

Channing, Christopher

From: Rachel Scott [foxpawpress@gmail.com]
Sent: Tuesday, July 12, 2011 12:20 AM
To: Rachel Scott; Channing, Christopher
Subject: Argument for Bridge House

The Bridge House brief:

When Governor Dayton allowed most state agencies to shut down, he exempted those which were considered to be critical to public health and safety, including state funded mental health facilities. For some reason, one agency, Bridge House in Duluth, which also is a state funded mental health facility, was closed down, including its residential 12 bed in-patient service, the 24 hour crisis center hot line was closed, and outpatient home visits or ARMHS services. The reason for this is unclear to me, but I have been told that it may have something to do with the employees of Bridge House being state employees, an arrangement somehow different than that of other state funded mental health agencies. What seems to have happened, in essence, is that Duluth's Bridge House somehow slipped through the cracks, in the haste with which the state closed its services.

I hardly need to argue that this unfortunate error should be remedied. Those clients who rely on Bridge House for services in Duluth are as arguably in need of critical mental health services necessary for their health and well-being as any other citizens throughout the rest of Minnesota. *Res ipsa loquitur*.

I personally felt like I was being thrown under the bus when my ARMHS social worker told me when she came for my weekly home visit, that her office had been told that after Thursday, they would be shut down, along with other state services.

I am a retired family practice physician, and have been on disability, since 2001, after 23 years of practice, primarily in rural areas. As a physician who has seen and treated patients in crisis, in hospital and Emergency Rooms, as well as clinic settings.

Due to multiple stressors, and now in need of services myself, when the state shut down Bridge House, I started making phone calls, which lead me to the State Attorney General's office, and the opportunity I have been given to appear here today. I feel obligated to advocate for the immediate reopening of Bridge House and its full range of mental health services. Until last week, I have been receiving weekly home visits from Toni Thorstad, my mental health social service worker. I am under treatment for depression, with features of post traumatic stress, and like many who suffer depression, I also have other disabilities: a mild traumatic brain injury and a familial form of muscular dystrophy, which was what caused me to leave medical practice.

My life will be more difficult without weekly visits from Toni, who has been a critical stabilizing force in my life. Bridge House is the only agency in Duluth which provides home health services for which I qualify and can afford. Most weeks Toni is the only visitor in my home. I will be seriously limited in my social support without the safety net provided by Bridge House.

I have no doubt that many Bridge House clients, and I include myself, are stressed by the abrupt discontinuation of services. It is my fear that some clients will inevitably decompensate without this critical life-line..My concern is that there will be hospitalizations and that people may even die, as a result.

In rural areas, including Duluth, mental health services are very hard to access, even with good medical insurance. Duluth is a community in which 30 percent of the population lives below the poverty line. I'm 64, and in less than a year, I will lose my private disability insurance. At that point, social security and a small

pension will be my only sources of income; at this time it will be difficult to keep my home, so this is a particularly stressful time for me.

Mental illness is no respecter of money or status. Abraham Lincoln, one of our most revered presidents, suffered from bouts of "melancholy." We are today fortunate that we have effective treatments for mental illness. To fail to provide quality care for those who are in need is unconscionable.

Especially is this so in Minnesota, which has produced so many statesmen, champions of the common man, such as Hubert Humphrey, Walter Mondale, and Paul Wellstone. It is a fitting tribute to Wellstone that his name is on the recently passed bipartisan national legislation which provides for parity for mental health care in line with other medical treatment in insurance coverage. We still have a long way to go, and woefully inadequate resources to treat those in Minnesota with mental health issues, however.

It is essential that we provide these services to all Minnesotans. The To quote Hubert H. Humphrey:

'It was once said that the moral test of government is how that government treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; and those who are in the shadows of life, the sick, the needy and the handicapped.'

To deny these critical services, essential to the health and well-being of Duluth residents, is not the kind of state which our greatest statesmen, and we have had many, including Hubert Humphrey, Eugene McCarthy, Paul Wellstone, and Walter Mondale, fought for, and that is not the kind of state for which Minnesota is known. We are known for our compassion for the most vulnerable, and caring for the least among us. Caring for those who suffer from mental illness is not a partisan issue, it is a humanitarian issue, about which I believe we can all agree.

It is critical that you reopen Bridge House for the full mental health services it provides. In addition to residential services and the crisis hot-line, home visits to those with chronic depression, or other mental health diagnoses, are also necessary and critical. Home visits are in some instances like the "stitch in time that saves nine."

Home health services keep people stabilized, so that they do not decompensate and require hospitalization, or in the worst-case scenarios, may prevent actions which could result in suicide or violence, requiring police intervention, or worse.

Bridge House is the only option for home visits for many of its clients, and in this, I include myself. Services in rural areas, including Duluth, are severely limited for those with mental health disabilities. Bridge House is aptly named, as it is the bridge which keeps its clients connected to the community.

Your action in returning Bridge House to full service is therefore critical, necessary, and equitable. In the 19th century, William Gladstone said, regarding the legal system: "Justice delayed is justice denied."

