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MINNESOTA STATE PLANNING AGENCY  
TOWN MEETING  
CAMBRIDGE STATE HOSPITAL REGION

Cambridge Elementary School  
Cambridge, Minnesota  
August 22, 1984  
7:00 p.m.

Miriam Karlins Town Meeting  
Coordinator

Colleen Wieck  
Project Director

DIANE M. PREECE  
REGISTERED PROFESSIONAL REPORTER

Post Office Box 783  
Nisswa, Minnesota 56468  
(218) 568-8449

1 MR. CLAYTON PETERSON: My name is Clayton  
2 Peterson. I represent the Chamber of Commerce from Cambridge,  
3 and I want you to know that the Cambridge Chamber is very much  
4 interested in what happens with the State Hospital System and  
5 the Cambridge State Hospital in particular.

6 Obviously, there is a tremendous economic impact that  
7 derives itself to Cambridge and the surrounding area, and  
8 that's a concern to us.

9 The residents are a concern to us. Not everybody is  
10 appropriate for a group home setting, and I think that that  
11 has to be taken into consideration.

12 We are going to be the central area. We have a good  
13 location; we have easy access to the metro area; we share a  
14 common administration with Anoka State Hospital.

15 And we saw in the paper, I think it was last week, that  
16 Anoka State Hospital has a backlog, and I think there should  
17 be a way that we can strengthen Cambridge State Hospital by  
18 sharing in some of that backlog with Anoka.

19 Obviously, the employees are concerned and we have  
20 concern with them, either through relocation or other means.  
21 Thank you.

22 \* \* \* \*  
23  
24  
25

1 MR. ROBERT FILSON; My name is Robert  
2 Pilson. I'm the city administrator from Mora. I represent the  
3 Mora Commercial Industrial Development Commission. I'm here  
4 because of jobs.

5 For the city of Mora, we have 29 employees at the  
6 Cambridge State Hospital; and Brook Park, which is in our  
7 trade area, there are 10; Ogilvie, 19; Dalbo 12; Braham 65,  
8 and I'm sure many people there trade in Mora; Grasston 9.  
9 That's a big impact.

10 We are definitely concerned about the economic impact,  
11 not only in Isanti County, but in Kanabec; and not only with  
12 this hospital but with Moose Lake. But we don't have the  
13 statistics on that.

14 Be fair.

15 \* \* \* \*

16  
17 MR. WALT HIECKEL: My name is Walt Hieckel.  
18 I represent the Cambridge/Isanti Education Association, and I  
19 have a brief statement that I would like to read.

20 Members of the Cambridge/Isanti Education Association  
21 are concerned about the negative ramifications to our  
22 community if the Cambridge State Hospital is closed. Should  
23 this become a reality, many of the families in our community  
24 would be forced to move because of loss of employment.

25 As a result, a decline in school enrollment would mean



1 Hospital. As a union, our main concern, of course, is jobs for  
2 our members.

3 We're also concerned about the residents. We believe we  
4 have developed a quality, we believe we have a quality service  
5 to the State of Minnesota through our work at the state  
6 hospital. We have quality care there, and we believe that the  
7 State of Minnesota should continue in its business of taking  
8 care of the mentally retarded. Thank you.

9 \* \* \* \*

10  
11 MR. RAY HOHEISEL: My name is Ray Hoheisel,  
12 superintendent of schools, district 911. My remarks will  
13 reflect on the impact the state hospital will have on  
14 Independent School District 911.

15 The following listing is by no means all-inclusive, and  
16 we really don't have some of the data to be specific. For  
17 example, we don't know how many students have parents who are  
18 employees of the state hospital. But I would like to present  
19 the following for your consideration.

20 The school district has conducted an educational  
21 program for school-age residents of the Cambridge State  
22 Hospital. While the numbers of students has decreased  
23 substantially, we expect to have 40 to 50 students in the  
24 program during 1984-85.

25 To staff the program, we have six teachers, a

1 coordinator-behavior analyst, 14 teacher aides, developmental  
2 therapist, a secretary, part-time speech therapist, and part-  
3 time bus driver, which includes 25 people which would have an  
4 impact.

5           We have offices of the Rum River Special Education  
6 Cooperative located at the state hospital. This would include  
7 the districts of Braham, our district, Isle, Milaca, Mora,  
8 Ogilvie, Onamia and Princeton.

9           Like the state, school districts must plan in order to  
10 be in a position to provide services for students.

11           Our school district enrollment has grown substantially  
12 in the last 10 to 12 years. This community is under a  
13 considerable burden, bonded to provide facilities for its  
14 students.

15           Plans were based on predicted enrollment and existing  
16 conditions. Existing conditions ten years ago, as remains  
17 today, is a state hospital with residents to be served. School  
18 facilities were built to accommodate these conditions.

19           I mentioned earlier that I could not supply specific  
20 numbers, but I know that many children of state hospital  
21 employees attend our schools. This would include children of  
22 supportive, para-professional, professional and medical staff.

23           A dramatic change in the number of employees at the  
24 Cambridge State Hospital would have a negative impact on our  
25 school district and on proper utilization of our school



1 people talking about this idea of closing the state hospital,  
2 and I guess the point other people have mentioned, why does  
3 the legislature want to close the state hospital?

4 I guess the point is that as far as the closing of the  
5 state hospital, the legislature isn't saying we've got to  
6 close the state hospitals no matter what.

7 I think the phenomenon is the numbers tell us that  
8 there is going to be considerably fewer people in state  
9 hospitals two, three years from now than there were two, three  
10 years ago.

11 And I know for the years I've been in the legislature,  
12 we've seen the people, well, Rochester was the most agonizing  
13 process, where there was action at one time. It was only  
14 afterwards where the planning occurred.

15 The point is that rather than have a decision being  
16 forced in two years or four years or whenever it comes about  
17 as far as should a hospital be closed or shouldn't it and  
18 which one and why, the purpose is, and was the intent when we  
19 talked about it, to do the planning now and have the action of  
20 that plan followed later for all the state hospitals and  
21 whatever that might mean.

22 In the past, most of the planning, legitimately, on the  
23 part of State government has been for the residents. That's  
24 their responsibility.

25 But we were saying, and I worked along with the AFSCME,

1 the American Federation of State, County and Municipal  
2 Employees, were saying that, "Let's do some of the planning  
3 now for not only residents but also for the employees, the  
4 thousands of employees across the state and the hundreds of  
5 employees here in the East Central Minnesota area, as well as  
6 for each of the respective communities, so when there is a  
7 plan or action that will have to be taken by the State or by  
8 the legislature within a year or two years or five years,  
9 there is information for making those judgments and those  
10 decisions.

