

# **A PUBLIC VIEW OF THE MINNESOTA MENTAL HEALTH SYSTEM**

---

**A Report on Public Testimony  
to the Governor's Mental Health Commission**

**NOVEMBER 1986**

## **PREFACE**

**This report summarizes the findings of testimony submitted to the Governor's Mental Health Commission. The report also makes conclusions based on its findings.**

**The report does not detail the analytical methodology. Essential comments on method are included in the text and "Endnotes." Commission staff can address methodological issues not covered in this report.**

**The author thanks Karen Kedrowski and Marge Hartman for their indispensable help in producing this report.**

**Prepared by Mick Senese for the Governor's Mental Health Commission.**

# EXECUTIVE SUMMARY

## Findings

● During the summer of 1986 the Mental Health Commission held 10 hearings around the state and during that effort collected 942 spoken or written testimony. The number is unprecedented in the State public hearing process. Clients and former clients formed the largest single witness group.

● Over 99% of the testimony advocated policy modification or reform. The top five recommendations from the testimony were that Minnesota's mental health system should:

1. Enable people with mental health problems to belong and contribute to their communities.
2. Coordinate all services that affect system consumers.
3. Provide a public education program designed to eliminate the stigma of mental illness.
4. Increase outpatient services through private group insurance and Medical Assistance.
5. Provide access to at least a minimum level and range of mental health services statewide, without regard for county of financial responsibility.

Eighty percent of the twenty most frequent recommendations in the testimony were made in *Mandate for Action*, the 1986 Commission report.

● An opinion survey distributed by the Commission shows that 93% of the respondents believe that state level leadership is crucial for the improvement of the mental health system.

## Conclusions

• Clients and former clients should always have an active, meaningful role in the policy process. The perspectives of these people provide needed service accountability.

• The Commission is developing proposals to implement the findings of the hearings and *Mandate for Action*. The Commission strongly recommends that the Department of Human Services and the legislature use Commission proposals as the basis for change in the Minnesota mental health service system.

# INTRODUCTION

This report summarizes the testimony collected by the Governor's Mental Health Commission from June 9 - July 15, 1986. As a result of the Commission's public hearings and requests for written testimony, 942 pieces of testimony were collected. The number represents an unprecedented response to public hearing processes of this type.<sup>1</sup> Of this number, 421 were either oral or written testimony and 521 were in the form of surveys designed to collect additional testimony. The analysis shows that the largest group of witnesses were mental health system clients.

The oral and written testimony addressed over 100 issues related to the mental health system. This report presents the twenty most frequently made recommendations in the testimony. Sixteen were positions advocated in the Commission's 1986 report *Mandate for Action*.<sup>2</sup> The five most frequent recommendations are that Minnesota's mental health system should:

1. Enable people with mental health problems to belong and contribute to their communities.
2. Coordinate all services that affect system consumers.
3. Provide a public education program designed to eliminate the stigma of mental illness.
4. Increase outpatient services through private group insurance and Medical Assistance.
5. Provide access to at least a minimum level and range of mental health services statewide, without regard for county of financial responsibility.

The opinion survey findings also have implications for Minnesota's mental health policy. One such finding is that 93% of the respondents believe state level leadership is needed to improve the mental health system. Forty-eight percent of the respondents believe that the governor, Departments of Human Services and Health, and the legislature all need to provide that leadership. In

addition, eight out of ten respondents cited availability of a full range of services as crucial.

The report also presents examples of statements made by clients and family members of clients during the public hearings. It is hoped these examples will help the reader gain insight into the pain of people experiencing and coping with mental illness.

The report is organized into five sections; beginning with an analysis of the people who testified. The second section provides a summary of the twenty most frequently supported recommendations from the written and oral testimony, followed by an analysis of the Commission's survey results. Testimony of clients and clients' family members is presented in a separate section, and followed by conclusions from the results of the entire hearing process.

