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PUBLIC HEARING  
FARIBAULT STATE HOSPITAL  
AUGUST 29, 1984

The following public comments were heard  
at the Faribault Junior High School, Faribault,  
Minnesota, on Wednesday, the 29th day of August,  
1984, the hearing commencing at 7:00 p.m.

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Wednesday Evening,  
August 29, 1984,  
7:00 p.m.

SPEAKER 1: Thank you, Miriam, and welcome, all of you, tonight. I'm really pleased to see all of you here.

The Faribault area Chamber of Commerce believes they will sustain a 58 million dollar loss if the Faribault Hospital is reduced by one-third. This is based on the 25 million dollar payroll multiplied by seven, which is the national estimate of the turnover of dollars, providing a 175 million dollar total. As such, a 33 percent staff reduction would cause a 58 million dollar loss to our economy for the next three years.

Our potential problem is compounded by the fact that the Faribault economy already has suffered losses from declining agricultural economy prices, reduced number of small family farms and the loss of agricultural related businesses. A major loss also occurred with the closing of the United Truck and Casket Company, resulting in about 70 jobs lost,

A list of our concerns are as follows: We feel there is a need for the licensing of employees

1 who work at the private group homes, this to insure  
2 the quality of care. Efficient use of existing state  
3 hospital buildings that were recently remodeled to  
4 accommodate four to fifteen persons per household. A  
5 combined total of hundreds of years of experience we  
6 don't feel should be dispersed into other occupations  
7 requiring training.

8 Part of the campus could be adapted to a VA  
9 Hospital. We feel that the two populations are  
10 compatible and could share many programs. A minimum  
11 of extra staff skills would be required to accomplish  
12 this.

13 Stress is another severe factor for residents  
14 forced to locate in a community void of a mentally  
15 retarded population. We are proud of Faribault,  
16 which, for over 80 years, has accepted this very  
17 special population and, in many cases, has provided  
18 employment for them.

19 Existing legislation does not provide for  
20 special care for families electing to keep retarded  
21 people at home. The cost of additional base work  
22 needed to monitor the quality of care, we do not feel  
23 is cost effective.

24 The present worker caseload is 150 clients. The  
25 waiver mandates a maximum of 257 clients. The

1 additional staff required to monitor group home  
2 residents will be taken from the \$52 daily allotment  
3 per retarded on the waiver services, leaving very  
4 little monies available for providing program and other  
5 needs.

6 Families of mentally retarded individuals should  
7 have an input regarding the placement of their family  
8 members, whether in public or private institutions.  
9 Some patients and guardians prefer the state campus  
10 with 124 buildings, no locked buildings, to a six to  
11 eight bed private home with very little space. A choice  
12 as to institutionalization has been removed.

13 Thank you so much for coming to all of you.

14 SPEAKER 2: I represent the City of  
15 Faribault as a council member, and I also work  
16 at the Faribault State Hospital in a direct  
17 chair capacity.

18 I thank the State Legislature and State Agency  
19 for developing the inter agency board. I hope the  
20 board will get all the information needed into what  
21 some feel is a preconceived plan.

22 The Faribault City Council has gone on record  
23 supporting an inter agency, interdepartmental approach  
24 to public policy. One of my major concerns  
25

1 is the way the legislature and the state agencies  
2 go about the business of making decisions,

3 We have seen tonight a public view. I'd like to  
4 reinforce some of that. The effect the state school  
5 has on the family and the region, the economic impact  
6 should be studied by all.

7 Being a member of the City Council, I respect  
8 the political process that public policy is formed  
9 in. When an issue directly affects certain citizens,  
10 notice is sent direct to them that they may take part  
11 in that policy. Yet while we have this Town Meeting  
12 with its general legislation, the disclosure of  
13 other public needs, those directly involved,  
14 residents and families, are not directly invited.  
15 Certain questions must be asked and evaluated before  
16 a decision is made.

17 The City of Faribault therefore recommends that  
18 the political process be expanded to provide an  
19 opportunity for everyone to be heard prior to the  
20 decision being made. We must respect their ideas.

21 It is our hope that the inter agency board and  
22 the public hearing process will insure equal rights  
23 to all. It is my hope and prayer that no one be left  
24 out or ignored.

25 You and I choose to live where we do, and not

1 all of us choose to live in a single family, so there  
2 is also a place for institutions, group homes and the  
3 rest, a place where those that live their lives not  
4 as you and I may not be left out, not have to be  
5 stared at, not have to have fingers pointed at them  
6 or whatever, but allowed to live in their normal  
7 world where they can be comfortable, loved, cared  
8 for, given the freedoms that are recognized for their  
9 own family and friends.

10 Thank you.

11 SPEAKER 3: I appreciate the opportunity  
12 that has been offered us to give constructive input  
13 to the board. The City passed a resolution which we  
14 hope does offer some of this constructive input. My  
15 comments will deal with one aspect of the resolution  
16 we passed.

17 The State and Federal Governments have provided  
18 a number of economic development incentive programs  
19 for use by local jurisdictions. Discretionary grants  
20 are available to local jurisdictions in the areas of  
21 housing, job creation, job retention, public facility  
22 renovation, tax exempt financing and so on.

23 The key issue is the City of Faribault believes  
24 that it is essential that the inter agency board  
25 recognize the tremendous economic impact of the state

1 owned residential school facilities. If a policy  
2 determination is made that sufficiently detracts from  
3 existing economic contributions of a state owned  
4 facility, then considerations must be given to those  
5 areas in order to stabilize the economies of those  
6 regions.

7 The City of Faribault does not suggest the creation  
8 of new programs or, necessarily, increased financial  
9 commitments to existing programs. We do propose and  
10 support, however, a legislatively mandated priority  
11 status for utilization by impacted communities of  
12 existing programs.

13 Although many of the discretionary programs  
14 currently involve some economic distress criteria, we  
15 believe that a special effort must be made to  
16 recognize a mutual responsibility for the economic  
17 impact of public policy decisions that affect state  
18 owned residential facilities.

19 The out-state cities that residential schools are  
20 located in have fewer economic developmental  
21 alternatives available than the more mobile  
22 metropolitan work force. It is our hope that the inter  
23 agency board will consider specific recommendations  
24 regarding the use of incentives to mitigate any adverse  
25 economic impact.

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Thank you.

SPEAKER 4: Thank you very much for the opportunity to speak tonight. I represent the City of Faribault as a member of the City Council. The inter agency board has heard a number of remarks regarding our concern over changes in public policy affecting the state residential institutions. I appreciate that many of our concerns were addressed by previous speakers tonight. It relieves some of the fears that I had previously about the trends that were appearing.

The City Council believes that in addition to a thorough examination of current policy questions, we should also be looking at alternatives to our present use of state facilities and the state's work force. A discussion of alternative uses is not necessarily an endorsement of a change in current public policy, but rather, it makes good sense to begin to explore alternatives.

The Inter agency board is in the process of making a good first step at the multi department review of the State's resources. We believe that this process should continue and result in a legislative policy that requires an examination of existing facilities prior to the construction of any

1 new state facility.

2 The feasibility of remodeling existing facilities  
3 for alternative uses should be a clear legislative  
4 policy to the various departments and divisions of the  
5 State of Minnesota.

6 Several alternative uses immediately come to mind.  
7 One would be to re-examine the current policy that  
8 prevents the use of state hospital services for out-  
9 patient uses. An example is that the state hospital  
10 facilities could provide respite care, medical care and  
11 dental care and other related therapies and uses for  
12 residents of group homes and those in need of such care  
13 who choose to stay in their family homes.

14 We believe that the state hospitals can provide  
15 this support to those other residential alternatives,

16 Another very important example would be the use  
17 of existing facilities and the existing work force to  
18 train what we believe should be certified licensed  
19 health care personnel. Many who serve the public,  
20 teachers, police, nurses, are required to have certain  
21 training and certain license requirements. Those in  
22 direct care of the mentally retarded could also be  
23 licensed, and we believe that those currently employed  
24 in such service would be ideal teachers and  
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trainers of those new care providers.

The State of Minnesota's investment in the Faribault State Hospital and its employees should not be ignored by state agencies not familiar with it. If independent state agency planning indicates a need for residential care and medical support, then agencies such as the Veterans Affairs ought to examine the feasibility of converging of existing resources.

