



League of Women Voters of Minnesota Records

Copyright Notice:

This material may be protected by copyright law (U.S. Code, Title 17). Researchers are liable for any infringement. For more information, visit www.mnhs.org/copyright.

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

DEC 19 1988

Name of Local League: Alexandria League of Women Voters

Name of person preparing the report: Kathleen Pohlitz; Linda Engstrom; Jan Lohrman

Phone #: 846-1032; 846-0911; 763-3706

Total membership of your League: 40

Number participating in consensus: 13

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:

Who will determine what is adequate. The word consistent is very important.

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

Yes ☒

No ☐

Comments:

Not open ended funding. Staffing must be adequate. Flexibility is the key.

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:

Overlapping of services could be a problem. Coordination of efforts is essential. Mandated programs should not be a burden to the Communities.

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:

Coordination is absolutely essential.

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:

Very important. Evaluation is of utmost importance. Evaluation should also be done by professionals not directly involved in a particular case.

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:

Adequately trained staff is important.

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

DEC 5 1988

Name of Local League: Anoka-Blaine-Coon Rapids Area

Name of person preparing the report: Kay McCulley

Phone #: 612-427-3866

Total membership of your League: 35

Number participating in consensus: 11

In your local League report to LWVN, please record number of those responding to each consensus question. *The comments are from individual members and are not considered to be a consensus of the group.*

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

- (11) 1. Should LWVN 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 X

No _____

Comments:

- (11) 2. Should LWVN support flexible public funding with an emphasis on following client needs?

Yes X

No _____

Comments:

perhaps it should be state funded and county administered

- (11) 3. Should LWVN support an array of programs and services, available and accessible in communities to provide ongoing support for persons with mental illness?

Yes X

No _____

Comments:

- ⑪ 4. Should LWVMN support a range of housing options for persons with mental illness?

Yes X No _____ Comments:

There needs to be more public education in acceptance of neighborhood housing for the mentally ill.

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

Yes X No _____ Comments:

Some question concerning the age of 16 is the legal age for a teen to dismiss (check out) themselves from a care facility.

- ⑪ 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 X No _____ Comments: *change word ensure to enable*

- ⑪ 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 X No _____ Comments: *add phrase "and assure periodic review"*

Some concern that commitment may mean loss of flexibility. " " about their ability to make a decision about being a danger to themselves.

- ⑪ 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:

No consensus reached on this question

It is so difficult to evaluate outcomes, would cause a flood of more paperwork, money would go into this process that should be used for more case workers etc. Other programs are not improved intensive treatment programs and adequate living conditions like this.

- ⑪ 9. Should LWVMN support continuing state financial responsibility for evaluated improved intensive treatment programs and adequate living conditions for persons currently served in regional treatment centers?

Yes X No _____ Comments:

SHOREVIEW, ARDEN HILLS LEAGUE³

NOVEMBER UNIT MEETING

The November Unit Meetings will be held on Tuesday, November 22, and for the purpose of completing the consensus regarding the project "Serving Minnesota's Mentally Ill: an Introduction." Your attendance at the November 10 meeting sponsored by the St. Paul League will give you a deeper understanding of the issues addressed in the consensus. The certain to be great.....See you on both the 10th and the 22nd.

The speakers at the LWV of St. Paul Meeting, "Meeting the Needs of People with Mental Illness in Ramsey County," are:

Senator Linda Berglin

Warren Schaber, Chairperson of the Ramsey County Board

Diane Ahrens, Ramsey County Board. Health, Human Services and Corrections Committee Chairperson

Lou Towner, Ramsey County Community Home Services

Ruth Mueller, Alliance for the Mentally Ill

Social hour starts at 5:30 p.m. This will give you time to tour LWVMN's new home. The program will begin at 7 p.m.

Mary Tessmann

Social Policy Chairman

JAN 4 1989

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 X

No _____

Comments:

Concern is for Country's Debt & to make certain people services don't get low priority in funding

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

Yes X

No _____

Comments:

Would like \$ to be able to follow clients wherever they go.

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 X

No _____

Comments:

"Smaller" programs & groups is better.

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

Yes X

No _____

Comments:

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

Yes X

No _____

Comments:

See Research comment in #6!

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 X

No _____

Comments:

is Research & funding for Research being considered & pursued ~~it~~! Should be in # 5.

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 X

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 X

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 X

No _____

Comments:

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

DEC 14 1988

Name of Local League: Bemidji Area League

Name of person preparing the report: Eileen Cleveland

Phone #: 218/755-3980 or 751-3276

Total membership of your League: 42

Number participating in consensus: 21 (in two units)

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 X

No _____

Comments:

What is adequate? Who decides?

Should be a minimum level supplied.

Funding? Where does it come from?

YES - but with many reservations.

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

Yes X

No _____

Comments:

Flexibility should apply to the money granted for mental illness.

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 X

No _____

Comments:

Define community as an area. Should include institutions.

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

Yes X

No _____

Comments:

Range - there is a need for institutions along with other housing options.

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

Yes X

No _____

Comments:

Support an integrated mental health system with checks and balances.

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 X

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:

NO - Too many terms too loosely defined. What is gravely disabled? (Evening unit)
YES - Change commitment to care. (Morning unit)

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 X

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 X

No _____

Comments:

Both units would like to know where the money is coming from.

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

DEC 9 1988

Name of Local League: Bloomington

Name of person preparing the report: Chris Scanlon

Phone #: 888-3108

Total membership of your League: 40

Number participating in consensus: 2 month study Oct. 18 and 2 guests
Nov. 11 (total 31)

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:

Question: 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.

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

Yes ✓

No

Comments:

Money directed by case manager not client. Someone must make individual determination. This should be funded to follow client rather than county. (Strong case manager system)

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:

Encourage using Wisconsin's system as a model for treatment, structure, funding (rather than develop whole new program) How is region defined as county, region? Housing options should be scattered. Acute hospital or RTC serving, large area

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

Yes ☒

No ☐

Comments:

More should be available in large metro areas where need is greater. This should be a major push! Issue of concern is dangerousness. Range or degree of management / supervision must be considered. Case manager necessary.

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?

Stress gravely Yes ☒

No ☐

Comments:

Stress gravely

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:

Support strong advocacy programs to help those who can't communicate their needs effectively.

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:

We cannot discontinue state's financial responsibility. But RTC as they exist are not adequate.

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

DEC 5 1988

Name of Local League: Brooklyn Center
Name of person preparing the report: Barbara Septon
Phone #: 537-2118

Total membership of your League: 8

Number participating in consensus: 6

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 6

No _____

Comments:

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

Yes 6

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 6

No _____

Comments:

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

Yes 6

No _____

Comments:

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

Yes 6

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 6

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 6

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 6

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 6

No _____

Comments:

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

DEC 16 1988

Name of Local League: Brooklyn Park Area Maple Grove

Name of person preparing the report: Carol Mc Carter

Phone #: 535 - 2939

Total membership of your League: 15

Number participating in consensus: 11

In your local League report to LWVN, 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 LWVN 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:

Makes good sense as a basic premise.

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

Yes ✓

No

Comments:

Should be more effective and, in the long run more efficient and cost effective

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

Yes ✓

No

Comments:

But must be accessible and effectively supervised.

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

Yes ☒

No ☐

Comments:

Basic problem is tremendous lack of affordable housing all over U.S.A.

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

Yes ☒

No ☐

Comments:

Emphasis should be on services for children and adolescents and coordinated with school, home, etc.

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:

Change assure to permit or 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?

Yes ☒

No ☐

Comments:

should include evaluation of diagnostic services and need for qualified professionals

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:

How about the community residential standards?
Coordinate services from one jurisdiction to another

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

Name of Local League: Buffalo-Monticello

NOV 18 1988

Name of person preparing the report: Judith Holley

Phone #: 1-612-295-5446

Total membership of your League: 6

Number participating in consensus: 5

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")?

(5)

Yes X

No _____

Comments:

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

(5)

Yes X

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?

(5)

Yes X

No _____

Comments:

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

(5) Yes X

No _____

Comments:

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

(5) Yes X

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?

(5) Yes X

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?

(5) Yes X

No _____

Comments:

We have some concerns that a person who is ^{hopelessly} ~~seriously~~ ill and wishes to die with dignity will be diagnosed as "depressed" and committed.

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?

(5) Yes X

No _____

Comments:

Such as an elderly patient or an elderly patient.

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?

(5) Yes X

No _____

Comments:

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

DEC 20 1988

Name of Local League:

LWV- Cannon Falls Area

Name of person preparing the report:

Judy Schmitz

Phone #:

612-258-4455

Total membership of your League:

165

Number participating in consensus:

10

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 10

No _____

Comments:

The system has to be looked at and be reorganized B/4 more money is spent. (Cont on sheet)

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

Yes 10

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 10

No _____

Comments:

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

Yes 10

No _____

Comments:

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

Yes 10

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 10

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 10

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 10

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 10

No _____

Comments:

Question #1

1. Independent qualified evaluations.
2. Public education @ all levels.
3. Adequate research into successful programs in other states & countries.
4. Better co-ordination of services.
(School, County, State, Private, etc)

Question #3

If they work together for a
Smooth transition.

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

DEC 7 1988

Name of Local League: CASS LAKE - WALKER AREA

Name of person preparing the report: GRACE SWENSON

Phone #: 218 - 335 - 6538

Total membership of your League: 23

Number participating in consensus: 11

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 X (11)

No _____

Comments: 'adequate' rather vague as regards to definition.
Where will money come from - Taxes?

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

Yes X (11)

No _____

Comments: Concerns about "follow up" monitoring - qualifications of staff

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 X (11)

No _____

Comments:
League must emphasize
Continuum of Services

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

Yes X (11)

No _____

Comments: Concerns about ^(physical structures) Safety and community reactions - acceptance. Consistent Monitoring

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

Yes X (11)

No _____

Comments: may prevent suicides

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 X (10)

No X (1)

Comments: Some patients need treatment even when they refuse. - How can they be competent as regards treatment when they are not normal mentally? (at such times)

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 X (11)

No _____

Comments: The proliferation of street people (who are mentally ill as well) points to a need for policies to help these people (who can not help themselves)

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 X (10)

No X (1)

Comments: If not mentally capable - how can they be judged as to consumer satisfaction?

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 X (11)

No _____

Comments:

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

Name of Local League: LWV - Duluth

OCT 25 1988

Name of person preparing the report: Kathy Peichert

Phone #: (218) 724-1494

Total membership of your League: 100

Number participating in consensus: 40 Questions 1-3, 394-9

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

Please see attached sheet

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 LWVN 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 LWVN support flexible public funding with an emphasis on following client needs?

Yes _____

No _____

Comments:

3. Should LWVN 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:

CONSENSUS LWV - DULUTH

Question 1 15, 9, 8, 8, TOTAL 40^{Yeses} in consensus with question
Comments: 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.

Question 2 15, 9, 8, 8, TOTAL 40 in consensus with question
Comments: We like the concept of flexibility, accountability a concern,

Question 3 15, 9, 8, 8, TOTAL 40 in consensus with question
Comments: "Array" should be focused on individual case management within the community.