## **THE WITNESSES**

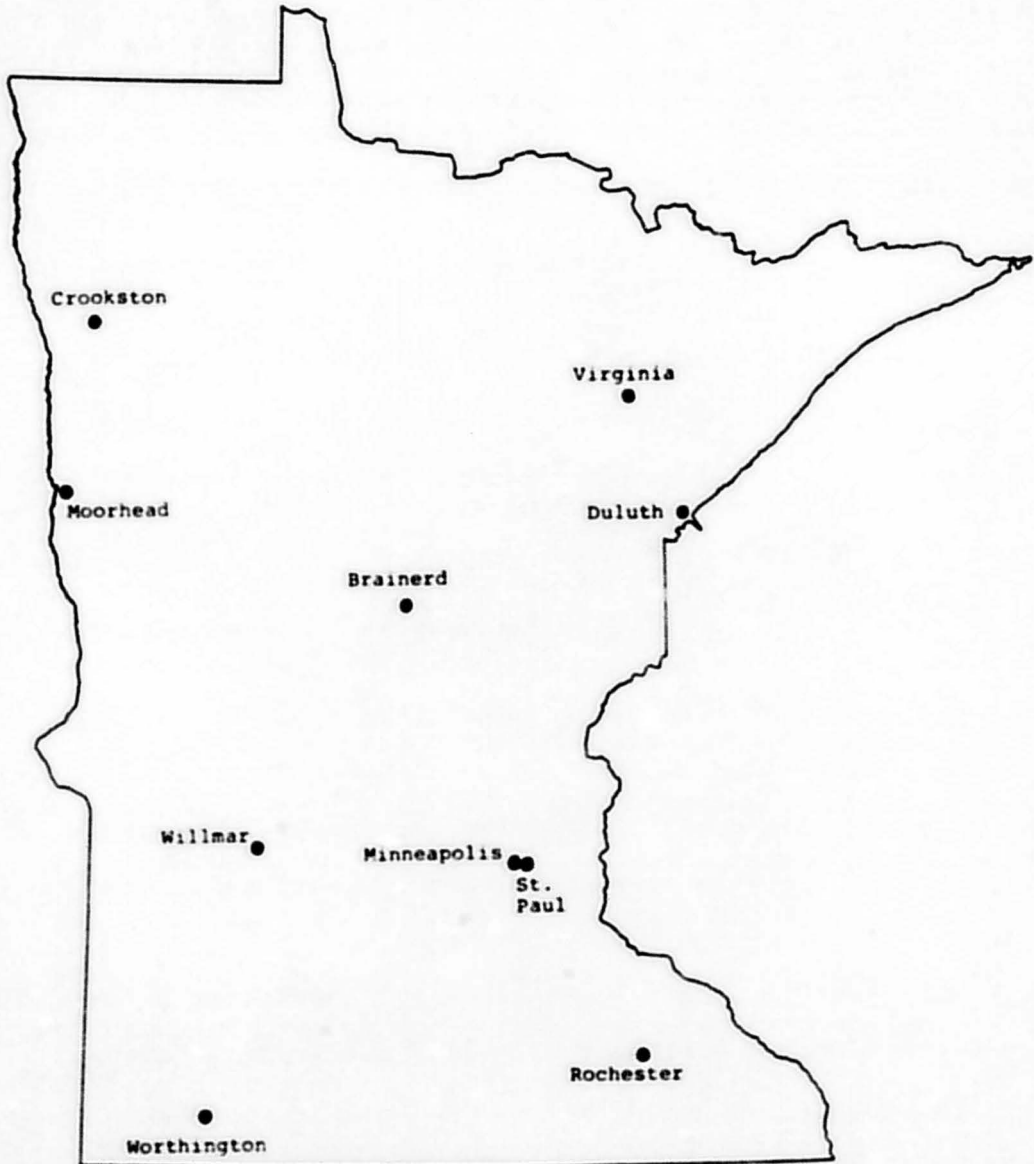
The Governor's Mental Health Commission held public hearings in ten cities across the state of Minnesota. Figure 1 reveals the sites for the hearings.

Governor Rudy Perpich, Department of Human Services Commissioner Leonard Levine, Mental Health Commission Chair Norma Schleppegrell and other Commission members attended all ten hearings. During the hearing process, they received 421 oral and written statements.

Consumers--clients and their family members--were the largest group of those testifying. Nearly one out of every two witnesses were from this group. Mental health professionals service providers were the next largest group, comprising 38% of all witnesses. Others that submitted testimony were members of the general public, county board members, university professors, judges, and attorneys.

