STATE HOSPITAL STUDY

PUBLIC MEETING HELD IN ANOKA, MINNESOTA

Whereupon, the following meeting was duly had in Anoka, Minnesota, City Hall, on the 6th day of September, 1984, commencing at 7:00 p.m., before Lorie M. Jensen, Notary Public, Ramsey County, Minnesota.
Whereupon, the following proceedings were duly had and made a part of the record, to-wit:

**PUBLIC COMMENTS:**

AUDIENCE: Is the call number for the 800 going to be given?

MS. KARLINS: Yes. Did you get a program?

AUDIENCE: No.

MS. KARLINS: It's on the bottom of the program. It's 1-800-652-9747. And you ask for the State Hospital Study and they'll then connect you with our office. That's on the 16th of October from 7:30 in the morning until 5:00 in the afternoon.

AUDIENCE: I went through the chemical dependency program at Anoka State Hospital. I've been dry about one year. The first year since I been back from Korea and I had the privilege to work with the mental patients out there. I was doing janitorial work, I was working right with the patients with cards or if they wanted to play cards or whatever.

And as far as other hospitals in other states, it's immaterial to me. We're interested in what we have in our state and I think
we have the finest psychologists, psychiatrists. I
watched them work and I think that they're ranked in the
world and perhaps these other states should come here and
study our system.

Today we have a decline in mental
health. God knows I hope we have a decline in
alcoholism. The thing of it is this is a problem that
declines – could decline this month and then who knows
what's next month? And if we close down
these hospitals what in the hell we going to do, send
them to Boston where you visited or send them
some place? It just burns me when we get the small minded
attitudes. I think it's a bum attire and I think that
the people of Minnesota are intelligent enough to know
that this problem exists and I think that we do have to
have a place for these people with these very brilliant
psychologists and psychiatric help that we have.

That includes the nurses staff and
nurses aide. I seen some of them people I worked at
Miller Northrup with the evaluation and I seen some of
the cases they've helped. While I was making progress
in my treatment program I've seen them making progress in
their problem. It was people that couldn't even say
nothing when they came in and
eventually I would be sweeping the floor and they would say hello. And then a week later or even a month – I was there five months and I give them a lot of leeway. So I've seen them come up and ask if they could help me and this is the work with the brilliance of these doctors that we have.

So I don't think we should judge our hospitals by other states. I think it's a waste of money, I think they could save that money and put it into our hospitals.

AUDIENCE: I would like to say a few words about what it's like being inside the hospital. Like I'm a patient there and, you know, I think it improved a lot, I think the system could change. I think the stealing could stop, more security could come in. There are a lot of things like the groups aren't really – there isn't much wrong with me and I can't see the groups as being helpful towards other people. In fact, it even bores them and they go in stealing and – I thought about it a lot and they could even build a big fence around it and put more security up and, you know, stop the stealing now. It's like I've had a lot of stuff stolen and that's a big problem. It's a big illness. Instead of reading newspapers they should
have a group on stealing. Thank you.

AUDIENCE: I would like to address my comments to Governor Rudy Perpich and the state legislature and that something has to be done about the present commitment laws in this state. It has become next to impossible to commit people who need help desperately. We're led to believe this is done for the help of the patients that it's in his best interest or her, whatever the case may be. I assure you it is not and it is hell for the family..

MR. JONES: I'm David Jones, Ogelby, Minnesota. A loss for creation of jobs at the State Hospitals should not be a concern of the State Planning Agency. Hospital employees are able bodied and can find other work in event of lay off. If jobs are created there are people in the work force to be hired. Nor should the affect on a community be of concern. Minnesota is an agriculture state. Agriculture related business should be encouraged, not state hospitals.

But my concern is for mentally ill persons. Present planning should be that of making sore hospital beds available at Anoka State Hospital and the other state hospitals for mentally ill persons. Not that of closing hospitals or reducing
hospital size by moth balling hospital buildings. Each
time there is a newspaper story about the street people,
the homeless the reader is told that a number of them are
discharged mental patients. Why were they discharged from
the state hospital? The hospital medical director knew
the person was not able to care for himself or herself.
In most of the suicide stories and many homicide stories
it is reported "he or she had been a patient at Anoka
State Hospital." Why wasn't he or she still at Anoka
State Hospital receiving patient care?