Question 4 15, 9, 8, 7 TOTAL 39 in consensus with question
Comments: Funding for families if patient can remain at home with family. There is a need for non-metro low cost housing options. Felt these questions are phrased to support 87 legislation.

Question 5 TOTAL 39 in consensus with question
Comments: Prevention programs needed in early elementary grades. Funding isn't always available within school districts for proper prevention. They should realize there is help through other agencies like the Mental Health Association.

Question 6 TOTAL 39 in consensus with question
Comments: Consider rights of society also-neighbors and businesses. Other avenues should be tried first. Work towards a balance.

Question 7 TOTAL 31 One unit could not reach consensus on this question
Comments: Periodic review of patients needed. Make sure safeguards of human rights maintained. Yes, but only because we do not have services in the community to meet their basic human needs. What is meant by "commitment" change to treatment. Should be done on a case by case basis. Need to provide adequate housing short of hospitalization.

Question 8 TOTAL 39 in consensus with question
Comments: Quality assurance is part of the health care system.

Question 9 TOTAL 39 in consensus with question
FUND RESEARCH!!!!

Jan 5, 1989

Dear Margit,

Enclosed is the first mental Health study article on housing in Duluth. It will be published in two sections in the Jan & Feb Voter. We received excellent cooperation in researching this article...

You'll hear more when our next article on commitment is completed.

Sincerely,

Kathy Peickert

2215 Vermilion Rd

Duluth 55803

(218) 724-1494

LOCAL MENTAL HEALTH STUDY-PHASE I-HOUSING IN THE DULUTH AREA

The team studying housing contacted 24 professionals for their responses to six questions we developed on housing for the mentally ill. We saw certain trends emerge such as: the need for more transitional housing, various concerns about funding and pride in many services being provided. There were a wide variety of viewpoints among the respondents. Their responses are summarized below, question by question.

"What types of housing, in your opinion, are most needed to meet the needs of the mentally ill in the Duluth area? What funds are available to meet this need? Is increased funding needed and if so, where should these funds originate?"

There is a great need for transitional housing for single adults, independent living with emphasis on supportive services, scattered site housing, and other creative housing solutions. Would like to see crisis housing developed like they have on the Range (there are 2 units). At the present there are three options for housing: living alone, board & lodging (St. Clare House, Miketin's), and Rule 36 (Arrowhead House). More SRO's (Gardner Hotel) are needed. The Human Development Center (HDC) has announced development of transitional housing for 3 women available in a home leased from HUD. There is a need for more affordable housing because Duluth has lost 349 low income housing units since 1985. Semi-independent housing is less expensive than board & lodging and can be more creatively developed.

In terms of funding, several federal sources were mentioned: McKinney Act monies, Section 8, CDBG (Community Development Block Grant) funds and Section 202. More local agencies need to investigate these funding sources. Private foundations are another source of funds. Social Security monies (SSI) are being sat on at the federal level. There is need for increased federal and state funding as well as an increase in HRA subsidies (for smaller complexes not high rises). A large number of people are on waiting lists for low income housing. County block grants and local city funding should be investigated for some of these housing needs.

"What do you feel would be the best way to increase available Rule 36 housing?"

Use county administered funds with additional funding from the state. Rule 12 monies also exist. Disagreement over whether more Rule 36 beds are needed.

"Semi-independent living units"

This type of housing is not well funded and there is a definite need for more. The involvement of people from the community would help and there was a suggestion that monies be made available to non-profit groups and agencies working with the mentally ill to develop housing based on community needs. Need to negotiate with Housing and Redevelopment Authority (HRA) and private landlords. Need state monies that would follow the client. McKinney Act monies have a deadline that does not allow enough time to submit an application.

"Supported services housing"

In some cases it is part of semi-independent living units. HDC's Community Living Project offers this option via a state grant but more state monies are needed.

"Board & lodging facilities"

Too often facilities ignore the rules on overcrowding and several stated we need to stop "warehousing" the mentally ill. Many veterans are in these facilities. Need to develop supportive services and programming to meet the needs of residents. Could require they be a private licensed provider. There are more than enough in Duluth already.

"How do you feel your agency is meeting the needs of the homeless mentally ill and low income mentally ill?"

One agency has developed 4 independent living houses to rent to former residents and allows former residents to return for support groups when they are making a transition. Neither project is funded and to continue them they need monetary support from St. Louis County Social Services Dept. Other agencies provide outreach, advocacy, support assessment, psychotherapy, as well as community organizing. Some help the mentally ill to access services and some services have a sliding fee scale according to income. Case management is being offered by the Social Service Department and more outreach services will be mandated after January 1. Emergency assistance money for people being evicted is available.

Someone suggested that the Homeless and Independent Living projects at HDC be expanded and, in fact, they are in the process of hiring 4 new staff. Duluth could use more single rooms and rooms for couples as well as the involvement of private developers. Finding decent, affordable, safe housing in Duluth continues to be a problem for the mentally ill.

"What types of discrimination, if any, do you feel the mentally ill face when trying to meet their housing needs?"

Too many are forced to live in deplorable conditions and are often categorized as violent, irresponsible and worthless by homeowners and landlords. Other residents of Section 8 housing (mainly the high rises) are discriminating which can be offset by education and role modeling by advocates. There is a lack of information about available resources, application process for public assistance is intimidating, unclear policies for some assistance requirements, miscommunication between social worker and client, lack of motivation is a factor. Duluth needs more supported apartments and more community education regarding the housing needs of the mentally ill. Lack of income causes discrimination sometimes and some take advantage of the vulnerability of many mentally ill. Some landlords are supportive and tolerant, many are not.

"What are your opinions regarding mental health service delivery in the Duluth area? What strengths and weaknesses do you observe? What would you like to see changed and how?"

Strengths observed are the various programming at the Human Development Center (Community Living Project, Community Support Program, Outreach). The legalization of case management on January 1 is also seen as a strength. Our service delivery in Duluth is seen as quite strong because the providers and the County support and communicate

with each other generally.

The following suggestions were made for change. Social Services needs more social workers and there is a lack of leadership at this level of the system. The general population needs to be more personally involved with the mentally ill. There needs to be more county funding for services to the mentally ill as well as more outreach work and informal help. Some feel there is too much reliance on medication and the medical model of office visits and hospitalization. There is a need for more employment/vocational services. Young adults need more daytime programming. There is a lack of coordination of services and follow through and the present case management system is seen as ineffective. An increase in the amount of advocacy done for mentally ill clients should keep the system accountable. State Department of Human Services has a weak administrative structure in the mental health division. What they need is a structure which assures services are there in an accountable way. Categorical grants are a waste of time. We should take all the federal and state mentally ill monies and have counties apply for them with their program plans. There is a lack of both resources and time. Duluth could use a short term emergency care alternative to hospitalization as well as other community based services which would deal with the person and not just the symptoms. Another agency suggested the need for a vocational drop in center in the East Hillside. The need to carefully monitor programs for quality and maintain the client's right to program choice is essential also.

"What do you feel works well regarding funding of mental health services in Duluth/St. Louis County? What funding areas need improvement?"

There were comments about the existing relationship between Social Services and some providers being financially strong but most responses to this question were suggestions of improvements that need to be made in all levels of funding. Many agencies would like to see more foundation and grant support and more state funds in a non-categorical form. The need for more research is great in the areas of mental illness and drug therapy. Funding must be consistent and ongoing as well as able to follow the client (generally this is fee for service rather than grants). One idea was to provide funding assistance to private parties who want to provide housing for the mentally ill. SSI and SSDI (the disability payments from Social Security that many mentally ill can obtain) need to be increased. The local control of these monies was emphasized plus assuring it was well directed. More funding for social workers and street workers was mentioned as well as after care for continued support and services to enable clients to move more easily from one housing option to another.

We hope this information helps to create more understanding of the housing needs of mentally ill of the Duluth area. Diane and I are not giving any opinion of the information presented. We feel the knowledge and experience represented by the people we interviewed speaks for itself. It was not possible to include every word so we gave you an overview of the various opinions expressed. If you have any questions or concerns please contact one of us.

Kitty Reichert 724-1494
Diane Antonich 724-3022

RESPONDENTS FOR LOCAL MENTAL HEALTH STUDY-HOUSING

Doug Breiland, Director, Arrowhead House
Doug Britton, Director of Planning and Contract Services, St. Louis
County Social Services Department
Bud Brand, Social Worker, Housing and Redevelopment Authority
Nancy Burns, Program Coordinator, Women's Transitional Housing, Inc.
Susanna Frenkel, Housing Director, Salvation Army
Bob Galovich, Manager, Miketin Boarding & Lodging
Penny Gooch, Independent Living Coordinator, Human Development Center
Pam Kramer, Senior Planner, Department of Planning and Development,
City of Duluth
Wendy Machmer, Program Director, Mental Health Association of
Minnesota - Greater Duluth
Barbara Miketin, Assistant Manager, Miketin Boarding & Lodging
Kathy Miller, Kitchen Director, Union Gospel Mission
Dan Moore, Advocate, Minnesota Mental Health Law Project
Manager, Gardner Hotel
Dennis Norlander, Director of Housing Management, Housing
and Redevelopment Authority
Debbie Olson, President, Alliance for the Mentally Ill
Steve O'Neil, Community Organizer, Homeless Organizing Project,
Damiano Center
Catherine Peterson, Assistant Director, Duluth Community Action
Program
Tom Reynolds, Executive Director, Union Gospel Mission
Kim Seitz, Coordinator, CHUM Drop In Center
Skip Shreffler, Community Specialist, Lutheran Social Services
Mark Skinner, Community Social Worker, Damiano Center
Jim Soderberg, Administrative Assistant, Duluth Community Action
Program
Mary Tangren, Mentally Ill Supervisor, St. Louis County Social
Services Department
Nancy Wheeler, Executive Director, YWCA
Billie Wurzel, Chemical Dependency Supervisor, St. Louis County
Social Services Department

DEC 14 1988

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

Name of Local League: League of Women Voters of Eastern Carver County

Name of person preparing the report: Nancy Platto

Phone #: 448-2005

Total membership of your League: Approximately 69

Number participating in consensus: 18

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 18

No _____

Comments:

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

Yes 17

No _____

Comments:

1 blank

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 18

No _____

Comments:

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

Yes 17

No _____

Comments:

1 blank

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

Yes 18

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 18

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 18

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 18

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 18

No _____

Comments:

League of Women Voters of Minnesota, 550 Rice Street, St. Paul, MN 55103

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

Name of Local League: EDINA

Name of person preparing the report: Mary P. Dinneen

Phone #: 941-0583

Total membership of your League: 131

Number participating in consensus: 37

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 X

No

Comments:

responding: 37

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

Yes X

No

Comments:

responding: 37

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 X

No

Comments:

responding: 37

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

Yes X

No _____

Comments:

responding: 37

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

Yes X

No _____

Comments:

responding: 37

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 X

No _____

Comments:

responding: 36

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:

There was no clear consensus. Although 55% of members attending units agreed on YES, there were strong voices for NO, and one unit (9 members) could not arrive at any consensus. The LWV-EDINA Board feels this is a weakly supported YES, not a true consensus, and we hope the LWVMN Board can assimilate it into their final statement of position. # responding was 36; 20 YES; 7 NO; 9 NO CONSENSUS.