**FIGURE 1**

**HOST CITIES TO GOVERNOR'S  
COMMISSION ON MENTAL HEALTH HEARINGS**



\* Appendix A details the times and places of the hearings.

Table I shows specific group percentages of people submitting testimony. The table presents sub-group totals when appropriate.

TABLE I  
WITNESS GROUPS AND THEIR SIZE

*****	
Categories of witnesses	Percentage of total witnesses
*****	
	Sub-group %
	Group %
<b>CONSUMERS</b>	
Clients.....	24.8
Family members.....	23.0
	47.8
<hr/>	
<b>MENTAL HEALTH PROFESSIONALS</b>	
Direct service professionals.....	19.8
Administrative professionals.....	18.6
	38.4
<hr/>	
<b>GENERAL PUBLIC</b>	7.4
<hr/>	
<b>COUNTY BOARD MEMBERS</b>	3.0
<hr/>	
<b>UNIVERSITY PROFESSORS</b>	1.7
<hr/>	
<b>JUDGES AND ATTORNEYS</b>	1.7
*****	

One result seen in Table I is that people who directly receive mental health services comprise the largest plurality of those testifying. The finding indicates that people with mental health problems are capable of addressing policies impacting their lives.

This finding should be an important consideration when government seeks comments related to policy questions in the mental health system. Obtaining the concerns and perspectives of clients offers an important accountability mechanism. It also can raise issues that may otherwise be overlooked by human service systems.



## THE RECOMMENDATIONS

The written and oral testimony addressed over 100 issues. There were twenty major recommendations supported by people submitting testimony.

---

The vast majority - 80% - of the twenty recommendations were among those already made by the Governor's Mental Health Commission in *Mandate for Action*.

---

This statistic shows congruence between the Commission's 1985 report and the experiences of people working in and using the mental health system.

Less than .5% of the testimony was delivered in opposition to new programs or initiatives. In other words, almost 100% of the testimony either recommended new or modified programs or policies. The status quo was not defended.

Table II summarizes all twenty recommendations most frequently supported in the testimony.<sup>3</sup>

TABLE II  
RECOMMENDATIONS OF THE PUBLIC TESTIMONY

\*\*\*\*\*  
RECOMMENDATIONS

\*\*\*\*\*

1. Services should enable people with mental health problems to belong and contribute to their communities.\*

.....

Specific non-residential community-based services are noted below:

- Vocational rehabilitation.
- Drop-in centers.
- Treatment education.
- Emergency crisis intervention.
- Transportation.

---

\* Indicates recommendation found in *Mandate for Action*.

TABLE II (cont.)

\*\*\*\*\*

RECOMMENDATION

\*\*\*\*\*

2. Services should interact and coordinate with other organizations that impact on the delivery of community mental health care.\*

.....  
Many supporters of this recommendation urge development of a comprehensive case management system.

- 
3. The state of Minnesota system should develop and implement an education program for the public designed to eliminate the stigma facing people who have mental health problems.

.....  
Some supporters here believe service providers need anti-stigma education.

- 
4. The state of Minnesota should allow increased usage and expand the number of out-patient mental health services through private group insurance policies and Medical Assistance.\*

- 
5. The mental health system should promote access to at least a minimum level of services statewide without regard for county of responsibility.\*

.....  
Many supporters of this recommendation specifically advocated the need for an identifiable continuum of care in a defined geographic area.

- 
6. Community services should be fully funded.\*

.....  
Many supporting this recommendation specifically advocate that monies earmarked for mental health services not be pooled with other monies for different services.

- 
7. Services should be provided in the least restrictive environment most appropriate to the person's needs.\*

.....  
Some recommendation supporters urge that consumer's civil rights be explicitly considered in treatment plans.

- 
8. Services should be provided by individuals who are qualified by training and/or experience as determined by the proper credentialing authorities.\*

.....  
Many people supporting this recommendation specifically call for state licensure of social workers.

- 
9. The state of Minnesota should create a separate Department of Mental Health.\*<sup>4</sup>

- 
10. The mental health system should provide more and improved quality (physically and programmatically) structured residential facilities.\*

---

\* Indicates recommendation found in *Mandate for Action*.

TABLE II (cont.)