In view of the often extended multi-year planning efforts that are involved in the planning for facilities, it's neither too early nor too late for an inter agency capital plan to examine alternative uses to our existing facilities. The City of Faribault does not object to any continuous process that results in improvements to our state hospital system. We simply request that the promises be public, that it provide incentives to deal with the changes and the effects on our community and that it examine alternatives for our physical facilities and for our trained and qualified work force.

I too will be here if you have any questions following the meeting, and thank you for the opportunity to speak.



1           formerly worked with the mentally ill at the Rochester  
2           State Hospital.

3           Since the closure of Rochester and Hastings  
4           Hospitals, our region has had no hospital for  
5           mentally retarded persons, and the board would like  
6           to see continued responsibility by the government  
7           for service to retarded persons.

8           There is a concern on the part of the board  
9           about the increased responsibilities for the Rice  
10          County Social Services Department should there be a  
11          large influx of services from the State Hospital.

12          SPEAKER 6: The Faribault Industrial  
13          Corporation was formed in 1945, and it's engaged in  
14          the business of economic development. We are  
15          concerned about the potential loss of jobs in  
16          Faribault, but we have an equal concern about how  
17          tax money is used in the care of the handicapped  
18          individual.

19          Transcending these matters is a primary issue, the  
20          physical, emotional and spiritual impact of change on  
21          the mentally handicapped person. Specialized care  
22          under the present system tends to attract idealistic  
23          persons highly motivated and specialists who are  
24          skilled in their discipline.

25          Diluting the efforts of these people by scattering

1 their patients can only have the effect of degrading  
2 the level of care. There is an unwritten law that  
3 states if it ain't broke, don't fix it. The present  
4 system has worked, and the State Hospital staff and  
5 their predecessors have identified persons able to  
6 function outside a hospital setting.

7 Group homes, from our perspective, will neither  
8 improve conditions for the type of patient remaining  
9 in the State Hospital nor, over the long haul, do it  
10 for less money from taxpayers. Any change in human  
11 services needs to be approached cautiously. Change  
12 should be instituted when and only when there is clear  
13 evidence that there is a better but not necessarily  
14 cheaper way of providing better care.

15 Thank you.

16 SPEAKER 7: I am a member of AFSME Local  
17 607 at the State Hospital. I have worked at the  
18 State Hospital for eleven and a half years. I am  
19 also on the Rice County ARC Board as an investigator.

20 Last December, I had the privilege to travel  
21 to Rhode Island with a group that went to see how  
22 they handled their deinstitutionalization of the  
23 mentally retarded. We had read many articles and  
24 wanted to see firsthand how they were able to  
25 succeed without the loss of jobs.

1           We were very impressed by their system of the  
2           state-owned community based homes. When residents  
3           are placed in the community homes or apartments,  
4           the staff from the hospital who had worked with  
5           them also have the opportunity to go with them and  
6           continue to work with them. A great deal of  
7           planning goes into each placement, which reduces  
8           the trauma for the residents in the move.

9           They have been successful because the  
10          administration, which would be the equivalent of  
11          our department of DPW, Human Sources, whatever you  
12          want to call it today, and the union were able to  
13          work together openly. There were no behind closed  
14          doors games being played, but, rather, the staff  
15          and the department or the administration worked  
16          together as a team to do the very best job they  
17          could to service the residents they were responsible  
18          for.

19          Their state institution is like the hub of a  
20          wheel, and the group homes or the community based  
21          homes are like the spokes coming out from the wheel.  
22          The institution is still there to provide the  
23          special services to each of the group homes. The  
24          doctors, the nurses, the other support service  
25          staff, instead of going from building to building on

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a campus or at the State Hospital, they go from home to home in a community and still provide the same services.

In January, AFSME held a seminar for our members so we could tell them our findings of the trip. The membership at the seminar felt that AFSME in Minnesota is to look at alternative ways of providing services for our residents when appropriate, as long as those alternatives provide quality care and utilize the best resource available, the trained and experienced state employee.

We would like to see a pilot project right here in our community. Faribault State Hospital has a vast supply of specially trained staff, doctors, nurses, dentists, therapists, psychologists, just to name a few. These services could also be made available to the residents who are already living in community based homes or living with their families at home.

The Title 19 waivers can be very positive and beneficial if proper planning is done and important concerns are addressed, namely, the jobs and future employment of the State Hospital employees, quality care for the residents, parental input into

1 the process and community involvement.

2 Thank you.

3 SPEAKER 8: I feel that what we are saying  
4 is that the priority has to go with the needs of the  
5 residents. To express my feelings as a citizen, I  
6 want to speak to the needs of a small group of the  
7 residents of the State Hospital, and these are the  
8 people who have already been in community group  
9 homes and are now returning to the State Hospital  
10 campus.

11 I think that before we can go further with  
12 closing the State Hospitals, we should develop a  
13 pilot project maybe along the lines of the Rhode  
14 Island project or the projects in Michigan, and the  
15 people who would be chosen for the projects should  
16 be those who have already been in community based  
17 group homes and were not able to stay there because  
18 the group home did not offer the structure to manage  
19 their behavioral problems, and this could well be  
20 located in Faribault, maybe it could be located in  
21 Rochester.

22 I would like to suggest that maybe the funds  
23 that this state is now receiving from the proceeds of  
24 the state sale of the Rochester State Hospital be  
25 used in funding this project.

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Thank you.

SPEAKER 9: I'm speaking as a patient. I don't represent any other particular group than myself. Though we've shed many tears over having a child at Faribault State Hospital, we are nevertheless very grateful for the fine care and the training and all the work that has gone into helping our child. For the very fine staff members that have worked there, we're very grateful.

Now we're being prodded actually, I feel forced. I've heard from many sources that we have not -- that we will not have a choice about where we're going to move our children, that it will have to be a community based thing and we should get ready for it and we should try to decide where, now, we want to have our children placed and get on that waiting list right now.

I'm really concerned that this might be the case. I'm sure that you heard about John Jaffe's bill from Rhode Island, the Senator from Rhode Island who is trying to make this go faster, having all of the institutionalized children go out, or, residents, I should say, no matter what age they are, go out into homes, group homes in the community, and I'm just wondering, will the moving of our

1 children from the institutional group homes be  
2 in the best interests of each and every one of  
3 them?

4 I can assure the state that parents will be  
5 the first to push for a plan, any plan that they  
6 think is better than what we now have. Therefore,  
7 there are a lot of questions that need to be  
8 answered so that we can have the conviction that  
9 we are doing the right thing for our children, so  
10 that we will have peace of mind for our residents.

11 How many homes will be needed for the replacement  
12 of institutional homes? What will be the projected  
13 cost of getting these homes and renovating them to  
14 meet the state standards? How does heat, water and  
15 maintenance of so many individual homes compare to the  
16 upkeep of existing institutions? Will it be feasible  
17 for social workers and state examiners to check on  
18 these homes, the licensing, and how often should they  
19 be checked?

20 Is it possible to have the same expert teachers  
21 and trained staff at each home that were available at  
22 the institution? What about the location of hospital  
23 doctors and dentists?

24 Now, some of these things, people have made  
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comments about, but I'm just telling you that these are also concerns of a parent.

Some private homes have been shut down because they were trying to make a profit. Can this be prevented?

There are so many levels of ability, including behavioral, self-destructive and severe physical handicaps. We aren't certain that they can be better helped outside of the institution where the staff and helpers are rotated enough to give relief of these constant difficulties.

One of the very most important considerations should be to get staff input, and I guess that has been done, and I guess the state will have to take that very seriously, the people that work with your residents, then what things work the best for the residents.

I'm also concerned that they will get adequate pay, and I *am* concerned if they have to relocate, what that will do to them.

If these moves appear to be logical and try to get residents in the right place, it's nice to try to get residents at the right place at the right time the first time.

Moving will be bad for retarded and worse for

1 autistic, so whatever the realistic thing in terms  
2 of dollars and common sense, at this point, I move  
3 for a combination of the institution and the homes.

4 I don't have any figures that can give me  
5 enough of an idea, that can say, okay, this is going  
6 to be a lot cheaper and a lot better for the residents  
7 than somebody else. I don't have enough statistics  
8 to give you that, but we have, it seems to me, the  
9 buildings that are sound that are there, and those  
10 warehouses, they can make something out  
11 of.