11           And the fact is that the high legislative priority to  
12 pass that particular planning bill, which is now being carried  
13 out on the part of the legislature, on the part of the  
14 governor, on the part of the AFSCME employee organization, and  
15 I think that's a helpful process. It's also a painful process  
16 that we go through.

17           This is the first of what, eight, nine meetings across  
18 the state, but I'm personally very, very pleased to see the  
19 level of participation here because that's what it takes. So  
20 we've got people speaking and people participation as far as  
21 what about the future of this state hospital in general.

22           The point is made, what about the future as far as  
23 alternative uses of state hospitals. So as the next hour or  
24 so goes by, I hope we can also hear from individuals as well  
25 as these people for organizations for what the personal impact

1 might mean, what your suggestions and ideas ace for the  
2 future.

3           But the purpose is to do the planning now. There are no  
4 immediate plans, imminent plans on the part of the legislature  
5 or anyone else to close the state hospital, but the numbers  
6 aren't - I don't know what we make a parallel to or analogue  
7 to.

8           If you're a family, if you've got a six-bedroom house  
9 with a family of ten people and you find a time when there is  
10 only Ma and Pa left, maybe you don't stay in a six-bedroom  
11 house.

12           The fact is there is going to be fewer people to be in  
13 state hospitals in five years, and does the state keep  
14 operating all those facilities?

15           I think that many people in the legislature in five  
16 years from now will say, or two years or whenever it comes  
17 about, will say, more than likely not, we have to cut back and  
18 reduce.

19           So that's why we're planning in advance of that. We,  
20 the State, can appreciate you folks coming out and sharing  
21 your thoughts, but that's the background. It's not necessarily  
22 assured that anything will happen. Host likely the numbers  
23 dictate that there is going to be less space required.

24                           \* \* \* \*

25

1 UNIDENTIFIED SPEAKER: He just mentioned  
2 the fact that if hospital numbers are going to be smaller,  
3 that's fine, but talk about the family cutting down from ten  
4 people to two, most logical thing to do would probably be to  
5 move to a smaller house.

6 Why not - don't close one hospital. Keep them all open  
7 but make them smaller. Why make the rest of us move? That's  
8 really traumatic to residents. It's not just the staff. It's  
9 also the residents. So why not have, just have a smaller  
10 facility but have it in all of the towns.

11 MS. KARLINS: Let me see that I understand  
12 your commentary. Are you suggesting that the hospitals be  
13 retained but in a smaller size or that smaller facilities be  
14 in the community? I'm not sure I understand,

15 SAME UNIDENTIFIED SPEAKER: Either way to  
16 begin with. Just to keep them all open in smaller size. Don't  
17 close Cambridge or close Faribault. Just make each one of them  
18 a little bit smaller, but don't take all of them from  
19 Cambridge and move them to Faribault.

20 We have a lot of residents here that really suffered  
21 from coming from Rochester up here because they don't get the  
22 family visits like they got in Rochester.

23 \* \* \* \*

24  
25 UNIDENTIFIED SPEAKER: Just seems to me

1 that there are an awful lot of dedicated people out there at  
2 that state hospital, and it just seems totally unwise, for me  
3 to look at it from my point of view, for the State of  
4 Minnesota to waste their tax dollars building these group  
5 homes when we already have the facilities already built.

6           So that's all I have to say. Thank you.

7                           \* \* \* \*

8  
9                           UNIDENTIFIED SPEAKER: Along with what  
10 Steve just said, I attended a meeting last winter, I believe,  
11 for the Department of Public Welfare policy committee and  
12 Council 6. Their statement at that time was--it was from  
13 representatives from all the state hospitals--that our people  
14 can do a better job than anyone else, we feel, under any type  
15 circumstance, under any setting.

16           And if you want to close the hospital, you go ahead,  
17 but you don't take the kids away, and you don't take us out of  
18 the job that we're good at. And I know that's about the  
19 general statement that we made at that time.

20                           \* \* \* \*

21  
22                           UNIDENTIFIED SPEAKER: I agree with  
23 Virginia that you don't take the residents, the clients away  
24 from the hospital. This is their home, and you take them away  
25 and it's a traumatic experience. It's a traumatic experience

1 for the direct care because they are attached to those  
2 residents.

3           We are their surrogate family. They have - the younger  
4 people, high school part-timers are like their brothers and  
5 sisters. They become attached to them.

6           We feel that when a resident is taken away and they  
7 say, "Well, they have a right to refuse," many of them do not  
8 have any ways of communicating. You are taking them away,  
9 placing them in a group home-not saying that the group home  
10 is bad-but placing them in a group home without their own  
11 consent because they really don't know.

12           And I myself feel that it is very, very traumatic  
13 experience for them. Thank you.

14   \* \* \* \*

15  
16   MS. GLORIA MAE BECK: I'm Gloria Mae Beck.  
17 I'm a Mille Lacs County Commissioner. I'm also the chairman of  
18 the Mille Lacs County Welfare Board. I was sent here to  
19 represent Mille Lacs County.

20           I would like to share something with you tonight, an  
21 experience we have had. Mille Lacs County has people here, and  
22 people have been returned from Cambridge to the community, and  
23 some of this has been good, but I have one experience that has  
24 been very bad.

25           There was one gentleman, was at the top of the heap

1 here at Cambridge. He was happy; he was content. They took him  
2 out of this setting; they put him in, and he ended up in a  
3 nursing home in Foley.

4           The gentleman has, we have to drive from Milaca to  
5 Foley with the bus every day to bring him to the DAC and back  
6 again. Not only that, but he disrupts the whole DAC because he  
7 cannot control his physical body. Because of this, he is a  
8 very, very unhappy person.

9           He was happy in Cambridge. He is not happy out in the  
10 world, as we see it. And this is why – the gentlemen before  
11 me have expressed financial problems. I want you to think  
12 about the emotional trauma for these people that have to be  
13 taken away from where they are comfortable and put someplace  
14 where they are very unhappy. Please consider this.

15                           \* \* \* \*

16  
17                           UNIDENTIFIED SPEAKER: As a former  
18 dietician at the state hospital, I'm well aware of the  
19 standards that we are expected to maintain in sanitation and  
20 nutrition and all these other things. I don't believe that  
21 group homes can be supervised and keep up the standards that we  
22 have kept up.

23                           \* \* \* \*

1  
2 MS. KARLINS: The comment was made by a  
3 person whom I assume has a group home in the community saying  
4 that there are no double standards for sanitation or for diet  
5 because they're under the same kind of licensing concerns that  
6 the state hospitals are.