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 X

No _____

Comments:

responding 36

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 X

No _____

Comments:

responding: 36

NOTE: Please see attached sheet with comments recorded at each unit for specific questions.

DEC 1 1988

Question 1.

Unit 1: "Excellent explanation and breakdown of consensus questions! Exceptional preparation sheet and discussion questions. Special thanks to Margit Johnson and committee."

Unit 4: "adequate and consistent"

Question 2.

Unit 3: " - Poorly worded question - difficult to be clear on the topic, flexible funds vs follow-up

- Concern that money could be misused - not tracked properly

- Must have controls on the spending of money"

Unit 4: "money should follow the client, rather than the program"

Question 3.

Unit 2: "We need to have a position to lobby for. Mental retardation is not included."

Question 4.

Unit 1: "Real reservations - support, depending on how it is monitored, i.e. staffed, night supervisors, training, ratio to staff etc."

Question 5.

Unit 4: "Insert - 'comprehensive mental health system for SERIOUSLY AND EMOTIONALLY DISTURBED children and adolescents.'"

Question 6. NO COMMENTS

Question 7.

Unit 1: "No consensus. Very subjective judgement is required to administer these programs. If gravely disabled means harm to themselves or others, then they should be committed - potential misuse."

Unit 2: "Concern: about safeguards for civil rights of people who aren't meeting their basic needs."

Question 8.

Unit 2: "Quality of service should cover follow-up by qualified outside sources (professional) and by clients and their families."

Unit 3: "Be sure that the program quality is evaluated as well as the physical quality, e.g. safety codes met in housing facilities."

Unit 4: "Consumer satisfaction is not supported by this group. How do you define and measure this?"

Question 9.

Unit 2: "We should also support community facilities where possible."

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

DEC 1 1988

Name of Local League: EDINA

Name of person preparing the report: Mary P. Dinneen

Phone #: 941-0583

Total membership of your League: 131

Number participating in consensus: 37

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 X

No

Comments:

responding: 37

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

Yes X

No

Comments:

responding: 37

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 X

No

Comments:

responding: 37

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

Yes X

No _____

Comments:

responding: 37

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

Yes X

No _____

Comments:

responding: 37

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 X

No _____

Comments:

responding: 36

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:

There was no clear consensus. Although 55% of members attending units agreed on YES, there were strong voices for NO, and one unit (9 members) could not arrive at any consensus. The LWV-EDINA Board feels this is a weakly supported YES, not a true consensus and we ^{hope} the LWVMN Board can assimilate it into their final statement of position. # responding was 36, 9 for NO CONSENSUS; 7 for NO; 20 for YES.

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 X

No _____

Comments:

responding: 36

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 X

No _____

Comments:

responding: 36

NOTE: Please see attached sheet with comments recorded at each unit for specific questions.

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

Name of Local League: FREEBORN County

DEC 19 1988

Name of person preparing the report: SUE STOUT

Phone #: 507-377-0180

Total membership of your League: 30

Number participating in consensus: 20

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 X

No _____

Comments:

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

Yes X

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 X

No _____

Comments:

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

Yes X

No _____

Comments:

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

Yes X

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 X

No _____

Comments: Considerable discussion

As to whether or not the rights of the mentally ill could be eroded if commitment is too zealous.

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 X

No _____

Comments: Same discussion as

#6. Some concerns about whether or not it's okay to be "Crazy" if you are hurting yourself but not others.

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 X

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 X

No _____

Comments:

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

NOV 22 1988

Name of Local League: Fridley
Name of person preparing the report: Pat Faner
Phone #: 571-8035
Total membership of your League: 35
Number participating in consensus: 11

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 11

No 0

Comments:

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

Yes 6

No 1

3 abstain
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 10

No 0

1 abstain
Comments:

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

Yes 11

No 0

Comments:

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

Yes 11

No 0

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 11

No 0

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 5

No 4

2 abstain
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 9

No 1

1 abstain
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 11

No 0

Comments:

1. Comments:

Our members believe mental health is a serious problem and supports additional funding. We strongly support funding from federal, state and local sources.

2. Several members reacted to the wording of the question and are concerned about how "flexible" funding would be interpreted.

An important criteria for appropriateness of public funding is the emphasis on "following client needs."

3. We stress including prevention, outreach and education in the definition of services and programs.

Concern was expressed about being asked about supporting increased programs and services without knowing what their costs are.

7. Some were "queasy" about the strong language "assur(ing) commitment" and how that might be interpreted or implemented. Another felt that, while recognizing the seriousness of people "so gravely disabled," LWV priorities should be focused on the bigger overall problem.

8. Members strongly support evaluation - absolutely must evaluate is our language. But we also regret the cost of the bureacracy that evaluation inevitably drags with it: standard setting, monitoring and enforcement.

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

DEC 6 1988

Name of Local League: Golden Valley

Name of person preparing the report: Anne Borgen

Phone #: 545-7076

Total membership of your League: 60

Number participating in consensus: 14

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 14

No 0

Comments:

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

Yes 14

No 0

Comments: - A good idea if it is workable -

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 14

No 0

Comments:

For Margit Johnson and client both
Mental Health ty of
Concerns low
- gone and we should support their efforts.

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

DEC 6 1988

Name of Local League: Golden Valley

Name of person preparing the report: Anne Borgen

Phone #: 545-7076

Total membership of your League: 60

Number participating in consensus: 14

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 14

No 0

Comments:

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

Yes 14

No 0

Comments: - A good idea if it is workable -

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 14

No 0

Comments: 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.

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

Yes 14

No 0

Comments:

Community education is very important.

Must be part of a solution for housing needs for the poor, elderly and homeless. All need help - all need funds - all need appropriate shelter.

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

Yes 14

No 0

Comments:

Communication among agencies especially stressed.

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 14

No 0

Comments:

Concern that "prompt and appropriate" be as important and protecting civil rights.

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 14

No 0

Comments:

Would like "placement" better than "commitment" but realize the legal term is the latter.

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 12

No

Abstain 2

Comments:

Concern was cost of such a system.

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 14

No 0

Comments:

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

DEC 5 1988

Name of Local League: Hibbing LWV

Name of person preparing the report: Everal O'Brien

Phone #: 218 263 5820

Total membership of your League: 13 + 1 honorary

Number participating in consensus: 8

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 X

No _____

Comments:

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

Yes X

No _____

Comments:

*Follow up is
most important*

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 X

No _____

Comments:

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

Yes X

No _____

Comments: *At least equal to
retarded persons*

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

Yes X

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 X

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 X

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 X

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 X

No _____

Comments: *And improve
the present facilities*

NOV 21 1988

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

Name of Local League: LWV-Jackson Area
Name of person preparing the report: Agnes Olson
Phone #: 507-847-3893

Total membership of your League: 16

Number participating in consensus: 9

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")?

9 Yes X No _____ Comments:

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

9 Yes X 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?

9 Yes X No _____ Comments:

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

9 Yes X

No _____

Comments:

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

9 Yes X

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?

9 Yes X

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?

9 Yes X

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?

9 Yes X

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?

9 Yes X

No _____

Comments:

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

Name of Local League: Mahtomedi Area

DEC 6 1988

Name of person preparing the report: Karen Krahn

Phone #: 426-3988 or 633-3997

Total membership of your League: 35

Number participating in consensus: 11/3/88=16

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 16

No

Comments:

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

Yes 16

No

Comments: DHS should monitor

allocation and effectiveness with quality assurance control.

Note the difference in metro and outstate services, much more service in metro area. The key word should be "flexible".

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 10

1 abstain

No 1

Comments: Funding should

follow the patient. Minority opinion: idea is not workable and cannot be implemented efficiently.

4. Should LWMN support a range of housing options for persons with mental illness?

Yes 14 No _____ Comments: Need for more flexible time limits; be sure type of housing matches type of need. 6 mo.-2 year range on stay in designated housing too inflexible. There is a need for individual assessment of individual needs.

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

Yes 14 No _____ Comments: Early identification of problems; support of least restrictive environment. Schools and agencies should exert a coordinated effort in identifying disturbed children.

6. Should LWMN 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 16 No _____ Comments: Considerably reduce the time frame requirement from a maximum of 44 days. (For commitment hearings)

7. Should LWMN support policies to assure commitment of persons who are so gravely disabled by mental illness that they cannot meet their basic human needs?

Yes 13 No 1 Comments: Question too vague. Needs clarification of commitment and human needs.

8. Should LWMN 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 11 1 abstain No _____ Comments: Treatment should focus on skills an individual may need to survive in the community. Include the counties to a greater extent. Focus on improved treatment (individualized). Include counties to help in funding to a greater extent.

9. Should LWMN support continuing state financial responsibility for improved intensive treatment programs and adequate living conditions for persons currently served in regional treatment centers?

Yes 14 No _____ Comments: Treatment should focus on skills an individual may need to survive in the community. (Coping skills). Include the counties to a greater extent. Focus on improved treatment (individualized). Include counties to help in funding to a greater extent.

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

DEC 15 1988

Name of Local League: Mankato Area League of Women Voters

Name of person preparing the report: Kim Lee

Phone #: 507/625-6321 (h) 625-3161 (w)

Total membership of your League: 36

Number participating in consensus: 11

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 X

No

Comments:

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

Yes X

No

Comments: Following the client should be emphasized in order to reduce the "revolving door" aspect of care.

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 X

No

Comments:

"Communities" should be clarified to include counties and regions. There should be coordination between the array of programs and services. The effort should be coordinated, with an emphasis on transportation. A choice from the array of programs and services should be available.

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

Yes ☒

No ☐

Comments:

The word "appropriate" should be inserted before "housing options." LWVMN should support an increase in Rule 36 funding and the number of Rule 36 facilities. Public housing organizations do not have the resources available to serve clients with mental illness.

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

Yes ☒

No ☐

Comments:

The words "seriously and emotionally disturbed" should be inserted before "children and adolescents." Resources should be made available to all children and adolescents, not just those from AFDC families or those who are already in the criminal justice system.

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:

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

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:

There needs to be a balance between patients' rights and providers' rights. The words "or make sound judgements affecting their health" should be inserted at the end of the question.

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:

Evaluations should be undertaken when the individual has advanced through the system to the out patient level. Clients and clients' families should be included in the evaluation process. Mistreatment would come to the surface more readily with an evaluation process.

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 LOCAL LEAGUE CONSENSUS REPORT

Name of Local League: Marshall League of Women Voters
Name of person preparing the report: Pat Thomas Jones - member
Kim Anson, President Phone #: 507-532-2328
Total membership of your League: 22
Number participating in consensus: 8 DEC 28 1988

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 8 No _____ Comments:

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

Yes 8 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 8 No _____ Comments:

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

Yes 8

No _____

Comments:

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

Yes 8

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 8

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 8

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 8

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 8

No _____

Comments:

Barbara Flanigan, 374-2892

Minneapolis Mental Health Consensus

* *

14 Minneapolis LWV units showed 100% agreement on nine consensus questions. Agreement on the 94% on questions #3 and #4 and 98% on #7.

forms. An additional unit met but did not

s include two consensus report forms and did not attend unit meetings.

responses varies slightly because of differing attendance at the October and November unit meetings.