12 It seems to me we can update what needs to be  
13 updated, and we would feel better with the  
14 institution still there. We have been very happy  
15 with it and have appreciated everything that's been  
16 done.

17 Thank you.

18 SPEAKER 10: I'm a parent of a child at  
19 Faribault. I'm also on the Advisory Board of the  
20 Faribault State School. I also testified against  
21 Mr. Jaffe's bill at Rhode Island in which he  
22 attempted to demonstrate to us that 2053 was an  
23 adequate care for the problems of the retarded  
24 person in the entire United States.

25 I'm shocked when I hear that somebody from the

1 legislative committee stands up and talks about his  
2 three basic concerns on closure. I should think those  
3 concerns should be on the possibilities of developing  
4 the state process in Minnesota to one of the finest  
5 processes of care for retarded people that's known in  
6 the United States.

7 I'm shocked that the State of Minnesota should be  
8 swept up in the hysteria of the do-gooders that say  
9 that care for retarded people can be handled in units  
10 of only 15.

11 Those who have spoke before me have identified  
12 very clearly the inadequacy of the abilities of any  
13 kind of a small institution to be able to handle the  
14 myriad of problems of retarded situations that range  
15 from the extremely profound retarded to the well-  
16 adjusted and well-adapted person classified as retarded  
17 and can live in the community.

18 I'm certainly not against the idea that there  
19 should be a division for those people that can survive  
20 in the community be given that opportunity, but I also  
21 have to speak with a great deal of enthusiasm about  
22 people that are incapable of living in the community.

23 This white brush that says that Faribault is the  
24 same kind of inadequate institution that exists across  
25

1 this United States is simply not true. As you  
2 listen to the testimony of those who talk about  
3 2053, you learn very quickly that it's based on  
4 emotion, it's not based on fact and there is really  
5 no comparison of apples to apples and oranges to  
6 oranges.

7 I urge dramatically that the State of Minnesota  
8 measure what is capable for the State of Minnesota.  
9 I urge them to bring in the kind of people that come  
10 from Texas like Dr. Charles Cleland, who has written  
11 books on the profound retarded, the necessity of  
12 expertise to care for those people.

13 I strongly urge the people who are on this  
14 committee to understand that Faribault is capable of  
15 rising to the care and needs of the severely  
16 retarded, the profound retarded in the community, as  
17 has been expressed by many people. Please don't be  
18 swept by the hysteria that people such as those who  
19 represent that all these retarded people can be  
20 moved to the community and taken care of adequately.

21 There is no data, there is no data anywhere  
22 that suggests that a unit of 15 people can be  
23 adequately cared for the entire population of the  
24 retarded person.

25 As a parent, as a member who has spent 37 years

1 in the care of retarded people, my son went to a  
2 private school in Texas. I worked with the State of  
3 Texas in the development of the process of care for  
4 retarded people. I have been an adequate parent, I  
5 think, and also a member of this Advisory Board who  
6 strongly believes that we have the capabilities, the  
7 facilities, the know-how and the courage to make  
8 Faribault one of the outstanding institutions in this  
9 United States. Why discard that?

10 Thank you.

1 SPEAKER 11: Just a few years ago,  
1 approximately 50 years ago, we had a Farmer-Labor  
12 governor who told the people that he could no longer  
13 take the children into the retarded schools, because it  
14 was too expensive. The people of Minnesota woke up;  
15 they elected Harold Stassen Governor of Minnesota.  
16

17 He went out with a committee and picked up  
18 1100 retarded children, and we had 300 children at  
19 the State School in Faribault.

20 Now, have we got money enough to take care of our  
21 retarded children or do we want to spend 67 million  
22 building a race track?

23 We continued that school at Faribault with a  
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1 very good attendance for a good many years. Now  
2 there's a number of those buildings that have been torn  
3 down. The population is decreased considerably.  
4 Maybe it's time that Mr. Stassen took those children in  
5 and helped to reduce the number of retarded children.  
6 I have no way to tell that, but it was almost 50 years  
7 ago that that took place.

8 Now, how many people in Faribault would like to  
9 see a thousand people, citizens, out of a job? There  
10 are not very many. Maybe some of the politicians might  
11 not mind it. I'm not connected with politics. I'm  
12 just a citizen. I've only been in Faribault 65 years,  
13 but I do believe that our State Institution is  
14 something that we need. We can't turn those children  
15 out on the street and say that they're going to be  
16 taken care of in groups of 15 or 16 in a home.

17 We have people who have devoted their lifetime to  
18 train and help these children to get to be  
19 accomplishing something in their life, and now, here, we  
20 are at the point of turning them out and letting them  
21 on the street.

22 I thank you for the privilege of talking.

23 I'd like to make one more remark. It's time that  
24 we change the political policies in Minnesota.

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Thank you.

SPEAKER 12: I'm sure that a great many of you people know me. You've probably heard me sing songs over the radio, and I imagine I sold shoes to over 50 percent of the women here.

I want to represent a different branch of this organization. I want to represent the foster grandparents.

I have been a foster grandparent for only about 10 or 11 months. When the head of the foster grandparent organization took me around the campus and finally ended up at Birch and showed me these poor -- this group of people in Birch and said, "Do you think that you could be a foster grandparent to any of these," I said, "I'd love to try."

I was assigned two boys, one in the morning, Terry Jablinsky. You folks know him. You folks that have been up there, he's the boy with the water head. The afternoon boy that I have is a local boy. My name is Danny Culhane, and the joy that I get, now, every morning in going up there, and when Terry hears my voice, he knows who I am. I come to him and I see that smile on his face, and, boy, it is that ever worthwhile.

In the afternoon, I get Danny. Danny is not too

1 easy to communicate with, and the only way that I  
2 communicate with him is to start singing a song or  
3 a little lullaby as I wheel him around, and  
4 finally, he will join in with me, look up with a  
5 smile and start harmonizing with me, with a discord,  
6 but with a smile on his face, and he loves to sing  
7 with me.

8 Now, those two boys, I just think the world of  
9 them, and I look forward to meeting them, but one  
10 thing I want to particular mention to you folks is  
11 the wonderful care that these residents are getting, the  
12 loving care that they're getting, I should say,

13 If you could cone up and see how loving all of  
14 these workers are to these residents, there, then you  
15 would know that our system is working right here, and in  
16 my estimation, there's nobody in our Birch Building,  
17 there, I can't see any possibility of any of them being  
18 able to be sustained in a private home,

19 I think that's all I've got to say, but I hope  
20 that we can keep it, the status quo, and if it's  
21 necessary, let's have two, those that can go to a  
22 private home and in their confined quarters and those  
23 that can't that need the care and the loving  
24  
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1 care that they're petting, let their be out there and  
2 get that care.

3 Thank you.

4 SPEAKER 13: I'm not a public speaker, and  
5 I've never tried this before. I'm an HST at the  
6 State Hospital, and I'M a brand new one. I started  
7 tutoring special education kids when I was in the  
8 seventh grade, so I've been in the field, more or  
9 less, for 16 years,

10 I'm receiving my first paycheck in the field  
11 this month. I'm not in it for the money, and I  
12 suspect that most of the people who change diapers  
13 and feed people and give those guys hugs and follow  
14 them around because they need someone to follow them  
15 around aren't in it for the money.

16 Most of the people that I've met in my building  
17 this week have been, I hate to say rejected, but  
18 they're not suited to group homes. It wouldn't be  
19 fair to put them in nursing- homes. They deserve  
20 more than that. We are a little understaffed, but  
21 we still can get them outside. We have time for  
22 one-to-one. We can talk to people who need the extra  
23 help.

24 I am not sure they would get that in group  
25 homes. It sounds like a return to warehousing if

1 you're going to put them in a little space, and I'd  
2 just like to say that I've lived pretty much all over  
3 the United States. Faribault State Hospital is the  
4 best facility I've ever seen. It's beautiful. The  
5 people are very dedicated and the residents are  
6 absolutely super.

7 Thank you.

8 SPEAKER 14; I'm a lifelong resident of  
9 Faribault, been a businessman in Faribault for many  
10 years and am presently serving on the Rice County  
11 Board for the past 10 years.

