increase is for "new programs". The increase for basic funding (general revenue) is 1.6% for 1988-89 and 0% for 1989-90, while inflation is expected to be between 4 and 5%. Committee members pressed Dept. of Education staff to give them some idea how much relief education could expect in March when the new revenue projections are available and possible budget revisions may appear.

LWMN did not attend the budget presentation in the Senate. However, concern about how much the education dollar is buying seems to be on the minds of those members. The legislatively mandated independent study of the cost of desegregation done for the state Board of Education received a cool reception from the Senate Education Committee. The Education Funding Division of the Education Committee has had several meetings on the topic of special education. This is the largest growth area in local district budgets as well as state education expenditures, and that committee appears very interested in controlling this expansion.

LWV lobbyists will take a closer look at the budget details in the next week and report relevant information in future issues. We will be particularly interested in adequate basic funding, programs for at-risk students and desegregation proposals.

GOVERNMENT

Peggy Leppik
612/823-3389

Handicapped Access Bill: This bill is being drafted for introduction in the House Subcommittee on Elections and Ethics. It would require handicapped access to precinct caucuses and interpreters for the communicatively impaired when requested of the parties in advance. A caucus could be held outside of its precinct if no accessible site is available within the precinct boundaries. If only one site is available, it could be used alternately in caucus years by the parties. Interpreter costs would be paid by the parties. Sponsors for the bill have been found in both the House and Senate, but supporters are seeking more cosponsors before its introduction.

Ethics in Government: LWMN gave testimony before the House Subcommittee on Elections and Ethics in support of the general concept of a standard of ethical behavior for public officials and a process to enforce that standard. We also supported the prohibition of in-session fundraising.

Senator John Marty, DFL-Roseville, has introduced SF-5 which establishes an ethics code for public officials and employees and provides for its enforcement. The bill will be heard by the Senate Committee on Elections and Ethics on February 8th at 12:30 p.m. in Room 107 of the Capitol. LWVMN will testify in favor of the measure.

SOCIAL POLICY

SF 130 (Reichgott, DFL-New Hope)

Lis Jones
612/827-1482

Pay Equity: Cities, counties and school districts failing to implement pay equity will be in violation of the Human Rights Act and could end up in civil court. The intention of the bill is to clarify that failure to implement an acceptable comparable worth plan is an unfair discriminatory practice. SF 130 will be heard by the Civil Law Subdivision of the Senate Judiciary on February 3rd.

A second bill (with no numbers or authors at this date) is an important next step in implementing the 1984 Pay Equity Law. The first goal of this bill is to clarify the definition of comparable worth: that is, how pay will be made equal for women, bringing their wages up to the level of men's pay. The bill gives the Department of Employee Relations (DOER) the power to review pay equity implementation reports and identify areas of non-compliance. DOER will offer technical assistance to local government entities to help them come into compliance. Unresolved disputes will go to an administrative law judge, a state procedure which is neutral and less costly and cumbersome than the court process. Non-gender exceptions for longevity, performance, arbitration or specific recruitment and retention problems arising in highly competitive fields are permissible.

NATURAL RESOURCES

Linda Peck
612/685-3365

On January 31st, Governor Perpich held a press conference on environmental issues. This was followed by a hearing in the House Environment and Natural Resources on the SCORE bill (see January 11, 1989 Capitol Letter).

Governor Perpich recommends \$88 million for a two-part program. He is asking for \$24.1 million for a "Comprehensive Water Resources Protection Act of 1989". This will "improve our understanding of ground water resources, control sources of pollution, build partnerships for planning". Perpich will submit recommendations on comprehensive recycling and waste management based on the consensus reached by the Select Committee on Recycling and the Environment (SCORE). February 13th will be SCORE week at the Capitol when the environmental package will be released.

Other recommendations include \$8.5 million for the state's Superfund, \$10.8 million for the Environmental Trust Fund, and assistance to farmers who participate in the Reinvest in Minnesota (RIM) program.

There are presently three pieces of legislation. In addition to the SCORE bill, SF 10 (Dahl, DFL-Coon Rapids) which provides for volume-based pricing and SF 95 (Lessard, DFL-International Falls), which regulates state procurement of materials. We will provide details on these in a future issue.



THE LEAGUE
OF WOMEN VOTERS

MINNESOTA

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Capitol Letter

Vol. XIX, No. 3

February 15, 1989

President: Joan Higinbotham
Legislative Coordinator: Jane McWilliams, 507/645-8423

EDUCATION

Jane McWilliams

Monitoring the development of education legislation can seem very confusing to new observers. In talking with other lobbyists, neophyte education lobbyists learn that in other areas, legislators are actually debating bills. By contrast, in both House and Senate Education Committees, as well as their finance divisions, most of the meetings to date have been taken up with hearing reports. Education committee members literally spend the first two months of the session listening to and discussing major studies like the State Auditor's Report on High School Education, a study by a State Board of Education consultant on the cost of desegregation, a legislative Task Force report on Education Organization, and Vocational Restructuring. Add to this a point by point scrutiny of the Governor's budget. The impression one gets is that they are building up a bank of information within which to evaluate specific measures when they are finally introduced and heard in committee.

However, certain themes seem to thread through the presentations. Although it has been almost five years since Nation at Risk appeared, educational reform is still unfinished business: reports and recommendations heard by the committees attest to the fact reformers are still designing ways to improve Minnesota schools. Educational choice is alive and well. We're closer to statewide testing this year as concern for accountability is evident. Replacement of graduation requirements with learner outcomes which can be tested is found in three major reports. Legislators are searching for efficient and cost-effective ways to desegregate the schools. Concerns about variations in per pupil cost among districts are viewed within the context of a study of statewide differences in the cost of living. Changes in eligibility criteria and teaching certification are targets for stemming the spiraling cost of special education.

We're beginning to see bill introductions, however. Each will become a part of the giant omnibus education bill which can run to many pages and 8-10 articles. The cornerstone of the omnibus bill is general education revenue for the biennium. In addition there will be money for transportation, community education, and allocations for the education agencies. New initiatives for education round out the package. Because the creation of this bill is accomplished simultaneously in both houses, we can anticipate a conference committee late in the session to hammer out the differences. Completion of the Omnibus Education Bill depends, too, on decisions in the tax committee because so much of school funding is linked to tax policy.

So there's a long way to go before the session is over. The relatively leisurely pace of January and early February will soon accelerate and our interns and lobbyists will have all they can do to cover both houses whose education committees sometimes meet simultaneously!

Funding: LWVMN is working with the MN Friends of Public Education to monitor the use of public funds for private education. Following our 1983 school finance study, we stated our opposition to the income tax deduction of costs of sending children to private schools. We opposed this because of the diversion of funds away from public revenues.

According to information from MN Friends, MN is the only state that supports private and parochial education in every category of non-public school aid monitored by the U.S. Department of Education. According to the MN Friends, in 1986-88 biennium \$15,903,582 in state dollars were spent for such services in non-public schools as text books, health and counseling and guidance. In the same biennium, public schools provided parochial and private schools with transportation services estimated at \$13,271,366. The Dept. of Education estimated \$8,600,000 in lost revenues as a result of the income tax reduction.

There were 87,208 non-public students in MN in 1986-87. The average state expenditures per private student that year was \$229.05.

The courts have not opposed these statutes which are usually carefully drawn so they pass constitutional standards concerning establishment of religion. However, LWV and other groups are concerned about the effect of increasing diversion of monies away from our public school systems, many of which are financially troubled. During the 1988 session, LWV lobbied against a demonstration voucher bill for this reason. LWVUS has opposed vouchers on the federal level as well because of the possibility that such a program might encourage "white flight" from metropolitan schools.

Indian Education

Mary Theresa Downing

The House Education Finance Committee learned on February 6th that federal block grants for education will be given only for certain programs beginning July, 1990. The state needs to review present federal spending on education and decide whether to provide state funding for current programs that fall outside the approved priorities. Among the programs that would no longer be funded by federal money is Indian education, including a scholarship program. (A McKnight Foundation grant covering an Indian education program is also ending. In addition to these funding demands on the state, the federal block grants have gone down \$100,000 per year.

Desegregation/Class Sizes - Mpls Schools

Jane McWilliams

At the February 14th LWVMN meeting, the Board authorized the LWV-Mpls to lobby by letter and other methods for appropriations for costs of desegregation using the LWVMN position (Support of increased state responsibility in creating equal public educational opportunities for all MN children through measures to correct racial imbalance). LWV-Mpls was also authorized to lobby the legislature for reduction of class sizes based on their local position.

According to LWVMN policies, (adopted Nov. 21, 1987) "Local Leagues may take action on the state level under a local position on three conditions: 1) the legislation must not be statewide in scope; 2) every affected local League must be notified of the proposed action; 3) such action must be reported to the President and the Legislative Coordinator prior to any action. Local Leagues may take action on the local level under a state position if the membership is informed on the issue, LWV position and action being taken.

LWV-Mpls is working with a number of groups to support the Minneapolis School Board's \$8 million request for a new initiative to reduce class size to 1:15, K-3 and 1:25, 4-6. Seven million dollars is being requested for the maintenance of present desegregation programs.

Education Alliance: At the February meeting, the LWV Board voted to join a group of education organizations which calls itself the Alliance for Commitment to Education (ACE). In working for funding legislation during the session, the group has pledged to "work with the Governor and Legislature" to assure students a good education by: 1. Increasing the 1989-90 Foundation Formula to \$3,020; 2. Setting the Foundation Formula for 1990-91 at \$3,170; 3. Enacting a Training and Experience amount of \$400 with the index subtraction set at 1.0 (Estimated biennial state cost of items 1, 2, and 3 is \$492 million.) 4. Raising the necessary additional revenue needed through tax increases to meet state and federal constitutional responsibilities; 5. Implementing programs to enhance performance, remediate for individual needs, and develop accountability measures that identify student achievement.

A series of meetings in Senate districts around the state is being planned by ACE. An Action Alert has gone to League presidents to urge them to notify members of these meetings. (Host school boards in the Senate district of each League were also listed to permit Leagues to learn time and place of the meeting in their area.)

Here are a few bills of interest:

SF 98 - Hughes, DFL-Maplewood and companion bill HF 35 - Bauerly, DFL-Sauk Rapids, establishes the general education revenue allowance at \$3,020 for 1989-90 school year and \$3,170 for 1990-91 school year. It modifies the calculation of the training and experience index, a change which would expand the number of eligible districts and would increase the amount of money per pupil unit.

HF 292 - Schaefer, IR-Gibbon, establishes a categorical program for gifted and talented.

HF 493 - McEachern, DFL-Maple Lake, requires a pupil to stay in school for one year under open enrollment.

HF 416 - Rukavina, DFL-Virginia, provides a resident district with notice of a pupil's participation in the Open Enrollment Options Program.

SF 212 - Reichgott, DFL-New Hope, requires annual listing by school districts and publication of school comparison reports; authorizes the state board of education to establish chartered schools.

HF 339 - Bauerly, DFL-Sauk Rapids, makes non-public school pupils eligible under Post-Secondary Enrollment Options Act.

SOCIAL POLICY

Polly Keppel
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Child Care Tax Credit: HF 94 (McLaughlin, DFL-Mpls) would expand income eligibility to families with child care expenses and incomes up to \$30,000. Current cut-off is \$24,000. The tax credit has not been adjusted for inflation since 1981 and many of the parents it was originally intended to assist are no longer eligible for any credit. The bill would also index the credit for inflation based on the consumer price index change that is used to index the tax brackets, etc.

HF 94 was heard by the House Tax Committee on Feb. 2, 1989 with no vote. There is bipartisan support for this bill. The expected impact on revenues for the biennium is \$11.5 million. SF 157 (Pogemiller, DFL-Mpls) is the companion bill.

NATURAL RESOURCES

Linda Peck
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Recycling: (HF 417 - Munger, DFL-Duluth; SF 371 - Merriam, DFL-Coon Rapids)
These bills are the result of the recommendations made by the Governor's Select Committee on Recycling and the Environment (SCORE). SCORE legislation addresses:

- 1) solid waste reduction by state government and private generators with financial, technical and educational assistance to waste generators;
- 2) waste recycling - 25% county by county goal of recycling by 1993. Counties will have the authority to set garbage rates and identify official recycling centers;
- 3) development of markets for recyclables - includes a grant and loan program;
- 4) identifying problem materials in the waste stream and labelling such products in the stores;
- 5) litter prevention, control and abatement;
- 6) waste education initiatives.

Total costs are \$14.6 million for the above programs. An additional \$25.4 million is needed for the financing of local programs.

The funding mechanism is crucial! How would it work and where would the money come from? County solid waste management would not be subject to the county's levy limits. A waste abatement tax would be set in motion. This would consist of a 6% sales tax that would be placed on collection and disposal services. It is estimated that only 10-15% of the waste generated in Minnesota is not presently collected by haulers. Individual counties are working on requiring everyone to become part of a collection/disposal system. Money from the waste abatement tax would be placed in a separate waste reduction/recycling account in the state's general fund. In addition, a 2-1/2% surtax will be placed on the following problem materials: motor oil, nickel-cadmium batteries, paint and paint-related products and rechargeable tools and appliances that have ni-cd batteries. Money generated from this surtax will also be placed in the waste reduction/recycling account.

How would the money get to the counties? One-half of the total appropriation in the waste reduction/recycling account would go back to the counties. One-half of this amount would be divided among the counties equally, regardless of population, to help offset the extra costs incurred by many greater Minnesota counties for the collection of recyclables and the transportation to markets. The other half of the amount could be allocated by population. If the budget request remains intact in the bill, each county could receive approximately \$60,000 plus approximately \$1.25 per capita from the fund. However, any reduction in the budget request will mean a reduction in the amount counties ultimately receive.

Recommended Action:

- 1) LWVMN will be supporting this legislation and will be working to strengthen it and maintain the funding mechanisms. This is a first step in the right direction.
- 2) Leaguers need to start writing their legislators now in support of these bills and can help evolve the bills by asking some of the following questions and emphasizing the following points:

The funding mechanism is crucial. Opposition is already underway trying to remove the extension of the sales tax to refuse hauling services. The opposition would rather have the landfill surtax extended statewide and make

this money available for recycling. One must remember that not all counties have landfills, that not all the waste going to a landfill comes from the county with the landfill and that counties with landfills must deal with the closure and post-closure costs of the landfill. The waste abatement tax and surtax on problem materials have a defined mechanism for getting the money back to the counties for reduction and recycling options. Also they are charges that are closer to the generator's activities. Thus they can provide an incentive for us to reduce/recycle and may help counties implement volume-based pricing where feasible.

The 25% recycling goal for every county needs to be clarified. Right now this 25% includes yard wastes which makes the 25% goal very inequitable depending on which county you live in. For example: in the Twin Cities 15% of the solid waste collected is yard wastes. They are already recycling 11% of the waste stream. Therefore, they have already met the 25% recycling goal. On the other hand, there are many counties that presently do not pick up yard wastes as part of their mixed municipal waste stream. For them meeting a 25% recycling goal means a whole other thing. In addition many counties are planning on discontinuing their present pick-up of yard wastes as a way to promote composting.

Emphasize that the labelling of products that are problem materials should remain in the bill. This is an upfront education tool.

Other solid waste legislation to watch:

- 1) SF 10 (Dahl, DFL-Coon Rapids) provides for volume-based pricing;
- 2) SF 95 (Lessard, DFL-International Falls) regulates state procurement of materials;
- 3) SF 386 (Pehler, DFL-St. Cloud) mandatory recycling.

GOVERNMENT

Peggy Leppik
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On February 8th, Senator John Marty, DFL-Roseville, presented his "Ethics in Government Bill" (SF 5) to members of the Senate Elections and Ethics Committee. The reception, if not hostile, was lacking in enthusiasm. Committee Chair, Jerome Hughes, DFL-Maplewood, asked "what is rotten in Denmark" that this is needed? A similar sentiment was expressed by Senator Phyllis McQuaid, IR-St. Louis Park, who said she had learned early in her service in the legislature "if it ain't broke, don't fix it". Donna Peterson, DFL-Mpls was "offended by the perception that if you accept a gift you are influenced". A section in the bill forbids solicitation or acceptance of gifts which could "reasonably be expected to influence the performance of an official" was patterned after the Massachusetts statute as are other portions of the bill. "You're getting into a grey area," Peterson said. "From what I've heard about Massachusetts, I don't want to emulate it".

During his presentation, Marty said several times that he would be willing to refine his proposal. When Dean Johnson, IR-Willmar, noted that there are provisions in Senate rules concerning voting on issues of possible conflict of interest, Marty said he'd look into concerns about this section of his bill. There wasn't time for testimony from the groups attending which included Common Cause, the League of Cities and LWVMN. Senator Hughes gave no indication when the discussion of the bill would be continued but urged Marty to talk with the Governmental Relations Council, a coalition of lobbying groups, to continue the good work, and to remember that "sometimes half a loaf is better than none at all".

MENTAL HEALTH

Pat Bugenstein
612/888-5309

LWMN testified in support of the Rehabilitation Services Division biennial budget request for Vocational Rehabilitation and Extended Services on February 14th. The House Health and Human Services Division of the House Appropriations Committee heard the agency's request for an additional four counselor positions in 1990 and three more in 1991. There has not been an increase in state funds for Vocational Rehabilitation for over six years. The Division is reaching only about 20% of those in need. With additional resources, the Division can begin to serve more of the estimated 8,700 individuals with severe and persistent mental illness. In a 1987 survey of Minnesota clients with severe mental illness "help in finding a job" was most frequently noted as a major need or gap in their life.

FOR YOUR INFORMATION

Mary Lewis Grow

Gun Control: Representative Howard Orenstein (DFL-St. Paul) and Senator Richard Cohen (DFL-St. Paul) have filed legislation that would ban ownership and possession of semi-automatic military assault weapons in Minnesota. The League cannot take a formal position on impending gun control legislation (with the exception of the "right-to-bear arms" amendment to the State Constitution, which, if revived, the League has pledged to oppose). There may be League members, however, who will wish, strictly as individuals, to let their views on this bill be known to their own and the sponsoring legislators: Senator Richard Cohen, G-28 State Capitol, St. Paul, 55155, phone 612/296-5931; Rep. Howard R. Orenstein, 521 State Office Bldg., St. Paul, 55155, phone 612/296-4199.



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Capitol Letter

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April 12, 1989

Joan Higinbotham, President
Jane McWilliams, Legislative Coordinator

The pieces are in place so that the legislative session will move fast from now on. We've had the long-awaited revenue forecast and the Governor's updated recommendations for the biennium. The House budget resolution is out, and though less formal, the Senate has outlined its goals and priorities. Committee deadlines for non-appropriation bills have been set and are fast approaching.