\*\*\*\*\*  
RECOMMENDATIONS  
\*\*\*\*\*

11. Commitment should not rest on legal establishment of "danger to self or others." The commitment process should facilitate needed medical treatment for persons who are unable to care for themselves physically or emotionally.
12. Services should respond to the needs of family members of people who have mental health problems.\*
13. The mental health system should provide treatment plans reflecting the special needs of the age group being served.\*
14. The mental health system should provide housing that is supportive but without structured programming.
15. The state of Minnesota should raise levels of income assistance to people with mental health problems.
16. The state of Minnesota should support basic research in the causes of mental illness and its effective treatment.\*
17. The mental health system should provide needed long-term inpatient treatment services.\*
18. The mental health health system should provide mental illness prevention programs.\*
19. The mental health system should provide services delivered in a manner consistent to the cultural and ethnic backgrounds of the population being served.\*
20. State law governing appeals procedures should be amended to include client suspensions, discharges, and quality issues in violation of established standards of quality care.\*

\* Indicates recommendation found in *Mandate for Action*.

## THE OPINIONS

The Commission drafted and distributed an opinion survey. (The survey form is found in Appendix B.) The purpose was to gather the information and opinions from individuals who did not have an opportunity to testify or preferred not to make a public statement.

Because this survey does not represent any scientifically drawn sample, the results are not meant to represent the opinions of Minnesotans in general or any specific group.

The number of people responding totaled 521. Again, as with the oral and written testimony, the largest group of respondents were mental health service clients and family members of clients.

Appendix C shows the results of the survey aggregated for all respondents.<sup>5</sup> One major finding is that 93% of the respondents believe state level leadership is needed to improve Minnesota's mental health system. This coincides with the Public Citizen Health Research Group finding which states:

If a state wishes to improve services for its seriously mentally ill citizens, it should recruit the best leadership available for its mental health agency.<sup>6</sup>

Further, 48% of the respondents believe that this leadership should come from the governor, the Departments of Human Services and Health, and the legislature.

A second major finding is that having a full range of services available was rated crucial by 84% of people responding. The survey defined a full range of services to include: inpatient; outpatient; emergency; housing; vocational/employment; and others.

Further, survey respondents indicate a willingness to pay for a full range of services. Nearly three-quarters believe that a fully funded continuum of mental health services is crucial. And almost two-thirds of the respondents think it is crucial that community support programs should be available and/or funded in all counties.

Also, 72% of the respondents believe, as a first step in providing statewide service levels, underserved regions should be brought up to the best level of regional service available in the state. Regional service equity is supported by almost 80% of the clients or former clients.<sup>7</sup>

Respondents were asked to rate state services on a scale from excellent to poor. The results were: excellent - 3%; good - 30%; fair - 58%; and poor - 10%. Family members were the most displeased with the system. One in five rated it poor.

Though the majority responding believed the mental health system needs improvement, over two-thirds of the respondents stated they had adequate access to needed hospitalization and crisis services.

## BEYOND THE NUMBERS

The statistics above show the aggregated opinions of the hearing witnesses and survey respondents. However, statistics cannot foster an understanding of what people feel. Abraham Lincoln once described his experience with depression this way: "If what I feel were equally distributed to the whole human family, there would not be one cheerful face on earth."<sup>8</sup>

While neither numbers or brief commentary can explain the emotions or thoughts behind such a statement, its reading can convey unspoken understanding. In this spirit, the following examples of consumer testimony appear to provide insights into the frustration and the pain of people confronting mental illness.

**In Their Own Words...**

**A Client:** Why is it that Mental Illness is not recognized until a crime is committed, and then the crime is excused to something else and the illness is a crime. I've been learning that having a illness is not a crime, it's a disease, and I'm not going to commit a crime for help, and yet I feel I've already been sentenced because my verdict is "Mental Illness."

**A Parent:** I last talked to my son two weeks ago, he was in Veracruz, Mexico and he refused to accept the airline ticket I had sent to bring him home. He is in a strange country, does not speak the language, and is very psychotic. I am terrified for him; and totally helpless.

**A Client:** I received \$5,128.50 - never did find out exactly why. I had to spend down to less than \$300 to be eligible for MSA and MA. I had to spend more than \$4,800 in less than 10 days because I was in the hospital that same month. I was psychotic because of the high anxiety level about spending it in "legal" ways. I had to show all my receipts at the end of the month. So the following month, I was penniless - as I had known for years.