Why aren't say the basement level
and first floor of the three shut down buildings at Anoka
State Hospital activated? These floors could be heated
fairly economically. It should be under study by the
staff and patients that Anoka State Hospital is a
hospital. The patients in there are sick and need care
unless illness is being denied, a circumstance that staff
members understand and is characteristic of the illness.

But in some literature originating
at Anoka State Hospital and some from the Department of
Public Welfare interchange terms patient and client and
resident and home and campus. A mentally ill person is a
patient, not a client. For the
mentally ill the only therapy that really works is chemotherapy. The rest is education, not therapy. The land the hospital building are on is the hospital area, not the campus. The dictionary defines campus as open space or fields. As for marshall exercises public shows and so forth or the grounds of a college or school. Correct terms will help create a responsible climate, a responsible climate at Anoka State Hospital.

I could say more. It should be easy to be admitted to Anoka State Hospital. The so-called revolving door should be expected. The mental illnesses are episodal and are chronic and acute by nature.

MR. NICKSONIN: My name is Andrew Nicksonin and I have been a patient at Anoka since February 25th of this year. I'm 49 years old and was hospitalized for ten years at the Minnesota Security Hospital. I was transferred to the security hospital this year on the month of February 25th. I have some serious concerns and I did hear what this gentleman did say to all of you.

When he talks about suicide I don't know if he's ever been mentally ill or if he's ever been a patient or what but you don't necessarily
have to be mentally ill in order to commit suicide. You can commit suicide and not be mentally ill, you can commit suicide while you're in the course of getting mental illness and not realizing it. A lot of people can be mentally ill but don't realize they're mentally ill. A lot of mental ill people say they're not mentally ill but a psychologist, psychiatrist can be aware that they're mentally ill. Crazy people don't realize they're crazy. Crazy people when they're crazy what they do in society if they happen to harm someone, if they happen to do crazy things to them it's normal. A crazy person can do things that as far as they're concerned while they're crazy it's normal to them.

But as far as hospitals go, we got quite a few in the State of Minnesota. I'm suppose to be considered dangerous because of my mental illness and that's really concerned me a lot. I spent ten years at the Security Hospital. I was committed there as a mentally ill and dangerous. The Supreme Court amplified that exemption, that statute that was made by the Minnesota legislators. How they said that when a person is committed to the Minnesota Security Hospital they're committed because they're dangerous because of their mental
illness ramifications. The Department of Public Welfare
for many years has been dictating a different inception
that was never accepted by the legislature and made it
into law. They said that when a person is committed to
the Security Hospital they're mentally ill but they're
dangerous because they committed a crime. On two cases
that was brought forth to the Supreme Court, the Chief
Justice and all the other justices on the Supreme Court
stated that if a person is committed to the Minnesota
Security Hospital his mentally ill and dangerous and not
mentally ill. How they must be discharged because
they're not dangerous any more because they're not
suffering from a serious mental illness, disorder in
their minds and that they're no longer dangerous because
they're not suffering from a serious mental illness
disorder.

When a person is suffering from a
mental disorder it's my understanding what I been reading
is the person is dangerous to himself and others. And
the Department of Public Welfare hasn't been complying
with the Supreme Court's decision and the Welfare
Department people who work in the state hospitals are
looking upon people who were originally committed to
M.I.D. to the Security
Hospital as people who are dangerous. And people who are committed there as mentally ill act crazy but they're mentally ill. In other words, what I want to say is that we have —

MS. KARLINS: You have 30 seconds because the bell rang, okay? I'm sorry.

AUDIENCE: When I get talking I get talking but I got some good points. Never the less we have a lot of state hospitals in Minnesota and a lot of us are intelligent in this room, most of us I would say and we all know that there has been a patient reduction in all these facilities and that because these people are able to leave these hospitals. Hospitalization should be for people who really need hospitalization, people who are seriously ill. It's just like these private facilities, they keep people in there who are seriously ill and where they get to a point where they can become an out-patient, things like that.

But the point is we have too many state hospitals in Minnesota. Politics fascinate me and that was one of the kind of naughty deals that closed Rochester State Hospital.

MS. KARLINS: Sir, I'm going to have to cut you off.
AUDIENCE: As far as Anoka State Hospital goes, that facility should remain open because that place has excellent food. That hospital – please don't cut me off yet. The best is yet to come. That place has excellent food and the staff there really care about the patients, they treat you with respect.