In medicine, the corollary is just as true, and arguably, the stakes are higher: the lives of individuals, families, and in the worst-case scenarios, the community at large, are all at potential risk. I respectfully suggest that from a legal, moral and humanitarian perspective, it is fitting and just, that you order that Bridge House be kept open and immediately allowed to resume providing critical mental health services to clients in Duluth.

Respectfully submitted,

Rachel Scott, MD
Diplomate, American Academy of Family Physicians, retired

Channing, Christopher

FILED
Court Administrator

From: Rachel Scott [foxpawpress@gmail.com]
Sent: Saturday, July 09, 2011 3:44 AM
To: Channing, Christopher; Rachel Scott
Subject: The Bridge House Brief

JUL 11 2011

By js Deputy

Chris: here is my latest draft. Let me know if it needs to be shorter, or if you have any other editorial suggestions.

62.CV.11-5203

THE BRIDGE HOUSE Brief

I appear to present the case for the critical need to return Bridge House, a mental health agency run by the state to full operation, I speak both as a Family Practice physician, retired due to disability, and also as a client, receiving home visits from a mental health social worker from Bridge House.

Bridge House is a state agency--a part of the Minnesota Department of Human Resources. It provides the following critical mental health services to Duluth area residents:

- 1) Residential treatment program with 12 beds
- 2) Handing out medications to citizens unable to manage their own medicines
- 3) Crisis hot-line which provides mental health services 24 hours a day, 7 days a week, including holidays
- 4) Regular home visits to clients with special needs by trained mental health social workers

I have in my 23 years in medicine, treated numerous patients with mental illness, and in the emergency room, worked to save the lives of many who attempted suicide, by a variety of methods, from a gunshot wound to the chest to alcohol and drug overdose.

I have worked in a number of practices in addition to my most recent practice on the Iron Range in northern Minnesota, most of them in rural areas, where the need was greatest. I have practiced medicine in "the bush" in Alaska, including seven months in Kotzebue, AK and two years in Bethel, AK. Mental illness in a variety of forms and alcoholism were endemic in these areas, and our resources limited. I moved my practice frequently as my husband was in the military, and often after two years or, at most, four years, he was reassigned to a new location. Once he retired, we returned to rural Minnesota to the Mesabi Iron Range, where I continued to practice until a disabling form of muscular dystrophy left me unable to continue to practice medicine. That was in 2001.

I am now legally separated, living in Duluth, on SSDI, and receive home services from Bridge House due to depression, in addition to a mild traumatic brain injury and muscular dystrophy. At times, I believe it would be difficult for me to continue living independently if I did not receive the regular weekly visits from my social worker, Toni Thorstad.

She provides practical help keeping me on track and able to maintain focus and concentration necessary to do household chores, as well as providing much needed moral support. Her continuing support gives me hope for the future to be brighter.

Even though it has been no more than a week and a half since Bridge House was closed along with other state services, I have been unexpectedly surprised at how strongly the news has affected me. Not knowing when I will again be able to see Toni, or whether I can continue to receive the help I thought I could trust would be there through Bridge House. There is no other support available to me in Duluth that is within my means. For most of my life, I have been quite active and independent. I have frankly not expected to find myself so strongly emotionally affected at the closure of Bridge House.

I do believe I am among the more fortunate, however, as in many respects I am able to function at a fairly high level. Because I am both a client of Bridge House, and also medically trained and have experience in treating patients with mental health diagnoses, I feel uniquely qualified, and frankly, obligated to speak on behalf of all of the clients served by Bridge House in Duluth.

I spoke by phone to Toni a few days ago, in preparation for my testimony, and I learned from her that the dispensing of medications has been taken over by another agency.

In all other respects, the services normally provided through Bridge House have been closed down.

Mental health services from Bridge House are a critical and essential core branch of government, and provide for health, welfare and safety for some of our most fragile and vulnerable citizens. Loss of these services may predictably result in death or permanent morbidity for some mental health patients in crisis. Others may suffer silently, struggling with their own demons, and for these people, there will be no respite, no notice taken, no statistics to tally, but I know, as a client myself that others too, will still suffer.

I find it beyond the pale that it is necessary to argue for the critical nature of Bridge House's 24 hour a day, seven days a week, mental health crisis "hot line." The purpose of the service clearly speaks for itself.

I have no personal knowledge of Bridge House's residential program, but I've lived in Duluth since 2002, long enough to know that many of Duluth's mental health patients have a level of trust in the services at Bridge House which is unique to the facility, and that for some patients, they would neither be able to afford, nor would they accept, other options.

I also feel it important to emphasize the critical and essential nature of Bridge House's home health services. Bridge House's trained mental health social workers monitor their clients, and are essential to keep people with mental illnesses stabilized, so that they do not decompensate and require hospitalization, or in the worst-case scenarios, may prevent actions which could result in suicide or violence, requiring police intervention, or worse, as we all know too well from such events as the Columbine shooting, and six months ago, the shooting of US Representative Gabrielle Giffords, with the tragic loss of life of six people, including a nine year old child, a congressional aide and US District Court Judge John Roll.