7 I think you ended by saying that the only difference in  
8 the food process is that yours is family style in a smaller  
9 facility, if I'm quoting you correctly, for the record, and  
10 the atmosphere is more typical of a home atmosphere.

11 Okay. Thank you very much.

12 \* \* \* \*

13 UNIDENTIFIED SPEAKER: I would like to  
14 speak. I have a sister-in-law who is in a group home, and I  
15 won't say where because of the information that I would like  
16 to give.

17 She is in a, has been in a group home now for two  
18 years. She was at home for 41 years of her life, and in the  
19 group home that she is at we have found that the staff there,  
20 when it comes to suppertime—I know the woman who cooks, who  
21 is the cook there, personally—she has to go down to the  
22 grocery store to buy the groceries because the groceries that  
23 were available had disappeared. Also her clothing has  
24 disappeared, and the night staff bring in their laundry and do  
25 the washing.

1           Now, I realize that there is monitoring of group homes,  
2 but I feel personally, being an employee of the state hospital  
3 in the recreation department, that the monitoring of the State  
4 system that the State does in the State facilities is much  
5 better because by and large when you have a facility such as  
6 the State has here and the buildings, you have people in one  
7 building, say you have 60 employees and they're watching over  
8 on each one of their individual households.

9           Where if you have an establishment as my sister-in-law  
10 is in, there are 14 residents and you have, oh, maybe 25 staff.  
11 Those staff, if one is going to get by with something, then the  
12 other one is.

13           Now, I'm not saying everyone is crooked, but this is  
14 just something that we know for sure has happened.

15           And another subject I would like to bring up on this is  
16 the fact that we have one bus at the state hospital that takes  
17 us where the residents want to go. We just have a new one up  
18 there. We have one wheelchair van, and we may have, I don't :  
19 know what's the total on our vehicles. Five or six. And these  
20 vehicles are not new, and we make do with them, and we clean  
21 them up when we're done with them.

22           What will happen when we have to go into the group  
23 home, when these non-ambulatory residents are put into a group  
24 home? Each one of these group homes—if I'm not right, correct  
25 me—have to supply a wheelchair van for non-ambulatory

1 residents.

2           You figure that out. Thank you.

3                           \* \* \* \*

4  
5                           UNIDENTIFIED SPEAKER: I've been an  
6 employee at Cambridge State Hospital for the last six years,  
7 and recently we went to a women's conference down in Chicago,  
8 and one of the counselors who were acting down there had a  
9 country singer, folk singer that wrote a song concerning her  
10 residents after her institution was closed, and she said:

11           Mary was a woman who never had it very good. Perhaps  
12 she never got the loving care that she should. Maybe she was  
13 born that way. No one will really know because Mary's not  
14 around no more to tell us if it's so.

15           It's lonely and it's cold out there when you have no  
16 place left to go. In and out of the hospital, as often was the  
17 case, she found certain comfort there. In and out. Excuse me.  
18 In and out of the hospital. I forgot the words.

19           Now she found a certain comfort there, that there was  
20 no doubt. But when she couldn't handle things, as often was  
21 the case, the staff would take good care of her. They had come  
22 to know her ways.

23           They put Mary on the street when the budget was  
24 attacked, and most of the time just half alive they had to  
25 bring her back. Then one day she found a terror. She would

1 have to leave once more. She preferred to die, and outside  
2 they found her on the floor.

3 It's lonely and it's cold out there when you've got no  
4 place left to go.

5 Well, they're closing down the places where folks like  
6 Mary stayed. It seems you hear about a new one almost every  
7 day. You that make such policies, I ask you tell me true, how  
8 many other Marys will be lost because of you?

9 And as a state employee, I would just like to mention  
10 that we are open to other suggestions, alternatives to the  
11 care, but we would also like you to consider us as employees.

12 \* \* \* \*

13  
14 UNIDENTIFIED SPEAKER: I have a few  
15 questions. Where do they get the population numbers? What are  
16 the alternatives for the workers there now? For example,  
17 retrain the staff to be able to help with the drug-related  
18 type problems or mentally ill or whatever. But I guess I  
19 haven't heard any information.

20 Also, I don't see it being a group home versus a state  
21 hospital situation because we both stand for the rights and  
22 the improvement of lifestyle for the handicapped. I didn't see  
23 it as us against them, you know, red versus white, black and  
24 whatever.

25 I'm not seeing or hearing anything that's telling me,

1 giving me any information as to where we say why it's going to  
2 be less population. As far as I understand, the medical  
3 techniques are getting better all the time, saving premature  
4 children and having those people sometimes be handicapped and  
5 the person saying about, you know, them being put in a nursing  
6 home versus state hospitals.

7 Those things can be brought together, but I'm not  
8 hearing that being said. I think that is your job to tell us  
9 where you get your information, what you see as alternatives  
10 for us here so that we don't lose a job, because I think  
11 that's important, as well as maintaining the highest lifestyle  
12 for the handicapped people no matter where they go.

13 I guess that's, you know, you can address that Mr.  
14 Welch, whatever, but I have heard, you know, nothing, and that  
15 kind of goes along with what some of the other people said  
16 earlier.

17 Again, I just want to reiterate. I don't think it's us  
18 against them proposition. There is no reason for that because  
19 everybody here is concerned for the rights and the lifestyle  
20 of the handicapped as well as what the most economic way of  
21 bringing them, you know, to a conclusion.

22 Thank you.

23 \* \* \* \*

1  
2 MR. JACK O'BRIEN: My name is Jack O'Brien,  
3 and I worked in the public school program for more than a  
4 decade now at the Cambridge State Hospital,

5 I would like to just reinforce the point that Mr.  
6 Hanson was trying to make about pitting group homes against  
7 the state hospital. They all have their place in the service  
8 system of continuing services.

9 The state hospital people are very, very good. They  
10 work with some very, very tough people to work with, whether  
11 it be because they have acute medical conditions or behavior  
12 problems or a combination of mental retardation and mental  
13 illness. These people have withstood the test of providing  
14 service to a very difficult group of people. They're very good  
15 at it.

16 I've been impressed throughout the years with the  
17 continual increase in skills that these people have. They've  
18 got good staff training programs; they've got the experience;  
19 and they have the toughness to handle these; and we should not  
20 lose that resource in the State system of providing services.

21 The other point I want to make is I think many of you  
22 know that the state hospital sponsors a foster grandparent  
23 program. I haven't heard any senior citizens talk. I've  
24 watched the foster grandparents in operation for a decade, and  
25 that's a sight to behold. That's a real people-to-people kind

1 | of interaction.