What I'm saying, there are a lot of state hospitals in Minnesota that are not in this central range. They should close Fergus, they should close Faribault and close Moose Lake and we have a lot of space there in Anoka, they can build new buildings and as far as I'm concerned and bring these other patients from these other hospitals.

AUDIENCE: Hi, I don't want to say my name but I'm a patient at Anoka State Hospital and I have been there a while and I just want to say people are there not because they're born sick, they become sick. They become mentally ill, they're not born mentally ill or retarded or whatever. They become mentally ill and a lot of patients out there get help there and it can leave and go on the "outside" world. Not everybody can leave but I think it should stay there.

AUDIENCE: My name is John and I'm
an alcoholic, something that hasn't been addressed here
too is that Anoka State Hospital does take care of
alcoholics and chemically dependent people. They have a
program out there that does help alcoholics and
chemically dependent people work back into the main
stream. This hasn't been addressed yet on the agenda but
the program out there I spent a lot of time volunteering
my time in the evening in recreation on weekends playing
softball with the patients during the summer months,
spending time with them up at the hospital, taking a few
of them out on hunting trips, I've helped these people
come back in the main stream of life where they were
derelicts before in their life where alcoholism had more
or less wiped them out complete and then seen them come
back. It's almost a miracle of God that these people
have come back from where they were.

And this is something that should be
looked at too. We need these treatment centers for the
people that do not have the money to go into a place like
Golden Valley, St. Mary's where they do not have the
insurance because if we have to pay for these people
going into the bigger hospitals and that for their
chemical dependence for their alcoholism this is going to
boost our insurance rates
somewhere along the line. The hospitals are going to
boost up their rates, it's eventually going to come back
to the residents and citizens of Minnesota. That's
something that should be addressed.

We need these hospitals, we need the
treatment centers, mentally ill people need a place to
be. They need a place where they can get back in the main
stream of society. If we ship them all down to St. Peter
where they're isolated, how are these people ever going
to have any contact with us "normal people?"

AUDIENCE: My name is Ed and I'm a
recovering alcoholic. I agree with that John just said.
I'm also a graduate of Anoka State Hospital going on four
years. If it wasn't for Anoka State Hospital I'm one of
those walking miracles. The thing I see with Anoka State
Hospital is instead of thinking about shutting it down to
make use of the buildings they have up there, expand their
long term treatment program and making way for some half
way houses.

I was sent before I went to Anoka
State Hospital to Moose Lake to go to treatment. If you
have anybody in your family that has cancer or
diabetes do you send them far away from their support to try and receive treatment? That's what they want to do down here. They want to send them to Moose Lake. That's no place to send people you're trying to help recover. Anoka State Hospital has the buildings out there, I agree there is four buildings out there that we're paying to heat so the water pipes don't freeze. Let's bring them up to state code, fire code, whatever we have to do. Let's make use of the buildings out there.

Like John said, I've known John and he comes up and plays softball with me up there. There is a need for this. If you watch TV now there is commercials every few hours on chemical dependency, drug abuse and so forth and so on. It's becoming store recognized as an illness, not something to be scorned as it once was. Twice a month at least up to the Anoka State Hospital I deal with the M.I. patient in the form of recreation. These are normal people that are trying to work their way back out, that can be of a good service to the community and I see the essential need for halfway houses to help hold the chemically dependent and mentally ill people to make them ready for the rat race out there. We call this normal. What is
normal? I don't think there is anyone of us in here that
can say I'm normal because we don't know and there is no
set standard. By shutting down the Anoka State Hospital
you're just like banning the people that have mental
illness, chemical dependency you're banning them from
this part of the country. You're saying we don't want you
around here. I think they should look into spending some
money and bring the buildings up to code and bring them
into use. Thank you.

MS. KARLINS: I want to thank you
also for offering some suggestions in terms of other
utilizations of the facilities.

MS. BURNETT: My name is Mary
Burnett, I'm from Anoka State Hospital. I have been out
there for a year now. What I want to see done, I want it
to be turned into a hotel for Anoka or Minneapolis or
whatever residents that's on the way. That's not locked
doors and facilities of single rooms and plus double
rooms and all that. They got locked doors, it's a good
facility for a hotel or motel or whatever we can make out
of it.

AUDIENCE: I have a recommendation and
that is that based on the documentation that this is all
for wrong doing, there must be an
earlier system that we're overlooking and that is this right here. A company projects all that comprised world progress the way it should be at best for the greater good we can have so we can know if all is going as it should.