* * * *

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")?

100% agreement: Yes 124 people, 13 units.*

*One additional unit met but did not take consensus.

Comments:

#11 (12 members) "What are consequences of not providing funding?

#24 (10 members) services should be provided for people in the early stages of mental illness.

#25/29 (9 members) money should go to most in need--most severe cases. Alternative services already in place should be used for less severe cases.

#39/48 (12 members) Take a look at spending patterns and treatment types. See your money is being used appropriately. Perhaps we can follow Wisconsin example.

#53 (13 members) Not to the exclusion of funds for such needs as teenage pregnancy, etc.

* * * *

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

100% agreement: Yes 123 people, 13 units.

Comments :

December 12, 1988

Barbara Flanigan, 374-2892

Minneapolis Mental Health Consensus

* * *

Consensus reports from the 14 Minneapolis LWV units showed 100% agreement with six of the nine consensus questions. Agreement on the other three questions was 94% on questions #3 and #4 and 98% on #7.

13 units returned consensus forms. An additional unit met but did not take consensus.

The figures for individuals include two consensus report forms returned by members who did not attend unit meetings.

The number of individual responses varies slightly because of differing attendance at the October and November unit meetings.

* * * *

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")?

100% agreement: Yes 124 people, 13 units.*

*One additional unit met but did not take consensus.

Comments:

#11 (12 members) "What are consequences of not providing funding?"

#24 (10 members) services should be provided for people in the early stages of mental illness.

#25/29 (9 members) money should go to most in need--most severe cases. Alternative services already in place should be used for less severe cases.

#39/48 (12 members) Take a look at spending patterns and treatment types. See your money is being used appropriately. Perhaps we can follow Wisconsin example.

#53 (13 members) Not to the exclusion of funds for such needs as teenage pregnancy, etc.

* * * *

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

100% agreement: Yes 123 people, 13 units.

Comments :

#25/29 (9) emphasize services rather than administration.

#36 (7 members) concern about use of drugs in treatment programs that may be ineffective or worse.

#53 (12) Would have to be sure to have enough properly trained case management workers to handle consumers of mental health funds. Understood that all sources of funding including federal, state and county be included.

* * *

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

94% agreement. Yes - 123 people, 12 units. No - 7 people, 1 unit, Abstention - 1 person

Comments :

#11 (11 people) as long as the "array" does not include funding unnecessary and unused services.

#25/29 (9 people) foster better client/provider ratio. Coordinate services so clients could be tracked from diagnosis to referral to services (whether home, school, agency)

#36 (7 people) (no) too diverse--concentrate on programs with qualified personnel at adequate pay scale.

#39/48 (12 people) Special emphasis should be placed on case management.

#53 (12 people) Need to be administered effectively, not scattered services.

* * *

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

94% Agreement: Yes - 115 people, 12 units. No - 7 people, 1 unit.

Comments :

#20 (8 people) should segregate mentally ill from elderly in high rises.

#24 (10 people) must include suburbs as well.

#25/29 (9 people) separation from family and community as last resort; foster care as well as residential institutions.

#36 (7 people) No. range is too broad. Not enough supervision for most at present.

#39/48 (12 people) Again, we need very excellent case management. We need more adequate housing.

* * *

Part II

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

100% Agreement. Yes - 129 people, 13 units.

Comments :

#12 (4 people) Schools should have limited responsibility for treatment but carry the responsibility for a referral point.

#16 (14 people) Reservation: What does "comprehensive" mean? What about funding for all these programs?

#20 (8 people) with the increase of teen suicides a real need exists.

#25/29 (9 people) school system should have mental health and mental disorder and service information. (Adolescents with anxiety think they're going crazy--scary and not well handled may lead to suicide.

#36 (7 people) as long as there is appropriate screening at intake. Very careful use of medication--drug monitoring.

#39/48 (10 people) Schools, corrections and mental health systems should coordinate efforts and help to provide funds for mentally ill children and adolescents. Emphasis on coordination and education.

#53 (13 people) Chemical dependency treatment for juveniles should be included where chemical dependency accompanies mental illness.

#349 (13 people) Patterened after Washburn Child Guidance Center would be ideal. St. Mary's Hospital (sliding fee schedule).

* * *

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?

100% Agreement. Yes - 129 people, 13 units.

Comments :

#12 (4 people) Recommend extension of 72 hour detention currently allowed, perhaps court hearing within 72 hours, extension allowed for decision on treatment.

#16 (14 people) if possible

#20 (8 people) Is it the civil rights or illness to be protected?

#36 (7 people) emphasis on care for person unable, or neglectful, of caring for self--proper care of house, food preparation, garbage handling, clothes, and cognizant of operation of heating system--and dangers of carefuleless use of cooking stove, etc. This is also necessary to protect neighbors from fire hazards, rat infestations, etc.

#53 (13 people) Insure prompt second hearing so that mental illness treatment consumer does not have deterioration of condition.

#201 (6 people) What civil rights does a "dangerous" individual have if the treatment is for his own good?

#349 (13 people) State Dept of Human Rights publishes brochure on basics identifying mental illness and where to refer them.

* * * *

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?

98% Agreement. Yes - 125 people, 12 3/4 units. No - 3 persons, app. 1/4 unit. Abstention - 1.

Comments :

#1 (8 people) Lengthy discussion about definition of "basic human needs"--feeling that term is too vague, thus open to broad interpretation.

#12 (4 people) Had tough time with this issue.

#36 (7 people) see comment for question 7.

#38 (6 people) if there is no one to care for the individual.

#39/48 (10 people) Commitment must mean a range of services--including outpatient commitment.

#53 (13 people) Use the least restrictive setting appropriate to patient. Make it a team decision.

#201 (6 people) But individual must be assured he will not be branded "mentally ill" just because he's out on the street.

#349 (13 people) Educate police (instead of keeping people in jail to get them into appropriate program.)

* * *

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?

100% Agreement. Yes - 128 people, 13 units.*

*Two units qualified "yes" answer. One unit (14 people) said "probably." A second unit (13 people) put a "?" by the "Yes."

Comments :

#12 (3 people) Central data bank on previous medications, history, treatment, track people by number rather than name.

#16 (14 people). Probably. Ambiguous question, difficult to understand and answer.

#20 (8 people) Group homes should be evaluated.

#25/29 (9 people) coordination essential from diagnosis through service and could provide evaluation by guardian, family and providers as well as client a reasonable timetable 90 days, or 30 days.

#36 (7 people) A great need for accountability of the programs which MUST be coordinated. Must be nonpartisan. Needs proper staffing, organized so needs can be met--too many persons loosely knit--emphasis should be on funding needs for ill person not for great numbers of uncoordinated programs.

#201 (6 people) Case Management would make more sense than a "coordinated" system.

#349 (13 people) ? Difficult question to understand. Stress on continuity--maintaining a high quality.

* * * *

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?

100% Agreement: 128 people, 13 units.

Comments :

#16 (14 people) We feel adequate, well paid staff is necessary and should be adequate funding in RTCs, to care for mentally ill who need this type of care which best suits their needs.

#20 (8 people) What can be done to make the programs more effective? Greater advocacy for the mentally ill. Must provide greater awareness.

#24 (11 people) How does state accomplish this? (especially with resistant clients? Who should we call if we were personally

involved/affected.

#25/29 (9 people) reduce isolation of clients from life with quality staff time to enhance their stability/health.

#36 (7 people) If regional centers 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 the system becomes unwieldy, and dangerous to neighbors (i.e. concern for elderly in high rises).

The great (massive) amounts of money for so many programs surely can be spent much more wisely with consolidation, coordination of programs--less administrative, more counselors.

#349 (13 people) Sliding fee schedule is desirable. More local hospitals should enlarge psychiatric wards for emergencies. Funding should follow patients.

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

DEC 7 1988

Name of Local League: MINNETONKA EDEN PRAIRIE, AND HOPKINS

Name of person preparing the report: SUSAN SCRIBNER

Phone #: 474-8576

Total membership of your League: 60

Number participating in consensus: 18

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 X

No _____

Comments:

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

Yes X

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 X

No _____

Comments: Must try to offer service to sparsely populated communities.

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

Yes X

No _____

Comments:

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

seriously emotionally disturbed

Yes X

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: See report no consensus

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: no consensus see report

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 X

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 X

No _____

Comments:

SUSAN SCRIBNER

Report on the Mental Health Program from the October meetings

The Mental Health Consensus from our Oct. meetings was approved by the MEPH Board of Directors at the Nov. 2 meeting. In reaching consensus the membership in attendance, 18 in all, held unanimous opinions with the exception of question numbers six and seven.

The Monday Unit did not reach consensus on number six, "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 Wed. Unit supported the question. Mondays' unit felt there was no clear question, also commented "civil rights hard to protect when they are versus the greater good of the community. Question number seven "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." The Wed. unit said "no." The Monday unit said " yes, but had concerns as to who has power to designate "gravely disabled" term." The members of both units wondered what was meant by the word consumer in question number eight, taxpayer or patient or client? The final assumption by the group was to judge consumer to mean both taxpayer and client.

The evening meeting was glad to see new members Rita Vernon and Jenny Roth from Eden Prairie, and Jeanette Devinney also from Eden Prairie attended the Wednesday meeting, thanks for participating in the consensus. All of the Leagues in Minnesota will have turned their consensus forms by December 15, 1988, and the State Board will compile the results and prepare our state position. We will then be ready to lobby, using our new position by the start of the January 1989 legislative session.

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

for Voter -
Article - explain the
consensus + what
happens to it

Name of Local League: MEPH - MON UNIT

Name of person preparing the report: _____

Phone #: 9

Jenny, Rita
Jeanette

Total membership of your League: _____

Number participating in consensus: 11

In your local League report to LWMN, 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 LWMN 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 LWMN support flexible public funding with an emphasis on following client needs?

Yes ☒

No _____

Comments:

is this too open, what is being funded, evaluation

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

Yes ☒

No _____

Comments:

how to offer service to sparsely populated communities -
take programs to people

4. Should LWVN support a range of housing options for persons with mental illness?

Yes ☒

No ☐

Comments:

give structure to adjust to independent living

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

Yes ☒

No ☐

Comments:

evaluation,

seriously emotionally disturbed

6. Should LWVN 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:

no clear questions, civil rights hard to protect when it is versus the greater good of community

no consensus

7. Should LWVN 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:

some disagreement, as to who determines gravely disabled

page 33 rearrange wording, protect civil rights

8. Should LWVN 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:

wanted to know who is consumer? patient or taxpayer or both we assuming both

not extend scope of what's being done

9. Should LWVN 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:

day+ev- some always need this type of care, all regional treatment centers may not need to be kept open

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

Name of Local League: MEPA - Wed unit

Name of person preparing the report: _____

Phone #: _____

Total membership of your League: _____

Number participating in consensus: 5 7

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:

seriously emotionally disturbed

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 LOCAL LEAGUE CONSENSUS REPORT

DEC 14 1988

Name of Local League: Moorhead Area

Name of person preparing the report: Sherree Miller

Phone #: 218-236-0332

Total membership of your League: 27

Number participating in consensus: 16

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 X

No

Comments:

The majority of the funding should be provided by the state rather than the county.