Both houses of the legislature intend to spend more than the Governor; the House being the more generous of the two bodies. All three have put property tax relief and education as their top priorities. It is difficult to detect any coordinated planning or effort to come together with a grand design. There is no doubt that the 1990 election overshadows the entire process as legislators and constitutional officers alike deliberate and decide on programs and policies for the biennium. As usual, the tough decisions on money will come during the last weeks, perhaps days or even hours of the session.

League lobbyists continue to track bills, some of which are scheduled at the last minute and are heard on evenings and Saturdays. The crowds in the Rotunda during the House and Senate sessions are symptomatic of the intensity of the process. Tempers so far remain relatively calm, although as we get to the April 26th deadline when bills originating in one house must have passed out of the other one, we can anticipate the atmosphere will heat up.

Thanks to League members who have responded to calls to action. While the number of interest group lobbyists in the Capitol has grown tremendously during the recent years, it is still the grassroots response which gets the attention of legislators. Our lobbyists will continue efforts to keep members informed and ready to respond quickly and intelligently when citizen voices are needed.

MENTAL HEALTH

Pat Bugenstein
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Jobs and Training: As we reported initially, Jobs and Training was cut from the Governor's Budget. We have been lobbying at Tom Triplett's office with our list of mental health budget needs and it goes without saying that this issue is on our list. There will be two vocational bills that we will also ask you to lobby on later and we will detail them at that time.

Zoning Bill: SF 235 (Lantry, DFL-St. Paul; Berglin, DFL-Mpls) HF 222 (Pappas, DFL-St. Paul; Trimble, DFL-St. Paul) This bill will allow group homes to go into a community without a conditional use permit at the local level. The bill is still on general orders but should come up very soon! This bill is also being called the Facilities Dispersal Bill because it would require counties to provide a dispersal plan. In the House it's been introduced and it is in committee waiting to be heard.

Mental Health Ombudsman Bill: SF 195 (Berglin, DFL-Mpls; Vickerman, DFL-Tracy; Donna Peterson, DFL-Mpls; Adkins, DFL-St. Michael; Storm, IR-Edina) Companion HF 403 (Greenfield, DFL-Mpls; Vellenga, DFL-St. Paul; Ogren, DFL-Aitkin; R. Anderson, IR-Billingham; Segal, DFL-St. Louis Park) This bill provides for additional staffing and for subpoena power. It also requires reporting of deaths and serious injuries. The Senate bill is in Finance. The House bill passed committee and is in Judiciary.

RTC Bill: HF 903 (Ogren, DFL-Aitkin; Greenfield, DFL-Mpls; Anderson, R., IR-Billingham; Vellenga, DFL-St. Paul; Rodosovich, DFL-Faribault) and SF 954 (Samuelson, DFL-Brainerd; Chmielewski, DFL-Sturgeon Lake; Purfeerst, DFL-Faribault; Johnson, D.E., IR-Willmar, Pogemiller, DFL-Mpls). These two bills establish the primary mission of the RTCs to provide inpatient psychiatric hospital services to persons with major mental illness. They further allow the Commissioner of Human Services to provide technical assistance and training to both state-operated and privately operated community programs. A report on the funding of mental health services is required. A study and report are required on pre-admission screening requirements for psychiatric hospitalization in RTCs and other hospitals. RTCs are required to provide chemical dependency services on a competitive basis at Anoka, Brainerd, Fergus Falls, Moose Lake, St. Peter and Willmar. It authorizes the Ombudsman for Mental Health and Mental Retardation to evaluate the operation and licensing of state facilities.

There are a number of issues regarding state operated community services. Oak Terrace Nursing Home is required to be closed by July 1, 1992. The commissioner is required to operate nursing home beds at Brainerd, Faribault, Fergus Falls and other RTCs as necessary. The Commissioner is charged with provision of residential service for persons with mental illness and elderly persons who can't be served anywhere else because of a need for skilled nursing care, severe or challenging behaviors. Respite care is offered when space is available if costs are covered and the individual meets the facility's admission criteria. State operated community-based facilities are to be established for mentally retarded persons and related services that are needed.

In the section dealing with RTCs for the mentally ill the bill is handicapped by being tied to an exact location which is a problem in moving a hospital or hospital beds to a different location - which is what we have proposed for the metro area. A report must be provided by January, 1991 on the need to provide services at Faribault for the mentally ill or for persons with closed head injuries. Section 21 requires RTCs to provide active psychiatric treatment. It also requires the Commissioner to submit a proposal to renovate or rebuild Anoka by January, 1990; and Moose Lake and Fergus Falls by January, 1993. Section 22 provides that RTCs primarily serve adults. Programs for children and adolescents may be maintained until adequate state-operated facilities are developed off-campus.

Finally, Section 23 refers to the establishment by the Commissioner of state-operated, community-based mental health programs as part of a comprehensive mental health system. Locations of programs are to be determined on the basis of persons preferences and family preferences, geographical need, location of support services, availability of staff and reasonable commuting distance of program staff. Finally the Commissioner is required to evaluate community-based services, including state-operated mental health programs.

A competing RTC bill is SF 919 sponsored by Samuelson, Johnson, D.E., Chmielewski, Peterson, R.W. and Purfeerst. This bill differs primarily in the fact that it crystallizes the RTC system in place geographically and offers no flexibility in site location. Exact numbers of psychiatric hospital beds delineated for each site are stated - all of this is prior to the assessment of individual patients in the psychiatric units by the Commissioner. This can be achieved by October of this year but it certainly should be done before numbers are cast in stone. It has also been recommended that the length of stay criteria be examined. The bill also calls for recapitalization and renovation or reconstruction of the present centers which may not be feasible in the long run since these buildings are not suitable for present day psychiatric treatment. The bill determines that staff and facility be located "on campus" a euphemism for the grounds of the center. Various details are given for state-operated community based programs for persons with mental retardation but none for the mentally ill. Needless to say, we will oppose this bill.

Children's Bill: HF 805 (Segal, DFL-St. Louis Park; Greenfield, DFL-Mpls; Wynia, DFL-St. Paul; Pugh, DFL-South St. Paul; Sviggum, IR-Kenyon). This is a two-part bill. The first portion is a refinement of existing adult legislation and is cited as the "Minnesota Comprehensive Adult Mental Health Act". The relationship of day treatment as a possible part of the community support plan will be addressed. Rather than part of community support it may be included as part of a county's array of services. Also included are all the various aspects of the adult system.

Added to the adult section is a housing mission statement: "The Commissioner shall ensure that the housing services provided allow all persons with mental illness to live in stable, affordable housing, in settings that maximize community integration and opportunities for acceptance and provide necessary support regardless of where persons with mental illness choose to live." There is a new section on clinical supervision - oversight responsibility for individual treatment plans and individual service delivery. Education services are to include distribution of information to individuals and agencies on predictors and symptoms of mental illness, where services are available in the county and how to access services. Also included is the definition of the functional assessment to be done by the case manager.

A highlight of the bill is the requirement that the Commissioner of Human Services submit to the Legislature by February, 1991, recommendations regarding plans for increasing the number of community-based beds and residential programs, and the projected fiscal impact of maximizing the availability of medical assistance coverage for persons with mental illness. New language also includes availability of case management and establishes January, 1989, as the date when services must be provided that are "sufficient to meet the needs of the clients". Duties of the case manager and elements of an individual community support plan are detailed. Employability pilot projects are also included. Also established in the bill is the Public/Academic Liaison Initiative, a body designed to coordinate and develop brain research and education and training for professionals.

Section 38 to the conclusion of HF 805 is the Minnesota Comprehensive Children's Mental Health Act. It defines the mission of the service system: to identify eligible children, make preventive services available, assure a continuum of services, early screening and prompt intervention, services relating to school and community, problems of payment for services, including the child and child's family in planning and providing for a smooth transition from child to adult services. Eligibility is defined along the following criteria: 1) a child who has been admitted to inpatient or residential treatment within the last three years or is at risk of commitment; 2) child

receiving treatment out of the state; 3) child having psychosis or clinical depression or is at risk of harming self or others; 4) child with significantly impaired home, school or community functioning that has lasted at least one year or presents substantial risk of lasting a year.

All the various elements of a service delivery system are defined and are similar to the adult listings with some additions. "Family support services" are defined to mean services provided to help the child remain with the family in the community and provides a listing of services. "Professional home-based family treatment" is defined as intensive services to child and family in the home or other location. County boards are required to submit the children's section of their local mental health proposal to the Commissioner by November, 1989. It requires subsequent proposals to be made on the same 20-year cycle as community social service plans. Requirements for proposal content and review are detailed.

EDUCATION

Funding

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During the first week in April the House Education Finance Committee began looking at funding bills. There are a number of proposals for providing more money for the schools. HF 35, Bauerly, DFL-Sauk Rapids, pumps dollars into the general revenue formula (\$3,020 for 1989-90, \$3,170 for 1990). It would also increase the amount available to meet the cost of mature teaching staff (the "Training and Experience Index") to schools already receiving T & E money, and would include additional districts. This proposal is supported by the Alliance for Commitment to Education (ACE) which LWVMN has endorsed. This is the most costly proposal in the hopper.

HF 1363 (Kelso, DFL-Shakopee), would provide cost of living differential revenue. Her proposal is based on the Legislative Auditor's Report showing a higher cost of living in the metro area. Because of her concern about class sizes and excess levy referenda there, Kelso's bill applies only to the seven-county metro area where districts would receive \$80 per pupil unit in both years of the biennium.

HF 1294 (Scheid, DFL-Brooklyn Park), would provide equalization for referendum levies. Presently, if an "excess levy" is approved by voters, the increased revenue is all local property tax. By "equalizing" the levy, differences in property wealth between districts would be minimized. This might make it easier for districts to pass referenda which would enable them to have access to more dollars. Opponents say it makes more sense to put the dollars into the basic revenue.

HF 1032 (Bauerly, DFL-Sauk Rapids), one of several identical bills, would reduce class size in primary grades. Dubbed "3 +2," it would provide a 5% increase in the formula in the second year of the biennium. Part of this categorical money (2% of the general revenue) must be used to achieve and maintain class size of no more than 15 pupils per teacher in kindergarten and no more than 17 per teacher in grades two and three and/or improve program offerings. Three percent of the revenue would be used for operating costs. The class size reduction idea was mentioned in the House DFL budget resolution, and appears likely to be the position with which the House will go into conference committee. Testimony in the House Education Finance Committee was buttressed with "research on class size". However, increased space required by smaller (and, one would expect, more) classes was a concern, too.

During the second week of April, the Senate is beginning to work on the Omnibus Bill, and will also consider basic funding. No details are available as this issue is going to press.

At this point, there are three "budgets" in the works. The Governor's budget, of course, is the starting point. Updated revenue forecast in March didn't result in any change for K-12. The House will have about \$98 million more than was proposed by the Governor. In addition, it is possible that the House will reallocate money in the Governor's education budget and put it into basic funding. No proposals for funding have been revealed in the Senate, but the Majority Leader, Roger Moe, DFL-Erskine, is reported to have supported \$35 million more than Governor Perpich. One report says that this perhaps will be divided: 4% in 1989-90 and 4% in 1990-91.

Veteran education lobbyists say that even they are having great difficulty in figuring out what the legislators are thinking. League lobbyists agree!

SOCIAL POLICY

Polly Keppel
612/823-3389

Child Care: SF 789 (Vickerman, DFL-Tracy) and HF 854 (Williams, DFL-Moorhead). The Child Care Sliding Fee, development grants and resource and referral bill passed Health & Human Services Committees in both House and Senate. They will now be heard by Senate Finance and House Appropriations in their H & HS Division where the funding decisions will be made. There have been positive changes in the bill's language including an allocation split in the sliding fee program of 66% going into basic, non-AFDC subsidies and 34% for AFDC families. The counties have significantly underspent state allocations for AFDC while having waiting lists of up to three years for non-AFDC families. This provision will reduce rigidity of administration and increase the ability to spend child care dollars where there is the greatest need. The bill also now includes a child care information "hot line" which would be an 800 number operating at DHS.

SF 582 (Reichgott, DFL-New Hope) and HF 616 (Bauerly, DFL-Sauk Rapids) Children's Initiatives bill which includes funding for preschool screening, early childhood/family education, pre-kindergarten child development grants for "at risk" children and extended day/school age child care start up and expansion grants has been heard by the House Education Finance and Senate Education Aids Committees. No vote was taken and committee members are considering this bill along with other demands. Committee members are not very optimistic and appear to be targeting K-12 for any funding increases.

Child Care Tax Credit: SF 157 (Pogemiller, DFL-Mpls) was heard by the Income Tax subcommittee of Senate Taxes and Tax Laws. No vote taken.

Child Support: See CL 3/16/89, SF 745 (Brandl, DFL-Mpls) passed the Senate Health and Human Services Committee re-referred to Judiciary.

GOVERNMENT

Jane McWilliams
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Congressional Campaign Finance Reform: The League participated with Common Cause and Minnesota Alliance for Progressive Action in a news conference on "Putting a Cap on Campaign Finance" on April 4th. Four bills have been introduced this session. League does not support a particular bill but we advocate that any legislation include: 1) a cap on campaign spending; 2) availability of public financing; and 3) the opportunity for third party and independent parties to qualify.

SF 4 (Luther, DFL-Brooklyn Park) is being heard in the Senate Election and Ethics Committee this week. HF 205 (Quinn, DFL-Coon Rapids) has been introduced but has yet to be heard. SF 4 sets limits for Senate campaigns at \$3,000,000 and House campaigns at \$300,000. There would be a \$10 optional check off on income tax returns to fund the program. Candidates would be released from expenditure limits when the candidate faces an opponent who has chosen not to accept the public subsidy. To be eligible for public money candidates would have to sign a spending limit agreement and then raise a certain level of dollars. There is no provision for third party or independent candidates in SF 4.

Ethics in Government

Peggy Leppik
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SF 5 (Marty, DFL-Roseville) has been revised by the author and scaled down considerably. Although it is scheduled for a hearing in the Senate Election and Ethics Committee this week, it is not expected to go anywhere this year. Senator Marty intends to reintroduce it next session, and the League will watch for it and monitor developments at that time.

Handicap Access

Peggy Leppik

In both houses, the bills which would require caucus and convention facilities to be handicap accessible have passed out of the Elections Committees. There is a \$50,000 appropriation in both versions to be paid from state revenues for the cost of providing interpreters, although this may be changed. League supported having the parties be responsible for these costs.

NATURAL RESOURCES

Virginia Sweeny
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The recycling bills in both houses have gone to the Tax Committees. In the Senate, the SCORE bill (SF 371 - Merriam, DFL-Coon Rapids) was replaced by SF 95, (Lessard, DFL-International Falls). The new version is considerably weakened. There is provision for a 4% waste abatement tax on garbage and disposal services rather than 6% as in the House (HF 417 - Munger, DFL-Duluth). In spite of two attempts to remove it, the ban on municipalities adopting plastic container ordinances has stayed in the bill.

It is crucial that League members contact their Senators immediately. Tell them that:

1. The funding in SF 95 is inadequate. Ask them to raise it to 6%.
2. We support removing the plastic container prohibition.



THE LEAGUE OF WOMEN VOTERS

MINNESOTA

550 RICE STREET ST. PAUL, MN 55103
PHONE (612) 224-5445

action

OMNIBUS HEALTH & HUMAN
SERVICES BILL

TO: Local Leagues with a senator or representative on the
Health and Human Services Funding Committees listed below.

FROM: Polly Keppel, 612/823-3389
Jane McWilliams, 507/645-8423

LWVMN Position: "LWVMN supports adequate funding of a child care
sliding fee program to ensure quality child care
for low income children." "LWVMN supports public policies and ade-
quate funding at the state and county level to create and sustain
quality programs, including grants and loans and resource and re-
ferral services to meet the demand."

ACTION: Have your members call their senator or representative
listed below and ask her/him to "save the child care monies
in the Govenor's budget. Even though it is not nearly enough to
meet the need, save the \$11.8 million for sliding fee and the \$2.6
million for child care development grants and resource and referral."

BACKGROUND: Only 20% of the children eligible for sliding fee sub-
sidies receive them. A conservative count by county
social services in 12/88 indicates more than 3000 families on their
waiting lists - some for as long as 3 years. These are predominantly
working poor families with child care costs averaging \$3000 a year per
child. There is only one space of licensed care for every 6 children
who need it in Greater Mn and one in four in the metro area. Grants
for start up and expansion, equipment and training go a long way
to expanding and retaining quality care in Mn. \$1 million is expected
to retain or open up 15,000 new spaces of licensed care in the next
biennium. The \$1.6 million for R & R would complete the network
to the unserved areas of the state. Parents and licensed providers
in Greater Mn have particularly benefited from the R & R grants.

THE HOUSE BUDGET RESOLUTION GUIDELINES ANNOUNCED ON APRIL 6 INDICATE
TARGETING REDUCTIONS OF \$63 MILLION IN THE HEALTH & HUMAN SERVICES
BUDGET PROPOSED BY GOV. PERPICH. CHILD CARE IS A TARGET AND COMMITTEE
MEMBERS WHO WILL MAKE THESE FUNDING DECISIONS IN THE NEXT COUPLE OF
WEEKS MUST HEAR FROM THEIR CONSTITUENTS TO "LEAVE CHILD CARE ALONE".

Health & Human Services Division/ APPROPRIATIONS

Anderson, Bob IR Ottertail (10B) Detroit Lakes LWV
Clark, Karen DFL Mpls (60A) Minneapolis LWV
Forsythe, Mary IR Edina (42B) Edina LWV
Greenfield, Lee DFL Mpls (61A) Minneapolis LWV
Gruenes, Dave IR St. Cloud (17B) St. Cloud LWV
Murphy, Mary DFL Hermantown (8A) Duluth LWV

Pugh, Thomas DFL So. St. Paul (39A) Nothern Dakota County LWV
Rodosovich, Peter DFL Faribault (25B) Freeborn County LWV
Segal, Gloria DFL St. Louis Park (44B) St. Louis Park LWV
Stanisus, Brad IR White Bear Lake (53B) White Bear Lake LWV

Health & Human Services Division of Senate Finance Committee

Freeman, Mike DFL Richfield (40) Richfield LWV
Johnson, Dean IR Willmar (15) Willmar LWV
Knutson, Howard IR Burnsville (38) Northern Dakota County LWV
Lantry, Marilyn DFL St. Paul (67) St. Paul LWV
Piper, Pat DFL Austin (31) Austin LWV
Renneke, Earl IR LeSuer (35) Eastern Carver County LWV
Solon, Sam DFL Duluth (7) Duluth LWV
Spear, Allan DFL Mpls (59) Minneapolis LWV



THE LEAGUE
OF WOMEN VOTERS

MINNESOTA

550 RICE STREET ST. PAUL, MN 55103
PHONE (612) 224-5445

Capitol Letter

Vol. ? No. 1

November, 1989

President: Joan Higinbotham
Legislative Coordinator: Jane McWilliams

The CAPITOL LETTER will be published nine times during the 1989 Legislative Session. It will keep you informed on League supported issues and their progress at the state Capitol. LWV MN program directors outline issues you'll be hearing about.

