

H44c



3 0307 00044 3609

LEGISLATIVE REFERENCE LIBRARY
STATE OF MINNESOTA

What You Should Know About Anoka State Hospital

RC
445
.M62
A635
1976

3300 Fourth Avenue, Anoka, Minnesota 55303
Box 511 Telephone 421-3940

The hospital is approximately 20 miles from Minneapolis. The MTC (Metropolitan Transit Commission) serves Anoka and surrounding areas and some buses come directly to the hospital. For bus schedules call the Metropolitan Transit Commission at 827-7733.



The Circle.

PHILOSOPHY OF ANOKA STATE HOSPITAL

The hospital is dedicated to providing programs as individualized as possible; to discharging people as rapidly as we can and as their condition permits. We believe the plan at the time of discharge is of as much importance to the person's future well being as was his admission, and must be suited to each person's strengths and weaknesses.

We are committed to improving the psychiatric care we give as research and experience provide new and reliable information on the treatment of mental illness.

1. HOW DO PEOPLE GET INTO ANOKA STATE HOSPITAL?

Anoka State Hospital is a treatment facility for Mentally Ill and Chemically Dependent male and female adults. We admit people from Anoka, Hennepin and Sherburne Counties. The types of admissions are:

- A. Informal:** An "informal" resident (patient) is one who is in the hospital by his own choice for treatment of mental illness.
- B. Voluntary:** A voluntary resident is one who is in the hospital by his own choice for treatment of chemical dependency.

C. **Emergency:** An "emergency" resident is one who needs immediate involuntary care and treatment because it is believed he will cause injury to himself or others and there is not sufficient time to go to court to obtain an order from the judge to have the person hospitalized.

D. **Hold Order:** A "hold order" resident is one who is being held in a hospital against his will, temporarily, under a probate court order while awaiting a hearing on a petition that he be committed.

E. **Committed:** A committed resident is admitted to the hospital involuntarily against his will through the probate or district court.

2. HOW DO PEOPLE GET OUT OF ANOKA STATE HOSPITAL?

Any person hospitalized whether voluntarily or involuntarily has access to resources within the hospital and community to assist in recovery and aftercare. Residents are expected to participate with staff in planning for discharge. Residents admitted on an informal status must give 12 hours advance notice of request to leave if treatment is not complete. Residents admitted on a voluntary status must give 72 hours advance notice of request to leave if treatment is not complete. It is best, however, to wait until treatment has been completed and an agreed upon discharge plan has been arranged.

The average length of stay for mentally ill persons is three months and for chemically dependent about one and one-half months. (This does not include a group of about 50 long-term chronically ill residents who cannot be discharged.) People in the Fairweather Program who get special training may be in the program from three to twelve months.

3. WHAT AUTHORITY DOES ANOKA STATE HOSPITAL HAVE OVER PEOPLE WHO ARE COMMITTED, VOLUNTARY OR INFORMAL?

Anoka State Hospital has medical-legal authority over every type of admission. Through the court system, by order, we are authorized to retain people as long as necessary to effect improvement in their condition or until alternate treatment resources are found. Legally, voluntary residents may sign out whenever they choose. If it is determined that a resident is dangerous to himself or to others, it is possible to retain a voluntary or informally admitted resident through the issuance of a 72 hour emergency hold order by a physician. It is a goal of the hospital to discharge each person as soon as he is ready.

4. HOW LONG DO PEOPLE STAY?

Mentally ill residents are most likely to be discharged within three or four months of their admission. Most chemically dependent admissions are discharged in four to five weeks except for those admitted to the Extended Treatment Unit which then averages a stay of three months. However, length of stay depends upon the resident. Some must stay longer and some can leave in a shorter period of time. Discharge does not always mean that the resident has utilized the program to his benefit. People who are admitted informally can leave any time they wish or staff may ask them to leave if they are using the hospital inappropriately. As short a length of stay as necessary is recommended for most residents.

5. HOW CAN FAMILIES GET TO SEE THE HOSPITAL?

The wards of the hospital have regular visiting days and hours which vary from ward to ward. Staff is very limited in the time that can be spent with families to show them around the entire hospital. Often residents can show their families

around the hospital, and this seems to be the most ideal. Some wards schedule a Family Day regularly. All visitors are asked to respect the visiting hours just as they would in a general hospital. Visiting hours on each ward can be learned by calling the nursing station (ward office). Because residents' schedules are different on each ward, visiting hours are not uniform throughout the hospital.