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

Yes X

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 X

No

Comments:

- Intervention should be available in the beginning of the illness.
- Education and early diagnosis are sorely needed.
- How are the programs and services going to be funded?

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

Yes X

No _____

Comments:

- How are housing options going to be funded?
- ~~Yes~~ An array of funding sources and housing options are needed.

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

Yes X

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 Y

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 X

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 X

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 X

No _____

Comments:

- Present living conditions are not adequate.
- Yes, support continuing state financial responsibility along with a goal of reducing the population in RTCs.

6 M.p.m.

MENTAL HEALTH STUDY
CONSENSUS QUESTIONS

- ~~11/1~~ 8 1.14 Should LWVMN support adequate and consistent public funding for services for persons with acute and/or serious and persistent mental illness?
- ~~11/1~~ 8 2.14 Should LWVMN support flexible public funding with an emphasis on following client needs?
- ~~11/1~~ 8 3.14 Should LWVMN support an array of programs and services, available and accessible in communities to provide ongoing support for persons with mental illness?
- ~~11/1~~ 8 4.14 Should LWVMN support a range of housing options for persons with mental illness? *single & family dwelling places available.*
- ~~11/1~~ 8 5.14 Should LWVMN support a comprehensive mental health system for seriously emotionally disturbed children and adolescents?
- ~~11/1~~ 8 6.14 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?
- ~~11/1~~ 8 7.14 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? *to the least restrictive alternative facility that meets the patient's needs.*
- ~~11/1~~ 8 8.14 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?
- ~~11/1~~ 8 9.14 Should LWVMN support continuing state financial responsibility for improved intensive treatment programs and adequate living conditions for persons currently served in regional treatment centers?

* * * * *

MEETING THE NEEDS OF PEOPLE WITH MENTAL ILLNESS IN RAMSEY COUNTY

Sponsored by the St. Paul League of Women Voters

November 10, 1988
Minnesota Women's Building, 550 Rice Street
5 p.m. Social Hour, 7 p.m. Presentation

Speakers at this meeting open to the public will be Senator Linda Berglin; Warren Schabe, Chair, Ramsey County Board; Diane Ahrens, Ramsey County Board--Health, Human Services and Corrections Committee Chair; Lou Towner, Ramsey County Community Human Services; and Ruth Mueller, Alliance for the Mentally Ill

Roads To Recovery

A powerful videotape that gives insight and hope



John

While serving as a U.S. Naval Officer in Spain, John first became mentally ill. He was sent back to the states and discharged from his duties.

...Has completed his law degree, works as an unemployment insurance representative, and has a wife and two children...



Carolyn

As a high school senior, Carolyn became terrorized by visual and auditory hallucinations. She was sent to a state hospital and told she'd never recover.

...Today, this suburban housewife has four children and works as a secretary and a church volunteer. In 1982 she co-authored a book about her life...



Nadine

Nadine was only five years old when she was first placed in a psychiatric unit because of self-destructive behavior. Her mental illness, combined with a history of family abuse, led to many suicide attempts.

...Now a college student studying to become a physical therapist, she enjoys music and cooking and shares an apartment with several friends...



Terry

Terry spent nearly four years in state mental hospitals where shock treatments and medications were of no help. Still in his twenties, he was released to a board and care home—used almost solely for the elderly.

...Is now married, has one child, does public speaking on mental illness, and has been employed as a mental health worker for the past eight years...

Why Was This Video Made?

- To educate members of the community about people who have experienced mental illness.
- To help break through the silence and stigma too often associated with mental illness.
- To offer hope to people who suffer from mental illness, their families and friends.

Who Is It For?

Members of any community can benefit. Families, mental health professionals, clients, elected officials, neighborhood groups, churches, educators, and business leaders. All are affected in some way by this serious health issue which is only now coming out of the closet.

An Excellent Educational Experience



THE NATIONAL ALLIANCE
FOR THE MENTALLY ILL

A Word About Mental Health Advocates Coalition,
Producers Of Roads To Recovery

MHAC is a non-profit organization working to improve mental health services, educate the public about mental illness and promote self-help of consumers. Founded in 1977, MHAC is also the Minnesota state affiliate of the National Alliance for the Mentally Ill.

Dec 1, 1988

DEC 3 1988

Dear Margit —

Enclosed is the Consenses question total from the New Brighton LWU.

There were 14 members present at our 2 unit meetings and each of the 9 questions received an unanimous yes response. Please note the additional comments made on questions 4 & 7.

Thanks for all of your work. You have done an excellent job.

Sincerely,
Michele Vance

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

DEC 1 1988

Name of Local League: Northern Dakota County Area
Name of person preparing the report: Lois vanDyck
Phone #: 454-3817
Total membership of your League: 36
Number participating in consensus: 12

In your local League report to LWVN, 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 LWVN 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 12

No 0

Comments:

Problem with funding going to "for-profit" care givers.

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

Yes 11

No 1

Comments:

Research \$ are needed - Federal funding to study causes/preventative measures. Client needs to be met with flexible programs.

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

Yes 12

No 0

Comments:

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

Yes 12

No

Comments:

Dakota County recognizes the need for a variety of housing options.

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

Yes 12

No

Comments:

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

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 4

No 6

Comments:

abstain 2
must explore treatment alternatives thoroughly before commitment

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 0

No 12

Comments:

Living on street doesn't necessarily mean a person is mentally ill.

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 12

No

Comments:

This will cost \$1

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 12

No

Comments:

League of Women Voters of Minnesota, 550 Rice Street, St. Paul, MN 55103

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

DEC 13 1988

Name of Local League: Northfield, MN

Name of person preparing the report: Corinne Matney

Phone #: (507) 663-1048

Total membership of your League: 51

Number participating in consensus: 20

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 X

No

Comments: 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 (see extra page)

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

Yes X

No

Comments: 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.

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 X

No

Comments: Importance of case

management and community support programs.

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

Yes X

No _____

Comments:

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

Yes X

No _____

Comments: This should also include a strong preventive focus, especially within the schools, such as Project Charlie, Quest, Peer Counseling.

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 X

No _____

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

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: No consensus. Prefer "enable" to "assure". Focus on those interested in services rather than those adamantly refusing. More alternatives, such as outpatient treatment, commitment options made available in actuality, so hospitalization is not only alternative.

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 X

No _____

Comments: Focus on outcomes. Consumer satisfaction should address client and client family.

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 X

No _____

Comments: Yes, but not necessarily in RTCs.

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

1. (Continued) 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.

25% COTTON FIBER

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

NOV 30 1988

Name of Local League: OWATONNA League of Women Voters

Name of person preparing the report: Kathy STASKA

Phone #: 507-451-1589

Total membership of your League: _____

Number participating in consensus: 19

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 X

No _____

Comments:

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

Yes X

No _____

Comments:

Agencies work together to better meet the needs of patient (client)

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 X

No _____

Comments:

4. Should LWMMN support a range of housing options for persons with mental illness?

Yes ☒

No ☐

Comments:

Adequate housing is needed after leaving first treatment center to fit individual needs

- * 5. Should LWMMN support a comprehensive mental health system for children and adolescents?

Yes ☒

No ☐

Comments:

We feel this is a high priority! Preventive programs are much more cost effective than repeated care situations.

6. Should LWMMN 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 LWMMN 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 LWMMN 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 LWMMN 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:

*Yes to all questions; We see a need in all these areas, but must consider the funding.
The public must be better educated about mental illness and how they can help.*

DEC 16 1988

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

Name of Local League: LWV of Red Wing

Name of person preparing the report: Dorothy Holmes / Suzanne Blue

Phone #: _____

Total membership of your League: 43

Number participating in consensus: 6

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 6

No _____

Comments:

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

Yes 6

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 6

No _____

Comments:

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

Yes 6

No _____

Comments:

"We could use a "rule 36" facility somewhere in Goodhue Co."

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

Yes 6

No _____

Comments:

"Involvement in school curriculum now a problem facing Long Range Planning Committee for School District #256."

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 6

No _____

Comments:

"Contact legal profession 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?

Yes 5

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 2

No 4

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 6

No _____

Comments:

DEC 12 1988

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

Name of Local League: Richfield League of Women Voters

Name of person preparing the report: Dorothy Schostag

Phone #: 612 869-1756

Total membership of your League: 44

Number participating in consensus: 25

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 25

No 0

Comments:

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

Yes 22

No 0

Comments: *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. In 1950s David Vail made good start - now gone downhill.*

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 23

No 0

Comments:

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

Yes 22

No 0

Comments:

Have studies been made to see if there are enough people to take care of the mentally ill?

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

Yes 22

No 0

Comments:

Suicide is a factor. Emotional problems later become mental problems.

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 23

No 0

Comments:

Be careful to keep balance between patients' rights and society's rights. What about the protection of the family? Have we gone too far on protecting civil rights of patients? Sometimes families suffer.

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 22

No 1

Comments:

You wouldn't get a valid, objective evaluation from consumer. Younger people taking care of these people burn out after awhile. Institutions might be better.

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 24

No 0

Comments:

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, now can so many ideas be implemented? We're cynical and doubtful, and know it will be very costly.

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 23

No 1

Comments:

Regional treatment centers should not be closed down.

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

Name of Local League: Richfield League of Women Voters

Name of person preparing the report: Dorothy Schostag

Phone #: 612 869-1756

Total membership of your League: 44

DEC 20 1988

Number participating in consensus: 25

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 25

No 0

Comments:

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

Yes 22

No 0

Comments: *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. In 1950's David Vail made good start - now gone downhill*

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 23

No 0

Comments:

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

Yes 22

No 0

Comments:

Have studies been made to see if there are enough people to take care of these people?

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

Yes 22

No 0

Comments:

Suicide is a factor & emotional problems later become mental problems.

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 23

No 0

Comments:

Be careful to keep balance between patient's and society's rights. What about the protection of the family? Have we gone too far on protecting civil rights of patients? Sometimes families ignore problems over and over.

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 22

No 1

Comments:

You wouldn't get a valid, objective evaluation from consumer. Young people taking care of these people burn out after awhile. Institutions might be better.

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?

What is consumer satisfaction? It's naive to expect this. They don't know.

Yes 24

No 0

Comments:

What they're doing often.

- 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. Were cynical, doubtful and know it will be very costly.*
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 23

No 1

Comments:

Regional treatment centers should not be closed down.