GOVERNMENT

Nancy Crippen

- .Financing State Government - monitoring proposals for property tax reform.
- .Campaign Financing - Continuing to work for a ban on fundraising during the legislative session.
- .Open Meeting Law - Monitoring proposed changes in present law.

SOCIAL POLICY

Polly Keppel

- .Financing Early Childhood Development Programs for "at-risk" preschoolers.
- .Statewide adoption of automatic income withholding for child support on all new court orders.
- .Increased appropriations for Child Care Sliding Fee Program.

NATURAL RESOURCES

Linda Peck

- .Management of solid waste
- .Implementation of Superfund
- .Ground water

MENTAL HEALTH

Margit Johnson

- .Amending 1987 legislation
- .Regional Treatment Center legislation - rebuilding and funding
- .Alternative living arrangements - housing for mentally ill.

EDUCATION

Jane McWilliams

- .School Funding - adequacy and equity
- .Desegregation/integration and other school district organization issues.
- .Programs addressing needs of "at risk" students

ACTION TO TAKE

Fill out this form and send it with your check for \$5 to LWV MN, 550 Rice Street, St. Paul, MN 55103 by January 6, 1989.

NAME

ADDRESS

CITY/ZIP

NOTE: LL Presidents receive a CAPITOL LETTER. Co-presidents must subscribe.

1989 MENTAL HEALTH
SUBCONTRACT WORKSHOPS WITH
HUMPHREY INSTITUTE



THE LEAGUE
OF WOMEN VOTERS

MINNESOTA

550 RICE STREET ST. PAUL, MN 55103
PHONE (612) 224-5445

MEMO

TO: Local League Presidents

FROM: Margit Johnson

SUBJECT: Humphrey Institute Reflective
Leadership Workshops on Mental
Health

DATE: February 22, 1989

Below is a listing of locations and dates for the ten Humphrey Institute workshops on Mental Health for which LWV helped write the curriculum. Participants in these workshops will receive both Serving Minnesota's Mentally Ill: An Introduction and our brand new Monitoring Mental Health Services at the County Level: A Workbook.

If you have members interested in these workshops, send names and addresses to the LWVMN office and we will see that those interested receive invitations to the ten workshops.

Locations and Dates -

St. Cloud - March 10th
Minneapolis - April 7th
Bemidji - April 13th
Morris - April 21st
Minneapolis - April 28th
— Waseca - May 5th
Moorhead - May 12th
Minneapolis - May 19th
Marshall - June 2nd
Virginia - June 6th or 7th or 8th



LEAGUE OF WOMEN VOTERS OF MINNESOTA EDUCATION FUND

106 COMO AVENUE

• ST. PAUL, MINNESOTA 55103

• TELEPHONE (612) 224-5445

May 2, 1988

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State of Minnesota

Arend J. Sandbulte
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Minnesota Power

Ms Sarah Shippy
Mr. Al Oertwig
Mental Health Program Division
Department of Human Services
444 Lafayette Road
St. Paul, Minnesota 55155

Dear Ms Shippy and Mr. Oertwig:

We enjoyed meeting with both of you at your office on Friday, April 29, 1988. We were pleased to explain the current two-year project on mental illness sponsored by the League of Women Voters of Minnesota Education Fund (LWVMNEF). We were especially gratified by the interest you expressed in several aspects of that LWVMNEF project, namely the publication Serving Minnesota's Mentally Ill: An Introduction, the series of training sessions planned for citizen monitors of The Comprehensive Mental Health Act of 1987, and the guidebook to monitoring mental health services to be published by LWVMNEF in Fall 1988.

As we discussed at our meeting on Friday, we are sending this letter to propose that the LWVMNEF supply the above-named publications and services to the statewide leadership training for local mental health advisory councils for which the Department of Human Services recently solicited proposals. We understand that the Hubert Humphrey Institute at the University of Minnesota will be the recipient of the DHS grant for the leadership training project and that you will advise Sharon Roe Anderson at the Institute that we be strongly considered as a project subcontractor for publications and services.

The LWVMNEF project "Mental Illness in Minnesota" includes a two-year examination of our state's mental health system with particular emphasis on the availability and quality of community services. It was developed to begin in June 1987 with assessment of current programs and conditions, continue with public education and then lead to proposals and programs for the future. The project publication Serving Minnesota's Mentally Ill: An Introduction, published in April 1988, has already met with wide acclaim by both mental health professionals and lay persons. A further important component of the two-year project will be the extensive statewide monitoring of the Comprehensive Mental Health Act passed by the 1987 Minnesota Legislature. This monitoring of community services will be undertaken by League members, and other community members trained by the League in communities across Minnesota. Publication of a guidebook for monitors will provide information and direction for the volunteers and documentation and history for future members of mental health advisory councils.

We hereby offer a three-part proposal:

1. To supply all members of the mental health advisory councils and other interested persons, including all participants at the proposed 20 statewide workshops with the publication Serving Minnesota's Mentally Ill An Introduction. This publication was produced by the League of Women Voters of Minnesota Education Fund in April 1988 to provide a comprehensive and concise overview of Minnesota's mental health system. It offers trainees valuable background information in preparation for the leadership workshops. This 46-page book examines mental illness, the 1987 legislation, the continuum of mental health services, funding quality control, services for children and adolescents, commitment laws and emerging issues. Information in the book, written for the layperson, is current, based on research and interviews gathered in the past six months.

Price: \$4.00 each, with 30% discount on bulk orders

1000 copies: Discount price \$2800

2000 copies: Discount price \$5600

2. To offer four regional monitoring training sessions following the leadership workshops. These sessions would be held in spring 1989. The skills taught would be focused on the specific issues surrounding services for those with mental illness. Trainees would also learn how services are implemented at various government levels and how they can effectively monitor those services.

Monitoring Mental Health Services: A Workbook would provide participants with a working manual, a means with which to follow the implementation of the Comprehensive Mental Health Act from year to year. This proposed publication would review the history of Minnesota mental health services, the specific requirements of the 1987 reform legislation, the ways used to implement the reform, and the state and county budgeting procedures used to fund services. The publication would also describe monitoring techniques, applicable at the federal, state, county and municipal levels. These would include effective observing, interviewing and evaluating procedures. Annual worksheets, the backbone of the workbook, would provide checklists for mandated services, for accomplishments, for improvements, for future direction. Recognizing that the actual monitors, the Advisory Council members, League members, etc. change from year to year, the worksheets would record ongoing action. They would offer structure to a sustained effort over several years to implement and improve Minnesota's mental health legislation. Additional information in the appendix would include LWVNEF Fact Sheets on mental health issues, a model of a "good county plan" for implementation, and the actual county plan for each participant's home county.

The four regional workshops would use the workbook throughout the meeting. A two-hour morning session would brief trainees on the background information and the policy and budgeting procedures. A 1 1/2-hour lunch break would allow them time to share information with one another, from this workshop and from the

May 2, 1988

previous, more localized leadership workshops. A two-hour session in the afternoon would train them in actual monitoring techniques, using experienced monitors, policy makers, mental health providers, etc. as resources.

Price: \$1500 per workshop; \$6000 for four regional workshops
Assumes attendance of approximately 50 persons per workshop.
Does not include food charge or price of monitoring workbook (see below).

3. To supply members of the mental health advisory councils and other interested persons the publication, Monitoring Mental Health Services: A Workbook. This manual, described above will be in a looseleaf, 3-binder notebook so that information can be added or updated. If this workbook were used independently of the regional workshops described, it would still provide trainees with a written account of skills specifically tailored to the mental health system. It would be published and ready for use by November 1, 1989.

Price: \$6,00 each; 30% discount discount on bulk orders
1000 copies \$6,000; Discount price \$4,200
2000 copies \$12,000; Discount price \$8,400.

In order to acquaint you more fully with the LWMNEF mental health project and with the League itself, we have enclosed a copy of the project proposal. We have appreciated your assistance and advice with the project to date and look forward to continued cooperation as the League, through research and action, seeks to address the underlying causes of problems in community response to the needs of the mentally ill. As you suggested to us, the proposal outlined above will be sent to Sharon Roe Anderson at the Humphrey Institute.

Please contact Margit or Jean with any further comments or questions about the League or this proposal.

Sincerely,

Margit Johnson

Margit Johnson
Mental Illness Project Chair
(507) 645-5726

Jean Tews

Jean Tews
Director of Development
224-5445

Barbara Flanigan

Barbara Flanigan
Editor

enc.



LEAGUE OF WOMEN VOTERS OF MINNESOTA EDUCATION FUND

106 COMO AVENUE

ST. PAUL, MINNESOTA 55103

TELEPHONE (612) 224-5445

May 3, 1988

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Ms. Sharon Roe Anderson
Associate Director
Reflective Leadership Center
Hubert H. Humphrey Institute of Public Affairs
University of Minnesota
Humphrey Center
301 19th Avenue South
Minneapolis, MN 55455

Dear Ms. Anderson:

It was a pleasure to speak with you today about possibilities of cooperation between the Humphrey Institute and the League of Women Voters of Minnesota Education Fund (LWMNEF) on facilitating the leadership grant from the Department of Human Services Mental Health Program Division.

I am writing to confirm a meeting with you at your office on Thursday, May 12, 1988. I will bring with me Barbara Flanigan, LWMNEF Mental Illness Committee Member and Editor, and Jean Tews, Director of Development.

On April 29th Barbara, Jean and I met with Sarah Shippy and Al Oertwig at the Department of Human Services Mental Health Division. We discussed how the LWMNEF might be of assistance to the DHS Mental Health program and to the recipient of their leadership grant, the Humphrey Institute. Ms. Shippy and Mr. Oertwig were both very interested and encouraged us to seek a subcontract from the Humphrey Institute Mental Health Leadership Grant for our publications and services as outlined below.

The LWMNEF project "Mental Illness in Minnesota" includes a two-year examination of our state's mental health system with particular emphasis on the availability and quality of community services. It was developed to begin in June 1987 with assessment of current programs and conditions, continue with public education and then lead to proposals and programs for the future. The project publication Serving Minnesota's Mentally Ill: An Introduction, published in April 1988, has already met with wide acclaim by both mental health professionals and lay persons. A further important component of the two-year project will be the extensive statewide monitoring of the Comprehensive Mental Health Act passed by the 1987 Minnesota Legislature. This monitoring of community services will be undertaken by League members, and other community members trained by the League in communities across Minnesota. Publication of a guidebook for monitors will provide information and direction for the volunteers and documentation and history for future members of mental health advisory councils.

May 3, 1988

The LWMNEF hereby offers a three-part proposal:

1. To supply all members of the mental health advisory councils and other interested persons, including all participants at the proposed 20 statewide workshops with the publication Serving Minnesota's Mentally Ill" An Introduction. This publication was produced by the League of Women Voters of Minnesota Education Fund in April 1988 to provide a comprehensive and concise overview of Minnesota's mental health system. It offers trainees valuable background information in preparation for the leadership workshops. This 46-page book examines mental illness, the 1987 legislation, the continuum of mental health services, funding quality control, services for children and adolescents, commitment laws and emerging issues. Information in the book, written for the layperson, is current, based on research and interviews gathered in the past six months.

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2. To offer four regional monitoring training sessions following the leadership workshops. These sessions would be held in spring 1989. The skills taught would be focused on the specific issues surrounding services for those with mental illness. Trainees would also learn how services are implemented at various government levels and how they can effectively monitor those services.

Monitoring Mental Health Services: A Workbook would provide participants with a working manual, a means with which to follow the implementation of the Comprehensive Mental Health Act from year to year. This proposed publication would review the history of Minnesota mental health services, the specific requirements of the 1987 reform legislation, the ways used to implement the reform, and the state and county budgeting procedures used to fund services. The publication would also describe monitoring techniques, applicable at the federal, state, county and municipal levels. These would include effective observing, interviewing and evaluating procedures. Annual worksheets, the backbone of the workbook, would provide checklists for mandated services, for accomplishments, for improvements, for future direction. Recognizing that the actual monitors, the Advisory Council members, League members, etc. change from year to year, the worksheets would record ongoing action. They would offer structure to a sustained effort over several years to implement and improve Minnesota's mental health legislation. Additional information in the appendix would include LWMNEF Fact Sheets on mental health issues, a model of a "good county plan" for implementation, and the actual county plan for each participant's home county.

The four regional workshops would use the workbook throughout the meeting. A two-hour morning session would brief trainees on the background information and the policy and budgeting procedures. A 1 1/2-hour lunch break would allow them time to share information with one another, from this workshop and from the

May 3, 1988

previous, more localized leadership workshops. A two-hour session in the afternoon would train them in actual monitoring techniques, using experienced monitors, policy makers, mental health providers, etc. as resources.

Price: \$1500 per workshop; \$6000 for four regional workshops
Assumes attendance of approximately 50 persons per workshop.
Does not include food charge or price of monitoring workbook (see below).

3. To supply members of the mental health advisory councils and other interested persons with the publication, Monitoring Mental Health Services: A Workbook. This manual, described above, will be in a looseleaf 3-binder notebook so that information can be added or updated. If this workbook were used independently of the regional workshops described, it would still provide trainees with a written account of skills specifically tailored to the mental health system. It would be published and ready for use by November 1, 1989.

Price: \$6,00 each; 30% discount discount on bulk orders
1000 copies \$6,000; Discount price \$4,200
2000 copies \$12,000; Discount price \$8,400.

In order to acquaint you more fully with the LWVMEF project on mental illness and with the League itself, I have enclosed a copy of the full project proposal. Also enclosed is a copy of Serving Minnesota's Mentally Ill: An Introduction. If you have any questions before our meeting, please call me at my home (507) 645-5726 or contact Jean Tews at the League office, 224-5445. Barbara, Jean and I look forward to meeting with you on May 12th.

Sincerely,

Margit Johnson

Margit Johnson
Mental Illness Project Chair
(507) 645-5726

MJ/jt
enc.

cc: Sarah Shippy & Al Oertwig



Johnson

LEAGUE OF WOMEN VOTERS OF MINNESOTA EDUCATION FUND

106 COMO AVENUE

• ST. PAUL, MINNESOTA 55103

• TELEPHONE (612) 224-5445

June 20, 1988

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Ed Orenstein

Alan C. Page

Ruth Reister

Nina Rothchild
Commissioner of
Employee Relations
State of Minnesota

Arend J. Sandbulte
President
Minnesota Power

Ms. Sharon Roe Anderson
Humphrey Institute
Humphrey Center
301 - 19th Avenue South
Minneapolis, MN 55455

Dear Ms. Anderson:

I have talked with League members and staff about our phone conversation on June 14th. Before I respond directly to your request, let me review our May 12th and yesterday's discussions.

I understand that you have a DHS contract to conduct 20 workshops around the state. The workshops will offer two curricula tailored for two audiences: county commissioners will discuss responsible public policy for those with mental illness and how they themselves assume that responsibility as elected officials. The other "central stakeholders," as you call them, the Mental Health Advisory Council members and community mental health advocates will be instructed in the necessary background information about mental illness and MN public policy for those with mental illness. They will also discuss how to work with commissioners to initiate and implement necessary mental health programs, and how to develop leadership and collaborative skills to sustain those efforts in their communities.

I also understand that you and Gloria Segal have chosen an advisory committee of diverse viewpoints to review the curriculum and the overall project. You and Allyson Ashley have agreed to seven staff positions: a LWMNEF representative, an AMI representative, a professional writer, a reference researcher (for want of a better title), and evaluator, a DHS staff member and a clerical/logistics aide. You will rely on local communities to determine the "guest list" and handle the workshop logistics, in conjunction with your staff. Once the curriculum is written, the workshops will begin in October. The workshops will continue through March, 1989, when your evaluator will prepare a final summary of the project, with an eye on the possibility of it serving as a pilot program for other states.

If I understand your proposal accurately, it parallels LWMNEF's second year of our mental health study, our so-called monitoring phase. LWMNEF plans to conduct four regional workshops for those interested in mental health and MN public policy, be they county commissioners, advisory council members, advocates or consumers. We will train workshop participants to initiate and promote implementation of mental health programs, to work with commissioners and county staff in a constructive and accountable way and to form collaborative networks within their community to sustain those efforts.

June 20, 1988

In my May 3rd letter to you, I suggested we could contract those workshops with you as nuts-and-bolts follow-up sessions to your workshops. If you prefer to incorporate our expertise into your core curriculum, you may contract with LWVMN Education Fund with me as your contact person for staff purposes. LWVMN staff has informed me that an individual may not be contracted as a representative of the entire League. We work by committee, researching, consulting, interviewing and writing, and that is the way we would service your contract. I would be fully accountable to you as the contact person for LWVMN. Or we could contract as presenters to your workshops, providing the needed background mental health information and models for sustained citizen involvement in responsible policy making.

I repeat the proposals for collaboration in my May 3rd letter as follows:

1. To supply all members of the mental health advisory councils and other interested persons, including all participants at the proposed 20 statewide workshops with the publication Serving Minnesota's Mentally Ill "An Introduction". This publication was produced by the League of Women Voters of Minnesota Education Fund in April 1988 to provide a comprehensive and concise overview of Minnesota's mental health system. It offers trainees valuable background information in preparation for the leadership workshops. This 46-page book examines mental illness, the 1987 legislation, the continuum of mental health services, funding quality control, services for children and adolescents, commitment laws and emerging issues. Information in the book, written for the layperson, is current, based on research and interviews gathered in the past six months.

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June 20, 1988

Council members, League members, etc. change from year to year, the worksheets would record ongoing action. They would offer structure to a sustained effort over several years to implement and improve Minnesota's mental health legislation. Additional information in the appendix would include LWMNEF Fact Sheets on mental health issues, a model of a "good county plan" for implementation, and the actual county plan for each participant's home county.