6. HOW CAN FAMILIES CONFER AND CONSULT WITH THE HOSPITAL STAFF, INCLUDING THE MEDICAL DOCTORS?

Families can confer and consult with hospital staff simply by calling either the ward office or the social worker who will answer questions, discuss problems or refer the caller to someone else when indicated. Often the social workers are in the best position to function as the contact person. We recommend that if a family wishes to confer and consult with the medical doctor that the family make the appointment through the Social Worker.



Family Counseling Session.

7. WHAT ARE THE TREATMENTS, PROGRAMS, AND SERVICES OFFERED AT ANOKA STATE HOSPITAL?

A. Northwest Metropolitan Chemical Dependency Center:

Assessment Unit: This is a co-educational unit through which all new admissions enter the Chemical Dependency Programs. The usual length of stay is one to three days during which time the new residents' needs are assessed and assignment to the Short Term or Extended Treatment Unit is made.



The Assessment Unit.

Short Term (Primary Treatment): This program is for those persons who have not previously had in-patient treatment for chemical dependency and whose problems should respond to treatment in about four to five weeks. This program provides lectures, films, group therapy, and participation in recreation and work activities.



Cottage Living Ward.

Extended Treatment Unit: This program is for the more chronic chemically dependent resident who is not maintaining significant sobriety after previous treatment exposures. The length of stay here averages three to five months, but some have stayed as long as a year. The program is one of peer confrontation and step level progression.



The Administration Building - M.T.C. buses stop regularly several times a day in front of this building.

B. Psychiatric Division of the hospital for the Mentally Ill:

Standard Psychiatric Program:

Unit I: This program is composed of three wards (Vail 1, Vail 2, and Vail 3). Within the first week of admission the treatment team evaluates the resident and works out an individualized treatment plan which discusses the problems, goals, estimated length of hospitalization, methods (including discharge and after-care), agencies to be involved, and review. It is an open Unit.

Unit II. This program is composed of two wards (Cottage 8 and Cottage 9). As with Unit I, Unit II also deals with residents who are almost all ambulatory and whose mental illnesses cover a wide range of psychiatric diagnoses. This program is action oriented, keeping people involved and active so that they are not assessed and treated in a vacuum of inactivity and withdrawal. About half of Unit II residents are in step-level programs using a form of behavior modification. Residents who cannot benefit from the step-level program have individual treatment plans. Family counseling is offered when this is indicated. The Unit has open wards.



The Vail Building with Cottage No. 8 and Cottage No. 9 in background.



A dayroom inside a living ward.

Fairweather Program:

This is a select group of residents pointed toward lodge living after discharge. They are involved in vocational and social training which helps them to become a cohesive self-sustaining group when released. See the answer to Question 9 for more details. It is an open ward.

Intensive Program Ward:

This is a small unit for those residents who are experiencing temporary loss of self-control and may represent a danger to themselves or others. When the condition stabilizes the resident is sent back to the original ward from which he came. Observation and treatment are provided on this locked ward.

Mentally Ill and Dangerous Females:

This is a small unit which temporarily serves the entire state for the purpose stated in the program title. It is a locked unit with the major portion of the program encompassed within the building.

C. Medical Services:

Infirmary: This ward is our "hospital" ward and is licensed by the Minnesota Department of Health for 25 beds. Residents are referred to this ward for treatment and care of physical problems on a temporary basis or may be transferred there more permanently if they are elderly, physically infirm and deteriorated. This ward also provides emergency care to our residents after 4:30 p.m., on weekends, and holidays.

Central Health Clinic: This clinic serves the entire hospital. Physical examinations are done here. Residents see the doctors here for special treatments or procedures or examinations for specific complaints. Monday through Friday from 8:00 a.m. until 4:30 p.m. the clinic is the emergency treatment center. Consultants, such as the neurologist and podiatrist see residents in the clinic.



The hospital's library.

Special Note: All residents, regardless of what program they are participating in, must have written individualized treatment plans. Also, the psychiatric and medical programs will be subject to forthcoming organizational changes.