12 Many of the things that I was going to bring up  
13 have been addressed through position papers and by the  
14 gentleman over here and some of our concerns on the  
15 local level, and sometimes in the past six weeks or two  
16 months, we have been making some statements that  
17 sometimes some people take out of context and feel that  
18 we are totally against the sympathetic needs of the  
19 individuals that we're talking about, so I want to  
20 assure you that I am in favor of any type of service  
21 that will help that individual.

22 As I look through the waiver services pamphlet  
23 that I finally received that was supposed to go into  
24 effect July 1st, it amazes me, and some of the  
25 concerns that were directed over here, that they have

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1 some cost figures in comparison to our residential care  
2 in the outer communities, and again, I assure you I'm  
3 not against community placement per se, but what I *am*  
4 against is using these cost figures of individuals who  
5 are presently in our community who are much more  
6 mildly retarded than I think we're going to be dealing  
7 with down the line in our state institutions.

8 These are severely handicapped, physically,  
9 mentally, and I'd sure in all aspects, immobile in some  
10 sense, to be placed in a cost figure comparison that we  
11 receive in these sheets, so I would like to request the  
12 state agency to compare apples to apples, as this  
13 individual has stated, so we on the county level can  
14 turn to *the* taxpayers and say, "Yes, we certainly are  
15 saving those tax dollars and we certainly are providing  
16 those cares."

17 The wavered services is a good program. It's not  
18 going to be as big an impact that presently, today some  
19 people are led to believe, because as I understand, Rice  
20 County alone only is going to be allowed three positions  
21 in the next year to find placement for, so there's no  
22 great impact on the State Hospital, but my main concern  
23 is, as was brought out in the position paper, some of  
24 the mandated  
25

1 requirements that are setting on the legislative table  
today addressing staffing patterns, the types of care  
2 and many more requirements that are going to be  
mandated after they get then out of the facility that  
3 we're talking about tonight.

4 That should be the main concern we are addressing,  
5 and I think the legislators should be addressing these  
6 issues and allow county government, and I say that  
7 because I give up some time with the association like all  
8 of us do, as we are all in unions and associations, and  
9 the legislative branch of lobbyists, and sometimes we  
10 hear people say what not all the majority of people are  
11 thinking, so I would hope a good cross-section, of  
12 county people get involved in this process and not all  
13 on one side of the issue.

14 Again, I would like to address the costs. Rice  
15 County is an example of all of the counties of Minnesota.  
16 Presently it costs us ten percent cost of  
17 institutionalization, which is basically \$10 a day.  
18 Again, I address to the state agency the question of what  
19 happened on the \$52 wavered services? Who is going to  
20 pick up the added cost over the \$52? I would like that  
21 question answered --Then the committee meets and addressed  
22 and put in writing that it will not be county government  
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1 per se, so we understand on the local level for our  
2 property tax situation and budgeting, where we are  
3 going to go.

4 Many of these things, I think that could have  
5 been brought out have been brought out, and I don't  
6 want to touch on it much more except that I think  
7 what has cropped up in, I think, the legislature,  
8 here, has drawn the attention, one of the issues,  
9 that the county also become in the rate structure of  
10 local community facilities. We had that power eight  
11 years ago, but unfortunately, it was withdrawn from  
12 the county officials, and sometimes I think because  
13 we have much more monitoring power over them from  
14 what they really wanted, and I'd like to have that  
15 issue addressed, that the counties become involved  
16 in the rate structure of the per diem rates in the out-  
17 of-state placements. I think this could be very  
18 helpful.

19 I'm not saying we will be cost effective, now,  
20 but we should have that power. We no longer have  
21 that power through the Licensing Department, and I  
22 think that should be returned in some way to let the  
23 county be involved in that.

24 Last, but not least, going back, again, to some  
25 of the comments made here, I firmly believe that we

1 should have to maintain some setting in the State of  
2 Minnesota. I think that's going to have to be  
3 determined sometime down the line, be it Faribault or  
4 Cambridge or wherever we are, and I think to be realistic  
5 people today, if we were talking about 15 years ago, I  
6 don't think we would be here hearing what we have today,  
7 because I think we can all be assured 15 years ago, there  
8 had to be changes. It has come a long way with the  
9 activity, people involved when they were needed, but  
10 sometime down the line, we are going to have to realize  
11 that we are going to have to come to an end, but we are  
12 providing good care to those people, and the realization  
13 that that day will have to come a lot sooner than we  
14 think, someone will have to stand up and say we are  
15 getting adequate care, and I hope someone on the  
16 legislative level will take power not away from the DPW,  
17 but from the restraints over some of the things, legislation  
18 they have made, and that's a start, asking for input from  
19 you people, and that should go on in the future, because  
20 as I go back to rate structure, that's taken away from  
21 us, and if you all go back to welfare and social services  
22 in the past, counties have a lot of control in the past,  
23 and I tell you today as we all stand here we have 22  
24 percent less to say what's going on  
25

1 in social services today because of them restrictions,  
2 and I hope the legislative elected body addresses them  
3 issues.

4 SPEAKER 15: I am a citizen of Faribault.  
5 I've lived here since 1947. I didn't start work at  
6 the State Hospital until my children were all in  
7 school, and it was really a challenge for me.

8 I came from a small Iowa town, and no Iowa  
9 jokes. I've heard a lot of things around tonight  
10 that I could say the same thing, so I'm not going to  
11 repeat all of that.

12 First of all, I'm going to talk about my  
13 personal feelings as a direct care person at the  
14 Faribault State Hospital.

15 I started on a federal program called Project VIII,  
16 which was a real neat program. I worked half days, had  
17 weekends off, and I really enjoyed working with the  
18 residents. It was a federal thing, and we did so many  
19 things with the residents, and then when that project  
20 was going to end, I went into the state services as an  
21 HST,

22 I now work in the Laurel Building. It's for  
23 aggressive men. Some of them have been in St. Peter  
24 secured wards, and one has been at Stillwater. These  
25 people are very high functioning. They have a short

1 tolerance level. They have aggressive behaviors, but  
2 I have found with my expertise and all the things that  
3 I have learned through all the good, quality training  
4 that I have gotten from the Faribault State Hospital  
5 and all the teachers, the management, the resource  
6 people we have, boy, we have come a long way, baby.

7 We're now at small households. I have nine  
8 residents in the household I work. We go out in the  
9 community, we expose them to the restaurants, to the  
10 fairs. We just do so many things that I would be up  
11 here past my three minutes, and I have a lot to say.

12 Now I'd like to say I'm the President of  
13 Local 607's AFSME Council 6. We are a group of  
14 people representing about a thousand employees in  
15 this city.

16 The economic impact has already been addressed to  
17 you by people that I have worked with on the task  
18 force, and I have really enjoyed working with them,  
19 Helen Hoffman, Mr. Yokum, everybody on the City  
20 Council and the County Commissioners. It's such a  
21 good feeling to have them behind you.

22 Marilyn and I attended the hearing where Mr.  
23 Thomas was, and if you thought he was good here, you  
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should have heard him there.

The union would like to go on record, and on behalf of ray business agent, who is traveling, has said that public employees are willing to look at alternative things such as wavered services or group homes, but I will say, as many have said, there are many residents that I feel will not be able to function even though contracting out or wavered services or whatever it's going to be.

I do feel that the Rhode Island project was a very good concept, because we'd also be keeping our facility. If it emptied out everybody could go into these places, I feel that there are so many mentally ill people that are on the streets, they're street people, and I think our tax dollars should be taking care of some of those people, and when Rochester closed, Rochester is full of mentally ill people, and I know our trained staff, with a lot more training, we could serve those people or the chemically dependent, mentally ill or MR and MI.

The lady that talked by the microphone, I happen to know. I've had some of the residents that went out in community places, were out there over five years and have come back, because they've had behavioral problems that they can't function in the

1 community or the staff that are taking care of them  
2 can't handle the behavior problems, and I feel it  
3 would really be a sorry thing if we close the  
4 complete facilities, the good buildings that have  
5 been remodeled, the taxpayers dollars having -- I'm  
6 talking fast so I can get it all in, but I feel we  
7 really should put in a lot of thought and planning  
8 before we just do a light bulb idea, close the  
9 institution and turn them into places that probably  
10 won't be taken care of, and there are foster homes  
11 that, right now, I don't know if I'd want to send  
12 some of the residents. That's maybe the most critical  
13 thing I'm going to say tonight, and I want to thank  
14 you for your time.