The four regional workshops would use the workbook throughout the meeting. A two-hour morning session would brief trainees on the background information and the policy and budgeting procedures. A 1 1/2-hour lunch break would allow them time to share information with one another, from this workshop and from the previous, more localized leadership workshops. A two-hour session in the afternoon would train them in actual monitoring techniques, using experienced monitors, policy makers, mental health providers, etc. as resources.

Price: \$1500 per workshop; \$6000 for four regional workshops
Assumes attendance of approximately 50 persons per workshop.
Does not include food charge or price of monitoring workbook (see below).

3. To supply members of the mental health advisory councils and other interested persons with the publication, Monitoring Mental Health Services: A Workbook. This manual, described above, will be in a looseleaf 3-binder notebook so that information can be added or updated. If this workbook were used independently of the regional workshops described, it would still provide trainees with a written account of skills specifically tailored to the mental health system. It would be published and ready for use by November 1, 1989.

Price: \$6,00 each; 30% discount discount on bulk orders
1000 copies \$6,000; Discount price \$4,200
2000 copies \$12,000; Discount price \$8,400.

Whatever methods of cooperation we may choose, our closely paralleled paths could touch or join to create a wider way for responsible policy making in the field of mental health.

I will be bicycling from Seattle to Northfield until July 20th. Please contact Jean Tews at the LWMN office, 224-5445, if you make contract decisions before then. I look forward to hearing of your decision. Thank you.

Sincerely,

Margit Johnson
Margit Johnson
Mental Illness Project Chair

MJ/rk

cc: Sarah Shippey, DHS

1 Sept 88

To: Sally and Jean Tews
From: Margit
Re: Humphrey Institute contract

Barbara Flanigan and I met with Sharon Anderson, Humphrey, and Al Oertwig, DHS, on Tuesday Aug. 30. While the Humphrey contract is about 5 months behind schedule, due to procedural and therefore funding delays, we were able to define activities and responsibilities for Sept. through December 88.

The Advisory Committee of about 50 (!) people will meet for the second time on Sept. 8 to further define areas of emphasis and balance between those areas. Barbara is a member of that committee, as is Pat Bugenstein. Shortly after that, the curriculum committee of 6 (Sharon, Ralph Brauer, the professional writer with Humphrey, LWV, MHA, AMI and Oertwig of DHS) will spend a total of 18 hours (mid-Sept. through mid-November) outlining the curriculum for the 20 workshops. They will also critique the fleshed-out curriculum, as it is written by Bauer, doublechecking that intended content and balance is maintained. They will conclude their responsibilities by determining how to implement the curriculum, i.e. how the actual day-long workshop will be presented and paced. For those 18 hours LWVMN will receive \$900 plus travel expenses (see funding questions below), using a contract yet to be drafted by the Humphrey.

Background materials for the estimated 1000 participants will include LWV's Mental Health publication, our monitoring workbook and AMI's With Open Arms. We said that our monitoring workbook will be ready by November 1, 88. For those two publications they will pay \$7000 (our bulk order offer). Sharon Anderson will notify us when their funding has come through from DHS, at which time we can ship the order and bill them.

Because we think it is essential that the curriculum integrate the two League publications into the workshop, Barbara has offered to serve on the curriculum committee since she has the best handle on the content. We also thought that her writing of the monitoring workbook could effectively coincide with the writing of that part of the curriculum, in essence writing our own ticket (that is the area of which Humphrey Inc. seems to have the weakest grasp). Is this reasoning sound?

Once the curriculum has been written and reviewed by the Advisory Committee, only then will Sharon Anderson know how it will be presented and if LWV persons will be needed as presenters. Crossing that bridge when we come to it, separate contracts for workshop presenters would be drafted then.

Now for the internal, unresolved issues: first, funding. In our revised budget we agreed to pay Barbara \$700 for editing the monitoring workbook. Because the \$900 curriculum writing effort will overlap and indeed facilitate the writing of that workbook, is it reasonable to budget \$300 of that \$900 to Barbara, for a total of \$1000 for the workbook editing (as compared to \$1250 for

the factsheets and publication)?

Second, accountability to our funders. If, as the curriculum comes together, it looks as though these 20 workshops would serve our members as well as our originally planned 4 workshops, do we need to notify McKnight, etc. of our revised plans? I should think that by the end of October we'll know how effectively monitoring will be handled by the Humphrey workshops, and whether we need to gear up for our own workshops or promote LWV and laypersons' attendance to the Humphrey ones. What are your reactions to this idea?

I understand Sally is gone until the 9th. The Humphrey animal is a slow-moving beast, so you have time to discuss it together before getting back to me. Thanks.

1987-89 MENTAL HEALTH STUDY
CONSENSUS PROCESS & POSITION

Johnson

20 June 88

Dear Committee Members,

Enclosed are the materials to help you think about the consensus questions for our mental health study. Please consider them carefully, make notes of additions, deletions, improvements, etc. and come prepared to compile our final draft of consensus questions on Tuesday, July 26, 12:30-2:30 PM at the new LWVMN office, 550 Rice St. I hope you can come; if not, please send your input to the state office before the July 26th meeting.

CONSENSUS QUESTION WRITING

There is no single format for consensus questions. Position statements, multiple choice, ranking, branching and paragraph questions have all been used (see enclosed water rights and children's health questions as examples) with their inherent advantages and disadvantages. Consider which format you think best suits the content.

Consensus questions do not always generate the best discussion, therefore, the discussion guide and its related questions (see enclosed guide for Health Care for MN's Children). Think about related questions which could go into the discussion guide which I and ?? will write after July 26th.

While writing consensus questions, concentrate on clear, layperson's English, on confining each question to one idea, on broad topics but not open-ended, etc. Remember that members' only source of background information upon which to base their decisions are the Fact Sheets and publication. We can't introduce a new issue unless we are prepared to give them the needed information.

And finally, think about the number of consensus questions to be discussed and answered within a two-hour consensus meeting.

We are the writers of the consensus questions and also the compilers of the responses. Enclosed is Illinois' position on mental health, to give you an idea of one possible outcome. The LWVMN children's study resulted in about 12 separate positions, each based on a consensus statement. The water study position was extrapolated from the results of the consensus process. We will decide how to draft a position statement, based in part on how we write the questions.

Enclosed are my initial suggestions for questions, to get the ball rolling. I will be bicycling from Seattle to Northfield for the next month, thinking about the content and the phrasing of these questions as I climb the Cascades and descend out of Glacier onto the High Plains. I'll be thinking about numbers of questions and types of responses as I pedal through eastern Montana and into the grasslands of North Dakota. While you may not be on a bike, I encourage you to do the same kind of thinking.

See you on July 26th! And thank you for all the thinking you are about to do!

Margit

20 June 88

Page 2

SUGGESTIONS FOR CONSENSUS QUESTIONS

(phrased in a statement form; other phrasings might be better?)

LWVMN supports:

- the direction of the 1987 Comprehensive Mental Health Act which delivers public mental health services at the county level, with the state mandating basic services. (FS# 2, pub. pp. 6-8)
- the coordination of state departments dealing with mental health, including the Department of Human Services, the Department of Health, the Department of Jobs and Training <others??> (FS# , pub. pp.)
- a coordinated system of mental health facilities, ranging from regional treatment centers and VA hospitals to residential treatment homes and nursing homes, which provide continuity of care to those with chronic mental illness. (FS# 3, 5, & 6, pub. pp. 11-21, 27-28)
- public policy which provides consistent and long term community support services for housing, employment, transportation and psycho-social rehabilitation. (FS# 3)
- consistent and adequate funding which simplifies <consolidates??> funding sources and follows the client's needs. (FS# 4, pub. pp. 8-10,38)

Other topics for possible questions:

- accessibility to the system
- commitment procedures and laws
- case management (funding? loads?)
- quality control/assurance; licensing procedures
- special populations

Additions, deletions, corrections, refinements.....

WATER RIGHTS AND USE STUDY CONSENSUS

I. Allocation Policies: How should limited water resources be distributed?

Rights to use water in Minnesota are based on the doctrine of Riparian Rights and the Reasonable Use Rule. Permits are required for any appropriation of water greater than 10,000 gallons per day or one million gallons per year. (Domestic use serving fewer than 25 persons is exempt.) The Department of Natural Resources (DNR) grants permits according to legislated priorities and administrative rules (See "Reasonable Use" Box in "Who Owns Minnesota Water?"). What changes, if any, would you support in permit policies? Check as many methods as you support.

- ☐ Present law is adequate. No change. (If you check this option, don't check anything else.)
- ☐ A distinction should be made in the permitting process between amounts withdrawn and amounts consumed
- ☐ Certain uses should be prohibited. Specify _____
- ☐ Change the priority system:
- ☐ Abolish priorities, relying instead on administrative decisions and/or litigation to settle conflicts
 - ☐ Vary priorities according to regions of the state
 - ☐ Priorities should be different. Check three uses you consider most important:
 - ☐ Domestic
 - ☐ Energy Production
 - ☐ Industrial
 - ☐ Instream Uses (fish and wildlife, recreation, etc.)
 - ☐ Irrigation
 - ☐ Mining
 - ☐ Navigation
 - ☐ Rural Supply
 - ☐ Uses 10,000 gallons per day
 - ☐ Other Specify _____
- ☐ Policies which better address water shortages should be added:
- ☐ Broad Priority Classifications
 - ☐ Efficiency/market force policies. Specify _____
 - ☐ Policies which ease the riparian land ownership requirement for water rights should be added. Specify _____
 - ☐ Other: _____

II. Conservation Policies: Should Minnesota legislate efficient use of water?

- A. The DNR is now engaged in a pilot study of aquifer safe yields. Protected flows have been established for 38 streams and work will be done on other streams according to prioritized need. Should the state continue to develop protected flow and safe yield standards for streams and aquifers?
- ☐ Yes, both protected flows and safe yields.
 - ☐ Only protected flows (for streams)
 - ☐ Only safe yields (for aquifers)
 - ☐ No
 - ☐ Comment _____

CHILDRENS HEALTH
LOCAL LEAGUE CONSENSUS REPORT

Name of League _____

Name of person preparing the report: _____

Phone: # _____

Total membership of your League _____

Number participating in the consensus _____

In your local League report to LWVMN, please record number of those responding to each consensus question.

DEADLINE: Please return your consensus report to the State League office as soon as possible after your League's consensus meeting. The report must be received in the state League office by May 29, 1987.

CHILDRENS HEALTH CONSENSUS QUESTIONS

Do you agree or disagree with the following statements?

1. The LWVMN supports public policies that provide access to comprehensive pre-natal and child health care because we are convinced of the cost effectiveness of preventive health care for pregnant women and children.

Yes _____

No _____

Comments _____

2. The LWVMN supports publicly supported health insurance for pregnant women and children with family incomes up to at least 200% of the poverty level.

Yes _____

No _____

3. The LWVMN supports public and privately sponsored programs that insure adequate nutrition for pregnant and nursing mothers and young children.

Yes _____

No _____

4. The LWVMN supports services to insure adequate care for children with disabilities and chronic illness.

Yes _____

No _____

Comments:

RETURN THIS REPORT TO THE LWVMN OFFICE NO LATER THAN MAY 29, 1987.

NOTE: LWVMN will be in new temporary office space by April 30, 1987. When we know our new address we will notify you immediately.



**LEAGUE OF WOMEN VOTERS
OF MINNESOTA**

PHONE (612) 224-5445
555 WABASHA • ST PAUL, MINNESOTA 55102

**DISCUSSION GUIDE
HEALTH CARE FOR MN'S CHILDREN:
INVESTING IN THE FUTURE**

TO: Local League Resource Chairs

FROM: Peggy Lucas, 612/823-8544 (home), 612/332-5664 (work)

DATE: January 22, 1987

Purpose of the Study

The purpose of this study is to inform League members about the status of the Health of Minnesota's children.

This publication is the second of three LWVMN studies of the health and safety of children. The first study focused on Child Protection and the third study will focus on Day Care.

Resource Materials

In this mailing:

- Second publication and order form
- Discussion Guide
- Consensus Questions/report form

Planning the Meeting

Encourage members to read the study before the League meeting to be better prepared for discussion. The discussion guide is suggested to help in responding to consensus questions. If your League conducted local interviews or held a public meeting, have those who worked on those projects share some of their experiences and impressions. The time suggested for presentation and discussion is approximately 2 hours.

During the Meeting

The following are suggested discussion questions. Feel free to pick and choose. However, it is important to pick at least one question that relates to each consensus question.

1. Consider children as the "to be developed" capital of our society. How are we developing this capital? Are we making the kinds of investment in this resource that are necessary? Would public policy be different if children could vote? (Consider the gains made by seniors who are seen as a potent political force.)
2. Consider health care in a child's early years strictly from a cost and benefit approach. What are the long term benefits from investments in:
 - . pre-natal care
 - . good nutrition for mothers and infants
 - . screening and immunization
 - . access to insurance

3. Discuss the problem of Low Birth Weight. How frequent is it in your county? What are the potential consequences of low birth weight in the development of the child? (pages 2-5)
4. For low income families health means more than access to medical care. It also means safe housing, nutritious food, access to transportation. What percentage of families in your county are headed by single parents? What percentage of children in grades K-12 live in low income homes? What implications do these statistics have on the health of the children in your county? (Consult the charts on page 20 & 21.)
5. What are the problems with the lack of insurance? Why do people lack insurance? What would the implications be of the following legislative proposals:
 - .The Right Start
 - .Raising Medicaid eligibility to 200% of the poverty level
 - .Extending Medicaid eligibility to 18 months to those who work themselves off AFDC (they currently are eligible for 12 months). (Pages 6-9)
6. Many consider the WIC program to be a model because of its comprehensive approach to vulnerable mothers and children. Give special consideration to understanding why this is a program that works. What are the problems with the current program? How can the current program be improved? (Pages 13-14)
7. Suppose your child is born with cystic fibrosis. How would this impact your family:
 - a) if you are on AFDC
 - b) if your family income is 200% of the poverty level and uninsured
 - c) if your family income is 200% of the poverty level and you are self-insured
 - d) if you are middle class

Consider how your responses would differ if you were a rural family? An urban family? (pages 14-15)

Food for Thought Question

It is not enough to offer good health care programs to children. These programs must be used if they are to be effective. In France the infant death rate has been reduced by offering cash payments to pregnant women when they participate in pre-natal care. Debate the pros and cons of this kind of approach. (Don't allow more than 10 minutes to be spent on the debate however. The idea is to stimulate discussion.)

Mental Health

Support for comprehensive and coordinated services for mentally ill adults and children.

POSITION IN BRIEF: *The League supports a comprehensive and coordinated system of treatment and rehabilitation services for mentally ill adults and children. There should be adequate funding, program standards, and personnel training requirements for both state facilities and community programs.*

MENTAL HEALTH (1987)

The League supports a comprehensive and coordinated system of services for mentally ill adults and emotionally disturbed children and adolescents. The Department of Mental Health and Developmental Disabilities should assure both adequate state hospitals and community services to treat and rehabilitate the seriously mentally ill. These services should be integrated with those of other state agencies.

State funding should be sufficient to provide adequate state facilities and contribute to community services. The latter should be in partnership with local communities. Funding should be tied to identified needs and effectiveness of services.

The Department of Mental Health should set minimum standards for all programs and facilities it funds. There should be minimum training requirements for professionals and other personnel employed by the state and working in state-funded programs.

BACKGROUND

The 1985 Convention established a Mental Health Task

Force to study Illinois public policy on mental illness. Delegates approved a two-year research and educational project when a proposal for a consensus study failed by a narrow margin. The task force investigated the mental health system, through reading, interviews and site visits and produced a major report "Public Policy on Mental Illness in Illinois" in December 1986. Testimony and a draft of the report were presented to the House Appropriations II Committee. In March of 1987 the task force held a conference for the public entitled "Community Mental Health: Where Do We Go From Here?"

The 1987 LWVIL Convention delegates concurred with certain conclusions of the Mental Health Task Force, establishing a position on which action could be taken. Support was given to legislation encouraging a partnership between state and local communities in meeting the needs of the mentally ill and to adequate funding for staff at state institutions and for community services.

The 1987 Convention also passed a Study of Community Mental Health Services. (See page 16.)

1. Should LWVMN support adequate and consistent public funding for services for persons with acute and/or serious and persistent mental illness?

- There should be a connection between state mandates and the funding provided to accomplish the mandates.
- Make sure that research and preventive programs are included in services provided. Support adequate and consistent public funding for everyone regardless of income. What does adequate mean? Adequate needs precise definition.
- "Adequate" rather vague as regards to definition (several LLs wanted definition of adequate). Where will money come from - taxes?
- Funding should be adequate to serve those persons in need of services.
- There should be support for community-based living, as opposed to institutional living.
- Support a link between "adequate" and "consistent" so go together and not an erratic provision of funds. Concerned about cost of adequate care and how that can be provided. Concerned about role of private insurance, whether it should focus on "worried well" and government provide for seriously mentally ill - or whether private should contribute. If latter, how to maintain adequate and consistent across different insurances. Also, concerned about issue of growing use of self-insurance by companies and thereby limiting coverage.
- The majority of funding should be provided by state rather than county.
- Private sector funding should be encouraged as primary.
- Important that services for MI be flexible and allow for creativity.
- Support additional funding, particularly from federal, state and local sources.
- Emphasize consistent; also sliding fee provision for services; what standards define who is eligible? What is the maximum caseload a social service person supervises? Should work toward comprehensive community support services to replace the present system and thereby decrease the funding needs. Require personal payment when financially able without requiring this to the point of impoverishment.
- Too hard to make comments within the big picture of funding.
- Problem with funding going to "for-profit" care givers.
- Services should be provided for people in early stages of mental illness. Money should go to most in need - most severe cases. Alternative services already in place should be used for less severe cases. Appropriate use of money spent on services; perhaps we can follow WI example. Not to the exclusion of funds for such needs as teenage pregnancy, etc.
- Could money go to hospitals to offer programs if no other options exist. Suggest use of "on-call" staff in areas with less demand. Make sure money is mandated/specified for purpose of mental illness.
- Suggestion that trust fund be established by Legislature to



support adequate and consistent funding for MI services.

General Comments:

- Yes to all questions; we see a need in all these areas, but must consider the funding. The public must be better educated about MMI and how they can help.
- FUND RESEARCH!!
- There was considerable concern that the source of funds needed to do all of the above was not addressed as part of the study.
- Group saw need for better services in all areas for MI and necessity for public education to remove stigma and develop sustained political will.
- Questions not sufficiently open-ended and didn't allow no votes <2>.