2 |           I know there are foster grandparents with the residents  
3 | in the classrooms out at the state hospital, they're in our  
4 | public schools and in all of our buildings. They work in the  
5 | St. Frances public school system, at the Boys Ranches out  
6 | there, and I'm wondering if, you know, we look at all of these  
7 | other ancillary programs that are supported by the state  
8 | hospital administration with their buildings and just with  
9 | their philosophy of being cooperative.

10 |           We just have seen a nursery school take up space, open  
11 | up operations down at the state hospital.

12 |           Taken together, taken collectively, you see that  
13 | closing a state hospital involves an awful lot of things,  
14 | residents and school districts and property values and  
15 | programs and senior citizens. I think we have to look at that  
16 | very, very carefully if that's the reason for this meeting, if  
17 | that's what you're doing.

18 |           Thank you.

19 |   \* \* \* \*

20 |  
21 |   UNIDENTIFIED SPEAKER: As a physician at  
22 | the Cambridge State Hospital, I think it's important to point  
23 | out that possibly 30 percent of the residents that we have  
24 | severe convulsions, and again this is important because they  
25 | can go into very sudden status convulsions, and we always

1 have physicians in attendance right away.

2 For example, last night I was on-call, and a patient  
3 went into a status convulsion. We had a physician right there.  
4 We had to give medication right away.

5 Some people say, "How important is that?" Well, it's  
6 important because I can remember three or four years ago there  
7 was a resident—not here but elsewhere—that was not seen  
8 right away; went into convulsions and in five or ten minutes  
9 died. So again, it can be fatal unless treated right away.

10 And again in group homes and other facilities, they do  
11 not have physicians constantly available to see the residents.  
12 As retarded residents, again they must be seen early.

13 We had another experience a couple of years ago, as you  
14 remember, of a child that got very sick very suddenly and  
15 again was seen right away. We realized that this child was  
16 very ill, and a physician was right with the child,  
17 accompanied the child over to the Memorial Hospital, and the  
18 child did have abdominal surgery.

19 And again for the fact that we must have a physician in  
20 attendance, particularly among the profoundly retarded, and as  
21 more and more of our residents are profoundly retarded, I  
22 think it's more important that we have medical services.

23 We also have a clinic open. There is a nurse on duty  
24 constantly and, again, a physician in attendance. These are  
25 not available in group homes.

1 |  
2 | DR. CARSTAH SEECAMP: I'm a member of the  
3 | Cambridge City Council. I'm not sure that I'm the official  
4 | spokesman for the council, but we are concerned about what  
5 | happens to Cambridge State Hospital, which is a neighbor  
6 | outside of the city limits.

7 | We're concerned about jobs in our community. We  
8 | actively seek industrial growth. We'd be concerned to have  
9 | such a large loss of employment in our neighborhood, not just  
10 | for the people involved but also for retail businesses and the  
11 | other supporting businesses that have developed around our  
12 | community.

13 | I'm a neighbor of the Cambridge State Hospital. I don't  
14 | live two blocks from the grounds. I've lived there for 13  
15 | years, and I remember at that time, when the population of the  
16 | state hospital was about four times what it is now, and many  
17 | of the residents were free to leave the grounds and to go  
18 | downtown. Now most of these people who are capable are now in  
19 | community homes. They're not there anymore.

20 | For example, there were more profound handicaps, and I  
21 | think I would just be concerned that these people, if moved  
22 | from here, have an appropriate place for their care.

23 | Oh, yes. The other thing I was going to comment on is  
24 | that you raised several questions at the beginning of your  
25 | presentation that you would like us to address, but this is  
really the first time that we've heard the questions you want

1 answered.

2 I don't know. Maybe many others heard the questions  
3 that you would like answered, and in such a short period of  
4 time, I'm not sure that we can conjure up realistic answers to  
5 those questions, such as other uses for the facilities, et  
6 cetera. I don't think we can help you at this point. I think  
7 if we had time to think about it, we may be able to respond a  
8 little bit better. So we may not be able to give you the kind  
9 of feedback you're looking for.

10 \* \* \* \*

11  
12 UNIDENTIFIED SPEAKER: One thing that I  
13 think we realize is that there is a reduction at the state  
14 hospital. That is something that is going to be encountered.  
15 But looking at Cambridge and having talked with our  
16 legislators, the largest amount of money from welfare funding  
17 is used to keep residents in nursing homes.

18 And geriatrics is one place that - the hospital has  
19 set up a building with new remodeling. It would be perfectly  
20 suitable for this kind of thing; and I think this is one  
21 aspect of future use that the state should very definitely  
22 consider before they start building more buildings and  
23 everything like that.

24 \* \* \* \*

25

1 UNIDENTIFIED SPEAKER: For those Of US Who  
2 aren't familiar with the state hospital, I would like to know  
3 how many residents we have and what the degree of disabilities  
4 of the residents are. I would like to know how many residents  
5 are at the state hospital and what the gamut of disabilities  
6 is.

7 \* \* \* \*

8  
9 UNIDENTIFIED SPEAKER: I understand the  
10 question. The number is 479 today, and virtually the total  
11 number are in the severe and profound level. There are some  
12 who are above that, and they possess some maladaptive  
13 behaviors and as yet are not acceptable in the community.

14 \* \* \* \*

15  
16 UNIDENTIFIED SPEAKER: I have one more  
17 thing I would like to ask the Planning Agency. If—and I  
18 sincerely hope that that's an awful big "if"— if they do  
19 close the state hospitals, will the Planning Agency or  
20 commission or whatever it is, are they going to be willing to  
21 buy our homes so that we can find work elsewhere?

22 \* \* \* \*

23  
24 UNIDENTIFIED SPEAKER: In response to that,  
25 I represent the Minnesota Board of Realtors, Century 21

1 Realty. I don't know how many people out of eight hundred  
2 forty or fifty people living in the Cambridge area, Isanti or  
3 Mora area, but if we took, suppose, 100 homes that have come  
4 on the market, we would deluge the market.

5 Not only would they lose their jobs, but they would  
6 lose equity that they have in their present homes. So you  
7 don't want to get in a situation like in Duluth or Hibbing  
8 where there is one employer that employs the majority of  
9 people. It has disastrous effects on the equity that the  
10 sellers have in their homes.

11 Not only do the employees get hurt, but if there is a  
12 John Doe that's retiring and moving to Arizona, he will get  
13 adversely affected too by deluging the market.