**A Client:** Why is there a separation between physical and mental health care cost when it comes to insurance benefits? This is unduly discriminatory and should be cut. ...the financial load causes additional stress which mitigates against getting well mentally.

A Client: Being shunned because of the problem is extremely painful and in turn the patient looks upon himself as inferior.

A Parent: This case worker should stay involved throughout the course of treatment and be available for follow-up....having at least one person available as a case manager could help all of us feel there was somewhere to turn.

A Client: Dear Honorable Governor Perpich, I need my Medical Assistance, but I am being cut off. I have to pay all my bills, and by the end of the month I am broke. I am living from check to check....Please do you think you could change the bill that cuts me off from Medical Assistance.

A Client: Somehow the system must stop dehumanizing its patients. You cannot expect people to get well who are treated like cattle, given mind altering drugs, deprived of basic human rights they are used to, treated like problem patients if they question the doctor, and never given meaningful information on the drugs or therapies they are to undergo.

A Spouse: Each (commitment) hearing was at the courthouse. My wife was treated like a criminal rather than a lady that was ill. She was taken each time from the hospital to the courthouse by the sheriff. She was put in a locked room at the courthouse until the time for the hearing. She was then taken from the locked room to

the court room by the sheriff. She sat in the courtroom with the sheriff about 10 feet away to guard her.

I asked many times to please have the hearings at the hospital, but to no avail....The system is terrible.

A Parent: My son got bounced around from private hospital to VA hospital to State hospital like a ping pong ball.

A Spouse: He couldn't be picked-up until he showed violent signs to himself or others. During this time he was very delusional and now he has to come back to face people in this small town. Laws should be changed to get treatment sooner. Also, it took 5 patrol cars (actually not needed) to pick him up and our kids had to witness this. It looked like he was a criminal.

A Client: I know I could be in Moose Lake or someplace if I wasn't at "Independence Station" (a community mental health center). I know what it's like to be locked up in institutions. I've been in some retarded institutions. They really hurt me bad. Please don't cut the budget for Mental Health.

A Parent: My daughter is a college graduate with four years of teaching experience. Although I doubt that she will be able to resume this profession, I believe she is capable of gainful employment - perhaps in a job less stressful, and if not full time, at least part time. But there aren't many of those type jobs to be had.



A Parent: From the time in which Steve had taken himself off of medication, I had unsuccessfully tried to get help for him from various organizations and/or social workers because he was becoming increasingly disoriented, belligerent, and out of reality and control. The answer I always got was he had to do something very bad and be a danger to himself or others, or seek the help himself--which he was unable to do because of his illness. The "danger to others" could just as easily been my death.

A Client: I cannot contain this much pain. I can't endure the scream that wells up in me. Where is the relief? Where is the strength to endure? I feel like a helpless animal wanting to find a sheltered, enclosed place to curl up, waiting for the hurt to stop.

A Client: Why do I have to deal with the stigma?

## CONCLUSIONS

The 942 spoken or written comments gathered during the hearing process indicate that the issue mental illness is extremely important to the people of Minnesota. The finding that clients and former clients form the single largest witness group demonstrates their willingness and ability to address issues salient to mental health policy. Such input provides needed accountability and insight into how the system affects people. This constituency should always have an active, meaningful role in the policy process.

The testimony given during the hearings clearly validate the Governor's Mental Health Commission's findings presented in *Mandate for Action*. Eighty percent of the top twenty recommendations made during the hearings were put forth in the report.

Also, over 99% of the testimony advocated policy modification or reform. The present system had few supporters. In essence, the testimony provides priorities for the implementation of the recommendations. The top five priorities are:

1. The mental health system should enable people with mental health problems to belong and contribute to their communities.
2. The mental health system should coordinate all services that affect system consumers.
3. The state of Minnesota should provide a public education program that eliminates the stigma of mental illness.
4. Private group insurance and Medical Assistance should expand coverage of outpatient services.
5. Minnesota citizens should have access to at least a minimum level and range of mental health services statewide, without regard for county of financial responsibility.

Opinion survey results show that an overwhelming majority, 93%, of the respondents believe that state level leadership is crucial for the improvement of the mental health system. Also, a large majority of the respondents, 84%, believe the availability of a full range of services is crucial, and 74% think that a fully funded continuum of services is crucial.