Stats:

Total LLs participating: ~~38~~ (of a possible 58; ⁴⁵65%) ~~78~~ (⁷⁸78%)
metro: ~~24~~ ²⁰
Greater MN: ~~14~~ ¹⁹

Total members participating: ⁶⁵⁷780 (possible ca. ²⁰⁰⁹1891; 41%)
metro: ~~541~~ (possible ca. 1336; 40%) ⁵⁵⁸
Greater MN: ~~239~~ (possible ca. 555; 43%) ²⁹⁶

Responses to questions 1-9; see comments on following pages:

1. ~~38~~ yes ⁴⁵
2. ~~38~~ yes ⁴⁵
3. ~~38~~ yes ⁴⁵
4. ~~37~~ yes, 1 no ⁴⁴ yes
5. ~~37~~ yes, 1 no ⁴⁴ yes
- 42 6. ~~35~~ yes, 1 no, 2 no consensus
- 35 7. ~~29~~ yes, 2 no, ~~7~~ no consensus ⁸
- 43 8. ~~37~~ yes, 1 no consensus ¹ no
- 45 9. ~~38~~ yes

2. Should LWVMN support flexible public funding with an emphasis on following client needs?

- Important goal should be to make programs and services as client-centered as possible.
- We like concept of flexibility; accountability a concern.
- Follow up is most important <2>; monitoring and qualifications of staff a concern.
- Agencies work together to better meet the needs of clients.
- Flexibility needs to also include availability and accessibility of a broad variety of services and not limit options. Emphasize importance of case management and focus on client needs and not available services or funds.
- Following client emphasized in order to reduce the "revolving door" aspect of care.
- Support for more money for prevention and early intervention.
- Lobbying should consider where funds will come from to ensure enactment of programs.
- Many are street people; how do you find them and determine what they need, how do you follow up on them? Social workers have too many clients. It's too idealistic.
- Important to establish an evaluation process that ensures that there are stop gaps in system so that consumers do not "fall through the cracks".
- Poorly worded question; difficult to be clear about flexible funds vs. follow up; concern that money could be misused, not tracked properly; must have controls on spending of money.
- DHS should monitor allocation and effectiveness with quality assurance control. Note difference in metro and outstate services, much more service in metro area. Key word should be "flexible".
- Need baseline allotment for each service;; difficult to administer but better meets needs of client. Sharing services between counties may be needed.
- Is this being too open - what is being funded, evaluated?
- Perhaps it should be state funded and county administered.
- Research dollars are needed; federal funding to study causes; preventative measures. Client needs to be met with flexible programs.
- Emphasize services rather than administration. Concern about ineffective drug use in treatment programs. Ensure that properly trained case management workers handle consumers of mental health funds.
- Money directed by case manager not client; strong case manager system. Should be funded to follow client rather than county.
- Case management services assure that only services needed are provided. If adequate case management is to be provided it has to be built into system.

- guidelines as to how funds will be better utilized & abuses prevented; should be limit as to how much \$ is spent on client needs.

3. Should LWVMN support an array of program and services, available and accessible in communities to provide ongoing support for persons with mental illness?

- Any new programs should be designed to provide a definable "path" or "paths" for clients and avoid gaps in treatment options.
- "Array" should be focused on individual case management within the community.
- Areas of concern and need are employment, job opportunities and counseling. Funding should be provided for persons who can coordinate services which are most appropriate.
- Add "wide array of services".
- Importance of case management and community support programs.
- Intervention should be available in the beginning of the illness. Education and early diagnosis are sorely needed. How are they to be funded?
- Coordination between array of services; effort should be coordinated with emphasis on transportation. A choice from the array should be available.
- Define community as an area. Should include institutions.
- If representatives from counties could get together and plan support services, much duplication could be avoided and hence duplication of costs.
- Case management a priority.
- Important to have a state "watch dog" to insure quality. To allow individuality (counties), yet establish minimum standards. Need to be careful that we don't overload professionals with so many administrative tasks that hands on care is sacrificed. More depth to existing programs so consumers can be serviced properly.
- <Minority opinion> Idea is not workable and cannot be implemented efficiently.
- Yes, if safest and least costly for client and society are both important. Quality of life is a goal for everyone and we should support their efforts.
- Important that services for families be included. RTC need to be left <remain?>.
- Must try to offer service to sparsely populated communities.
- Regionalize level of care like system set up for neonatal care in the state (good model to follow).
- Should not include funding unnecessary and unused services. Too diverse; concentrate on programs with qualified personnel at adequate pay scale. Special emphasis on case management. Need to be administered effectively, not scattered services.
- Encourage using WI's system as model for treatment, structure, funding (rather than develop whole new program). Housing options should be scattered. Acute hospital and RTC serving large area.
- State funds needed to help rural tax base. Adequate care should not depend on where person happens to reside.

- Adequate research into successful programs in other states & countries.

4. Should LWVMN support a range of housing options for persons with MI?

- We recognize difficulties in providing a range of housing to accomodate various levels of wellness, particularly that of siting halfway houses, etc.
- Funding for families if client can remain 'at home. Need for non-metro low-cost housing option. Felt these questions are phrased to support 87 legislation.
- At least equal to MR persons <2>.
- Concerned about safety of buildings. Consistent monitoring.
- Extensive education needed about MI so public can be more accepting of group homes. Equal opportunities for housing subsidies as MR.
- Need to address MI affordable housing at state level.
- How are housing options going to be funded?
- Word "appropriate" should be inserted before "housing options". LWVMN should support increase in Rule 36 funding and number of Rule 36 facilities. Public housing organizations do not have resources available to serve MI clients.
- Emphasize range - a need for institutions along with other housing options.
- Remove blockades (ordinances, etc.) that prevent establishment of group homes.
- Have studies been made to see if there are enough people to take care of the mentally ill?
- Could there be a development of incentives to cities to encourage housing for MI? Important to develop "grass roots" support, i.e. churches, local civic organizations. Education is essential <4>.
- "real reservations - support, depending on how it is monitored, i.e. staffed, night supervisors, training, ratio to staff, etc.
- Need for more flexible time limit; be sure type of housing matches type of need. 6 mo.-2 yr. range on stay in designated housing too inflexible. Need for individual assessment of individual needs.
- Insurance and legal responsibility come to mind.
- Single and family dwellings available.
- Should be federal responsibility.
- Should segregate MI from elderly in high rises. Should include suburbs. Separation from family and community as last resort; foster care as well as residential institutions. Range is too broad; not enough supervision. Need excellent case management <2>.
- Housing appears to be perennially limited, even for persons not members of any special population group. Housing is always limited to the ability to pay and there was no mention of whether we would be asking the client, the state or county or the federal govt. to pay. Concern regarding the ability of rural areas and nursing homes to meet the demand was also noted.
- All communities should take their fair share - no I and R's allowed! Transportation in the suburbs an issue. Law releasing persons from state hospitals did not properly fund resources for local program - a real mistake.

5. Should LWVMN support a comprehensive mental health system for children and adolescents?

- Support an INTEGRATED system with checks and balances.
- The words "seriously and emotionally disturbed" should be inserted before "children and adolescents" <5>. Resources should be made available to all children and adolescents, not just those from AFDC or those who are already in the criminal justice system.
- This should also include a strong preventive focus, especially within the schools, such as Project Charlie, Quest, Peer Counseling.
- We feel this is a HIGH priority! Preventive programs are much more cost effective than repeated care situations.
- Concern over MN track record; open up communication (by law maybe) between agencies and services.
- Money (insurance etc.) becomes a liability to parents' ability to find best and most appropriate services; many would like to use private and cannot. Links between agencies and services vital. Children need to be educated on methods of coping with stressful situations. Professional foster parents are needed. Children should not be sent too far from families; families need to be involved in care.
- Prevention programs needed in early elementary grades. Funding isn't always available within school districts for proper prevention; they should realize that there is help through other agencies like MHA.
- There may be a shortage of in-patient facilities in MN, with clients sent out of state for some services. Perhaps a form of reciprocity could be worked out with nearby states.
- Require insurance to cover mental illness for kids (can be better treated as out-patients).
- Schools should be given additional help in assessing children's needs, much is needed to improve services.
- Several qualifying conditions 1) all children in need of care receive appropriate care but that all tendencies toward labeling be eliminated, 2) all children whose parent had private insurance probably had better chances for consistent quality care and that care should not be unnecessarily delayed by insurance co. policies 3) money follow client 4) jurisdictional problems be addressed by system.
- Schools should have limited responsibility for treatment but carry responsibility for a referral point.
- Meaning of "comprehensive"? Funding for all these programs?
- Schools should have mental health and mental disorder and service information.
- as long as there is appropriate screening at intake. Very careful use of medication; drug monitoring.
- Emphasis on coordination and education in schools, corrections and mental health systems <4>.
- Chemical dependency treatment for juveniles should be included where CD accompanies MI.
- Patterned after Washburn Child Guidance Center would be ideal.



St. Mary's Hospital (sliding fee).

- Assume "comprehensive" means to support family with counseling, etc.

- <minority> Judicial not the best to make judgment; should be medical staff.

- Family support must be heavily backed; this question deserves its own study.

- Important that fund and "quality" professionals who specialize in adolescents are available. If mandating to schools, be sure funds are available to cover cost of services needed.

- Priority for lobbying.

- concern about labelingh children <2>. Prefer to support existing programs in schools and with families for special services.

6. Should LWVMN support a commitment process which ensures prompt and appropriate treatment for persons with mental illness while protecting their civil rights in the commitment and treatment process?

- The words "unless the individual is refusing evaluation" should be inserted at the end of the question. Needs of individual must be balanced with societal needs.

- Focus on prompt and appropriate treatment, but not have requirements so rigid that people have to degenerate significantly to receive help.

- Commitment law alright. emphasis must be on training judges, attorneys, social workers. More emphasis on criterion and failure to meet basic human needs.

- More time needs to be allowed for commitment for evaluation.

- Consider rights of society also - neighbors and businesses; other avenues should be tried first.

- Emphasize assurance of treatment prior to commitment.

- Change wording to "care and treatment and possible commitment."
- Fine line between protecting rights of MI and allowing drug treatment refusal; careful handling needed based on latest medical research.

- Emphasis on promptness in crisis situations <3>.

- Considerably reduce time frame requirement from a maximum of 44 days for commitment hearings.

- Possibility of a guardian ad litem program for those involuntarily committed; a strong advocate program for diagnosed person, especially those involuntarily committed.

- Change word "ensure" to "enable."

- Explore treatment alternatives thoroughly before commitment.

- Recommend extension of 72 hour detention; perhaps counting hearing within 72 hours, extension allowed for decision on treatment.

- Emphasis on care for person unable or neglectful of caring for self, or endangering others.

- Insure prompt second hearing so that MI treatment consumer does not have deterioration of condition.

- Neither question nor discussion guide clarify whether LWV means commitment process as presently written into law or whether law should be amended. Had potential amendments which LWV may support been listed, we may have been able to reach consensus.

- More crisis case management needed.

- Contact legal profession for more direction,

~~Contact legal prof. for more direction.~~

7. Should LWVMN support policies to assure commitment of persons who are so gravely disabled by mental illness that they cannot meet their basic human needs?

- Confusion over phrasing; prefer the phrase "to assure a range of treatments, including commitment" to the automatic use of commitment implied here.
- Periodic review of patients needed <2> . Make sure safeguards of human rights maintained; should be done on case by case basis; need to provide adequate housing short of hospitalization.
- A good idea to push this as a reason to commit a person. Concern voiced about problems created by the Jarvis decision. Are people who need medication not being treated in a timely way? Use of guardian ad litem as advocate was supported.
- Concern that person who is hopelessly ill and wishes to die with dignity will be diagnosed as "depressed" and committed.
- Prefer "enable" to "assure." Focus on those interested in services rather than those adamantly refusing. More alternative, such as outpatient treatment, commitment option made available in actuality, so hospitalization is not only alternative.
- The words "or make sound judgements affecting their health" should be inserted at end of the question.
- Change "commitment" to "care"; too many terms too loosely defined.
- Forced or involuntary commitment was regarded as degrading and as holding potential for violation of human rights as long as one was not endangering others. There remained, however, a strong voice for involuntary commitment as viable alternative to self-destruction.
- Stress "gravely".
- Commitment must mean range of services, including outpatient commitment. Use of least restrictive setting appropriate to client; a team decision. Client must be assured they will not be branded MI just because they're on the street <2>. Educate police instead of keeping people in jail to get them into appropriate program.
- Concern that commitment may mean loss of flexibility.
- Strangely worded. Enable is better than assure. Person must be declared disabled or dysfunctional.
- Assure commitment to least restrictive facility that meets patients' needs.
- Question too vague; needs clarification of commitment and human needs.
- You wouldn't get valid, objective evaluation from consumer. Younger people taking care of these people burn out after awhile. Institutions might be better.
- Screening process for "competency" is accommodating system, not client.
- This is too good an opportunity to take away civil right <5>; change word from "assure" to "consider".

8. Should LWVMN support a coordinated system of quality assurance for programs and services for persons with mental illness with emphasis on evaluating outcomes and consumer satisfaction?

- Evaluations should be undertaken when the individual has advanced through system to outpatient level. Clients and families should be included in evaluation process. Mistreatment would come to the surface more readily with an evaluation process.

- Focus on outcomes; consumer satisfaction should address client and client family.

- Concerned about paper work loads. Satisfaction meaning "cure" could be problem.

- In evaluating agencies and treatment centers, background of monitors effects recommendations; monitors should be broadbased. Goal of treatment is individualized programs for client. Case managers should evaluate.

- If not mentally capable, how can they be judged as to consumer satisfaction?

- Funding for review of system should be in legislation. Quality assurance most important of all.

- What is consumer satisfaction? It's naive to expect this. Often they don't know what they are doing. Where will we get all the evaluators? If the patients are the consumers, can they evaluate themselves? Standards are needed. How can so many ideals be implemented? We're cynical and doubtful and know it will be costly.

- We must be careful not to politicize the process. Use of quality volunteer activity, and the private sector, should be encouraged. The phrase "evaluating the outcomes" caused apprehension - care must be taken to not mandate a certain prescribed outcome as the norm, that the realities of MI must be taken into consideration (not all will recover and become self supporting). Important that there be a mechanism (case management?) in place so people don't fall through the cracks.

- Should be reworded - "consumer satisfaction" was confusing and meant client to some, public to others <4>. Felt outcomes would be difficult to assess, similar to "competency" of teachers?

- Quality of service should cover follow-up by qualified outside sources (professional) and by clients AND their families.

- Be sure program quality is evaluated as well as physical quality (safety codes, etc.).

- how do you define consumer satisfaction and measure it <3>?

- Concern about cost of such a program <3>.

- Less enthused about this one; hope it doesn't become a lot of paper pushing.

- Money would go into this that should be used for more case workers, etc. other programs are not evaluated like this.

- Group homes should be evaluated.

- Case management would make more sense than a "coordinated" system. Group homes should be evaluated. Central data bank on previous medications, history, treatment, track people by number rather than name.



- Support strong advocacy programs to help those who can't communicate their needs effectively.
- Should have standards for services, staff ration, staff training, cleanliness of facility, etc.

9. Should LWVMN support continuing state financial responsibility for improved intensive treatment programs and adequate living conditions for persons currently served in RTCs?

- And improve the present facilities.
- Even though MI need more options than the RTCs, state needs to provide funding in order to avoid disparities between counties. If counties pay more, it becomes a property tax burden, instead of the more equitable income tax burden. There can be much creativity in the improvement and continued use of the best of our RTCs like Willmar.
- Site monitoring necessary.
- Present living conditions are not adequate; yes, support continuing state financial responsibility along with goal of reducing the population in RTCs.
- Both units would like to know where the money is coming from.

- Counties and communities can't carry the entire burden.
- Adequate and well paid staff necessary.
- Greater advocacy and awareness needed; what can make programs more effective?
- Who would we call if we were personally involved/affected?
- Reduce isolation of clients from life with quality staff time to enhance their stability/health.
- If RTCs are disbanded, new living situations must be very carefully monitored, adequately staffed 24 hours a day, with care for proper medication and rehab programs and confinement so they are not out on their own when incapable. With such scattered housing options system becomes unwieldy and dangerous to neighbors (i.e. concern for elderly in high rises).
- Massive amounts of money for so many programs surely can be spent much more wisely with consolidation, coordination of programs; less administrators, more counselors.
- Sliding fee scale desirable. More local hospitals should enlarge psychiatric wards for emergencies. Funding should follow patients.
- Just say yes! <!!>
- RTCs need to be available as an alternative, and should be upgraded in their programs.
- Treatment should focus on coping skills; include counties to a greater extent; focus on individualized improved treatment; include counties to help in funding to a greater extent.
- Also support community facilities where possible.
- RTCs should not be closed down.



THE LEAGUE OF WOMEN VOTERS

MINNESOTA

550 RICE STREET ST. PAUL, MN 55103
PHONE (612) 224-5445

MENTAL HEALTH STUDY DISCUSSION GUIDE

TO: Local League Mental Health Study Chairs

FROM: Margit Johnson, LWVMN Study Chair, 507/645-5726

DATE: August 12, 1988

Materials:

- Fact Sheets #1-9 (published Oct. '87 - Apr. '88)
- Publication, April '88, "Serving Minnesota's Mentally Ill: An Introduction"
- Video of April Focus "Creating Quality in Minnesota's Mental Health System"

In this mailing:

- Discussion guide and questions
- Consensus questions/report form
- Fact Sheets #1-9, revised and typeset in April, 1988

PLANNING THE MEETING:

Publish the consensus questions and encourage members to read the nine Fact Sheets and/or the publication prior to the consensus meeting. Remind members that they need not be experts to participate in the consensus; an informed member is more than adequate!

Schedule two hours for the consensus itself (add time for coffee, announcements, etc.). If your League conducted interviews or held a previous meeting, consider inviting those participants to join in the discussion.

This discussion guide is intended to be used during the meeting to help explain and clarify the consensus questions. Suggested discussion questions can promote discussion about a topic, to "get the juices running". They may not directly address the consensus questions themselves, which are intended to establish agreement or disagreement with a general philosophy. The great League tool, Limited Debate, will ensure that there is ample time to answer all nine questions. Recommended average time per question is 15 minutes (combining 1 & 2 - funding, and 6 & 7 - commitment). Designate a recorder (other than yourself!) to record the votes and any comments made by the majority or minority. Good luck, and thank all of your members for their participation!