14 \* \* \* \*

15  
16 UNIDENTIFIED SPEAKER: My biggest concern,  
17 I am a single parent, and I need a job to pay at least as well  
18 as the state hospital, and I wouldn't mind working in a group  
19 home with residents in a group home, provided I can have a  
20 full-time job with equal pay and benefits there.

21 You know, that's my main concern, and I know that a lot  
22 of group homes hire part-time help. They don't have the pay,  
23 they don't have the benefits. I would like to enjoy working  
24 with the residents, and I don't necessarily have to be at the  
25 State level, but I really need the money that they pay.

1 MRS. MARIE WELCH: I'm Marie Welch, and  
2 there has been a lot of talk about a community-based facility,  
3 and the point I would like to make is the Cambridge State  
4 Hospital is a community-based facility because we've made it  
5 part of us.

6 We have been a partner in the State of Minnesota for  
7 quite a few years. We took the hospital onto us. It's been  
8 part of our community, part of our schools, our people work  
9 there. It's been a partnership. And now the State of Minnesota  
10 is talking about abandoning us.

11 They abandoned, certainly abandoned Rochester, and I  
12 believe the State of Minnesota has a responsibility to us  
13 because if they needed us with 6,000 residents in the state  
14 hospitals, we were there for them. Now we need them, and we  
15 expect them to be there for us.

16 \* \* \* \*

17  
18 MR. WARREN BOCK: I'm Warren Bock, and I'd  
19 like to respond to a gentleman's question regarding the  
20 numbers. There has been a lot of confusion about that.

21 The reduction of the state hospitals, at least in terms  
22 of the mentally retarded, started about 1960 when we had over  
23 4,000 people. Today, system-wide, there are approximately  
24 2,250 mentally retarded people in the hospitals.

25 We are required, and we have agreed to, under the Welch

1 versus, the consent decree, to reduce that number to no more  
2 than 1,850 by July 1, 1987. Beyond that number, we have  
3 projected, under Title 19, that an additional 135 could be  
4 placed, but that is only a projection. So I hope that answers  
5 your question.

6 While I have the mike, in addition, the woman that  
7 asked about children being placed in nursing homes, I am not  
8 aware of this. That is not a policy of the State. If that is  
9 occurring, I would like to know about that. It's not the State  
10 that places people, you have to remember. It's the counties.

11 But we have no policy that supports or encourages or  
12 even endorses that.

13 \* \* \* \*

14  
15 MS. MAURINE MORT: I'm Caprine Hort. I'm a  
16 social services supervisor for Isanti County, and I would like  
17 to - Warren had just mentioned that there are plans for  
18 reduction of the population of the state hospitals.

19 I would like to recognize that not all state hospital  
20 residents are appropriate for community placement, and I think  
21 that's being said in that statement.

22 With that in mind, I would like to make some comments on  
23 what druthers might be, then.

24 One would be to keep all state hospitals open, perhaps  
25 on a smaller scale. Second would be to open an all-state

1 hospital to serve the various disability groups.  
2

3 We currently have our services from Isanti County for  
4 the mentally retarded at Cambridge. The other disability  
5 groups have to go to Moose Lake, which is a 75-mile trip one  
6 way, and there is a lot of families that aren't able to get  
7 involved in the hospital process.

8 Third would be to open up cooperative service delivery  
9 between county and state hospitals to help the displaced  
10 employees remain in their home community. We recognize that  
11 the counties - we're serving retarded persons in the  
12 community, and there is a lot of expertise in the employees at  
13 the state hospital.

14 If there were programs available, they could provide  
15 consultation, specific specialized services that aren't  
16 available in some of the rural communities, direct care, and  
17 that way, through contracting between the counties and the  
18 state hospital, or perhaps some way of arranging part-time  
19 positions so that someone could find a part-time position at  
20 the state hospital and also a part-time in the community  
21 providing services to other people in the community.

22 I think this might be an opportunity for creativity and  
23 an opportunity to use the expertise of the state hospital  
24 employees that are being displaced by keeping them earning a  
25 living and contributing in our own community and not having  
them go out of the community.

1           The other issue that I want to address was the issue of  
2 severely handicapped infants who several years ago would  
3 probably not have lived and they are currently being saved  
4 through some of the new medical procedures.

5           Warren mentioned that there was no procedure or policy  
6 at the State level to place children in nursing homes, and  
7 yet, when we have a child like that and the hospital is saying  
8 they're ready to be discharged and the information we get from  
9 DPW and DHS is they need skilled nursing care.

10           So I guess I would like to add that the State needs to  
11 address that issue, and the skilled nursing care should be  
12 established at the state hospitals so it is available and  
13 children do not have to go into nursing homes.

14           That's the information we're being given now. So it  
15 isn't the county that makes that decision. It's based on the  
16 level of care that's needed, and they're saying skilled  
17 nursing care.

18           Thank you.

19   \* \* \* \*

20  
21   UNIDENTIFIED SPEAKER: I'm a social worker  
22 at Anoka State Hospital. I would like to speak to the  
23 placement issue.

24           I've worked at Anoka for almost three years, and I  
25 continue to be appalled at the lack of community resources, as

1 well as concern about their, the placement facilities'  
2 commitment to take people back after they've been  
3 hospitalized.

4 I think that Anoka has always been a home for a lot of  
5 people because we can't turn people away, but once they have  
6 been treated by us, the facilities are not taking them back.  
7 Consequently, the mentally ill are pushed from pillar to post.

8 \* \* \* \*

9  
10 MR. FRANK PRZYBILLA: I'm Frank Przybilla,  
11 publisher of the Cambridge Star and the Braham Journal.

12 There has been lots and lots of good information  
13 brought out and shared tonight, but I think, I personally  
14 think we missed a couple of things.

15 No. 1, Miriam is not here to say we're going to have a  
16 hospital or not have a hospital. I think every employee out  
17 here is dedicated and worried about the care of the patient  
18 and worried about their livelihood. They should be.

19 I see shoe salesmen, I see mercantile, I see grocers.  
20 Where will your livelihood come from if it closes?

21 The effective thing is to write your elected people;  
22 contact your city council, your commissioners, your state  
23 representatives, your senators. Let them know.

24 But if the decision is to close the hospital, we have  
25 time now, we have brain power to match any community anywhere

1 |  
2 | in the state. Let's look for alternatives. We don't have to  
3 | die. We don't have to bare our houses. We don't have to say  
4 | the world is ending.

5 |         We've got the intelligence to come up with something  
6 | else. That's why I think we better start looking at it right  
7 | now. Let's fight to save it, but let's not panic. There has  
8 | got to be other things we can do if we do lose the hospital to  
9 | keep all our people in the community, keep them working, keep  
10 | our community progressing.