15 SPEAKER 16: I'm a social worker at the  
16 State Hospital. I am the President of the Local  
17 Chapter of the Minnesota Association of Professional  
18 Employees. I'm politically active, but this is not a  
19 place to make a statement on politics. Those kinds  
20 of things, we have so many other things going on.

21 One of our parents made a very strong statement  
22 about, "Hey, my child doesn't need to go out there in  
23 the community and have all these generic services that  
24 everybody else does. When I come to Faribault, my  
25 child has a doctor, a nurse, a teacher, an RT, an

1 OT, a social, a one-to-one. They sit down and I talk  
2 with all of them. My child needs all of these  
3 people."

4 On the other hand, we work very, very hard to  
5 move people to the community when that home is  
6 appropriate and the person is appropriate for that  
7 home.

•  
8 I was planning to go on a vacation, and a placement  
9 came up, and I went totally bananas to get somebody out  
10 before I went on vacation, because the person belonged  
11 there. I'm not against community facilities.

12 We have a population that does have very, very  
13 special, complex, complicated, diverse, unique needs, and  
14 I think that what the one parent said, that, "My child  
15 needs a concentration of people," and when you do that, I  
16 think you describe the State Hospital.

17 SPEAKER 17: Hi. I'm a parent of a nine-  
18 year-old developmentally disabled child that lives at  
19 our home. I would really like to reinforce the idea  
20 of out-patient services at the State Hospital.

21 They have such great expertise up there, and I can  
22 use it for my child. If we ever have a problem with  
23 him, we have to travel to the Cities or go through the  
24 school.

25 The school has an excellent program, but many of

1 the problems we have are new to them. I think the  
2 State Hospital has probably seen everything. One of  
3 our hardest problems was finding a dentist for a  
4 child. Not many dentists handle handicapped children.

5 At the State Hospital, here, are dentists that  
6 handle them every day, know how to handle them, work  
7 with them, and I would certainly like to have taken my  
8 child tip there to be seen.

9 I feel many parents would take advantage of a  
10 regional out-patient clinic at the State Hospital.  
11 There would be so much expertise there and a lot less  
12 miles traveled. It would be easier on the parent and  
13 the child.

14 I am also President of the Association for  
15 Retarded Citizens in Rice County. Our local  
16 association has gone on record supporting the  
17 State Hospital and supporting waived services as  
18 long as no options, including the State Hospital,  
19 are deleted or dropped.

20 Thank you very much.

21 SPEAKER 18: I'm a parent of Janice, who has  
22 been at the Faribault State Hospital since 1957. I've  
23 also been very active in the Association for the  
24 Retarded Citizens local, state and national levels and  
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have served on the President's Committee on Mentally Retardation.

I had the privilege last February of testifying in Washington, D.C. against Senate Bill 2053, which, as Dean Thomas has mentioned, would take away all Medicaid funding from all state institutions and would also take away all the Medicaid funding from all community institutions, those being defined as anything having more than 15 beds.

Well, in Minnesota, we have 41 of those community institutions that have over 2200 people in them, and I spoke definitely against the closure, which would happen without the slightest doubt in anybody's mind, and it would happen a lot faster than the ten years they're talking about, because you don't cut budgets of any kind of facility and think you can cut a certain portion of the budget in ten years and then go another way.

I'm concerned very much about the so-called Minnesota plan. The Minnesota plan, as I understand it, would reduce ICFMR beds from 7500 to 75000. It further wants to reduce the population of state institutions to a number below the Welsh court order, I think about 125 to 130 for Faribault, maybe. It further wants to reduce the population of larger

1 community institutions. It wants to transfer  
2 residents of community institutions and residents  
3 from state institutions to foster homes, semi-  
4 independent living and to the parents' home. It  
5 also wants to transfer more residents from state  
6 institutions to vacated spaces, and then it wants  
7 to use the Medicaid funding to support all new  
8 foster homes, to support parents to keep their  
9 children at home and to provide respite and other  
10 activities.

11 Part of the waived service plan is good, but  
12 from my observations from talking with social workers  
13 in Hennepin County, and I've talked to quite a few of  
14 them, I said, "How many of the parents and guardians  
15 of residents at Faribault State Hospital want to have  
16 their sons and daughters moved to Hennepin County  
17 from Faribault?"

18 Eighty-five to ninety-five percent is the range  
19 I've received of patients and guardians who want  
20 their sons and daughters to stay right here in  
21 Faribault, Minnesota.

22 Now, there's a reason for that. The reason for  
23 that is that they feel that their sons and daughters  
24 are now in the least restrictive setting, that their  
25 sons and daughters are now receiving the very best

1 care available anywhere in the state. They are, it's  
2 true, knowledgeable of the fact that most community  
3 group homes will not take their kids, their sons and  
4 daughters, because they had behavioral problems,  
5 because they're profoundly retarded, because they  
6 have too many physical problems, and that is one  
7 reason, but we parents believe that our sons and  
8 daughters are receiving the very best care available  
9 in the State of Minnesota and a much higher quality  
10 of care than our sons and daughters would receive in  
11 the community today.

12 Why? We feel that the staff at the Faribault  
13 State Hospital has improved dramatically over the  
14 years. We are very impressed with the staff, and  
15 that goes from the technicians, occupational  
16 therapists, physical therapists, the doctors, and  
17 don't undersell the doctors.

18 When our son or daughter has problems, it's  
19 awful nice to have Dr. Knickerson making the rounds  
20 daily, talking with the nurses and doing a hell of a  
21 good job.

22 If my daughter were removed to Minneapolis, I  
23 think I know what would happen. She would be going to  
24 the doctor, she would be going to the DAP, she would  
25 be going to the lab to have her seizures and

1 medication monitored, she would be going to a  
2 physical therapist, occupational therapists,  
3 psychologist, psychiatrist. Frankly, Jennie would  
4 be spending most of her time traveling around the  
5 City of Minneapolis.

6 Now, that doesn't make any sense. "There is  
7 importance in the diversified staff, there is  
8 importance in the medical nursing staff. I have a  
9 number of clients who are parents, and these clients, I  
10 know a number of them whose sons and daughters have  
11 been returned to Faribault State Hospital.

12 Why? Because the group home couldn't handle  
13 them. The group home said to their local doctor, "Give  
14 them drugs." They come back sapped with drugs, and a  
15 lot of them have had serious injury and damage which  
16 Faribault, now, is doing one heck of a job trying to treat  
17 them and make them better. The facility is more  
18 stable.

19 Some say, "My goodness, the state shouldn't  
20 operate a facility because of conflict of interest." I  
21 can tell you one thing on Faribault, Minnesota: The  
22 grocer of that little group home, he furnishes the  
23 groceries, the local doctor is on that Board of  
24 Directors and he provides the medical services. Don't  
25 tell me about conflict of interests.

1           We parents feel a lot of instability in having  
2 the state operate these programs . We know that if the  
3 per diem goes down, the group homes go to some other  
4 kind of work, our kids are going to have a place  
5 where the state provides those services. We don't  
6 have that confidence with respect to some of the  
7 community facilities.

8           There's less chance of omission, and everybody  
9 says you should be in a group home for six. I can  
10 think of nothing worse than being odd man out. At  
11 Faribault, if somebody doesn't get along in a certain  
12 grouping, you have the opportunity to move them to  
13 another group and try to find one in which they can  
14 reside.

15           The cost effectiveness argument, I'm convinced  
16 that to treat them in the community would be much  
17 more costly than it is at the present time. We are  
18 not comparing apples with apples, but, rather, apples  
19 with oranges in most of the cost studies I've seen.

20           I think one other thing is to be said. Why do  
21 we want to listen all the time to the ivory tower self-  
22 appointed experts who have invariably, in my  
23 experience over 30 years, always been wrong? They  
24 said everybody in a mental institution should be  
25 deinstitutionalized. It is now a national disgrace.

1 I don't know why we should make the same mistake for our  
2 retarded population and try to get them out of all the  
3 institutions.