Questions:

1. Should LWVMN support adequate and consistent public funding for services for persons with acute and/or serious and persistent mental illness?

*See Fact Sheet #4 & 9, publication pp. 8-10

"adequate and consistent" = both considered important, so that enough money is allocated every year, instead of an ongoing trickle or only sporadic "big bucks".

"public" = federal, state & county funding source.

"services" = implies programs and services.

"with acute and/or serious and persistent mental illness" = services for persons with sudden, acute needs and/or serious and persistent mental illness

(once known as "chronic" mental illness); essentially, public services for those most seriously ill, rather than those less severely affected (sometimes referred to as "the worried well"); our study focused on the serious and persistent mentally ill, so all of our questions pertain to them.

2. Should LWVMN support flexible public funding with an emphasis on following client needs?

*See especially "Funding Patterns", pub. p. 10 and diagram p. 38.

"following client needs" = more flexible funding procedures which may follow the client through different phases of housing, employment, etc. needs, instead of current process which can place a client in a program because it is affordable (to client, to county, to state, etc.) rather than because it meets client needs.

Suggested discussion questions for above funding questions 1 & 2 (no need to discuss all; just enough to think about funding before answering consensus questions):

- Why do funding patterns encourage counties to hospitalize persons with mental illness?
- How did the history of funding sources affect the deinstitutionalization of persons with mental illness in Minnesota?

3. Should LWVMN support an array of programs and services, available and accessible in communities to provide ongoing support for persons with mental illness?

*See FS #2, 3 & 5, pub. pp. 3-7, 10-24 & 40.

"an array" = a variety of services, recognizing that client needs are diverse and choices desirable.

"available and accessible in communities" = services are both in place and functioning in a community (which could be county-wide or regional in certain cases), and readily accessible to clients and their families; accessibility can include transportation to the service, guidance through the necessary paperwork, reasonable eligibility standards, etc.

"provide ongoing support" = recognizing the cyclical nature of mental illness and the client need for continued support in a variety of ways, instead of a "once-through cure".

Suggested discussion questions:

- Why is "a continuum of services" often a misnomer in the field of mental illness?
- Why are the following important services for those with mental illness?
 - case management
 - housing alternatives
 - supported employment
 - transportation
 - psycho-social rehabilitation
 - financial services
 - day treatment
 - emergency & crisis services
- Why are the following groups identified for special services?
 - ethnic and racial minorities
 - persons with dual diagnoses
 - prison inmates
 - Vietnam and other war veterans

4. Should LWVMN support a range of housing options for persons with mental illness?

*see FS #3, 5 & 9, pub. pp. 13-15, 19-21 & 28.

"range of housing options" = variety of choices appropriate to client needs and ability to pay.

Suggested discussion questions:

- Why does housing those with mental illness continue to be so controversial (see FS #9)?
- Discuss the ramifications of the Reagan administration's reduction in subsidized housing as it affects persons with mental illness.
- Should persons with mental illness be as eligible as those with mental retardation for federally funded community treatment residences (pub. p. 9)?

(You are about halfway through the consensus questions...)

5. Should LWVMN support a comprehensive mental health system for seriously emotionally disturbed children and adolescents?

*see FS #7, pub. pp. 24-26, 34

"comprehensive system" = coordinated and inclusive system of services and programs.

"seriously emotionally disturbed" = clinical terms; in Minnesota children and adolescents cannot be diagnosed as mentally ill.

Suggested discussion questions:

- Why is a linkage important between schools, county social services, corrections and the medical system for seriously emotionally disturbed children and adolescents?
- What are the special characteristics of children and adolescents, and why the need for separate legislation involving them?

6. Should LWVMN support a commitment process which ensures prompt and appropriate treatment for persons with mental illness while protecting their civil rights in the commitment and treatment process?

*see FS #8, pub. pp. 30-34

"prompt and appropriate treatment" = recognition for immediate crisis intervention when needed and the choices between inpatient and outpatient treatment, depending on client needs.

"civil rights in the commitment and treatment process" = legal rights as defined by past and recent commitment laws affecting both how persons are admitted to treatment and how that treatment is administered, particularly medication.

7. Should LWVMN support policies to assure commitment of persons who are so gravely disabled by mental illness that they cannot meet their basic human needs?

*see pub. p. 33

"gravely disabled" = legal term pertaining to person's condition which may limit their judgement toward themselves or others.

"basic human needs" = food, shelter, clothing and medical care.

Suggested discussion questions (for commitment questions 6 & 7)

- Why is the commitment issue so controversial?
- What is the individual's right to refuse anti-psychotic drugs with severe side effects?

8. Should LWVMN support a coordinated system of quality assurance for programs and services for persons with mental illness with emphasis on evaluating outcomes and consumer satisfaction?

*see FS #6, pub. pp. 27-30

"coordinated system" = within and among the several state departments which service those with mental illness.

"evaluating outcomes and consumer satisfaction" = measurable indicators of professional service and results, and procedures to measure and incorporate consumer response to those services.

Suggested discussion question:

- Why are licensing requirements and procedures important to quality assurance of housing alternatives?

9. Should LWVMN support continuing state financial responsibility for improved intensive treatment programs and adequate living conditions for persons currently served in regional treatment centers?

*see FS #3, 4 & 6, pub. pp. 3, 11, 27.

"state financial responsibility" = recognizing that while the state may not always directly administer services to persons with mental illness, the state is responsible for funding such services.

"improved treatment programs" = recognizing that intensive treatment programs could be better.

"adequate living conditions" = including modernized buildings, clean interiors and reasonable food.

"persons currently served in regional treatment centers" = even as the array of appropriate community services expands, there will continue to be persons in need of round-the-clock intensive insitutional care.

Suggested discussion questions:

- Why did the state originally establish state hospitals and how have they evolved into regional treatment centers?
- How has the state's responsibility toward persons with mental illness changed since deinstitutionalization?

Concluding the meeting:

After the recorder has recorded all the votes and comments, thank the participating members and pat yourselves on the back! Review the study's remaining timetable:

Jan. 1989: position established based on statewide response to these consensus questions; lobbying begins at state and county level (and therefore splits away from the study itself which is LWVMN Education Funded).

Feb. - Apr. 1989: monitoring workshops throughout the state, training members and others interested in mental health how to facilitate and improve mental health services at the community level and evaluate state policy.

June 1989: final report to state convention and plans for ongoing monitoring and lobbying efforts - sustained political will (see pub. p. 35) - using the LWVMN monitoring workbook!

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

Name of Local League: _____

Name of person preparing the report: _____

Phone #: _____

Total membership of your League: _____

Number participating in consensus: _____

In your local League report to LWVMN, please record number of those responding to each consensus question.

DEADLINE: Please return your consensus report to the State League office as soon as possible after your League's consensus meeting. The report must be received in the State League office by December 15, 1988.

MENTAL HEALTH CONSENSUS QUESTIONS

1. Should LWVMN support adequate and consistent public funding for services for persons with acute and/or serious and persistent mental illness (hereafter referred to as "persons with mental illness")?

Yes _____

No _____

Comments:

2. Should LWVMN support flexible public funding with an emphasis on following client needs?

Yes _____

No _____

Comments:

3. Should LWVMN support an array of programs and services, available and accessible in communities to provide ongoing support for persons with mental illness?

Yes _____

No _____

Comments:

4. Should LWVMN support a range of housing options for persons with mental illness?

Yes _____

No _____

Comments:

5. Should LWVMN support a comprehensive mental health system for children and adolescents?

Yes _____

No _____

Comments:

6. Should LWVMN support a commitment process which ensures prompt and appropriate treatment for persons with mental illness while protecting their civil rights in the commitment and treatment process?

Yes _____

No _____

Comments:

7. Should LWVMN support policies to assure commitment of persons who are so gravely disabled by mental illness that they cannot meet their basic human needs?

Yes _____

No _____

Comments:

8. Should LWVMN support a coordinated system of quality assurance for programs and services for persons with mental illness with emphasis on evaluating outcomes and consumer satisfaction?

Yes _____

No _____

Comments:

9. Should LWVMN support continuing state financial responsibility for improved intensive treatment programs and adequate living conditions for persons currently served in regional treatment centers?

Yes _____

No _____

Comments:

MENTAL HEALTH POSITION STATEMENT

Position: LWVMN supports a comprehensive and coordinated system of programs and services for mentally ill adults and emotionally disturbed children and adolescents (hereafter referred to as "persons with mental illness"). Priority should be given to persons with acute and/or serious and persistent mental illness. Minnesota public policy and funding should sustain an array of community based services which are available and accessible to persons with mental illness. Administration of that policy should provide clients with appropriate and adequate services.

- LWVMN supports adequate and consistent funding for services for persons with mental illness. Public funding should be flexible, following the client's needs, yet accountable to the public.
- LWVMN supports a range of appropriate housing options for persons with mental illness.
- LWVMN supports a commitment process which ensures prompt and appropriate treatment for persons with mental illness while protecting their civil rights. The commitment process should enable the commitment of persons so gravely disabled by mental illness that they cannot meet their basic human needs.
- LWVMN supports a coordinated system of quality assurance (including standards, mechanisms to monitor and the ability to take corrective action) for programs and services for persons with mental illness with an emphasis on evaluating outcomes and consumer response.
- LWVMN supports continuing state financial responsibility for improved intensive treatment programs and adequate living conditions for persons currently served in regional treatment centers.

Approved by the LWVMN Board of Directors, January 10, 1989

D R A F T
MENTAL HEALTH PRESS RELEASE

Johnson

For more information contact:
Margit Johnson, 507/645-5726
LWVMN office, 612/224-5445

For immediate release Feb. 7, 1989

LEAGUE OF WOMEN VOTERS RELEASES MENTAL HEALTH POSITION

Citing the need for a comprehensive, coordinated, community based mental health system, League of Women Voters of Minnesota president Joan Higinbotham last week announced the organization's five-point position statement on mental health. The new position culminates almost two years of intense study and consensus by members in local Leagues across the state.

The position calls for adequate and consistent funding for services for persons with mental illness with a range of appropriate housing options, a commitment process which insures prompt and appropriate treatment while protecting civil rights, a coordinated system of quality assurance (including standards, monitoring mechanisms and means for corrective action), and continuing state financial responsibility for improved treatment and living conditions for persons in regional treatment centers.

"The League believes Minnesota public policy and funding should sustain an array of community based services which are available and accessible to people with mental illness. Administration of that policy should provide clients with appropriate and adequate services," Higinbotham said.

Quoting from the League's June, 1988 report "Serving Minnesota's Mentally Ill: An Introduction," Higinbotham said "one in four families is affected by serious mental illness, making it the country's leading medical problem. Mental illness is more widespread than cancer, lung and heart disease combined, yet perhaps no other illness or disability is so shrouded in myth and marked by stigma. The League's intent in studying this issue was to help build a foundation of public understanding about mental health issues."

The 45-page report is an overview of Minnesota's mental health system. It brings together, in layperson's terms, the many layers of state and community support programs for persons with mental illness. It describes mental illness, the 1987 Comprehensive Mental Health Act, funding, housing, employment, the array of services available to adults, commitment procedures, issues of quality and services to children and adolescents.

-MORE-

Report writer and editor Barbara Flanigan, of Minneapolis, incorporated personal interviews--many done by local League members--of county commissioners, policy makers, providers and consumers to accompany the statistics.

Margit Johnson, a former Northfield League president who directed the mental health study noted that the landmark 1987 Mental Health Services Act is just the first step in creating a comprehensive and equitable health care system for the chronically mentally ill. The legislation, she said, "will not be effective unless there are knowledgeable and active individuals in each of Minnesota's 87 counties to see that it is implemented."

Johnson said the next phase of the League's study will focus on training League members and others to effectively monitor and assess mental health policies and programs in counties, where most mental health services are delivered. The League has published a monitoring workbook to assist in assessing services and programs provided. The workbook format will facilitate an annual review of county services.

The League's study was funded, ~~in part~~, by a grant from the McKnight Foundation with additional support from the B.C. Gamble, P.W. Skogmo and Mahadh Foundations, and House of Hope Presbyterian Church.

The study had the support and encouragement of the state's leading consumer and provider groups. In October, the Alliance for the Mentally Ill of Minnesota presented a special recognition award to the League for their efforts to make a top priority of "doing something about the neglect of people with mental illness." Alliance president Don Storm congratulated the League of Women Voters of Minnesota, and local Leagues, for "raising the awareness of their own members and the general public about the plight of the mentally ill."

#

Enclosures: Mental Health Position Statement
About the League of Women Voters
About the League of Women Voters Education Fund

The following key people are available to the media to explain the study, its results and answer questions:

Joan Higinbotham, president, League of Women Voters of Minnesota
Margit Johnson, Northfield, study director
Barbara Flanigan, Minneapolis, author and editor of "Serving Minnesota's Mentally Ill: An Introduction"
Contact through the LWVN office, 612-224-5445.

1988 & 89 CIA WORKSHOPS ON
MENTAL HEALTH STUDY

1988 APRIL FOCUS & COUNCIL WORKSHOPS



In Minnesota

LWV Study 1987-89

CIA Workshop January 30, 1988

Study Director: Margit Johnson, Northfield LWV (507-645-5726)

One section of the Comprehensive Mental Health Act of 1987 reads "The county board in each county is responsible for using all available resources to develop and coordinate a system of locally available and affordable mental health services."

LWVMN's study of services for those with mental illness focuses on county government, because that is where the services are delivered. While Leagues have long observed county boards, this study places a new emphasis on policy and implementation at the county level. The educational emphasis during the first year examines existing services, future programs mandated by the 1987 legislation, gaps that persist and revisions that may be necessary to ensure adequate and equitable services.

Beyond education, however, monitoring the funding and delivery of those programs in each county is essential, and is the second emphasis of the LWV study.

Fact sheets are being sent directly to county commissioners in all 87 counties to increase their awareness and understanding of the issues. Local Leagues are interviewing those commissioners, county staff, private providers and consumers, asking them about services provided and needed. Those contacts create the basis for an ongoing monitoring effort which will follow the implementation of mental health services and watch for serious gaps or impasses. When Minnesota Leagues complete the study, arrive at a consensus and establish a mental health position in December 1988, those monitors can lobby at the county and state levels for improved programs and implementation.

The reform legislation of 1987 has three years to be fully implemented, and there will be plenty of revisions in the meantime. League members, with their grasp of the issues and their training as monitors, can be a significant factor in the counties' efforts to provide "available and affordable mental health services."

LWVMN Mental Health Study Timetable:

August 87-April 88: Monthly Fact Sheets, LL educational meetings, interviews to gather local county information and to establish monitoring contacts.

April 19, 1988: LWVMN Focus meeting on quality services for those with mental illness, metro area; publication of study booklet.

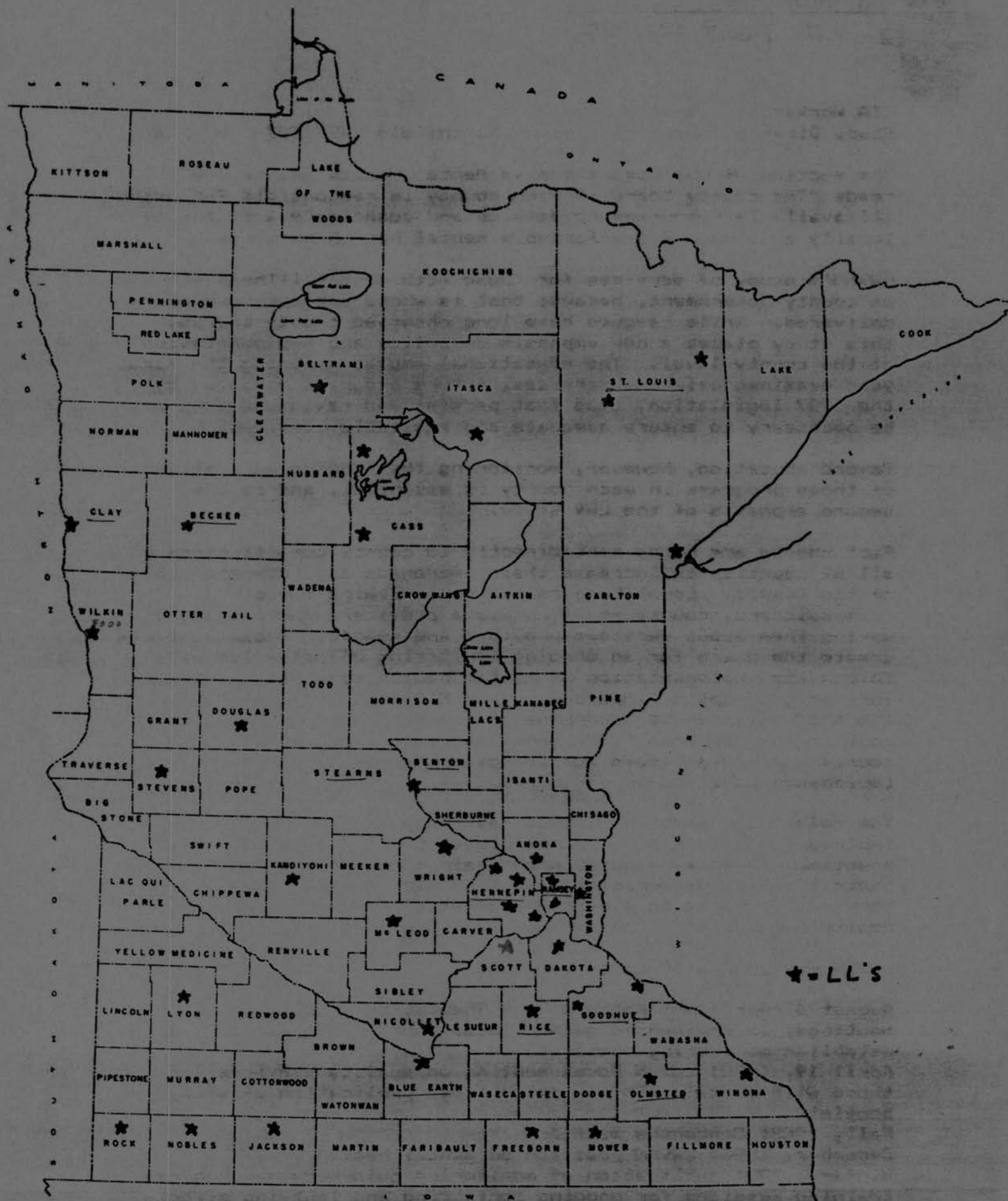
Fall, 1988: Consensus meetings

December, 1988: LWVMN position on mental health

Winter, 1989: publication of monitoring guidebook and regional training sessions for ongoing monitoring and lobbying efforts.