11 |         If we let this kill our community, it's going to die  
12 | anyhow, even if the hospital stays. So let's fight for it.  
13 | Let's let our elected officials know where we're coming from,  
14 | but let's look at Plan A, Plan B, Plan C if this is the case.  
15 | We can do it if we really want to.

16 |                                 \* \* \* \*

17 |                                 UNIDENTIFIED SPEAKER: I have a question.  
18 | Is the Planning Commission or agency or whatever it is that  
19 | will make the decision either to close, suggestion to be  
20 | closed or keep it open, are they going to follow some  
21 | scientific way of valuing things or factual way so we know the  
22 | right needs that have to be addressed, the needs of the people  
23 | that we're working with, these residents, the needs of the  
24 | people who are working there, the needs of the community, or  
25 | is the decision going to be ultimately a political one?



1 to get in trouble—the state hospital in Cloquet is the oldest  
2 facility, the least energy efficient facility. It is the  
3 facility that would make less sense of any of the others to  
4 put money into in terms of energy efficiency or the rest of  
5 it.

6           The state hospital at Marshall is in a community that  
7 has no other economic resources except the state hospital. The  
8 closure of the state hospital would mean essentially the end  
9 of the town economically.

10           The state hospital at Mankato is a facility that could,  
11 because of its age and its condition and the other types of  
12 facilities in the community available for taking care of  
13 mentally retarded, chemically dependent or mentally ill  
14 individuals in the community, could be expanded to receive  
15 patients from South Central Minnesota or some such thing as  
16 that.

17           We kind of throw the whole thing up in the air and it's  
18 going to come down one way or the other. I can guarantee that  
19 the legislature is not going to take a 100-year-old facility,  
20 of which there are a number in this state, and put a ton of  
21 money into it to rehabilitate it and to fix it up so it can do  
22 what state hospitals always have.

23           There isn't anyone in this auditorium, I think, who  
24 could or would subscribe to the idea that we ought to put a  
25 ton of money into an old, leaky, run-down facility that isn't

1 appropriate anymore.

2 I guess some of the other options that people suggest,  
3 yes, would probably really be well considered. A hospital  
4 that's got, where the population is declining to such a point  
5 that it's maybe got no more than 100 or 150 people residing  
6 there, may well have most of the campus closed down, and  
7 retain a core residency, and kind of leave it at that.

8 Most of us remember a few years ago we bull-dozed a  
9 couple facilities in Cambridge because of declining  
10 population. I would guess that the oldest and the most  
11 decrepit facility is simply easier to bull-doze rather than  
12 fix them up or be used for some other kind of facility or some  
13 other kind of project.

14 That's a long way around of saying I think that a  
15 variety of things are going to happen.

16 The point I made last week when I spoke to the  
17 interagency board that's going to head up dealing with what's  
18 going to happen to buildings and so forth, is essentially  
19 this: In the past the legislatures have closed about three  
20 hospitals, one before I got there and two since I got there.

21 The Owatonna facility was closed because it was, at  
22 that time it really wasn't in excess of 100 years old. It  
23 really outlived its usefulness. Most folks agreed that it was  
24 pretty and it was nice but it was not worth fixing. Other  
25 things were done.



1  
2 legislation that enabled the Planning Commission to look into  
3 community impact and the impact on the residents, how things  
4 are going to come down and to put a little planning behind  
5 what's happening here.

6 I guess I viewed, though, the Title 19 waiver as just a  
7 simple shutdown, and I view that as continued. It's continuing  
8 right now, and I guess I'm a bit confused as to whether the  
9 Department of Human Resources, DPW as we formerly knew it, is  
10 going off on their own right now or if they're going to give  
11 any credibility to the recommendations of the Planning  
12 Commission.

13 And if I could, I know that the assistant commissioner  
14 is here, address that to her, please.

15 MS. MARGARET SANDBERG: I'm Margaret  
16 Sandberg. I work at the Human Services Department. We're in  
17 a position here tonight of talking about two pieces of  
18 legislation, policies and programs passed by the State  
19 Legislature that the State agencies are in the process of  
20 implementing.

21 We passed Chapter 312, or the waiver of services  
22 legislation, a year and a half ago now and have been in the  
23 process of implementing that since that time. It's not a  
24 departmental policy. It's a state policy.

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UNIDENTIFIED SPEAKER: I would like to commend the Planning Commission for conducting this town meeting because I think it's an excellent idea and a better way to go about doing something, getting some ideas as to what should be done rather than what might have happened in the past, like Rochester.

My other concern is if indeed the decision is to close it, is it going to be political efficiency or is it going to be political convenience? I'm just concerned it might be the latter.

\* \* \* \*

UNIDENTIFIED LEGISLATOR; I didn't really intend to speak tonight because this was intended to be for input for the community and we in the legislature don't have an awful lot of opportunity to speak, but I do want to tell you:

There has been some questions about whether it's a political decision or a scientific decision, and I think the whole reason for this meeting and for the other meetings in this series of meetings is to try to get a better handle and better understanding of just what a decision, one way or the other, will likely mean.

If we just assume that everybody wanted, everybody in the whole state agreed that we should close the state hospital

1 and everybody agreed on which ones it was, it's still an awful  
2 lot that goes into doing something like that, and I doubt there  
3 is anyone in the state that could tell us all those things  
4 right now.

5 I know it's been said before tonight, but I want to  
6 stress again there is no plan in the legislature, I can say  
7 with almost 100 percent certainty—I know it's in the minds of  
8 all members of the legislature — but there has certainly been no  
9 expressed plan on the part of anyone to close down a state  
10 hospital.

11 I can tell you there is genuine effort to find out more  
12 about the whole situation, and we really do want to find out  
13 what the impact will be.

14 The Rochester State Hospital thing occurred, as John  
15 said, late in the session. It was a rush thing because  
16 everybody said we have to do something. Well, we did  
17 something, and there are some consequences from what was done  
18 that weren't anticipated just because of the haste.

19 If there is going to be another decision like that down  
20 the road, we don't want it to be a decision made in haste.

21 Now, John is absolutely correct. We're politicians, and  
22 that's what you people elected us to be. And if it's Cambridge-  
23 State Hospital somewhere down the line, somebody wants to close  
24 Cambridge State Hospital, I can guarantee everybody in this  
25 room or just about everybody in this room will ask me to

1 be very political in stopping it.

2           And I just want to say it because there are a lot of  
3 people in this area who think different than people in East  
4 Central Minnesota. That's when politics occur; when people  
5 don't agree what their self-interest is. So we can't treat  
6 politics as something that doesn't exist.