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

DEC 14 1988

Name of Local League: studied jointly by Robbinsdale and Crystal-New Hope-East Plymouth

Name of person preparing the report: Betsy Dick, Ruth Christenson, Virgie Anderson

Phone #: 521-7714; 545-7115

Total membership of your League: Robbinsdale: 25; CNHEP: 30

Number participating in consensus: 26

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 23

No

Comments:

Fact Sheets # 4 + 9

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

Yes 24

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 25

No

Comments:

Fact Sheets # 2, # 3, # 5

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

Yes 25

No

Comments:

Fact Sheets # 3, 5, 9

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

Yes 24

No

Comments:

Fact Sheet # 45

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 22

No 3

Comments:

Fact Sheet # 8

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 18

No 5

Comments:

7

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 22

No 1

Comments:

Fact Sheet # 6

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 24

No

Comments:

Fact Sheets # 3 + 4

Addendum to Concensus Report for Mental Health Study

Leagues of Women Voters of Robbinsdale and Crystal-New Hope-East Plymouth

Comments from members

2. Support for more money for prevention and early intervention.
3. If representatives from counties could get together and plan support services, much duplication could be avoided and hence duplication of costs.
6. This assumes that the services described in questions 1-5 are already in place.
7. Some members saw this as a potentially dangerous policy: with the possibility of equating poverty, homelessness and unemployment with mental illness. People not mentally ill could be committed because they are not meeting their "basic human needs," needs that are defined by someone else, with different values or standards.

Overall comment: All of this will not happen without adequate funding.

Betsy Dick
RLWV
521-7714
474-0285

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

OCT 13 1988

Name of Local League: Rochester

Name of person preparing the report: Faye Sargent

Phone #: 507 281-1726

Total membership of your League: 91

Number participating in consensus: 26

In your local League report to LWVN, 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 LWVN 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 26

No 0

Comments: There should be a connection between state mandates and the funding provided to accomplish the mandates.

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

Yes 26

No 0

Comments: An important goal of the flexible funding should be to make programs and services as client-centered as possible.

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

Yes 26

No 0

Comments: Any new programs should be designed to provide a definable "path" or "paths" for clients and avoid gaps in treatment options.

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

Yes 26

No 0

Comments: We recognize the difficulties in providing a range of housing to accommodate various levels of wellness--particularly that of siting halfway houses, etc..

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

Yes 25

No 0

Comments: 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.

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 25

No 0

Comments: This question should not be seen as a mandate to change the commitment process. We would like to emphasize the assurance of treatment prior to commitment.

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: There was no consensus on this question because of confusion over phrasing. We would prefer the phrase "to assure a range of treatments, including commitment" to the automatic use of commitment implied here.

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 25

No 0

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 25

No 0

Comments:

General Comment: There was considerable concern that the source of funds needed to do all of the above was not addressed as part of the study.

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

Name of Local League: League of Women Voters of Rock County
Name of person preparing the report: Mildred Paulsen
Phone #: 507-855-2318

Total membership of your League: 10

Number participating in consensus: 7

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 X

No

Comments:

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

Yes X

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 X

No

Comments:

To make completion of programs mandatory especially with DWI & abuse -

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

Yes X

No _____

Comments:

if the persons are Capable of self care .

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

Yes X

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 X

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 X

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 X

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 X

No _____

Comments:

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

DEC 6 1988

Name of Local League: Roseville LWV

Name of person preparing the report: Kathy Tipler + Evie Beal

Phone #: 483-6884

Total membership of your League: 72

Number participating in consensus: 30

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 30

No _____

Comments:

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

Yes 30

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 30

No _____

Comments:

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

Yes 30

No _____

Comments:

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

Yes 30

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 30

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 29

No _____

Comments:

1 Abstain

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 30

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 30

No _____

Comments:

Roseville League of Women Voters
Mental Health Consensus Report: Comments

1. Define Adequate. (4 persons asked this question.)

Assume public funding would not supersede private insurance. Also assume some sort of sliding fee provision for those able to pay. (4 persons emphasized sliding fee provision.)

Emphasize consistent.

What standards define who is eligible?

What is the maximum caseload a social service person supervises?

We should be working 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.

2. Needs change, good to follow, but need baseline allotment for each service - difficult to administer but better meets needs of client.

Sharing services between counties seems as though it will be needed.

I'm real concerned where the money will come from.

3. Less expensive in long run. Enhances chances for integration - learning to cope.

I think it is important that services to families be included.

RTC need to be left.

4. Insurance and legal responsibility problem come to mind.

5. Family support must be heavily backed.

This question deserves its own study.

Needs to be considered with schools and interagency ties.

They do have special needs but even under new programs will needs be met?

Needs to be interagency and tied closely to school districts, especially existing special districts like 916.

Coordinate; mental health system, schools, parents or guardians.

Need for interagency approach - share and coordinate identification and services.

6. Civil Rights of families and community must also be considered.

I lean yes - all conditions being ideal, but have problem with some of the civil rights issues. Guidelines need to be very specific.

There needs to be a greater weight given to prompt treatment, especially for people who are or could be dangerous to themselves and others. At present, the civil rights concerns too often lead to excessive delays in commitment and treatment.

Want to be sure that least restrictive options are available.

Prompt - less than 44 day current period.

Yes, but only if review of case by multiple (preferably unaffected) professionals to guarantee someone's civil rights are not violated. Possibility of a guardian ad litem program for those involuntarily committed.

Needs detailed clarification.

Needs a strong advocate program for the diagnosed person - especially for the involuntary commitment to prevent abuse to diagnosed persons as in the past.

Need to protect right of client regarding treatment during voluntary commitment.

7. The definition provided seems to limit this to those so impaired as to be beyond judgement. Very complicated to decide when individual can no longer decide for self.

Touchy issue in light of #6. - civil rights. Again a strong advocate is needed for these people.

With appropriate safeguards to make sure the homeless are not committed without strong evidence of clinical mental illness. Guidelines need to be very specific.

8. Less enthused about this one. Hope it does not become a lot of paper pushing.

Consumer satisfaction should include family members.

Without undue bureaucracy and excessive paper work for providers with funding if extra personnel needed to comply.

Process is important but results also need to be evaluated.

Who does the quality assurance.

** The concern was expressed several times that these consensus questions seemed to elicit a positive response from the members. However, several people felt that the wording of the questions didn't encourage controversial discussion.

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

DEC 19 1988

Name of Local League: St. Anthony
Name of person preparing the report: Marg Ellen Manske
Phone #: 781-4776

Total membership of your League: 12
Number participating in consensus: 6 * I have included the responses
+ 3 members who were not present at the
In your local League report to LWVN, please record number of those present at the
responding to each consensus question. consensus mtg.

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 LWVN 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 X

No _____

Comments:

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

Yes X

No _____

Comments:

With guidelines as to how funds will be better utilized and abuses prevented. There should be a limit as to how much money is spent on a client's needs.

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

Yes X

No _____

Comments:

With guidelines and cooperation between communities so as to avoid duplication of services and so that services are accessible to clients.

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

Yes X

No _____

Comments:

The stigma that exists against placing for such homes in communities needs to be lessened in order than to be successful.

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

Yes X

No _____

Comments:

A glaring need!

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 X

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 X

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 X

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 X

No _____

Comments:

ST. ANTHONY LEAGUE
NOVEMBER 15, 1988
MENTAL HEALTH CONSENSUS

Place: Kay Kramer
Time 7:00p.m.
Presenter: Mary Ellen Manske

The following questions are for the consensus on mental health which will be taken at the November Unit Meetings.

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 on-going 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: *I'm undecided*
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 ILLNESS IN MINNESOTA

LWD STUDY 1987-89

WHAT IS MENTAL ILLNESS? THE FACTS

Mental illness is an organic disorder of the brain or a clinically significant disorder of thought, mood, perception, orientation, memory or behavior that seriously limits a person's functional capacities relative to primary aspects of daily living such as personal relations, living arrangements, work and recreation.

FACT: One in seven adults (15%) suffers from a diagnosable mental illness and is in need of professional treatment in any six month period of time. One in 14 adults (7%) suffers from a serious mental illness (manic-depressive illness, schizophrenia and major depression).

FACT: One in four families is affected by serious mental illness, making it one nation's leading medical problem - more widespread than cancer, lung and heart disease combined.

FACT: Mental illness kills. Suicide is a leading cause of death in Minnesota.

- a. 10-14 year olds - 3rd leading cause of death
- b. 15-34 year olds - 2nd leading cause of death
- c. 35-49 year olds - 4th leading cause of death

FACT: Only \$15 per patient is spent for mental illness research compared with \$170 per patient for cancer research and \$10,000 per patient for AIDS research.

Problems in Minnesota

The number of persons with mental illness hospitalized in regional treatment centers (formerly state hospitals) declined by 88% from 1960 to 1984, from 10,093 to 1,230. Some excellent community programs have been developed to serve persons with mental illness.

BUT facts show that many Minnesota communities do not adequately serve all people with serious and persistent mental illness.

-Mentally ill people comprise an estimated 20-30% of Minnesota's homeless population.

-In 1985 the Department of Human Services estimated that an additional 4,000 to 5,000 Minnesotans needed places in Rule 36 residential facilities, in other types of residential programs or in nonresidential community support programs.

-About 21% of a sample of discharged patients were readmitted to state hospitals within 90 days.

-At least 39 patients currently ready for discharge from Anoka State Hospital must wait because there are no appropriate places for them in the community.

-Full-time caseworkers should serve only 30-35 individuals with mental illness; the average caseload in Minnesota is 48 mentally ill clients. Hennepin County caseworkers serve 60-65 clients.

-More than 1,000 persons whose primary diagnosis is mental illness under the age of 65 are in nursing homes.

Brad B.

ST. ANTHONY LEAGUE
NOVEMBER 15, 1988
MENTAL HEALTH CONSENSUS

Place: Kay Kramer
Time 7:00p.m.
Presenter: Mary Ellen Manske

The following questions are for the consensus on mental health which will be taken at the November Unit Meetings.

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 on-going 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 ILLNESS IN MINNESOTA

LWD STUDY 1987-89

WHAT IS MENTAL ILLNESS? THE FACTS

Mental illness is an organic disorder of the brain or a clinically significant disorder of thought, mood, perception, orientation, memory or behavior that seriously limits a person's functional capacities relative to primary aspects of daily living such as personal relations, living arrangements, work and recreation.

FACT: One in seven adults (15%) suffers from a diagnosable mental illness and is in need of professional treatment in any six month period of time. One in 14 adults (7%) suffers from a serious mental illness (manic-depressive illness, schizophrenia and major depression).

FACT: One in four families is affected by serious mental illness, making it one nation's leading medical problem - more widespread than cancer, lung and heart disease combined.

FACT: Mental illness kills. Suicide is a leading cause of death in Minnesota.

- a. 10-14 year olds - 3rd leading cause of death
- b. 15-34 year olds - 2nd leading cause of death
- c. 35-49 year olds - 4th leading cause of death

FACT: Only \$15 per patient is spent for mental illness research compared with \$170 per patient for cancer research and \$10,000 per patient for AIDS research.

Problems in Minnesota

The number of persons with mental illness hospitalized in regional treatment centers (formerly state hospitals) declined by 88% from 1960 to 1984, from 10,093 to 1,230. Some excellent community programs have been developed to serve persons with mental illness.