7/30/88

STATE OF MINNESOTA



Please register me for the

"CITIZENS IN ACTION CONFERENCE: ETHICS AND PUBLIC POLICY"

Deadline for reservations: **January 6, 1989**

Name _____ Phone _____

Representing _____

Home Address _____

City _____ State _____ Zip _____

*Members of Common Cause and Minnesota Inter-religious Staff for Public Policy
may attend the conference at League of Women Voter member rates.*

_____ \$17.00 LWV member - registration including luncheon. (Subtract \$7.00 if you do not wish to purchase
luncheon)

_____ \$22.00 non-member - registration including luncheon.

_____ \$14.00 student rate - registration including luncheon.

_____ \$ 2.50 additional for 4 Continuing Education Units; my Social Security # _____

*Make checks payable to **LWVMNEF** and send this form to:*

League of Women Voters of Minnesota Education Fund, 550 Rice St., St. Paul, MN 55103, (612) 224-5445

League of Women Voters of Minnesota Education Fund



ETHICS AND PUBLIC POLICY

Saturday, January 14, 1989
9:00 a.m. - 3:00 p.m.
Earle Brown Center
1890 Buford Ave.
St. Paul, MN 55108

AGENDA

- 9:00 - 9:30 Registration and coffee
- 9:30 Welcome and introductions, Joan Higinbotham, President LWVMN
- 9:40 **Keynote: Ethics: A Tool to Build Community**
Deborah Nankivell, Director, Common Cause Minnesota
- 10:20 **Reactor panel**
Representative Todd Otis, DFL 59B
Jim Addington, Director of Lutheran Coalition for Public Policy in Minnesota
Arne Carlson, Minnesota State Auditor
- 11:15 Break
- 11:35 Workshop sessions
- 12:15 Luncheon
- 1:15 Workshop sessions
- 2:00 Workshop sessions
- 2:45 Wrap-up—Joan Higinbotham
- 3:00 Adjourn

*This program is partially funded by
contributions to the League of Women
Voters of Minnesota Education Fund.*

Directions: From I-94 go north on Snelling
to Commonwealth Ave. and the entrance
to the state fairgrounds. Go through the
fairgrounds on Commonwealth to Randall
and turn right on Randall and go
approximately two blocks north to the
Center.

From I-35 take Highway 36 exit and turn
south on Cleveland to Larpenteur. Go left
on Larpenteur to Gortner, turn right on
Gortner and go to Buford. Turn left on
Buford to the parking area.

WORKSHOP SESSIONS

Choose 3 of the 5 sessions

1. **Working at the County Level**

Margit Johnson, LWV Mental Health
Study Chair
Room 135A 11:35, 1:15, 2:00

2. **Ethics of Activists and
Political Interest Groups**

Carolyn Hendrixson, Director of
Churches Concerned for Children
Program of the Greater Minne-
apolis Council of Churches
Randy Nelson, Director of Contextual
Education
Luther Northwestern Seminary
Room 135C 11:35, 1:15, 2:00

3. **Following a Bill Through the
Legislature**

Scott Magnuson, Director of Senate
Information
Barbara Burleigh, Information
Specialist, Mn. State Senate
Room 155A 11:35, 1:15, 2:00

4. **How to Present Your Case**

Senator Ember Reichgott, DFL 46
Senator Gary Laidig, IR 55
Room 155B 11:35, 1:15, 2:00

5. **How to Affect Administrative
Rule-making**

Mary Martin, Attorney-at-Law
Room 166 11:35, 1:15, 2:00



CITIZENS IN ACTION FOCUS ON ETHICS AND PUBLIC POLICY

A public meeting co-sponsored by the League of Women Voters of Minnesota Education Fund, Common Cause, MN, Minnesota Inter-religious Staff for Public Policy, and Anoka Ramsey Community College.

League of Women Voters of Minnesota

Education Fund
550 Rice Street
St. Paul, MN 55103

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THE MANY HATS OF MONITORING MENTAL HEALTH POLICY & PROGRAM

Participants: Marilyn Carver, Rice County Mental Health Advisory Council
Vice Chair & Staff person of Rice County
Mental Health Coalition-AMI
Pat Carlson, Olmstead County Director of Community Services
Paul McCarron, Anoka County Commissioner, State Mental
Health Advisory Council Member
Moderator: Margit Johnson, Northfield LWV member, Director of Mental
Health State Study

Webster's Definition of "monitoring": watching, observing or checking especially for a special purpose; keeping track of, regulating or controlling the operation of (as a machine or process).

Agenda

1. Participants present their perspectives on monitoring.
2. Participants and audience discuss effective and not-so-effective monitoring at the local, county & state levels.
3. Sneak preview of LWV monitoring workbook, to be published March 1st, and Humphrey Institute workshops
4. Concluding questions & comments

Name _____

Phone _____

League _____

1. We have ____ (or) plan to ____ monitor mental health policy and program in this/these counties:

2. The following groups or organizations may join our monitoring efforts:

3. We would like to participate in the Humphrey Institute workshops. Please add these names and addresses to the invitation list:

4. Comments on this workshop:

Mary K Ryan

126 So Victoria

St Paul, Min 55105

W

LWMN Education Fund, 550 Rice Street, St. Paul, MN 55103

Name _____

Phone _____

League _____

1. We have ____ (or) plan to ____ monitor mental health policy and program in this/these counties:

2. The following groups or organizations may join our monitoring efforts:

3. We would like to participate in the Humphrey Institute workshops.
Please add these names and addresses to the invitation list:

Mary K Ryan

126 So Victoria

ST Paul MN 55105

4. Comments on this workshop:

Name Ann Marshall Phone 735-1380
League Woodbury / Cottage Grove

1. We have ____ (or) plan to 2 monitor mental health policy and program in this/these counties:

Washington

2. The following groups or organizations may join our monitoring efforts:

3. We would like to participate in the Humphrey Institute workshops. Please add these names and addresses to the invitation list:

Sue Dethmers Woodbury, MN 55125

4. Comments on this workshop:

Name Katherine Simon

Phone (507) 225-3617 (h)

League St. Peter

(507) 931-6800 (w)

1. We have ____ (or) plan to ☒ monitor mental health policy and program in this/these counties: Possibly.

Nicollet

2. The following groups or organizations may join our monitoring efforts:

3. We would like to participate in the Humphrey Institute workshops. Please add these names and addresses to the invitation list:

Carol J. Henk

513 N. 8th St

St. Peter, MN 56082

4. Comments on this workshop:

informative - thank you

Name Lois M. Vetter Phone 645-2948
League AmI/AmW Allowance for the mentally ill/AmW

1. We have ____ (or) plan to ☒ monitor mental health policy and program in this/these counties:

2. The following groups or organizations may join our monitoring efforts:

Rock Orgs - MKE - manic depressive NSH indhds
Schiz. Assn/AmW - S.A.M.

3. We would like to participate in the Humphrey Institute workshops. Please add these names and addresses to the invitation list:

All AmI leaders/affiliates.

4. Comments on this workshop:

diversity - informative

Name Janine D. Butler

Phone 224-8555

League St. Paul — AMI (St. P)
non-working

1. We have ____ (or) plan to ____ monitor mental health policy and program in this/these counties:

2. The following groups or organizations may join our monitoring efforts:

3. We would like to participate in the Humphrey Institute workshops. Please add these names and addresses to the invitation list:

Janine D. Butler

822 Osceola Ave

St. P 55105

4. Comments on this workshop:

well done.

Name Kay McCulley Phone 427-3866

League Anoka-Blaine-Coon Rapids Area LWR

1. We have ____ (or) plan to ^{or hope to ✓} ____ monitor mental health policy and program in this/these counties:

Anoka

2. The following groups or organizations may join our monitoring efforts:

don't know of any now

3. We would like to participate in the Humphrey Institute workshops.
Please add these names and addresses to the invitation list:

Kay McCulley if I find others,
14431 Wolfram S.W. I will send their
Anoka MN 55303 names

4. Comments on this workshop:

helped me^{get} stimulated to think about
how we will be able to do some
monitoring.

Name Michele Vance

Phone 631-3219

League New Brighton MN

1. We have ____ (or) plan to ____ monitor mental health policy and program in this/these counties:

2. The following groups or organizations may join our monitoring efforts:

3. We would like to participate in the Humphrey Institute workshops.
Please add these names and addresses to the invitation list:

Michele Vance 648 19th Ave NW New Brighton MN 55112

4. Comments on this workshop:

Informative.

Name Diane O'Connor

Phone 448-5706

League Eastern Carver Co.

1. We have ____ (or) plan to ☒ monitor mental health policy and program in this/these counties:

Carver Co.

2. The following groups or organizations may join our monitoring efforts:

3. We would like to participate in the Humphrey Institute workshops. Please add these names and addresses to the invitation list:

Nancy Platto / don't know addressee, send to
Barbara Chadwick / president's address
Stephanie Young

4. Comments on this workshop:



Johnson

LEAGUE OF WOMEN VOTERS OF MINNESOTA EDUCATION FUND

106 COMO AVE. • ST. PAUL, MINNESOTA 55103 • TELEPHONE (612) 224-5445

28 December 1988

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Mayo Clinic

Ed Orenstein

Alan C. Page

Ruth Reister

Nina Rothchild
Commissioner of
Employee Relations
State of Minnesota

Arend J. Sandbulte
President
Minnesota Power

Paul McCarron
PO Box 32610
Fridley MN 55432

Dear Commissioner McCarron,

Thank you for agreeing to participate in the LWVMN workshops on Jan. 14 at the Earle Brown Center, St. Paul Campus. The day-long "Citizens in Action" conference will open with a discussion of ethics and public policy. That will be followed by technical sessions including our "Monitoring Mental Health Policy at the County Level" workshops.

The 40-minute sessions are scheduled for 11:35, a break for lunch, 1:15 and 2. Your co-panelists will be Pat Carlson of Olmstead County and Marilyn Carver, Rice County Mental Health Advisory Council member; I will act as moderator. I will ask each of you to take 3-4 minutes to introduce yourselves and your particular perspective and summarize some effective or ineffective monitoring techniques you have experienced. That can be followed by a discussion among the three of you about monitoring both policy and programs at the county level; I hope that discussion will gradually broaden to include the workshop participants. LWVMN will train League members and other concerned citizens to monitor policy and programs in their own counties. The workshop could conclude with direction from you to monitors and advocates for sustaining their efforts to recognize workable programs and improve others.

Included with this letter are an agenda and a map. Unless I hear from you before the 14th, I will assume you will be our guests for lunch.

If you have any additional questions about the workshops, please call me at 507-645-5726. Thank you for your willingness to participate.

Margit Johnson

Margit Johnson
Director, LWVMN Mental Health Study
613 Union
Northfield MN 55057

How could we be most effective as monitors? role?



THE LEAGUE OF WOMEN VOTERS

MINNESOTA EDUCATION FUND

550 RICE STREET ST. PAUL, MN 55103 PHONE (612) 224-5445

28 December 1988

Pat Carlson
Olmstead County Community Services
575 Second St. SW
Rochester MN 55901

507-285-8382

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Dear Pat,

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The 40-minute sessions are scheduled for 11:35, a break for lunch, 1:15 and 2. Your co-panelists will be Marilyn Carver and Paul McCarron; I will act as moderator. I will ask each of you to take 3-4 minutes to introduce yourselves and your particular perspective and summarize some effective or ineffective monitoring techniques you have experienced. That can be followed by a discussion among the three of you about monitoring both policy and programs at the county level; I hope that discussion will gradually broaden to include the workshop participants. LWVMN will train League members and other concerned citizens to monitor policy and programs in their own counties. The workshop could conclude with direction from you to monitors and advocates for sustaining their efforts to recognize workable programs and improve others.

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If you have any additional questions about the workshops, please call me at 507-645-5726. Thank you for your willingness to participate.

Margit

Margit Johnson
Director, LWVMN Mental Health Study
613 Union
Northfield MN 55057



THE LEAGUE OF WOMEN VOTERS

MINNESOTA EDUCATION FUND

550 RICE STREET ST. PAUL, MN 55103 PHONE (612) 224-5445

28 December 1988

Marilyn Carver
203 Maple
Northfield MN 55057

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Ruth Reister

Nina Rothchild
Commissioner of
Employee Relations
State of Minnesota

Arend J. Sandbulte
President
Minnesota Power

Dear Marilyn,

Thank you for agreeing to participate in the LWVMN workshops on Jan. 14 at the Earle Brown Center, St. Paul Campus. The day-long "Citizens in Action" conference will open with a discussion of ethics and public policy. That will be followed by technical sessions including our "Monitoring Mental Health Policy at the County Level" workshops.

The 40-minute sessions are scheduled for 11:35, a break for lunch, 1:15 and 2. Your co-panelists will be Pat Carlson of Olmstead County and Paul McCarron, Anoka County Commissioner; I will act as moderator. I will ask each of you to take 3-4 minutes to introduce yourselves and your particular perspective and summarize some effective or ineffective monitoring techniques you have experienced. That can be followed by a discussion among the three of you about monitoring both policy and programs at the county level; I hope that discussion will gradually broaden to include the workshop participants. LWVMN will train League members and other concerned citizens to monitor policy and programs in their own counties. The workshop could conclude with direction from you to monitors and advocates for sustaining their efforts to recognize workable programs and improve others.

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If you have any additional questions about the workshops, please call me at 507-645-5726. Thank you for your willingness to participate.

Margit

Margit Johnson
Director, LWVMN Mental Health Study
613 Union
Northfield MN 55057

*I'll call
you after
Jan. 3*

*We can
drive up
together*

Monitoring

Session #1 = 13 #3 7

#2 = 10

- not a support grp for doing what is wrong
- corps of volunteers to assist commissioners - however may be needed rural, small staff, great
- shld: evaluate, recommendations
- * act as link → SS^r, citizens & commissioners

- to access agency:
- ① informed about law that you are monitoring
 - ② know people in agency - hello, law, how can I become more informed?
 - ③ what is meaning of MA plan?
 - ④ impact policy by bringing in next 2 yrs.
community sessions, open mts, "key informant"
MA not only target population
 - ⑤ polite not adversarial; volunteer on ad bds, rural bds, don't
- * Have written policies, must go to mts & listen to time of office.

Plan drafted by MA Ad Council - local, public citizen input - co. comm. may not implement all of it - state will write
co = unit of state govt.

Oversee coordination of services of RRC

→ What has Ad Council fulfilled or urged commissioners to do?

Ad Councils more visible

so looking for citizen input - Vol bds, look for or advocate for those opportunities.

* policies determined at administrative level

→ ask them to speak to civic gaps - make them decide & nail down their policies
social service agency is your agency so don't hesitate to ask.

what needs to be done in the trenches

* very important to participate in dialog even if they are not members.

Law needs to specify source of funding; inadequate funding not an excuse for no service.

monitoring role that may be approved by commissioners; RFP's & contracts.

monitoring policy development, implementation & services.

Law that implementation plans must be available in public library.

channels of communication? metro press won't cover it - ways to communicate.
importance of implementation at local level.

→ mtg. w/ Manly, ministerial assoc. & someone from Redwing?

1.14

Deborah Nankivell.

lang. of ethics

troublesome or breeds cynicism

Community Intervention (CI); consultant
adolescents in community

FSIR - RIGHT & OPEN

access:

letting people in so that they can be part of the policy decision process.
participation → passion

must begin w/ what is, then progress to what ought to be; to avoid
the self-righteous approach

focus of ethics is outward, the well-being of society, stewardship

Anne Carlson: basic erosion of ethics coded in the legal system / emphasis.
that it's okay if it's legal, on the books, the letter of the law, not
the spirit.

Welcome & introductions & appreciation

"Working at the County level" sounded like mundane ^{run} version of "Q to 5"
Specific agenda has upgraded that to "Many Hats of Monitoring MH"
additional trimmings suggest the varied perspectives these people
bring to MH policy & programs in counties in the Metro area &
Greater MN Urge to wear?

40 min. workshop - save time by having each participant to further
introduce themselves as they elaborate on their ^{Monitoring} experiences, either on
this side of the desk ^{and} or the other side.

Follow w/ discussion & break presented by Anis LWW member &
editor of our 2 MH publications

In the last 5 minutes I will describe some upcoming events & actions
while you complete the form wh/ will help us keep in touch w/
your monitoring efforts.

Humphrey Institute workshops March-June; need names of
interested persons to add to their invitation list

LWW MH committee recharge its batteries with some activities Feb.-May
including touring Ancker RHC & a Rule 36 facility, meeting w/
legislative lobbyists during the session, etc.; these Mtgs. will be
publicized & open to the public & press who may want to join us.
tentatively planning 4 regional workshops as followup to Humphrey
workshops in fall of '89. #2 will alert us to other interested
individuals or organizations whom you ~~can~~ anticipate working w/
(The "collaborative approach") & whom we will include in those
workshops.

Final comments of the participants?

Thank you.

Leave forms on way out.

I've had an awakening - direction of the individual.
trying to become b b I become more politically active
not a pool of volunteers teers, nor were we a rubber
stamp p p ptamp

Questions for Panel

--What additional resources do you see as necessary to build a complete program for persons with serious mental illness in your community? How would you propose to raise them?

--In the past a disproportionate number of people with severe mental illness ended up in Ramsey and Hennepin counties. Some other counties practised the "Greyhound" version of therapy? Is this still happening?

--Is it possible to create a full range of services for the mentally ill in a sparsely populated county?

--Some people say we will always need substantial numbers of beds for mentally ill people in state regional treatment centers. How do you feel about this? Should the size of mental health programs in the regional treatment center be reduced?

--Some argue that even though counties are hardpressed financially to meet all human service needs, they should still spend "all available resources" for mental illness service as the law mandates. What about this?

x --What could local league of women voters groups do to improve mental illness services at the county level?

How can
~~What role can~~ the MH Ad. Councils facilitate consumer access to the policies & programs in their county?

Role of the State MH Ad. Council? Role model for county councils?
Offers direction? Liaison bet. county citizens/ Council members and Dhs?