4 Thank you very much.

5 SPEAKER 19: I'm a mortician in Faribault. We  
6 have been serving families and residents in the State  
7 Hospital approximately 31 years. I'd like to address  
8 one element that hasn't been mentioned tonight, that I  
9 think the Faribault State Hospital has been the leader  
10 in the spiritual welfare of the patients, that I think  
11 for the past 40 years, they have outshined any  
12 hospital in the state.

13 That's very gratifying to see when there is a  
14 funeral there that the residents are coming in  
15 wheelchairs, stretchers, those who are able to walk,  
16 and when the chaplain says let's pray, that  
17 somehow, they will manage to fold their hands and  
18 join in a prayer or a simple song.

19 This is one thing I believe will never be  
20 accomplished in a group home. They talked about getting  
21 the patient back home. I would say probably 85 or 90  
22 percent of the families that we serve consider Faribault  
23 their home, and when the death occurred, they want  
24 their child or family member interned here at Faribault  
25 among the residents that they've lived

1 with all these years, so I believe that Faribault  
2 State Hospital has been the leader, and I hope it  
3 will continue to be the leader, in the spiritual  
4 welfare of their patients.

5 SPEAKER 20: Good evening. I have a  
6 little different approach to this evening's discussion.  
7 My son came here about two months ago, and I was  
8 horrified that he would have to be in a state  
9 institution. I had not realized what the Welsh versus  
10 Newton case had done in state hospitals.

11 He came from a home near the Twin City area,  
12 which was a non-profit organization of about 60  
13 residents. He went to doctors that were locally  
14 able to care for him who knew nothing about San  
15 Phillippo disease. For 20 years, we tried to find  
16 out what was wrong with our son.

17 Two years ago, we finally found out through  
18 the institution of our daughter, who is also  
19 retarded. Two months ago, when the court said he  
20 would be placed in Faribault, we felt that we had  
21 been pressed into something that would be totally  
22 undesirable.

23 Having seen, in the first two or three weeks,  
24 what went on here in this institution, how they  
25 diagnosed his case and having heard a doctor say,

1 "We have familiarity with San Phillippo disease," and  
2 knowing that they could care for this person and  
understand one that could not speak for himself.  
3 That's when I realized that after listening to 15, 20  
4 people who are experts In their field, they  
5 understand, so tonight, I talk to you from the heart  
6 of one who cannot speak for himself but is In your  
7 community, a citizen of your community, cannot talk,  
8 but as you sit here, you probably recognize me. He  
9 is in your community. He is one of your citizens, and  
10 I appreciate the fact that you represent him.

11 Thank you.

12 SPEAKER 21: I'm from North Dakota now. I  
13 used to live in Minnesota. I have a son here in  
14 Faribault, and I must say he's got the best care of  
15 anyplace that I have ever been. The people are so  
16 good, and those that are on the one on one are just  
17 terrific, and he has a group person, Mike Shady, I  
18 give him the best credit of anybody I've ever seen.

19 I can come down here anytime, he's happy. I  
20 used to come down here to take him out to meals . He  
21 doesn't need to go, because he has all the food he  
22 needs. He's happy here. They tried to move him  
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1 one time, and they moved him to another building for  
2 about a week. He was very unhappy. They had to bring  
3 him back to the same building, and now he's just  
4 absolutely happy there.

5 I haven't taken him out now, because it's almost  
6 against my better judgment to take him out, because if  
7 he's happy and they try to put him in a group home, I  
8 know it would never work.

9 What they're doing a lot of places now in order to  
10 fill up the nursing homes, they're taking the mentally  
11 retarded out of these homes, out of institutions and  
12 putting them into these nursing homes, and that doesn't  
13 work.

14 My dad was in Hutchinson, Minnesota. We got a lot  
15 of them in there, and my dad was very unhappy with it,  
16 but the welfare people, they got more money from the  
17 welfare people while they had these people in the  
18 home, but the aged people should have their own  
19 particular facilities and not be burdened with all  
20 these people like this. They are happy here, so why  
21 should we destroy that? Why should some politician  
22 make up a bill in Washington and then try to pass it  
23 without even as much as asking us about it?

24 I have two very good representatives in North  
25 Dakota, Burdick and Dorgan. Mark Andrews is also very

1 good. They went to bat on this one bill they had in  
2 Washington, D.C. I think it was around February. I'm  
3 not sure on that anymore, but I give this place credit,  
4 find I think it should stay right here and not be moved.

5 SPEAKER 22: I can't believe I'm doing this,  
6 but I feel that I need to talk. I'm an occupational  
7 therapist at the State Hospital. I've been up there  
8 for six years.

9 My concern, and I've talked with many people from  
10 group homes, from the ARC for Hennepin County, and I  
11 guess my main concern is that we look at quality care  
12 and who can best provide it, whether that be the State  
13 Hospital or whether that be the group homes.

14 My concern has been, going to different group  
15 homes, that I don't always think they do provide  
16 what's best for our residents. I went to one group  
17 home that was about a five hour drive from the Twin  
18 Cities area, and I talked to them about their therapy  
19 services and what they provided, and what they told me  
20 was they provided occupational therapy on a consultant  
21 basis, and that might mean that they were consulted  
22 maybe every two months or every six months, you know,  
23 and I was looking at people that had feeding  
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1 problems, something that they could aspirate any day  
2 from being fed improperly, but yet, there was no one  
3 there that would take care of them.

4 I'm assigned to one building, and I am there 40  
5 hours a week. If there is a concern regarding  
6 feeding, positioning, I'm there. I'm not five hours  
7 away. So my concern is that we look at what is  
8 quality care, and I think the State Institution has  
9 had that drilled into their heads for years.

10 We have commissions that come down and are  
11 constantly telling us this is what we will do. It's  
12 time that the State Planning Agency looks at a  
13 monitoring system for waiver disservices and for  
14 group homes so that adequate care is looked at.

15 I recently talked to a man from Michigan, a  
16 doctor who came down, and he was going to show us  
17 that even our residents that had a lot of physical  
18 disabilities, profoundly retarded, could survive in  
19 a group home. My concern is not that they can't  
20 survive in a group home, but what is the care being  
21 given to them.

22 I asked this doctor what kind of monitoring system  
23 was being given, and what he told me was that there was  
24 an -- and I'm looking at OT service, since that's what I  
25 am. He told me that there was an occupational

1 therapist that was assigned to every 150 people.

2 One hundred and fifty people? I couldn't even  
3 imagine trying to treat 150 people. I have enough  
4 trying to treat 50, let alone 150, so let's look at  
5 quality of care, and if the State Hospital can't  
6 provide it, then why don't we start providing more  
7 staffing for the State Hospital.

8 SPEAKER 23: I don't think anyone has heard  
9 from a retired boy tonight. You've heard a great  
10 deal, and I agree with it a hundred percent.

11 About 30 years ago, I started at the State  
12 Hospital. I've been retired about 10 years. I went  
13 through the years that we seen the most transition  
14 made in the care of the patient.

15 When I went to work, there were many, many  
16 residents that could get along in a group home, and  
17 they have gone out into group homes, and many of them  
18 are functioning there, but I can go back up to the  
19 State Hospital and I can find a great many that have  
20 come back there because of behavioral or physical or  
21 handicapped problems.

22 Another thing, now that Medicaid will be allowed  
23 to the patients and the relatives, they're very  
24 anxious to take some of these home. Why haven't we  
25 taken them home before? This, I can't understand.

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1 Not only that, there is a great many residents  
2 that are very happy in the institution. They're  
3 happy in Faribault, and I just hope that we might be  
4 able to keep them that way.

5 SPEAKER 24: I don't know if any of you have  
6 been to the State of Michigan to see the group homes  
7 there. I had that honor in November. Nobody in the  
8 department when I was there asked for a report on it, so  
9 they don't know what I'm going to say, but I visited a  
10 home called the Gunn Road Home.

11 It was purported as the Cadillac of group homes in  
12 the State of Michigan by the monitor, the court monitor  
13 at that time, who is now the quality assurance officer for  
14 the Department of Human Services, and in going to that  
15 group home, two of us who were employees of the  
16 Faribault State Hospital visited with the monitor, in  
17 other words, the person from the county, the case  
18 manager, and we talked for approximately two hours and  
19 visited for about two hours from about 5:00 or 6:00 in the  
20 evening until about 7:30.