MS. BIGGINS: My name is Mary Higgins and I'm here as a member of the Anoka/Blaine, Coon Rapids area League of Women Voters.

We adopted the study of the Anoka State Hospital and community relations in May of 1981 and we studied it for a year and a half. And in the course of our study the 60 members of the League considered various documents such as Dr. Sigfred Stillmarker's report, Johnathan Brooks response to the report, several of us attended advisory board meetings that's community board for policy planning and liaison meetings regularly. And we looked at the state hospital as it interacts with the community in as many ways as we could. We talked to city officials and residents and employees also. Also considered the patient population.

At the conclusion of our study, we decided that the hospital is of benefit to this community in more ways than one. In more than just
an economic way and that if Anoka did not have the state
hospital it would be missed. I wish that our study could
have addressed the needs of the patient population but
that was not the scope. I hope you'll consider that in
your study.

MS. KARLINS: Certainly will. Thank you
very much.

AUDIENCE: I got one more thing I
want to say. I got something going on here at Anoka State
Hospital that I been trying to state across whatever I'm
going to do. I want to state that as a hospital has
pills and appliances and needles and medications and
everything else and you think what does a junkie use, you
know? Those are drugs. They kill. Drugs kill. That's a
fact. Thank you. That's all I have to say.

MR. WILKAUGER: Hi, I'm Tom
Wilkauger from Anoka State Hospital. I think our
hospital is a neatest and goodest hospital if we just get
to it and keep these buildings going. Maybe get some of
those buildings that are closed back open again with more
residents and that living in them.

I think one thing with the hospital is
it's a great hospital and I think that all over
the world that everyone else should have their best if
they just keep it cool and I think that with no running
away and AWOL's I think we should get the place back to
normal. And I hope that Anoka State Hospital can have
them empty buildings back to use in no time. That's all
I got to say.

MR. ERHARD: My name is Pat Erhard and
I live in beautiful downtown Coon Rapids. I've had
several deals with state insurances and we have in the
State of Minnesota quality of live that is second to
almost none in other states. Our penal institutions are
very, very good and our mental institutions are
excellent.

He talk about saving dollars and
we're not talking about the residents. We have the
residents coming up here speaking for themselves but we
don't have any of the people that work there that come up
there and tell you how much they really care for those
residents. And you have to be out there on a day to day
basis to see what they have. They've done studies on
private institutions on people that are running it for a
profit. The turnover on those institutions is 150% a
year. You take a look at Anoka State Hospital or any of
the other state institutions we have career people that
are dedicated to working hard and long for their residents. They really care.

I was out at Faribault State Hospital and they have various degrees of MR's out there and they have DAC's which is day activity centers for those that aren't familiar with the term and they work with these people day in and day out. The staff people are enthusiastic as the patient is — or, yeah as the patient is or they call them residents there when they can tie a shoe or crying out loud. There is a real lot of care and dedication. There has to be.

If you were to take a look at the screwed up schedules they got, who would work two days from 11 to 7 and work two more days from 7 to 11. And two days off then they got to come in and work 11 to 7 a.m. shift. My God, you don't have a normal life.

I don't know if my three minutes are up yet but I do want to say one more thing. I've had some personal experience with putting someone in an institution and this individual was able to be in private institutions as long as they were no problems at all. The minute they became a problem they sent them to St. Paul Ramsey and Ramsey gave us
a call and said you got to pick her up. She ended up at Anoka State Hospital and that's where a lot of people end up, nobody else wants then when they're too hard to take care of. We got them out there and they're certainly not the cream of the crop but we still love them.

MR. GUNNICK: My name is Gary Gunnick and I'm a patient at Anoka State Hospital. And I got a question for you guys. What would happen if you close down Anoka State? Where would you send the people? They're caring and loving patients and staff and everything out there? You know open up the other buildings, you know, make it grow, make a go of it, I don't want to see the patients scattered all over. We were the ones that were in there, we're the ones that we have to live with. The patients, the staff is excellent and just take that into consideration. If you close the State Hospital where will you send the patients? Thank you.