BUT facts show that many Minnesota communities do not adequately serve all people with serious and persistent mental illness.

- Mentally ill people comprise an estimated 20-30% of Minnesota's homeless population.
- In 1985 the Department of Human Services estimated that an additional 4,000 to 5,000 Minnesotans needed places in Rule 36 residential facilities, in other types of residential programs or in nonresidential community support programs.
- About 21% of a sample of discharged patients were readmitted to state hospitals within 90 days.
- At least 39 patients currently ready for discharge from Anoka State Hospital must wait because there are no appropriate places for them in the community.
- Full-time caseworkers should serve only 30-35 individuals with mental illness; the average caseload in Minnesota is 48 mentally ill clients. Hennepin County caseworkers serve 60-65 clients.
- More than 1,000 persons whose primary diagnosis is mental illness under the age of 65 are in nursing homes.

Julie Bjorklund

ST. ANTHONY LEAGUE

NOVEMBER 15, 1988

MENTAL HEALTH CONSENSUS

LWV should also support efforts to include comprehensive mental health care in insurance policies & HMO's.

Place: Kay Kramer

Time 7:00p.m.

Presenter: Mary Ellen Manske

The following questions are for the consensus on mental health which will be taken at the November Unit Meetings.

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 X No Comments: *All of my "yeses" are based on the premise that fees are on a sliding scale, based on the ability to pay.*
2. Should LWVMN support flexible public funding with an emphasis on following client needs?
Yes X No Comments:
3. Should LWVMN support an array of programs and services, available and accessible in communities to provide on-going support for persons with mental illness?
Yes X No Comments:
4. Should LWVMN support a range of housing options for persons with mental illness?
Yes X No Comments:
5. Should LWVMN support a comprehensive mental health system for children and adolescents?
Yes X 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 X No Comments: *One concern: physicians should be able to administer needed medications without having to worry if patient can veto the process - as long as patient is not mentally able to make that decision.*
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 X 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 X 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 X No Comments:



MENTAL ILLNESS IN MINNESOTA

LWD STUDY 1987-89

WHAT IS MENTAL ILLNESS? THE FACTS

Mental illness is an organic disorder of the brain or a clinically significant disorder of thought, mood, perception, orientation, memory or behavior that seriously limits a person's functional capacities relative to primary aspects of daily living such as personal relations, living arrangements, work and recreation.

FACT: One in seven adults (15%) suffers from a diagnosable mental illness and is in need of professional treatment in any six month period of time. One in 14 adults (7%) suffers from a serious mental illness (manic-depressive illness, schizophrenia and major depression).

FACT: One in four families is affected by serious mental illness, making it one nation's leading medical problem - more widespread than cancer, lung and heart disease combined.

FACT: Mental illness kills. Suicide is a leading cause of death in Minnesota.

- a. 10-14 year olds - 3rd leading cause of death
- b. 15-34 year olds - 2nd leading cause of death
- c. 35-49 year olds - 4th leading cause of death

FACT: Only \$15 per patient is spent for mental illness research compared with \$170 per patient for cancer research and \$10,000 per patient for AIDS research.

Problems in Minnesota

The number of persons with mental illness hospitalized in regional treatment centers (formerly state hospitals) declined by 88% from 1960 to 1984, from 10,093 to 1,230. Some excellent community programs have been developed to serve persons with mental illness.

BUT facts show that many Minnesota communities do not adequately serve all people with serious and persistent mental illness.

- Mentally ill people comprise an estimated 20-30% of Minnesota's homeless population.
- In 1985 the Department of Human Services estimated that an additional 4,000 to 5,000 Minnesotans needed places in Rule 36 residential facilities, in other types of residential programs or in nonresidential community support programs.
- About 21% of a sample of discharged patients were readmitted to state hospitals within 90 days.
- At least 39 patients currently ready for discharge from Anoka State Hospital must wait because there are no appropriate places for them in the community.
- Full-time caseworkers should serve only 30-35 individuals with mental illness; the average caseload in Minnesota is 48 mentally ill clients. Hennepin County caseworkers serve 60-65 clients.
- More than 1,000 persons whose primary diagnosis is mental illness under the age of 65 are in nursing homes.

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

DEC 7 1988

Name of Local League: St. Cloud Area League of Women Voters
Name of person preparing the report: Geraldine Gustafson
Phone #: (612) - 251-3842

Total membership of your League: 65

Number participating in consensus: 30 - 3 unit meetings - (in May '88 in Nov. '88)

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 X

No _____

Comments:

30

Comment - Feeding - that there should be - support for community-based living - as opposed to institutional living -.

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

Yes X

No _____

Comments:

30

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 X

No _____

Comments:

wants - wide array of programs + services - as wide as possible.

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

Yes X No _____ Comments:

#30
We have ~~per~~ problem with affordable housing - more for mentally ill - than mentally retarded. We need to address this problem - at state level -.

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

Yes X No _____ Comments:

#30

Concern over Mn. track record. open up communication (by-law maybe) - between agencies & 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?

Yes X No _____ Comments:

#30

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

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 X No _____ Comments:

#30

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 X No _____ Comments:

#30 We are concerned about "paper work loads.
Satisfaction - meaning "cure" - could be problem

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 X No _____ Comments:

#30

Site monitoring necessary

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

DEC 9 1988

Name of Local League: ST CROIX WILCOX

Name of person preparing the report: KAREN TRANE

Phone #: 698-0741

Total membership of your League: 26

Number participating in consensus: 8

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 1

No _____

Comments:

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

Yes X

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 X

No _____

Comments:

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

Yes _____

No X

Comments: Members had difficulty supporting a "range of housing options" as it was defined in the discussion guide. 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. There was no mention of whether we would be asking the client, the state/county or the federal government to pay. Concern regarding the ability of rural areas and nursing homes to meet the demand was also noted.

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

Yes X

No _____

Comments: Members generally felt this should be

supported but with several qualifying conditions. 1) that all children in need of care receive appropriate care. But that all tendencies in the system towards labeling be eliminated, 2) that all children whose parents had private insurance probably had better chances for consistent quality care and that care should not be unnecessarily delayed by insurance company policies 3) that the money follow the client 4) that jurisdictional problems be addressed by the system.

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: Consensus could not be reached and a

simple yes/no vote was not deemed appropriate. Neither the question nor the discussion guide clarifies whether the league here means the commitment process as presently written into law or whether law should be amended. Had potential amendments which the league may support been listed, we may have been able to reach consensus. Any commitment process certainly should be both prompt and appropriate.

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 and as

No _____

Comments: Forced or involuntary commitment was regarded as degrading 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 a viable alternative to self-destruction.

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 X

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 X

No _____

Comments:

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

DEC 14 1988

Name of Local League: League of Women Voters of St Louis Park, MN.

Name of person preparing the report: Naggy Johnson

Phone #: 612-545-6413

Total membership of your League: 35

Number participating in consensus: 18

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

- 18 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 18 No _____
- Comments: Private sector funding should be encouraged as primary
- 18 2. Should LWVMN support flexible public funding with an emphasis on following client needs?
- Yes 18 No _____
- Comments: 1. Lobbying should consider where funds will come from to ensure enactment of programs.
2. If you don't follow client (funding) that client could be back again soon. Need supervision.
- 18 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 18 No _____
- Comments: Case management, a priority

- 18 4. Should LWVMN support a range of housing options for persons with mental illness?

Yes 18

No _____

Local League input;
Comments: Remove blockades (ordinances, etc) that prevent est. of group homes.

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

Yes 18

No _____

* Priority for lobbying.
Comments: 2. Emphasis on keeping family in touch. Don't label mentally ill too soon.

- 18 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 18

No _____

Comments: Change wording to "care and treatment and possible commitment."

- 18 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 16

No 2

(1) Screening process.
Comments: for "competency" is accomodating system not client.

(2) This is too good an opportunity to take away civil rights. Change word from "assure" to "consider".

- 18 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 18

No _____

Comments: Funding for review system should be in legislation.
(2) most important of all.

- 18 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 18

No _____

Comments:

For Board Approval - 12-5-88
League of Women Voters - St. Paul

DEC 9 1988

Respondents

Unit #3 - 6
Unit #15 - 5
Unit #8 - 7
Unit 5/10 - 12
General - 5
Total 35

Mental Health Local League Consensus Report

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 mailed to the St. Paul League Office by November 28, 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 35 No _____ Comments: _____
2. Should LWVMN support flexible public funding with an emphasis on following client needs?
Yes 35 No _____ Comments: _____
3. Should LWVMN support an array of programs and services, available and accessible in communities to provide on-going support for persons with mental illness?
Yes 35 No _____ Comments: _____
4. Should LWVMN support a range of housing options for persons with mental illness?
Yes 35 No _____ Comments: _____
5. Should LWVMN support a comprehensive mental health system for children and adolescents?
Yes 35 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 35 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 23 No _____ Comments: 12 undecided
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 35 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 35 No _____ Comments: _____

LETTER TO THE EDITOR

October 15, 1988

The League of Women Voters of Saint Paul urges every voter in the November 8 election to vote YES on the City Charter amendment. This issue will appear on the REVERSE side of your ballot.

The League of Women Voters, a non-partisan political organization, encourages the informed and active participation of citizens in government. The League believes no person or group should suffer legal, economic, or administrative discrimination and works to promote social and economic justice, to secure equal rights for all, and to combat discrimination.

We are concerned that the possible effects of initiative and referendum, as constituted now, might limit the rights of any person or group. We support the proposed City Charter Amendment which would remove from the process of initiative and referendum any ordinance or ordinances which protects our citizens from discrimination — ordinances which prohibit discrimination in employment, education, housing, public accommodation or public services based on race, creed, religion, sex, color, national origin, familial status, age, disability, marital status, status with regard to public assistance or sexual orientation.

Ordinances have been subject to initiative and referendum in Saint Paul since passage of the new city charter in 1972. This City Charter Amendment will not affect the current practice whereby City Charter amendments automatically are voted on by voters in the next election. And the initiative and referendum process will not be affected regarding other ordinances.

The League of Women Voters of Saint Paul urges your YES vote on the City Charter Amendment to protect all persons from discrimination. After completing your vote on the front of the ballot, remember to turn your ballot over and vote YES on the City Charter Amendment.