7           But I agree with the gist of your comment that this  
8 should be something that we sit down and figure out just what  
9 these decisions actually mean, what they mean in terms of  
10 dollars and cents, what they mean in quality of care for  
11 patients, what they mean in terms of human things that go on  
12 in the community.

13           That's what we're really trying to do here tonight, and  
14 hopefully we'll be able to avoid the kinds of problems that  
15 we've run across in the past.

16                           \* \* \* \*

17  
18                           UNIDENTIFIED SPEAKER: I have a resident  
19 group home in town here. For the record, I'm as concerned as  
20 the rest of you. My husband is a teacher; my children go to  
21 school in this district. This is my home. It's not just I have  
22 a group home.

23           I think my heart is in getting the residents into  
24 smaller facilities. But realistically, I believe that there  
25 might be a case for the state hospital.

1           My question, though, right now for the legislators are  
2 the two bits of legislation that they're talking about, one  
3 decreasing by the Welsh vs. Levine decree and the other one  
4 the complicated Rule 54 or three or whatever it is, putting a  
5 cap on beds in group homes.

6           What exactly are we going to do in order to beef up the  
7 group homes to take care of these residents coming out of the  
8 state hospital? I understand that the waiver is supposed to  
9 take care of this sort of thing. As I understand it, nobody  
10 understands exactly what these services are and who is  
11 available for them.

12           We understand now that only state hospital residents  
13 can use waiver services. People that are in group-homes  
14 already cannot be eligible for these waivers of services, but  
15 that is just something that I've heard. I don't know.

16           I would like somebody to tell me what exactly they're  
17 going to do about the caps on the beds that DPW is  
18 promulgating and in relation to what they're doing with the  
19 state hospitals.

20           I mean there has got to be a solution here. One is  
21 saying we don't have beds for these people. We're not going to  
22 encourage providers to provide these services in the  
23 community. And at the same time, this other group of  
24 legislators are saying you're going to do it no matter what.  
25 We're going to decrease the population no matter what.

1  
2 MR. WARREN POCK: This is going to be a  
3 long answer. We have, on the ICFMR, beds in the state to  
4 include not only group homes but state hospitals. According to  
5 federal definition, ICFMR is any group home certified as such  
6 in addition to the 2,200 beds in the state hospital.

7 The legislature put the cap on 7,500 because in its  
8 judgment it felt that that was enough for a population of this  
9 size. We currently have more people in long-term care per  
10 capita than any other state in the nation, and that was one of  
11 the reasons for the cap. Another reason was to help to  
12 implement the waiver.

13 Now we are talking about decreasing or closing a  
14 certain number of state hospital beds, as we have been doing  
15 under the consent decree. We are also talking about converting  
16 a number of existing community beds into waived services.

17 In fact, overall the number of community beds that will  
18 be converted will equal the number of state hospital beds that  
19 will be closed, and that's how we would get under the cap.

20 The new construction which we do anticipate will be  
21 primary class facilities that will serve the non-ambulatory  
22 and physically handicapped, which is primarily population that  
23 resides in the state hospital. However, several of these  
24 people can also be served under the waiver.

25 (Discussion had out of the hearing of

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the reporter.)

She asked me if I said that the nonambulatory would be the first to leave the state hospital. No, that's not true. Actually we cannot (inaudible), under the consent decree, any population to go or to stay in the state hospital. We can't make that discrimination.

What I'm saying is that any new construction of beds in the community will be Class B beds because we already have enough Class A, and Class 3 beds are for the physically handicapped.

(Discussion had out of the hearing of the reporter.)

The question was: Does that mean there will be larger facilities in the community?

In the past, technically Class 3 facilities were larger. We have been looking at other facilities, and we have found that small six- and eight-bed Class B facilities are very cost efficient.

So, no, I do not anticipate any large Class 3 facilities.

\* \* \* \*

MR. BILL SAWYER: Bill Sawyer. I guess that in the event that the state hospital does close, I would like to know what the State feels its moral responsibility to not

1 | only employees but to the community and to the surrounding  
2 | area is.

3 |         In the sense of being the largest employer, the State  
4 | has taken on the role of Godfather, and as such, a grave  
5 | responsibility to the wide community. I do not think it can  
6 | come into a community or an area for 10 years, 20 years or 15  
7 | and operate like a corporation in that it uses and abuses and  
8 | then suddenly walks away. There has got to be some moral  
9 | responsibility to fill the void.

10 |         If you have a beautiful shade tree in your yard that  
11 | gets, and it's an elm tree and it gets Dutch elm disease, you  
12 | cut it down. but the most wise person would probably replace  
13 | it with a different tree.

14 |         So if the State does close the hospital, I suggest it  
15 | have a plan to offer this community and to its employees  
16 | something other than treating it as a bastard child.

17 |                     \* \* \* \*

18 |  
19 |                     UNIDENTIFIED SPEAKER: I hate to do this  
20 | again, but I don't feel my question was answered. This  
21 | community and our employees have been in a state of confusion  
22 | for a long time. We're not unaware that the Department of  
23 | Public Welfare, DHS, can close Cambridge State Hospital at any  
24 | time without legislative action. They can just simply transfer  
25 | us out because they 're all going to be parted. We're not that

1 naive.

2           What I was asking the assistant commissioner is if  
3 their policy that they have made is still in action, are they  
4 still continuing on with that or are they waiting for the  
5 Planning Agency's recommendations? Could I get a clarification  
6 on that?

7  
8                           MS. MARGARET SANDBERG: We are proceeding  
9 to implement policy that the State Legislature passed with  
10 endorsement of Chapter 312. Waiver of service implementation  
11 is continuing.

12           Meanwhile, we are working very closely with the State  
13 Planning Agency and other agencies, looking forward to the  
14 information that's going to come as a result of this very in-  
15 depth study.

16           It's unique. We've never taken this comprehensive *an*  
17 approach before, and I think that it is very clear from  
18 Representative Clawson earlier that the Department of Human  
19 Services is not in the business--and I don't believe it ever  
20 has been--of closing state hospitals. That is a policy  
21 decision for the State Legislature, and we're all working very  
22 hard, and we're listening tonight to understand the issue.

23                           \* \* \* \*

24  
25                           UNIDENTIFIED SPEAKER: I would like to make

1 a suggestion to the State Planning committee. Could you also  
2 include in your study this New York and California, especially  
3 California, deinstitutionalization program and then collect  
4 some of the data?