MR. REMSTEIN: I'm Ken Remstein, registered nurse Anoka State Hospital. I have a lot of feelings, lot of things I could say. I have a little difficulty organizing them because there is so much and so much I feel.
I'm proud of Anoka State Hospital. I've been there about three and a half years roughly starting after the new administration began. As an employee I'm impressed. I'm proud. Not only of the administration but the psychiatrists that have been hired by the Anoka State Hospital. I'm also proud because we don't only get studied by the State of Minnesota, we're studied by other states. We were studied recently by Ohio State University. We're recognized as leaders not only in the State of Minnesota but nationwide. Specifically an issue was pointed out the issue of patients' rights. I'm proud I think the other employees of the hospital are proud.

We work there for the most — you can't work there unless you have some kind of dedication, you're not going to make it. It gets frustrating. One of the items that frustrates me the most is the misconceptions and stereotypes about the mentally ill of the state hospital systems not just in Minnesota but nationwide. You can see in the newspapers, you can see it in the movies. I guess what I find most frustrating is when there is going to be money cuts it's going to be cut for caring for the rejects of society. And what
frustrates me the most and I guess I feel at times society will cut money to the mentally ill in essence abort them from society. I'm proud we care. I personally love them.

MR. STOMMEN: My name is Bob Stommen, I don't work at Anoka State Hospital, I work at Moose Lake State Hospital. I agree with this young fellow that just talked about the feelings, the pride that these employees have in their institution and in their work and how they care about patients. And I also agree with the remark I believe you made, Mariam, about the first consideration is the patient in these studies.

However, the gentleman that said the consideration shouldn't be given to the employee, I disagree with that entirely because if anybody visits any of these institutes and watches the procedures of the employees with these mentally retarded poor citizens that can't do anything for themselves or mentally ill and others, they can see the dedication, they can see the resources that they have in their employees to take care of these people. I think that's the greatest resource the State of Minnesota has is trained people who do care about the patients. That's all I have.
AUDIENCE: Hi, my name is Tammy and I'm from MICD Anoka State Hospital and I would like to say that the conditions out there aren't the greatest and that there should be some more money given to them so we can have things that we need to make a real hospital.

MR. NEWCOME: My name is Roy Newcome and I'm a social worker for Anoka County. One of my major responsibilities is to assist people to get into the hospital when they need it and another is to assist them in discharge with the time comes. I have no real quarrel with the concept of deinstitutionalization. However, I have some real strong doubts about whether the alternatives that are currently in place are really adequate.

The major thing that seems to be pushed is Rule 36 halfway houses which people coming out of the hospital can go to in a somewhat protected setting. The problem with this is that first of all we have no Rule 36 halfway house for Anoka County. The halfway houses we do refer to are usually in the poorer districts of Minneapolis or St. Paul and frankly they are very selective in who they'll accept. They want patients or clients who are very stable and not likely to become assaultive.
or really psychotic. I've had as many as ten referrals on one client turn the client down and yet the hospital says well he's not really suitable for hospitalization. So this is a very practical problem.

There are some mentally ill clients that need long term hospital care. The private hospitals certainly are not a realistic alternative. I think insurers and medical assistance certainly are discriminating against mentally ill diagnoses because they won't pay for anything long term. Therefore, I think that we have a real need for a place like Anoka State.

I might mention that some of the clients that recognize they need long term hospitalization would gladly go voluntarily but Anoka State for close to a year has not been able to accept voluntary admissions because of the fact they're over crowded. They don't have space. They take only commitments. You have to prove in court that the person is dangerous to themselves or others and that's a real hardship. I think that instead of talking about closing Anoka State we should be talking about improving, expanding, and making it a better place.
MS. FINHEN: Good evening, my name is Becky Finhen and I'm the Director of the Mental Health Consortium on the behalf of the McKnight Foundation in Anoka County. We're working very hard with the policy makers locally to breathe some live into the philosophy of the less restrictive (couldn't hear). We're competing for dollars that are regularly marked for institutionalized. As an advocate for community based services I know Anoka State Hospital serves a very valuable role in the continuum of services. He know the hospital is going to serve a purpose but we need to begin to very collectively stop looking at Anoka State Hospital as a residential option, that the hospital is not a residential option. It is a hospital for people when they're no longer in need of hospitalization, it is going to take dollars in the community that our county commissioners are going to need to look at inter county budgets the state legislators are going to have to put there in order to look at our county budgets and we can stop being perhaps diametrically opposed to the issue of state hospitals versus community base care.