The Commission is working on proposals to implement the findings of the hearings and *Mandate for Action*.

And though nothing can ease the past pain of mental illness, improvement of future services is within Minnesota's control. The Department of Human Services and the legislature should use Commission proposals as the basis for reform of the Minnesota mental health service system.

## ENDNOTES

<sup>1</sup>Linda Sutherland, Assistant Director for Human Services, Minnesota State Planning Agency, interviewed during consultation, St. Paul, Minnesota, September, 1986.

<sup>2</sup>The recommendations of the report referred to in this statistic are those found in pp. 16 - 20.

<sup>3</sup>Witnesses directly addressing a recommendation from an individual or policy perspective were counted as supporting a given recommendation. Also, all but a few people addressed more than one issue in their testimony. This suggests that one should consider the recommendations together as an integrated policy initiative. In other words, acting on the recommendations individually, some without others, may not achieve the needed systemic improvement.

It is important to note that support for one recommendation may imply support for another. For example, if a person testified for the need for expanded vocational services, the witness may also support the expanded funding, case management, and other services necessary for the implementation of the recommendation. However, accounting for such implicit recommendations would involve high degrees of speculation which opens the analysis to many inaccuracies. For this reason, implicit relations are not counted.

<sup>4</sup>This percentage includes those who generally supported *Mandate for Action* with its special endorsement for the creation of a Minnesota Department of Mental Health.

<sup>5</sup>The analysis in Appendix C was based on 391 responses. Four days before the final report to the Commission, 130 new survey responses, collected during the public hearing process, were made available to Commission Staff. Time and resources did not allow inclusion of the new responses in the full analysis reported in Appendix C. However, the new responses were analyzed and found not to effect the final results.

<sup>6</sup>Fuller E. Torrey and Sidney M. Wolfe, "Care of the Seriously Mentally Ill - A Rating of Programs," Washington D.C.: Public Citizen Health Research Group Report, 1986, p.94.

<sup>7</sup>Data concerning the grouped opinions of client/former client, family, mental health professionals, elected officials and others is on file with Commission staff.

<sup>8</sup>Karen Harnesberger, a letter to John T. Stewart, *The Lincoln Treasury*, Chicago: Wilcox and Follett, 1950, p. 101.

**APPENDIX A**

**June 9**                    **Crookston**  
**University of Minnesota**  
**10:00 a.m. - 11:30 p.m.**

**Moorhead**  
**Moorhead AVTI**  
**2:00 p.m. - 3:30 p.m.**

**Willmar**  
**Willmar High School**  
**6:00 p.m. - 7:30 p.m.**

**June 18**                    **Minneapolis**  
**South High School**  
**10:00 a.m. - 11:30 a.m.**

**St. Paul**  
**Central High School**  
**1:30 p.m. - 3:00 p.m.**

**July 8**                     **Worthington**  
**Worthington Community College**  
**10:00 a.m. - 11:30 a.m.**

**Rochester**  
**Conference Center**  
**2:30 p.m. - 4:00 p.m.**

**July 9**                     **Brainerd**  
**Social Service Building**  
**10:00 a.m. - 11:30 a.m.**

**Virginia**  
**Mesabi Community College**  
**2:30 p.m. - 4:00 p.m.**

**Duluth**  
**Government Service Center**  
**7:00 p.m. - 8:30 p.m.**

**OPINION SURVEY****GOVERNOR'S COMMISSION ON MENTAL HEALTH**

Please take a few minutes to respond to the questions listed below. Your answers will help shape the on-going work of the Commission. Please give the completed survey to any member of the Governor's Commission, or to the local coordinator of the public commission hearing in your area, or mail it, as soon as possible, to: The Governor's Mental Health Commission, P.O. Box 1188, Virginia, MN, 55792.