21 That particular home is a beautiful home out in the  
22 community, a suburban community. The next home is  
23 approximately a hundred yards away, and there's a nice  
24 little hedge about 20 yards on the other side of the  
25 house that separates the home from the other one,

1 and I'm talking about a short hedge so you can  
2 see over it.

3 These people are not very well accepted in that  
4 community, because every time one of the residents  
5 crosses the hedge, the neighbor a hundred yards away  
6 calls the police or the social welfare people to have  
7 them come out and get the kids out of his yard.

8 Now, that particular home costs \$178 a day per  
9 resident. The reason they cost that much is they do  
10 have these residents in one-to-one monitoring.

11 I saw one of the residents walking outside of the  
12 building, and about two steps behind was that person's  
13 one-to-one. I did not see any interaction process,  
14 but the whole purpose of that one-to-one was to make  
15 sure that resident didn't get over the border so that  
16 they have another episode with the police.

17 That's a true story. I don't have to lie to you.  
18 I haven't lied to you before; I don't have to start  
19 today.

20 The other thing that I noticed about that home  
21 was that when we were there, they put this monitoring  
22 device on the door. That is a beautiful device,  
23 because as soon as you touch the door knob,

24  
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1 it sounds like a fire alarm went off, and then anybody  
2 will know if somebody is leaving this open house.

3 The beauty of that is it's a two-way street. When  
4 somebody coming in touches the door, it goes off, so  
5 any staff member can look immediately like they're  
6 busy, with the residents, and I think there's some truth  
7 to that.

8 So in general, the other observation I made was  
9 that at the Faribault State Hospital, I have the  
10 opportunity on occasion to walk through some of your  
11 households. I would say that when it comes to  
12 starkness, in other words, not a very attractive house  
13 inside, they would be the losers. Thank you.

14 SPEAKER 25: We had a daughter at home for  
15 17 years, and she needs total care, and we feel that  
16 she is certainly getting that here at Faribault, very  
17 well cared for. Somehow or another, I can't help but  
18 think that this is a political football somewhere  
19 along the line. I can't put my finger on it, but it  
20 seems to me that that's the whole thing, and they're  
21 trying to cover it up with telling us that they're  
22 going to save us tax dollars.

23 Well, when you put your child or anyone in a  
24 home, you have to pay a monthly fee there. Some of  
25 you people don't know that. We paid every month a

1 check for her care there until she was 21 years of  
2 age, and under some of these figures that have  
3 bounced at us before earlier, here, in the program, I  
4 didn't hear anyone say that there was any income  
5 coming off of these residents in Faribault or other  
6 places in the state, so I think this thing should be  
7 taken into consideration, and let's get all the  
8 figures together, here.

9 Also, they gave us a figure of, what, some 25  
10 million in wages. Well, there's presumably in the  
11 neighborhood of \$50,000 of income tax on these people  
12 which the state would turn back in taxes, direct taxes,  
13 let alone all the other hidden taxes which would also  
14 come back to this state, so if they get all these  
15 figures together, I don't think they'd have much of  
16 a tax burden as they claim to have, and I don't have  
17 too much else to say other than the fact that if we  
18 keep our governor in the state, here, looking after our  
19 own business, I think we'd probably be better off.

20 Thank you.

21 SPEAKER 26: I am President of the Minnesota  
22 Nursing Association here at Faribault State Hospital,  
23 our district area. I've been employed for 18 years at  
24 the Faribault State Hospital.

25

1           Waivered services in part may, for some of our  
2 folks up at the State Hospital, be beneficial and  
3 probably is, but there is constant scrutiny, there is  
4 constant evaluation to the betterment, I might say, of  
5 our residents.

6           I'll be the first to say that we do have room for  
7 improvement in our nursing area, in our medical area,  
8 program aspects of our care, but in the review and in  
9 the evaluation concept, we are probably more often  
10 scrutinized by some of the legal advocacy groups around  
11 the state, and I wonder, my question is, are these legal  
12 advocacy groups for our resident or are they, these  
13 new or little small advocacy groups, for these group  
14 homes or promoting more attorneys or whatever? Not  
15 to get against Mel, I love Mel dearly. We have his  
16 daughter up there. I don't have anything else to say.  
17 Thank you so much.

18           SPEAKER 27: I'm the sister of a resident. I  
19 can't believe I'm doing this either. We tried the  
20 private sector for many, many years, and like this  
21 other gentleman, lived in horror.

22           First of all, one day they would say, "No, thank  
23 you. Come and get her. We don't want her anymore."

24           She's unique. She's severely retarded and also  
25 blind. She can almost do nothing, but at least we

1 thought for a long, long time there's not much she  
2 could do except to be loved.

3 When they finally said, "Okay, we changed our  
4 program, we don't want her."

5 After years and years of telling patients it  
6 would be, quote, "an old folks home," they said,  
7 "Come and get her. We don't want her."

8 In desperation, I came here. It's fantastic. In  
9 five years, they found her lack of meaningful  
10 speech was due to a recognition problem, and I had  
11 her home, and she has improved.

12 Everybody else says my child. I say my sister.  
13 For a small family, she's my twin, and when I'm gone,  
14 she's it. She's the youngest in the family. We need  
15 to rely on the security of knowing, when the  
16 administration, the order or whatever changes, they  
17 won't say, you know, let's go someplace else. She  
18 needs the security of an umbrella.

19 The other thing we talked about is the group  
20 homes. What I see out there is really a series of  
21 group homes with good scrutiny, good supervision, an  
22 umbrella that keeps not only my sister doing very well  
23 but also me in sleeping well at night.

24 SPEAKER 28: I just wanted to add, to sort of  
25 respond to what the gentleman said, because I happen

1 to agree in large part with hire chat in Hennepin  
2 County, at least, there has been, in my judgment,  
3 abuse of the advocacy system in our courts, and  
4 frankly, there are a lot of lawyers getting well  
5 paid for doing a lot of work when they don't know  
6 anything about retarded people, and they are  
7 getting some rather biased indoctrination against  
8 any large facility, whether it be community or  
9 state owned.

10 They are getting this information they don't  
11 really understand, because they're not experienced in  
12 the field. I think the money could frequently be  
13 better spent in providing services for the retarded  
14 people than what we're doing right now.

15 The second thing is I think we should emphasize  
16 the fact that the state hospitals are definitely  
17 monitored, and there's more monitoring and quality  
18 assurance than you'll find in the community. Even such  
19 people that are supposedly on the other side of this  
20 issue, Ray and Attorney Randquist, both have told me  
21 this directly, that there is better monitoring and  
22 quality assurance in your state hospital.

23 Certainly a lot of you employees know that when  
24 anybody goes and does something wrong, it's not  
25 covered up, it's exposed by the staff of *the*

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institution, and it's also exposed frequently in the press. Unfortunately, maybe there is too much press and not enough actual work resolving problems.

I just think that, in conclusion, I'd like to make one positive suggestion, and that is that I think that some of our deaf and blind residents of the Faribault State Hospital can certainly, maybe, be housed at the deaf and blind school, thereby removing a number of people from Faribault to the deaf and blind school, and with close coordination, I think they would get a very fine program, and this might eliminate a little bit of space so some of those that have extreme behavioral problems may be able to be put in smaller groups than what you now have, which would be good.

I think also a little carpeting in some of these buildings might alleviate some of the loud noise in a couple of the buildings. I would like to see some of that done, but I frankly do feel that the Faribault State Hospital has done an outstanding job and the community itself should be congratulated by us parents.

I was back here 30 years ago, and I would say that the community wasn't sophisticated at the time, the parents or anybody else. My daughter could go

1 to Whimpy's and all of the various drive-ins, the  
2 bowling alley downtown, and she's very well  
3 accepted, and for that we're very grateful to all of  
4 the citizens who I think have done a remarkable job  
5 in accepting mentally retarded citizens and their  
6 love and acceptance of them.

7 Thank you very much.

8 SPEAKER 29: I didn't want to be the last  
9 speaker. I've been sitting here waiting for somebody to  
10 come up and tell me why we're doing this, why we're  
11 looking at waived services seriously.