Sincerely,

Joanne A. Englund

President, League of Women Voters of Saint Paul

LEAGUE OF WOMEN VOTERS ST. PAUL

1010 University Avenue

St. Paul, MN 55104

Address Correction Requested

President: Joanne A. Englund

Editor: Sigrid Johnson

Published by: College Typing Service, St. Paul

NONPROFIT ORGANIZATION

US POSTAGE PAID

PERMIT # 1944

St. Paul, MN 55101

---TIME DATED MATERIAL---

Comments:

1. At one time a suggestion was made that a trust fund be established by the State Legislature to support adequate and consistent public funding for services to the mentally ill.
2. - Case management is better than treatment driven delivery.
- Case management services assure that only the services that are needed are provided.
- If adequate case management is to be provided it really has to be built into the system.
3. - State funds are needed to help the rural tax base.
- Adequate care should not depend on where a mentally ill person happens to reside.
- The total system "system" still needs work and improvement.
4. - All communities should take their fair share, no initiative and referendum allowed!
- Transportation is also an issue in the suburbs.
- The law releasing mentally ill people from state hospitals did not properly fund the resources for local programming - a real mistake!
5. - Require insurance to cover mental illness for kids (Children can be treated better as out-patients).
- There is definitely a need to deal with this issue.
- Mentally ill persons who are homeless must be cared for, there must be better institutional housing for MI with severe problems.
- Schools should be given additional help in assessing children's needs, much is needed to improve services.
6. - Commitment process must not be abused but civil rights can be over-ridden if proof of danger to self or society.
- More crisis case management is needed.
7. - No comments, however, one unit stated that there was neither a yes or no on this answer, because they were undecided.
8. - Should have standards for services, staff ratio, staff training, cleanliness of facility etc.
- We assume that consumer in this case is client and client's family.
9. - Counties and communities can't carry the entire burden.

Submitted by Mary Shortall 12-5-88

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

DEC 7 1988

Name of Local League: Shakopee

Name of person preparing the report: Jane Hansen, President

Phone #: (H) 445-7419; (O) 496-8116

Total membership of your League: 40

Number participating in consensus: 10

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 X

No

Comments:

Ten responded.

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

Yes X

No

Comments:

Ten responded.

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 X

No

Comments:

Ten responded.

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

Yes X

No _____

Comments:

Ten responded.

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

Yes X

No _____

Comments:

Ten responded.

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 X

No _____

Comments:

Ten responded.

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 X

No _____

Comments:

Ten responded.

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 X

No _____

Comments:

Ten responded.

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 X

No _____

Comments:

Ten responded.

League of Women Voters of Minnesota, 550 Rice Street, St. Paul, MN 55103

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

Name of Local league: South Tonka

Name of person preparing the report: Maret Ryan
Phone #: 474-8160

DEC 12 1988

Total Membership of your League: 38

Number participating in consensus: Questions 3,4,5,6,7: 16 Members
Questions 1,2,8,9: 23 Members

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: 23 No: 0

Comments: South Tonka League members consider it important that services for the mentally ill be flexible and allow for creativity.

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

Yes: 23 No: 0

Comments: South Tonka League members again consider it important that services allow for flexibility and creativity on the part of providers. Also feel it important to establish an evaluation process that ensures that there are stop gaps in the system so that consumers do not "fall through the cracks".

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: 16 No: 0

Comments: Important to have a state "watch dog" to insure quality. Important to allow individuality (counties), yet establish minimum standards. Need to be careful that we don't overload our professionals with so many administrative tasks that hands on care is sacrificed. It is also important that there be more depth to existing programs so consumers can be serviced promptly.

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

mental illness?

Yes: 16 No: 0

Comments: Could there be a development of incentives to cities to encourage housing for the mentally ill? We feel it is important to develop "grass roots" support, i.e. churches, local civic organizations. Education is a key.

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

Yes: 16 No: 0

Comments: The school and family is where it all begins. It is important to publicize what services are available; and how to utilize these services. It is important that funds and "quality" professionals who specialize in adolescents are available. If mandating to schools, make sure funds are available to cover the cost of services needed.

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: 16 No: 0

Comments: We believe there is a fine line between protecting rights of the mentally ill, and allowing drug treatment refusal. This is a situation that must be handled carefully, keeping abreast of the latest medical research.

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: 16 No: 0

Comments: Important to protect the rights of the mentally ill.

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: 23 No: 0

Comments: We must be careful not to "politicize" the process. The use of quality volunteer activity, and the private sector, should be encouraged. The phrase "evaluating outcomes" caused a certain amount of apprehension - care must be taken to not mandate a certain prescribed outcome as the norm, that the realities of mental illness must be taken into consider-

ation (that not all will recover and become self supporting, contributing members of society). It is important that there be a mechanism (case management?) in place so that people don't fall through cracks.

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: 23 No: 0

Comments: Higher salaries would draw more dedicated professionals. Again, support from the private sector should be encouraged and utilized.

Care must be taken to ensure that questions are open ended. Many of our League members felt these questions to be leading questions - and that there was no way to vote no.

NOV 28 1988

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

Name of Local League: Wayzata - Plymouth LWN
Name of person preparing the report: Patricia Earl
Phone #: 473-3874

Total membership of your League: 24

Number participating in consensus: 9

In your local League report to LWMN, 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 LWMN 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 9

No

Comments: *Some question as to what defined adequate & consistent*

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

Yes 9

No

Comments: *Some comments on where we'll see find money to fund these programs
Best saw need for flexible to meet client needs*

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

Yes 9

No

Comments: *Realized importance of ongoing support as is chronic illness*

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

Yes 9

No _____

Comments:

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

Yes 9

No _____

Comments: Realized different needs of children + adolescents + involvement of family in case and at - + school - & sometimes court

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 9

No _____

Comments: felt prompt important in crisis situations + some members cited experiences where they felt commitment process was too difficult + endangered client + their children

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 9

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 9

No _____

Comments: Group felt this should be recorded - "consumer satisfaction" was confusing + meant client to some - general public to others - Felt outcomes would be difficult to assess -

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 9

No _____

Comments:

similar to "competency of teachers"

Group saw need for better services in all areas for mentally ill + necessity for public education to remove stigma + develop sustained political will. We had good discussion of all items.

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

Name of Local League: Westonka LWV

DEC 15 1988

Name of person preparing the report: Julie Elam

Phone #: 472-7568

Total membership of your League: 30

Number participating in consensus: 9

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:

We are concerned about labeling children. We would 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?

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:

Concern about meaning of "commitment" and "basic human needs"

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:

White Bear/North Oaks

Consensus on Mental Health Study

DEC 5 1988

One unit stated that there was no room for discussion. They (the questions) were all too "cut and dried".

1. Yes. Who decides what is adequate?
Too hard to make comments within the big picture of funding
2. ^{yes} We liked flexibility. System is very fragmented.
3. Yes Program should be consistent support. Regionalize level of care like system set up for neonatal care in the state (good model to follow)
4. Yes Prevent communities from passing ordinances against group homes. It should be federal responsibility

5. Yes

6. Yes

minority feeling - Judicial not the best
to make judgment (should be
~~pr~~ medical staff)

7. Yes. Worded strangely. Enable
is better than assure. The person
must be declared disabled or
dysfunctional

8. Yes. Emphasis on quality

9. Just say yes!

{ 1, 2, 6, 7, 8 18 people
3, 4, 5, 9 23 people

1st Mtg we discussed ques. 1, 2, 6, 7, 8 and
took consensus 2 units 18 people

2nd Mtg ques 3, 4, 5, 9
2 units 23 people

Jane Bacon chr. Recorded by Murel Hoff

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

DEC 7 1988

Name of Local League: Willmar, Minnesota

Name of person preparing the report: Pat Allinder and Mary Lou Werner

Phone #: 235-4684

Total membership of your League: 39

Number participating in consensus: 16

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 x

No _____

Comments: Funding should be adequate

to serve those persons in need of services. In this question and others, there was generally participation from each person.

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

Yes x

No _____

Comments: There was strong feeling that the funding should be flexible enough - so that it can follow the client and provide for the person's needs rather than for programs and services that are not appropriate.

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 x

No _____

Comments: We feel that we live in an area where many services are available, and wish them to continue and be strengthened. 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 for a particular client's needs.

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

Yes x

No

Comments: General discussion, with four or five very vocal persons. Low income housing and residential treatment group homes are badly needed. The public needs extensive education about mental illness so they will be more accepting of group homes. Mentally ill should have equal opportunity for subsidies as the mentally retarded have.

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

Yes x

No

Comments: Much concern and discussion in this area. Money (insurance etc) becomes a liability to parents ability to find the best and most appropriate services - many would like to use private and cannot. links between agencies and services are 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 their families. Families need to be involved in care.

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 x

No

Comments: There was general agreement with answering yes, but a very vocal minority of four or five who had personal experiences in this area, feel that it is too difficult for family members to commit a mentally ill relative. More time needs to be allowed for commitment for evaluation.

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 x

No

Comments: Although there was quite a bit of discussion on who decides what basic human needs are, it was generally felt that it was a good idea to push this as a reason to commit a person. Concern was voiced about the problems created by the Jarvis decision. Are people who need medication not being treated in a timely way? The use of a guardian-ad-litem as advocate was supported.

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 x

No

Comments: It was agreed that expenditure of money does not necessarily mean quality. Consumer satisfaction is an important factor (client and family). In evaluating agencies and treatment centers, the background of the monitors effects the recommendations, monitors should be broadbased. Goal of treatment is individualized programs for client. Case managers should evaluate.

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 x

No

Comments: Even though the mentally ill need more options than the regional treatment centers, the 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 Regional Treatment Centers (willma)

like Wilmar

League of Women Voters of Minnesota, 550 Rice Street, St. Paul, MN 55103

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

JAN 19 1989

Name of Local League: LWV - Winona

Name of person preparing the report: Jean Hayer

Phone #: 507-454-3895

Total membership of your League: 225

Number participating in consensus: 13

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 12 No _____ Comments:

7 concurred with: "funding should be targeted"

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

Yes 12 No _____ Comments:

This is critical

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 12 No _____ Comments:

Concern: How can this be implemented in small communities practically? Distance factors (geography) may be limiting concern for "immediately available + accessible"

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

Yes 12 No _____ Comments:

Same concern as #3
Also - needs to be coordinated with the treatment for these other needs ie jobs, med, support services

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

Yes 12 No _____ Comments:

But we need the adequate funding -
Prevention will save money in the future - a high priority!

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 12 No _____ Comments:

However, the civil rights should not be manipulated by loopholes in the law while laymen or others "get huge fees"

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 12 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 12 No _____ Comments:

However, quality assurance does not mean huge increase in overhead
it not top down

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 12 No 3 Comments:

need to examine proportion of dollars being spent on regional treatment
Regional Center should be last resort
Abstain because question too complex. Many issues
1) future of state hosp 2) where state \$ go for care of those pts in center or community
3) implications for persons currently served

MENTAL HEALTH LOCAL LEAGUE CONSENSUS REPORT

Name of Local League: Woodbury/Cottage Grove LWV

DEC 7 1988

Name of person preparing the report: Ann Marshall

Phone #: 735-1380

Total membership of your League: 36

Number participating in consensus: 8

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 8

No 0

Comments:

Consistency is important

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

Yes 8

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 8

No

Comments:

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

Yes 8

No _____

Comments:

Believe there will be difficulty in locating housing options!

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

Yes 8

No _____

Comments:

Early intervention is important.

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 8

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 8

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 8

No _____

Comments: *Evaluation is important.*

But not clear about "consumer satisfaction". It seems an inappropriate phrase. Who is consumer - patient, family or society?

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 8

No _____

Comments:

Regional treatment centers need to be available as an alternative, and should be upgraded in their programs