Services Available to Residents:

Individual Counseling and other therapy models
Group Counseling and Group Work
D.V.R. (Division of Vocational Rehabilitation)
 employment counseling and placement
Family Therapy (counseling)
Pastoral Counseling
Therapeutic Community Meetings
Chemotherapy (careful administration of necessary drugs)
Pharmacy
Vocational Training
Electroshock Therapy (E.S.T.)
Psychological Testing, Diagnosis and Interviewing
Volunteer Services (donated services, materials and money from
 individuals and organizations in the community)
Library Services - Bibliotherapy



Volunteers at Christmas time. Volunteers work regularly year round at the hospital.



Therapeutic Rehabilitation Services Available to Residents:

The goal of these services is to restore the individual to a normal or optimum state of health through the use of constructive activities. We provide activities that deal with a broad spectrum of experiences that include self awareness, self confidence, social awareness and interaction, physical fitness, acceptance of authority, rules and regulations, individual responsibilities and decision making, vocational opportunities, education, homemaking and leisure time skills. Programs are provided by Occupational Therapy, Therapeutic Recreation, Industrial (work) Therapy, Special Education, Home Economics and special programs. All therapists work together to accomplish goals using the media of their profession.

The Hospital has the Following Facilities and Activity Areas:

| | |
|--|-----------------------------------|
| Occupational Therapy Workshops | Horseshoe Pits |
| Softball Field | Outdoor Activity Areas |
| Gymnasium | Areas for Gardening |
| Auditorium | Bus to go to Community Activities |
| Swimming Pool | River for fishing |
| Recreation Areas within most buildings | Home Economics Kitchens |
| Tennis Court | Educational Classroom |
| Picnic Shelter | Laundromat |

8. HOW ARE REHABILITATION PROGRAMS STARTED?

Residents are referred to the Rehabilitation Therapies Programs by treatment teams. Interviews are conducted by the Rehabilitation Therapists with most residents, to determine their goals within the various rehabilitation therapies. The therapists then set up treatment plans for the individuals which will try to help the resident attain those goals.



A Fairweather Lodge member earns a living by providing janitorial services.

9. WHAT IS FAIRWEATHER?

The Fairweather Program is for chronically mentally ill persons between the ages of 18 and 55. This program strives to help its residents overcome dependency by engaging each person in an active program aimed at self-support and self-management away from the hospital. The in-hospital program is thus a training ground to help its members accomplish the following:

1. Maintain an adequate personal appearance.
2. Keep possessions and room in order.
3. Earn spending money through work at the hospital and through off grounds employment.
4. Learn new work skills.
5. Improve daily communications with others.
6. Prepare for cooperative group living and work in the community after discharge.

Mental illness is viewed as a form of withdrawal from adult life, an avoidance of healthy responsibility which is necessary and normal. If a person is able to take care of his own personal needs, he is on his way to being independent. If he is to be an adult, it is expected that he may have to assume some responsibility for others. This is the reason why all Fairweather residents are in groups and why they are expected to communicate with others, carry out necessary work, and take some responsibility for other group members. Residents of the Fairweather Program are provided with social and vocational training to help them learn to work and live together in relative stability, earn a living, and share the life of the community.

Careful monitoring of medication is an important part of the Fairweather Program. Mental illness is viewed as a disorder with biological, social and psychological implications.



A Fairweather Community Lodge in Minneapolis.

Lodges represent the "end results achieved" of the Fairweather Program. Every year residents are discharged in a group from Anoka State Hospital to live and work together in a group home (lodge). Lodge members train in the Fairweather Program at Anoka State Hospital for an average of eight months before moving into a lodge group in the community. There are now six lodges in Minneapolis. Each lodge has a cleaning contact with a business or community agency. Lodge members work between 15 and 30 hours per week to pay for their living expenses.