^a Chemistry of local communities fosters the pressure that is applied in the state legislature - Jim Addington

LEAGUE OF WOMEN VOTERS OF MINNESOTA



106 Como Ave. St. Paul Minnesota 55103

PHONE: (612) 224-5445

TO: DO'C

FROM: PT

SUBJECT: Focus Attendance

DATE: 4/22/88

MEMO

League members - 117

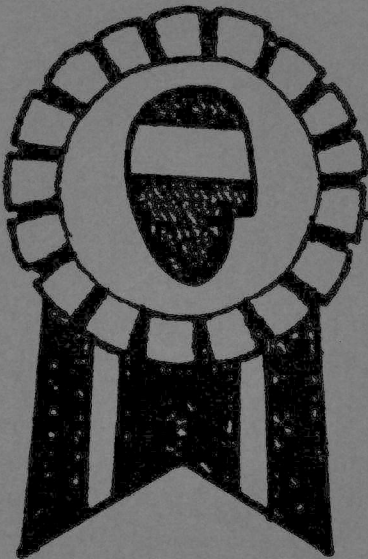
Non-League - 66

Board - 13

Total attendance - 198

Non-Profit
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League of Women Voters of Minnesota
Education Fund
106 Como Ave.
St. Paul, MN 55103



LWVMNEF FOCUS:

CREATING QUALITY IN MINNESOTA'S MENTAL HEALTH SYSTEM

- A public forum sponsored by The League of Women Voters Education Fund
- Funded by a grant from the B.C. Gamble and P.W. Skogmo Foundation, the McKnight Foundation and the Mahadh Foundation.

Directions to:
Creating Quality in Minnesota's Mental Health System
From I-494 take Hwy. 169 south for approximately 2 miles. The Hennepin Vocational Technical Center is located on the right and is easily identifiable by signs. Park in Lot H at the west end of the campus.

Please register me for CREATING QUALITY IN MINNESOTA'S MENTAL HEALTH SYSTEM

Deadline for reservations: April 14, 1988.

Name _____ Phone _____

Representing _____

Home Address _____

City _____ State _____ Zip _____

*Note to members: The Focus meeting is preceded by LWVMN Council and workshops. Registration for the entire day is through Council materials.

_____ \$11.00 member - registration including dinner

_____ \$16.00 non-member - registration including dinner

_____ \$2.50 additional for .4 Continuing Education Units; my social security # _____.

Make checks payable to LWVMNEF and send with this form to:

League of Women Voters of Minnesota Education Fund, 106 Como Ave., St. Paul, MN 55103 (612) 224-5445

The League of Women Voters of Minnesota Education Fund presents:

CREATING QUALITY IN MINNESOTA'S MENTAL HEALTH SYSTEM

Tuesday, April 19, 1988

5:00 - 9:00 p.m.

Hennepin Technical Centers


South Campus


9200 Flying Cloud Drive

Eden Prairie


AGENDA


5:00 p.m. Registration


5:30 p.m.  **Keynote: "An Overview of Minnesota's Mental Health System"**
Norma Schleppegrell, Chair of State Mental Health Advisory Council;
Chair of the Governor's Task Force on Mental Health

6:00 p.m.  **"The Providers' Viewpoint"**
Tish Halloran, Director of Mental Health Services, Hennepin County
Tom Bounds, Director of Northland Mental Health Center

6:30 p.m. Dinner

7:30 p.m.  **"The Consumer/Advocate Perspective"**
Nadine Phillips, past President of the Mental Health Association, Hennepin County
Ruth Mueller, Community Outreach Coordinator, Alliance for the Mentally Ill

7:50 p.m.  **Reactor Panel**
Norma Schleppegrell, Tish Halloran, Tom Bounds, Nadine Phillips, Ruth Mueller

8:30 p.m.  **"The Policy-Maker/Administrator Perspective"**
Allyson Ashley, Assistant Commissioner, Department of Human Services,
Mental Health Division

9:00 p.m. Adjourn

This program is made possible by contributions to LWVMNEF from the B.C. Gamble and P.W. Skogmo Foundation, McKnight Foundation and the Mahadh Foundation.

4-11-88

For State Committee Members:

*** Remember to bring 2-3 questions for evening Focus panel, to help start the ball rolling; Margit will collect questions at workshops.

*** Ghost Writers: remember to bring introductions of speakers; give to Margit at Council. Thank you.

Council Format

Mental Health Workshops at 1:10 and 3:45

10 minutes - Summary of MH system, history, '87 legislation and mandates for counties, current legislative session - Bee Vennes

5 minutes - Review of local league interviews and introduction of publication - Barbara Flanigan

10 minutes - Review of state study, including materials available, timeline, etc. - Margit Johnson and committee members

20 minutes - Questions and comments by participants - committee members

Sneak previews of MH videos will be available before and after workshops.

Focus Format

5-5:30 Registration - Diane O'Connor

Greeters for special guests:

	- Norma Schleppegrell
Pat Bugenstein	- Tish Halloran
Bee Vennes	- Tom Bounds
Mari Lowe	- Nadine Phillips
Barbara Flanigan	- Ruth Mueller
	- <commissioner?>
Gerri Gustafson	- Allyson Ashley

5:30 Diane convenes

5:32 Joan H. welcomes and introduces Norma

5:35 Keynoter Norma S.

timer for speakers - Vivi Chu, Bloomington LWV

6:00 Margit reiterates that questions can be written and left on tables and introduces providers

6:01 Tish Halloran

6:15 Tom Bounds

6:29 Margit thanks and announces dinner

6:30 dinner in adjoining dining room; questions gathered and sorted

Question sifters/screeners -

7:15 announcement that focus will reconvene in 15 minutes sharp
in auditorium

7:30 Margit introduces consumers/advocates

7:31 Nadine Phillips

7:40 Ruth Mueller

7:50 Margit introduces commissioner and reminds participants to
write questions for panelists

7:51

8:00 Panel discussion, Margit moderator

Pages -

- <find at LL workshops in afternoon>

8:30 Joan introduces policy maker

8:32 Allyson Ashley

9:00 Joan concludes focus

Out of town guests will be staying in a Chaska bed and
breakfast; Diane says that the B&b proprietor is willing to
serve breakfast to 2 League members also, to keep the guests
company; interested breakfasters should contact Margit or Diane
at the Council.



Margi

LEAGUE OF WOMEN VOTERS OF MINNESOTA EDUCATION FUND

106 COMO AVENUE

• ST. PAUL, MINNESOTA 55103

• TELEPHONE (612) 224-5445

February 23, 1988

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Minnesota Power

Ruth Mueller
AMI of Minnesota
265 Fort Road
St. Paul, MN 55102

Dear Ms. Mueller:

Thank you for agreeing to speak at our conference, "Creating Quality in Minnesota's Mental Health System". It will take place on April 19th from 5-9 p.m. at the Hennepin Technical Center, South Campus, 9200 Flying Cloud Drive, Eden Prairie.

As a member of our study committee discussed with you, we would like you to address the issue of quality of services from the family member's point of view and comment on AMI's priorities on quality assurance. You are scheduled to speak at 7:30 p.m. along with Nadine Phillips, former president of the Mental Health Association of Hennepin County. We ask that you limit your comments to about 15 minutes to allow for questions from the audience. The Reactor Panel of which you are a part, is scheduled for 8:15 p.m.

Included with this mailing are various forms, some of which we would like you to return to us. These include the videotape release form and biographical information form. An agenda and map have been included for your information. If you require overnight accommodation, please give me a call and I will arrange it for you.

If you have any questions or concerns please write me at 1405 Valleyview Road, Chaska, MN 55318 or phone 612/448-5706. Thank you for your attention to this matter. We are looking forward to working with you on our program.

Sincerely,

Diane O'Connor

Diane O'Connor
Citizen Information Director

DO/rk
enc.

CREATING QUALITY IN MINNESOTA'S MENTAL HEALTH SYSTEM

Speaker Information Form

Please return in the enclosed envelope as soon as possible.

MAR 21 1988

Name Ruth Mueller

I will ☒ will not ☐ be a guest for dinner on April 19th.

Biographical information:

I am presently the Coordinator of Community Outreach for the Alliance for the Mentally Ill of Minnesota (AMI). I organize local county AMI's around the state of Minnesota.

At age 50 I earned an Associate degree in Liberal Arts. I am a mother of four children and a perennial volunteer organizer; I developed my leadership skills in Cub Scouts, Girl Scouts, PTA, Neighborhood Associations, and other political party activities. I have served as secretary and am presently a Director for DFL SD42.

LWVMN VIDEOTAPE RELEASE

I HEREBY RELINQUISH ALL RIGHTS TO THE USE OF MY IMAGE AND GIVE THE LEAGUE OF WOMEN VOTERS OF MINNESOTA (LWVMN) PERMISSION TO VIDEOTAPE MY PRESENTATION AT THE "CREATING QUALITY IN MINNESOTA'S MENTAL HEALTH SYSTEM" CONFERENCE AT HENNEPIN TECHNICAL CENTERS, SOUTH CAMPUS, ON TUESDAY, APRIL 19, 1988. I UNDERSTAND THIS TAPE WILL BE SHOWN ON CABLE TELEVISION AND MAY BE USED THROUGHOUT MINNESOTA BY LOCAL LEAGUES AND/OR OTHER ORGANIZATIONS REQUESTING THE TAPE FROM LWVMN.

SIGNATURE: Ruth Mueller

DATE: 2/24/88

April 14, 1988

Sally Evert
Washington County Commissioner
550 So. Grove
Stillwater MN 55082

Dear Ms. Evert,

Thank you for agreeing to speak at our conference, "Creating Quality in Minnesota's Mental Health System", on April 19th, 5-9 PM at the Hennepin Technical Center, South Campus, 9200 Flying Cloud Drive, Eden Prairie.

As Bee Vennes may have mentioned to you, we would like you to address the issue of quality of services from a county commissioner's perspective. You are scheduled to speak for 10 minutes at 7:50, following two providers and two consumer advocates. All of you plus Norma Schleppegrell of the State Advisory Council will field questions from the audience from 8-8:30. Assistant Commissioner Allyson Ashley will conclude the evening.

A map has been enclosed. I will look for you at registration at 5 to obtain yourbiographical information and a videotape release, if you so choose.

Thank you, and we look forward to working with you on our program.

Margit Johnson
Director, LWVMN Mental Health Study
613 Union
Northfield MN 55057
507-645-5726

8-8:30 PM

QUESTIONS FOR PANELISTS

QUESTION FOR:

comment further on the "difficult client" & how to treat this individual when they may not request nor wish for county or MD involvement or needs or "treatment."

- Also the client who may be seriously ill but who does not respond to treatment

LWMN Council '88
Mental Health State Study

TIMELINE FOR YEAR #2 OF STUDY

April 19, 1988: Focus on Quality of Services for those with mental illness, Minneapolis

Fact Sheet #8: Public Issues

Study Publication: Serving Minnesota's Mentally Ill: an Introduction

May - July 1988: state committee writes consensus discussion guide and questions to be mailed to local Leagues in August's 3rd class mailing

Local Leagues plan '88-'89 calendars including an educational and/or consensus meeting sometime September - December, including a local League Board meeting to approve consensus results

August 1988: Consensus questions and discussion guide mailed to local Leagues

First draft of monitoring workbook written by state committee; planning of winter '89 regional training workshops begins

September - December 1988: Local League consensus meetings

State committee finalizes plans for monitoring portion of state study; regional workshops and workbook planning completed

December 15, 1988: CONSENSUS DEADLINE, consensus results due to LWMN

January 3, 1989: 1989 State Legislature convenes

January 10, 1989: LWMN Board finalizes consensus and establishes position(s)

January - March 1989: Four regional workshops to train League and non-League members in monitoring techniques at the county level

Monitoring workbook published

April 1989: Evaluation and final reports to grantors by state committee

June 1989: LWMN Convention

July 1989 - : ongoing monitoring and action on mental health issues

League of Women Voters of Minnesota Education Fund
106 Como Avenue, St. Paul, MN 55103
612-224-5445

ORDER FORM

SERVING MINNESOTA'S MENTALLY ILL: AN INTRODUCTION

Published by the League of Women Voters of Minnesota Education Fund, 1988.
Edited by Barbara Flanigan.

This is a 45 page report on services available to persons with serious mental illness in Minnesota, with particular emphasis on community programs. The book examines mental illness, the 1987 reform legislation, the continuum of mental health services, funding, quality control, services for children and adolescents, commitment laws and emerging issues.

Price (including sales tax): \$4.00 (\$3.00 for members)
plus postage and handling of approximately \$1.50 for a single copy

Bulk discounts: 11-50 copies - 10% discount
51-200 copies - 20% discount
201+ copies - 30% discount

FACT SHEETS ON MENTAL ILLNESS, a series of 8 Fact Sheets

Published by the League of Women Voters of Minnesota Education Fund, 1987-1988. Edited by Barbara Flanigan.

A series of eight Fact Sheets on mental illness touching on specific aspects covered more thoroughly in the report SERVING MINNESOTA'S MENTALLY ILL: AN INTRODUCTION. 17 pages.

Price (including sales tax): \$1.00
plus postage and handling of \$1.50
Bulk discounts in same formula as above

Send to: _____

SERVING MINNESOTA'S MENTALLY ILL

_____ copies @ \$4.00 each
_____ copies @ discount rate of _____ each
_____ copies @ \$3.00 (member of LWV of _____)
_____ copies @ discount rate of _____ each

FACT SHEETS ON MENTAL ILLNESS

_____ copies @ \$1.00
_____ copies @ discount rate of _____ each

The publications will be sent as ordered. You will be billed for the publications and postage and handling.

BIBLIOGRAPHY

The following books are recommended by the mental illness committee as useful introductions to an understanding of mental illness for laypeople.

Nancy C. Andreasen, M.C., Ph.D., The Broken Brain, the Biological Revolution in Psychiatry, Harper & Row, 1984.

PACER Center, Inc., A Guidebook for Parents of Children with Emotional Disorders, Minneapolis, 1984.

Demitri F. Papolos, M.D., and Janice Papolos, Overcoming Depression, Harper & Row, 1987.

Clara Claiborne Park and Leon N. Shapiro, M.D., You Are Not Alone, Little, Brown and Company, 1976.

Susan Sheehan, Is There No Place on Earth for Me?, Houghton Mifflin, 1982.

E. Fuller Torrey, Surviving Schizophrenia, A Family Manual, Harper & Row, 1983.

Maryellen Walsch, Schizophrenia, Straight Talk for Family and Friends, Warner Books, 1985.

For more information contact the Alliance for the Mentally Ill Minnesota, 265 Fort Road, St. Paul, 55102, or the Mental Health Association of Minnesota, 328 E. Hennepin, Minneapolis, 55414.3

The following videos are recommended to provide an accurate and visual account of the nature of mental illness and some of the services provided:

Roads to Recovery (29 minutes) profile of four Minnesotans who have suffered from mental illness; they speak of treatments and services used; available from AMI.

With Open Arms (27 minutes) account of what happened to those with mental illness after deinstitutionalization in the '60s and how community support programs have grown and changed to meet their needs; available from AMI.

When the Music Stops: The Reality of Serious Mental Illness 1987 - DuPont Company. Available from National Alliance for the Mentally Ill, 703/524-7600. Comes with booklet giving directions for presentation and question and answer guide about schizophrenia by David Shore.

Parents' Voices. Parents of emotionally disturbed children describing their difficulty in getting service, PACER Center, Inc., (Parents Advocacy Coalition for Educational Rights), 4826 Chicago, Minneapolis, 612/827-2966.

Johnson



LEAGUE OF WOMEN VOTERS OF MINNESOTA EDUCATION FUND

106 COMO AVENUE • ST. PAUL, MINNESOTA 55103 • TELEPHONE (612) 224-5445

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Arend J. Sandbulte
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Minnesota Power

April 29, 1988

Nadine Phillips
Mental Health Association
328 E. Hennepin Avenue
Minneapolis, MN 55414

Dear Ms. Phillips:

Thank you for participating in the League of Women Voters' Focus on mental health services. Your perspective on quality of services was thought-provoking and much appreciated.

We look forward to keeping in touch with you as we enter the second year of our study. In addition to continued educational efforts, we will actively monitor county boards and staff as they implement state legislation.

Again, thank you.

Sincerely,

Margit Johnson
Margit Johnson, Director
LWVMN Mental Health Study
613 Union, Northfield, MN 55057

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April 29, 1988

Ruth Mueller
AMI of Minnesota
265 Fort Road
St. Paul, MN 55102

Dear Ms. Mueller:

Thank you for participating in the League of Women Voters' Focus on mental health services. Your perspective on quality of services was thought-provoking and much appreciated.

We look forward to keeping in touch with you as we enter the second year of our study. In addition to continued educational efforts, we will actively monitor county boards and staff as they implement state legislation.

Again, thank you.

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Minnesota Power

April 29, 1988

Norma Schleppegrell
P.O. Box 1188
Virginia, MN 55792

Dear Ms. Schleppegrell:

Thank you for participating in the League of Women Voters' Focus on mental health services. Your perspective on quality of services was thought-provoking and much appreciated.

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April 29, 1988

Allyson Ashley, Assistant Commissioner
Mental Health Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155

Dear Ms. Ashley:

Thank you for participating in the League of Women Voters' Focus on mental health services. Your perspective on quality of services was thought-provoking and much appreciated.

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Margit Johnson, Director
LWVMN Mental Health Study
613 Union, Northfield, MN 55057

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April 29, 1988

Tish Halloran, Director
Mental Health Services
Hennepin County
1605 Government Center
300 South 6th Street
Minneapolis, MN 55487

Dear Ms. Halloran:

Thank you for participating in the League of Women Voters' Focus on mental health services. Your perspective on quality of services was thought-provoking and much appreciated.

We look forward to keeping in touch with you as we enter the second year of our study. In addition to continued educational efforts, we will actively monitor county boards and staff as they implement state legislation.

Again, thank you.

Sincerely,

Margit Johnson, Director
LWVMN Mental Health Study
613 Union, Northfield, MN 55057

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April 29, 1988

Sally Evert
Washington County Commissioner
550 South Grove
Stillwater, MN 55082

Dear Ms. Evert:

Thank you for participating in the League of Women Voters' Focus on mental health services. Your perspective on quality of services was thought-provoking and much appreciated.

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Margit Johnson

Margit Johnson, Director
LWMN Mental Health Study
613 Union, Northfield, MN 55057

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April 29, 1988

Tom Bounds, Director
Northland Mental Health Center
215 S.E. 2nd Avenue
Grand Rapids, MN 55744

Dear Mr. Bounds:

Thank you for participating in the League of Women Voters' Focus on mental health services. Your perspective on quality of services was thought-provoking and much appreciated.

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Margit Johnson

Margit Johnson, Director
LWVMN Mental Health Study
613 Union, Northfield, MN 55057

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