1. How would you describe Minnesota's mental health system?  
 EXCELLENT                       GOOD                       FAIR                       POOR
2. Is hospitalization, when needed, available to you or your family member?  
 YES                       NO                       DONT KNOW
3. Do you or your family have quick access to mental health professionals in a crisis?  
 YES                       NO                       DONT KNOW
4. Do you have adequate access to a full range of mental health services in your county?  
 YES                       NO                       DONT KNOW
5. Do you think state level leadership is needed to improve Minnesota's mental health system?  
 YES                       NO                       DONT KNOW
6. If "yes", who or what can best provide this necessary leadership?  
 GOVERNOR                       LEGISLATURE                       DEPT/HUMAN SVCS                       DEPT/HEALTH  
 ALL THE ABOVE                       NONE OF THE ABOVE                       DONT KNOW  
 OTHER \_\_\_\_\_
7. In which of the following areas is leadership most needed?  
 To bring existing programs closer together (build the continuum of care).  
 To establish clear and enforceable standards of mental health care.  
 To adequately fund mental health care throughout the state.
8. How important is it to have a full range of mental health services available to all people with a mental illness (inpatient, outpatient, emergency, housing and vocational/employment services, etc.)?  
 CRUCIAL                       IMPORTANT                       NOT IMPORTANT                       DONT KNOW
9. How important is it to have "quality" services?  
 CRUCIAL                       IMPORTANT                       NOT IMPORTANT                       DONT KNOW
10. What is needed to ensure quality mental health services?  
 ADEQUATE STAFF                       APPROPRIATE STAFF                       DEFINED PURPOSE FOR SERVICE  
 ADEQUATE FUNDING                       STABLE FUNDING                       DESIGN TO MEET NEEDS OF A PERSON  
 ACCESSIBILITY                       ALL OF THE ABOVE                       NONE OF THE ABOVE  
 DONT KNOW                       OTHER \_\_\_\_\_
11. In your opinion, is our current mental health system based on ...  
 MINIMALLY ADEQUATE STANDARDS/SERVICES                       BEST POSSIBLE STANDARDS  
 DONT KNOW                       OTHER \_\_\_\_\_

(Continued on the reverse side.)

12. As a first step in the creation of state-wide levels of service, should we concentrate on bringing the under-served regions of the state up to the best regional level of present service?  
 YES  NO  DONT KNOW
13. How important is it that community-support programs (Rule 14) be available and/or funded in all counties?  
 CRUCIAL  IMPORTANT  NOT IMPORTANT  DONT KNOW
14. How important is it that the continuum of mental health services be fully funded?  
 CRUCIAL  IMPORTANT  NOT IMPORTANT  DONT KNOW
15. How important is it that the state share of mental health service funding be increased to at least 75% (actual)?  
 CRUCIAL  IMPORTANT  NOT IMPORTANT  DONT KNOW
16. How important is it that fiscal disincentives be identified and removed?  
 CRUCIAL  IMPORTANT  NOT IMPORTANT  DONT KNOW
17. How important is it that private insurance companies provide more coverage for outpatient mental health care?  
 CRUCIAL  IMPORTANT  NOT IMPORTANT  DONT KNOW
18. How important is it that mental health programs are available to address the diverse ethnic, cultural, sexual and other varied needs of the Minnesota population?  
 CRUCIAL  IMPORTANT  NOT IMPORTANT  DONT KNOW
19. How important is it that mental health programs be available to deal with the needs of persons with dual disabilities?  
 CRUCIAL  IMPORTANT  NOT IMPORTANT  DONT KNOW
20. Please tell us about yourself. (Check all that apply.)
- |   |   |
|---|---|
| <input type="checkbox"/> MENTAL HEALTH SERVICES PROFESSIONAL    | <input type="checkbox"/> CLIENT/FORMER CLIENT   |
| <input type="checkbox"/> RELATIVE OF PERSON WITH MENTAL ILLNESS | <input type="checkbox"/> M.H. CENTER STAFF      |
| <input type="checkbox"/> COUNTY S.S. EMPLOYEE                   | <input type="checkbox"/> STATE EMPLOYEE         |
| <input type="checkbox"/> COUNTY ELECTED OFFICIAL                | <input type="checkbox"/> STATE ELECTED OFFICIAL |
| <input type="checkbox"/> OTHER _____                            |   |