10. WHO COMPOSES THE ANOKA STATE HOSPITAL STAFF GIVING SERVICE TO THE RESIDENTS?

Direct Service Staff:

| | |
|----------------------------|---------------------------|
| Alcohol Counselors | Occupational Therapists |
| Barbers | Pharmacist |
| Certified Psychologists | Physicians |
| Chaplain | Psychiatric Consultants |
| Dentist | Psychiatrists |
| Drivers | Radiological Technologist |
| Food Service Workers | Recreational Therapists |
| Human Services Technicians | Registered Nurses |
| Industrial Specialists | Social Workers: A.C.S.W. |
| Librarian | Teachers |
| Licensed Practical Nurses | Vocational Specialists |

Support Service Staff:

| | |
|----------------------|--------------------------|
| Account Clerk | Chief Executive Officer |
| Administrative Staff | (Medical Director) |
| Carpenters | Medical Records Staff |
| Dieticians | Painters |
| Electricians | Plumbers |
| Groundskeeper | Secretaries |
| Housekeepers | Senior Personnel Officer |
| Laborers | Sewing Machine Operator |
| Laundry Assistant | Switchboard Operators |
| Masons | Storeroom Clerk |
| Mechanics | Volunteer Coordinator |
| | Welders |

11. WHAT ARE THE TYPES OF MEDICATIONS USED AT ANOKA STATE HOSPITAL AND HOW DO THEY HELP THE RESIDENTS?

Medications used in the hospital depend strictly upon each individual's condition. Once a resident is evaluated it is determined what medication is best for that particular resident. Medications are used for both physical conditions and psychiatric problems.

Medications are prescribed according to the modern practice of psychiatry today and these medications can be basically classified as major tranquilizers, minor tranquilizers and anti-depressants. These medications are very useful for decreasing psychiatric symptoms such as thinking disorders and severe

depression. This, in turn, allows residents to benefit more productively from other programs and services the hospital offers, such as counseling, occupational therapy, vocational training, etc. Without the utilization of medications Anoka State Hospital would still have average daily populations of 1,200 residents with little hope of discharge. The average daily population today is about 350 residents, although about 1,400 residents are admitted annually. Medications allow the residents to function better and allow us to discharge them much faster.

12. WHAT IS ANOKA STATE HOSPITAL'S RELATIONSHIP TO THE PROBATE COURTS WHEN A PERSON IS COMMITTED TO ANOKA STATE HOSPITAL?

Anoka State Hospital is designated by the Department of Public Welfare (D.P.W.) as the receiving hospital for Anoka, Hennepin and Sherburne Counties' mentally ill or chemically dependent persons. By law, if persons have to be treated on an involuntary basis and there is no alternative treatment facility in the community willing to receive them, the Court will order their treatment here. Any modifications of the person's status before or after commitment proceedings are held must be reported to the Court, and in some instances can only be done with the Court's consent.

13. WHO PAYS FOR CARE AT ANOKA STATE HOSPITAL?

The current per diem cost of care for a resident of Anoka State Hospital as of July 1, 1976 is \$45.85. This figure will change July 1, 1977. This rate is determined by the Department of Public Welfare by dividing the total fiscal year expenditures of the state hospitals by hospital resident days. Residents are billed according to a sliding scale based upon their ability to pay. An enumeration cannot be made because each case is different. If a person has no funds and no insurance, his hospital care may be paid for by various state or federal funds. Parents of an adult are not billed. It is expected that any resident with income will pay according to his ability whether he is committed, informal, or voluntary.

14. HOW DOES DISCHARGE PLANNING WORK AND WHEN DOES IT BEGIN?

Discharge planning begins at the point of admission. The resident's county social worker has legal responsibility for jointly planning with him, the hospital social worker, and other community services for implementing the discharge plan. It facilitates recovery if the resident is able to be involved in discharge planning. Any person who is a resident may have a county social worker to help him with after care (living arrangements, mental health center follow up). They or Vocational Rehabilitation counselors at the hospital may refer the person to other vocational agencies after discharge.

15. WHAT RECOURSE DOES A RESIDENT HAVE IF HE DISAGREES WITH TREATMENT OR DISCHARGE PLANS?

There is a full time Patient Advocate hired by the hospital to hear resident complaints and to help deal with them. There is a Review Board composed of a lawyer, a mental health professional and one other person who reviews requests and complaints from residents and who makes recommendations to the staff and the commissioner of the State Department of Public Welfare.

16. FOR FURTHER INFORMATION PLEASE CALL 421-3940. WHEN CALLING PLEASE STATE SPECIFICALLY WHAT INFORMATION YOU WANT.

August, 1976