Clearly not all of such tragic events can be foreseen or prevented. And to keep perspective, it is indeed, rare that mental illness leads to violence, Far more often the most tragic ending is rather, that of acts of the patient against himself or herself, such as self-mutilation, or suicide.

But when we have at hand, services available from Bridge House, and other state run facilities throughout the state--I believe there are in all about 200 facilities-- for those who are mentally ill and in some cases vulnerable and quite fragile, it is not only good common sense, but critical, to avoid disruption of those services.

Fully one-third of Duluth's residents live below the poverty level. The need for state, county and city services here is great. The resources are inadequate in many respects. These are in many cases, the people that Bridge House serves. Without Bridge House, there is no doubt in my mind, aware as I am of my own reaction, that at present many others who rely on Bridge House are suffering even now from the disruption of services. The mentally ill are typically isolated by their affliction. Simply KNOWING that Bridge House is there provides a security blanket that many need. I'm frankly appalled that the State has given so little thought to the consequences of its actions in abruptly curtailing these services.

Bridge House is the only option for home visits for many of its clients, and in this, I include myself. Services in rural areas, including Duluth, are severely limited for those with mental health disabilities. Bridge House is aptly named, as it is the bridge which keeps its clients connected to the community. Mental illness knows no class lines, or boundaries, Abraham Lincoln, one of our greatest presidents, suffered from what in his day was called "melancholy." By accounts I have read, he suffered at times quite severely from periodic episodes of this "melancholy."

Today we have effective treatment for mental illness, and I believe, a duty to provide uninterrupted services to those in need of treatment. I cannot emphasize enough how critical continuing care is for this population.

I believe that to deny mental health services to Minnesota citizens is legally and morally wrong, and to do so will predictably result in needless suffering, including mental distress and despair, morbidity and should this lack of services continue, most likely, even death.

That is not the kind of state for which Minnesota is known. We are known for our compassion for the most vulnerable, and caring for the least among us. Caring for those who suffer from mental illness is not a partisan issue, it is a humanitarian issue, about which I believe we can all agree.

I am writing to ask that you reopen Bridge House for the full mental health services it provides. In addition to residential services and the crisis hot-line, home visits to those with chronic depression, or other mental health diagnoses, are also necessary and critical. Home visits are in some instances like the "stitch in time that saves nine."

To quote one of Minnesota's most famous statesman, Hubert H. Humphrey:

"It was once said that the moral test of government is how that government treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; and those who are in the shadows of life, the sick, the needy and the handicapped."

As you are well aware, the history of our country and our state has been founded on democratic principles, and civil discourse. There have traditionally been differences of opinion among our politicians at both the state and national level, as to which course will best serve the public interest. It has only been in very recent times that politics have become so filled with rancor, and that representatives have taken positions to the extreme, in which compromise has become impossible. Any student of political science knows that nothing can be achieved without compromise.

Duluth citizens with mental health diagnoses cannot afford to wait for this stalemate to resolve. Your action in returning Bridge House to full service is therefore critical, necessary, and urgent. In the 19th century, William Gladstone said, with regard for the legal system: "Justice delayed is justice denied."

In medicine, the corollary is just as true, and arguably, the stakes are higher: the lives of individuals, families, and in the worst-case scenarios, the community at large, are all at potential risk. I respectfully suggest that from a legal, moral and humanitarian perspective, it is fitting and just, that you order that Bridge House be kept open and allowed to resume providing critical mental health services in Duluth.

I would only add that there may be other state-run mental health services in other areas which have been disrupted, and would certainly add my voice to continuing to provide critical mental health services throughout the state.

Thank you for your attention. Respectfully submitted,

Rachel Scott, MD
diplomate, American Board of Family Physicians, retired

Channing, Christopher

From: Rachel Scott [foxpawpress@gmail.com]
Sent: Thursday, July 07, 2011 3:18 PM
To: Attorney.General@state.mn.us; Channing, Christopher; foxpawpress@gmail.com
Subject: Addendum:-Bridge House, a state agency, provides essential mental health services to Duluth residents

Attention: Jason, and Christopher:

The following is from Bridge House's website. It is clearly a branch of the State Department of Human Services:

Bridge House
Duluth, MN 55801
Saint Louis County

Employment Contact

Contact: Recruitment Office
Phone: 651-431-3674
Fax: 651-431-7501

[Go Info](#) [Send Co](#) [Send Site](#) [Web](#) [Map/Directions](#)

Services Provided

Mental Health

Site Profile

Bridge House is a crisis and transition unit operated by the Minnesota Department of Human Services. Bridge House serves individuals who are over the age of 18, have a diagnosis of a mental illness, and may be at risk of requiring inpatient mental health treatment. Many clients have a dual diagnosis and may also be experiencing homelessness. Bridge House offers short-term residential crisis stabilization services and an Adult Rehabilitation Mental Health Services (ARMHS) outreach program.

Again, thank you for your service. Sincerely,

Rachel Scott, MD
4206 Lombard St.
Duluth, MN 55804
phone: 218-340-2350