21. In what county do you live? \_\_\_\_\_

22. Your name and address (optional):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## APPENDIX C

<u>QUESTION</u>	<u>RESPONSE</u>	<u>NUMBER</u>	<u>PERCENT OF TOTAL</u>
1. How would you describe Minnesota's mental health system	Excellent	10	3 $\frac{1}{2}$
	Good	108	29
	Fair	216	58
	Poor	38	10
		N=372	
2. Is hospitalization, when needed, available to you or your family member	Yes	274	74
	No	48	13
	Don't Know	47	13
		N=369	
3. Do you or your family have quick access to mental health profession- als in a crisis	Yes	250	66
	No	86	23
	Don't Know	40	11
		N=376	
4. Do you have adequate access to a full range of mental health services in your county	Yes	174	46
	No	175	47
	Don't Know	27	7
		N=375	
5. Do you think state level leadership is needed to improve Minnesota's men- tal health system	Yes	359	93
	No	7	2
	Don't Know	18	5
		N=384	



<u>QUESTION</u>	<u>RESPONSE</u>	<u>NUMBER</u>	<u>PERCENT OF TOTAL</u>
6. If "yes," who or what can best provide this necessary leadership	Governor	72	18½
	Legislature	64	16
	Dept. Human Services	62	16
	Dept. Health	32	8
	All of Above	188	48
	None of Above	2	1
	Don't Know	23	6
	Other	54	14
		N=391	
7. In which of the following areas is leadership most needed	To bring existing programs closer together (build the continuum of care)	175	45
	To establish clear and enforceable standards of mental health care	158	40
	To adequately fund mental health care throughout the state	267	68
		N=391	
8. How important is it to have a full range of mental health services available to all people with a mental illness (inpatient, outpatient, emergency, housing and vocational/employment services etc.)	Crucial	325	84
	Important	61	16
	Not Important	0	--
	Don't Know	0	--
		N=387	

<u>QUESTION</u>	<u>RESPONSE</u>	<u>NUMBER</u>	<u>PERCENT OF TOTAL</u>
9. How important is it to have "quality" services	Crucial	312	82%
	Important	67	18
	Not Important	0	--
	Don't Know	1	--
		N=380	
10. What is needed to ensure quality mental health services	Adequate Staff	81	21
	Appropriate Staff	96	25
	Defined Purpose for Service	27	7
	Adequate Funding	117	30
	Stable Funding	97	22
	Design to Meet Needs of a Person	95	24
	Accessibility	81	21
	All of Above	212	54
	None of Above	3	1
	Don't Know	2	1
	Other	8	2
	N=391		
11. In your opinion is our current mental health system based on...	Minimally Adequate Standards/ Services	242	65
	Best Possible Standards	29	8
	Don't Know	50	14
	Other	49	13
		N=370	

<u>QUESTION</u>	<u>RESPONSE</u>	<u>NUMBER</u>	<u>PERCENT OF TOTAL</u>
12. As a first step in the creation of statewide levels of service, should we concentrate on bringing the underserved regions of the state up to the best regional level of present service	Yes	255	72%
	No	43	12
	Don't Know	58	16
		N=356	
13. How important is it that community support programs (Rule 14) be available and/or funded in all counties	Crucial	240	64
	Important	106	28
	Not Important	6	2
	Don't Know	22	6
	N=374		
14. How important is it that the continuum of mental health services be fully funded	Crucial	275	74
	Important	90	24
	Not Important	1	--
	Don't Know	8	2
	N=374		
15. How important is it that the state share of mental health service funding be increased to at least 75% (actual)	Crucial	195	54
	Important	119	33
	Not Important	12	3
	Don't Know	35	10
	N=361		

<u>QUESTION</u>	<u>RESPONSE</u>	<u>NUMBER</u>	<u>PERCENT OF TOTAL</u>
16. How important is it that fiscal disincentives be identified and removed	Crucial	153	42%
	Important	159	44
	Not Important	3	1
	Don't Know	46	13
		N=361	
17. How important is it that private insurance companies provide more coverage for outpatient mental health care	Crucial	208	58
	Important	129	36
	Not Important	6	2
	Don't Know	16	4
		N=359	
18. How important is it that mental health programs are available to address the diverse ethnic, cultural, sexual, and other varied needs of the Minnesota population	Crucial	194	52
	Important	150	40
	Not Important	17	5
	Don't Know	10	3
		N=371	
19. How important is it that mental health programs be available to deal with the needs of persons with dual disabilities	Crucial	239	64
	Important	129	35
	Not Important	0	--
	Don't Know	3	1
		N=371	