1 I hear this talk about group homes, and I know  
12 about group homes, because my brother is in a group  
13 home, and it has worked well, but, gosh, Jim can get  
14 around. He can handle himself. Some of the people  
15 that we're talking about putting in group homes are  
16 going to have trouble talking, are going to need an  
17 awful lot of care, and we're going to have to license  
18 people to go out and check to make sure that they're  
19 receiving the care, and within the past few weeks and  
20 months, we have heard about day care centers where  
21 children have been abused, and they've got their parents  
22 that they're talking to each night when they're nicked  
23 up, and there's some feedback.

24 We can't afford to license enough people to go out  
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and inspect and make sure things are going well when we're talking about patients who, in many cases, cannot give the feedback. Now, that's a major concern for me. I don't know how we address that and address it carefully and fairly for the student, the patients.

Is there somebody here who can stand up and tell me why we're going through this and why we're talking about changing what we've got right now?

SPEAKER 30: My name is Bill Fink. I was looking for the gentleman who asked the questions. We had a discussion with him outside, and I don't see him here. Let me see if I can recall some of the questions he asked.

One of his major concerns had to do with how in the world, with the \$52 a day per diem under the waived services program, are counties expected to provide services to people that, by anyone's judgment, it now costs \$160 a day or more to provide those services to?

The response to that question was that the waived services program is not intended to provide services to just anybody regardless of the cost. The \$52 per diem only covers certain services that are covered by the Title 19 waiver, not all services that

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many people now receive.

People who receive those expensive services would not be folks who would receive waived dollars to begin with, so the response to his question about the \$52 per diem is that it won't cover the costs of people who receive a hundred and sixty dollar a day services, because it's not intended to do that. It's only intended to provide services to people that, if the waived services were not available to them, would require more expensive intermediate care facility services, and that's the only purpose of the waived services.

His second question, as I recall, had to do with returning more authority to the counties to set rates in community facilities. Currently, the counties don't have that authority. The waived services program is a step toward returning some of that to them.

Under the waived services program, the counties do in fact set the rates for waived services that are received by people under the waived services program.

Those are the two questions that the gentleman was most concerned about when he spoke outside.

If anybody can recall other questions that he

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asked, I would be happy to respond to them.

There was a question, why are we concerned with waived services?

I'm sorry. Why are we considering waived services?

Just to set things straight, we're no longer considering waived services. The Minnesota Legislature in this past session authorized the State Department of Human Services to apply for and implement Title 19 Medicaid home and community based waivers, so it's now a matter of policy. It's not a matter of considering any longer.

The reason that those services are being provided, which may be addressing your question, is that there are a number of people in the State of Minnesota whose primary service need has been a place to live. They've lived at home with their parents for a number of years in many cases. Parents are no longer, because of age or whatever personal family reason, able to care for them any longer.

The response to the needs of those people who simply need another place to live has been ICFMR, Intermediate Care Facility for the Mentally Retarded services. Those are extremely expensive services, and that not only provides supervision, medicare.

1 therapy, provides a whole constellation of services that  
2 are quite expensive.

3 The purpose of the waiver is to allow that person  
4 who only maybe needs another place to live, doesn't  
5 need all the medical services, doesn't need all the  
6 therapies, but only needs another place to live or to  
7 provide that family that only needs a little assistance,  
8 needs some respite care, needs somebody to come in  
9 and provide assistance to the family at certain hours  
10 of the day, those are the only services they need, is  
11 to allow those people to receive those services  
12 without having to receive a much more expensive and  
13 comprehensive scope of services than they may need.  
14 That's the reason for considering the waiver.

15 Another question, if I understand the Question  
16 correctly, it's if the person needs other service,  
17 who picks up that cost?

18 Under the waiver program, as I stated earlier, if  
19 the person needs more than those few services that are  
20 funded under the waiver, they won't be a recipient of  
21 wavered services. They'll be a recipient of other  
22 medical assistance services just as the residents of  
23 Faribault State Hospital are recipients of the ICFMR  
24 medical assistance service.

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1 and that's how that's picked up. It's a combination of  
2 state matching funds with federal funds.

3 SPEAKER 31: The lady up there, now. Most of  
4 you hear the question? I think you did.

5 In answer to your question, I don't think we're  
6 doing that. You heard a Rice County Commissioner a  
7 few minutes ago say that Rice County this year had  
8 three wavered service lots,

9 I don't have *a* little chart in front of me, so I  
10 don't know that that's correct, but I trust that that's  
11 what he read. We are not suggesting, as Bill just  
12 said, that all residents of Faribault or any other  
13 state hospital program for the mentally retarded  
14 should be in wavered services.

15 They'll explain to you that there are very  
16 stringent limits on what these Title 19 dollars  
17 will pay for under the waiver in the community.

18 We are mixing apples and oranges tonight, and  
19 that's very unfortunate, and it's unfortunate because  
20 I think it's set a tone that I would prefer not to see  
21 set.

22 Let *me* back up. What I've heard you say tonight  
23 is that you feel that the quality of the care that you  
24 are providing in the community or in Faribault State  
25 Hospital and that this community is

1 providing for the hospital are at question. That's not  
2 a question. Nor are we here tonight to determine  
3 whether Faribault State Hospital should close. That's  
4 not an issue.

5 We do, however, recognize that there have been  
6 major changes in our state hospital system over the last  
7 few years, and most of us recognize that there will be  
8 more changes in the future. What we are trying to do  
9 tonight is to provide for the State Planning Agency  
10 study the kinds of public input that the members who are  
11 conducting those studies need in order to make some very  
12 particular recommendations to the legislature,  
13 recommendations which will be forthcoming beginning next  
14 year.

15 Whether you're providing good, high-quality care  
16 isn't at issue. I was on the campus last week just for a  
17 day, not for *very* long. I was mostly talking to people  
18 in the community on another issue, but what I heard over  
19 and over again is that we have a caring staff and we have  
20 some really good things going for us here, and I think  
21 the department acknowledges that, and if you don't feel  
22 the department is acknowledging that publicly, then let  
23 me say as a representative of the department tonight you  
24 got some real good things going for you. You got some  
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1 things going for you that can be built on, and that's  
2 really important. You've also got a lot of residents,  
3 several hundred. Some of those residents, a few of  
4 them may be able to leave the facility under the  
5 wavered services program, and if they can benefit  
6 from those services which are available under wavered  
7 services and can receive the quality of services that  
8 they need in the community, not just for survival but  
9 for thriving, then I'd say send them, and I think most  
10 of you who are caring individuals would also say send  
11 them.

12 We're not talking about tonight, or at issue  
13 tonight, for me, at least, is not whether a closure of  
14 Faribault State Hospital would be damaging to this  
15 community. I know it would. You can't lose that many jobs  
16 in a community and not have it be damaging, but what the  
17 State Planning Agency is trying to do is to gather all of  
18 the relevant data so that if in the future a closing of  
19 some state hospital is necessary, they have the kinds of  
20 information at their fingertips not only to make the  
21 determination of which hospital but also to make some  
22 recommendations of what might happen to the economic  
23 base of a community, and that's very important  
24 information for you to be giving to the  
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State. Planning Agency right now.

I'm sure we haven't answered all of your questions, and I'm sure we could be here for a long time trying to answer then. I'll be more than happy to address those that I can outside. I am very reluctant to keep this going much longer, however, since we have passed our deadline.

SPEAKER 32: What you're saying is not compatible with what Margaret Sandberg is saying, and we have it. Margaret says we'll close the hospital and the staff will become self-employed by taking three people home with then I have that in writing.

SPEAKER 33: I'd like to see Margaret's signature under that.

SPEAKER 34: What she said was she had a statement from the Assistant Commissioner saying that they were going to close the hospital and you could all take three residents home with you.

SPEAKER 35: I don't believe that Margaret said that. I believe you believe Margaret said that. I don't want to take up anymore time. I will be happy to answer any questions you have outside. Thank you very much.

(The proceedings came to a close.)

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REPORTER'S CERTIFICATE

I, Stephen J. Amon, do hereby certify that the above and foregoing is a true and correct copy of my original Stenograph notes of the proceedings in the above-entitled matter.

**Stephen J. Amon**  
Court Reporter

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