5 They reopened some of their institutions out there  
6 because the programs didn't seem to work, and New York is  
7 coming out with statistics that close to 50 percent of the  
8 street people population is made up of deinstitutionalized  
9 people. And I would like that to be a part of your study.

10 \* \* \* \*

11  
12 UNIDENTIFIED SPEAKER: This is a possible  
13 suggestion for an alternative use of some of the buildings  
14 here at Cambridge.

15 There are many physically handicapped. They are not  
16 mentally handicapped in any way. But they need some type of  
17 facility where they can use adaptive equipment.

18 Something that is a little similar to Courage Center  
19 where the kitchen facilities are built in such a way that  
20 someone in a wheelchair can do their own particular house care  
21 and their own cooking and be able to use some of the adaptive  
22 equipment.

23 If they are handicapped and have the use of one hand,  
24 they have how to use a board for sliding the cake pans into  
25 the oven, taking them out, using special handles to get the

1 cans out, having ranges set down at their level.

2           Possibly maybe some of the businesses could possibly  
3 come up with something in the way of vacuum cleaners set down  
4 a little lower so that they could get around and vacuum on  
5 their own.

6           It shouldn't be just Cambridge State Hospital we're  
7 looking at, I think a lot of the businesses in this area could  
8 get together and come up with some ideas for adaptive  
9 procedures so that the handicapped, physically handicapped,  
10 can be able to lead a more normal life in their own home.

11           Thank you.

12                           \* \* \* \*

13  
14                           UNIDENTIFIED SPEAKER: I worked with  
15 retarded people for seven years in the Twin Cities in a day  
16 activity center before I came up to Cambridge and worked three  
17 years at the state hospital, and I notice like in the process  
18 of deinstitutionalization that there is a lot of people that  
19 don't work out, and some of the people that I used to work with  
20 in the Cities I see walking around on campus at Cambridge  
21 State Hospital.

22           So like when Mr. Bock talks about the number of people  
23 that are going to be deinstitutionalized or the number of  
24 people that have been deinstitutionalized by the State, I  
25 think the Planning Commission and the legislature should take

1 into consideration that there are a lot of people that just  
2 don't work out under deinstitutionalization, and when those  
3 people don't work out, there has got to be a place for them to  
4 go. You've got to have someplace for the people that don't  
5 work out.

6 \* \* \* \*

7  
8 UNIDENTIFIED SPEAKER: Just a question. If  
9 the State of Minnesota opened up from six- to eight-bed group  
10 homes, State-run, utilizing State employees, this type of  
11 thing, could they utilize also the waived money or could  
12 they utilize the money from the Title 19?

13  
14 MR. WARREN BOCK: If the State of Minnesota  
15 was to open up from six- to eight-bed State-run group homes  
16 utilizing the State employees, would you also be able to use  
17 waived money? No.

18 Why? Because the State is an ICFMR provider, and the  
19 employees in an ICFMR community cannot operate a waived  
20 service as a portion of that facility. The Waiver is an  
21 alternative to long-term care, according to federal  
22 regulations.

23 So you either are going to be a provider of waived  
24 services or a provider of alternative care services.

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UNIDENTIFIED SPEAKER: I have a question that I would like answered. Something is going on around in my head. If the State is willing to spend money to open up homes, six or eight beds, to accommodate 300 people, it would take approximately how many homes? What would that cost to buy those homes, staff those homes?

Could that money not be note readily utilized in upgrading what we already have and keep that open and keep it going? Or instead of X-number of dollars, why don't we spend it where we are?

MR. WARREN BOCK: First of all, it will not cost any more money to do that as an alternative for what we're currently doing. Secondly, that's really not a question yet to be answered.

It is a policy. We agreed to it in 1980 under the consent decree and the legislature ratified that agreement and ratified the waiver by passage of the 312.

\* \* \* \*

UNIDENTIFIED SPEAKER: I think it boils down to the fact that the State is back behind the eight-ball in the Welsh case, and the only way for them to get out from

1 behind there instead of going back into court is to close down  
2 our hospitals and get away from it.

3 I think, to get back to the point, that it's dollars  
4 and cents that the legislators are looking at, and with the  
5 hospital being run with the requirements that are required now  
6 and the cost per capita is too much, and that's why they're  
7 going to close them regardless of what we're going to do in  
8 the end and get them into smaller places, hide the taxes in  
9 the counties where it won't show up in the State revenue.

10 I think this is all wrong because I have seen residents  
11 that have gone into the community, done everything possible  
12 they could so they could get back by misbehaving, doing all  
13 the things that they've been untaught to be able to return.  
14 This is their hone. That's the way they want it to be.

15 And the point that I'm trying to get at is that the  
16 dollars and cents they're going to take and give the group  
17 homes, pay minimum wages, on-call people to work with these  
18 residents, unqualified people to work with these residents,  
19 and they won't have the sane qualifications, the same criteria  
20 that the State does now.

21 \* \* \* \*

22  
23 UNIDENTIFIED SPEAKER: I think it's US  
24 against them. It's the State hospital against the group home  
25 system. And I think that's the question here. But to dispel

1 | the myth, we've had the sane guidelines as you guys at the  
2 | state hospital, same system as yours. Everything you have to  
3 | do, I have to do in my home.

4 |         So as far as staff not being trained the same as you  
5 | guys, that's not true. We have to establish our own in-  
6 | services monthly. My staff goes down to the Cities for in-  
7 | servicing. We have to have many in-servicing.

8 |         We have to have licensed nurses on duty, things like  
9 | that. We are under the same guidelines as you. The people that  
10 | survey your books turn right around and survey my books,  
11 | probably in the same day. So as far as quality of services, it  
12 | can be both ways. It doesn't have to be one or the other.

13 |  
14 |                     UNIDENTIFIED SPEAKER: Just one question.  
15 | What do you pay your help?

16 |  
17 |                     UNIDENTIFIED SPEAKER: Right about minimum  
18 | wage. Starting five dollars an hour. Starting pay is five  
19 | dollars an hour for part-time, and I think most of my people  
20 | have been with me a lot longer than that to make more than  
21 | that.

22 |                     \* \* \* \*

23 |  
24 |                     UNIDENTIFIED SPEAKER: I'm not sure which  
25 | program it was on the TV this past week, whether it was 20/2G

1 or 60 Minutes did a survey in one of our nation's big cities.  
2 They walked a four-block-square radius. Out of that radius,  
3 there was 700 people sleeping in hallways and in doorways.  
4 Out of those people, the majority were retarded from state  
5 institutions that had been closed.

6 \* \* \* +

7  
8 (Whereupon this Town Meeting was adjourned  
9 at 9:10 o'clock p.m.)  
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