Another issue we're dealing very strongly very regularly with are stigma issues and
these kinds of forums where there is a cooperative effort in recognizing the needs for the advocacy services and community based care for people as an option so that people are no longer staying at Anoka State Hospital longer than they need to be. And we don't have the awful situation of people needing to surrender some very clear rights they have in order to receive the care that they need.

We're asking at this point in our community for people that are concerned about these issues to be in contact with their policy makers, to let them know that we support social services in the community and we recognize the value of a hospital in our community as well. Thank you.

AUDIENCE: Hi, I'm a resident of Anoka County and I haven't done too much volunteer work up at the hospital but I have been on campus or whatever you would like to refer to it as for quite a bit. And what I see is only the patients and only the people who are suppose to be involved are not there. I don't see too many volunteers work up there and I just like to say if changes are needed or wanted in the community that we all have to work for those changes and it doesn't have to be in putting in time. If you have the money and not the
time that is needed just as well and I think that if the
community wants change they have to work for it all
together. Thank you,

MS. MCGRAFLIN: My name is Beverly
McGraflin, President of the Anoka State Hospital
Auxiliary and I been a volunteer out there for 19 years.
We are a small auxiliary compared to most, we only have
17 members but we do an awful lot of hard work out thorn
and try to get things for the patients that the state
won't or can't provide for them. And that we have a lot
of — we see both sides of the story with the staff and
the patients and I know how caring the staff is, I've
seen some of them cry because they couldn't get things
for their patients that they needed and that we have
several retired members of the hospital staff on our
auxiliary plus we have some that are working there
currently on the hospital auxiliary and there are many of
them here tonight.

None of us wants to see the hospital
closed. Not because of jobs necessarily or that but just
because we want the patients to have the best.

MS. SWANG: I'm Evelyne Swang and I have
done a lot of volunteer work up at the state hospital and
I think it's sad to even think of
closing that place. First of all, they hire a lot of our people, they have a chance to work there and help the patients and the patients come in there to get well and I've worked there volunteering for many years and I hope I can continue and I hope everybody would feel the same way.

AUDIENCE: I'm Christine Elgard (ph) and I work at Anoka State Hospital. I have a question for Dr. Wieck. Could you elaborate a little bit on the system in Rhode Island? Do they still have some major large institutions or have all of the monies from mental illness gone into community centers?

DR. WIECK: We went to Rhode Island the beginning of August and we spent two days there. We toured some facilities. There is a no lay off protection agreement between the State of Rhode Island and the ASFME Union and the reason to go to Rhode Island was to look at the model agreement and find out how they did that.

We spent time with the directors, there were three directors we met who were working with mentally ill people out there. The first was the Director of the Institute of Mental Health, that's a 400 bed facility for mentally ill people.
We also met with the Director of the Community Mental Health System and overall Director of Mental Health Programs. I wish I had my notes here right now. What they're doing is transferring budgets and residents from the institute on mental health to the community mental health center budget and the mental health center's guide does not run group home day programs that the state operates for mentally ill people. They're transferring that money to the community health center system which is different than the mentally retardation side.

It seemed it was very interesting because all the services are located in one area there. Also, all the state offices are located on the same grounds or campus as the institute and there is a general hospital at that Rhode Island built the Department of Mental Health, mental retardation. They have some quality assurance mechanisms built into their system that would be of interest here I think. They seem to be progressing towards the institutionalization but they recognize there would always be an institute of mental health and I would gladly share with you other notes that I have. But I guess those are the major findings we had.
MS. RAPPS: My name is Lois Rapps
and I live in Anoka. I’m a member of the League of Women
Voters and I did visit the State Hospital some of the
times that Mary Hickens was out there. He were told here
tonight that Anoka County has no halfway houses. I want
to know who is responsible for establishing one and why
don’t we have one? Is there a research person here
tonight that could answer this question?

MS. KARLINS: Is there anybody here who
would like to speak to why there is no halfway house in
the Anoka area? Someone from the Social Service
Department here?

AUDIENCE: To avoid a round of boohs I
would like to mention that there is money budgeted, it’s
going forward to our county board for Rule 36 facility
transitional living facility in Anoka County for the
people as part of an after care program for state
hospitalization.

I would also like to mention that as a
member of the Community Advisory Board at the Anoka State
Hospital I enjoyed serving in that capacity in the last
few years. And being in the health field and mental
health field for many years it seems like every four
years or so there is a lot
of concern, lot of planning, community involvement
studying going on to close state hospitals, to reorganize
them. And I've observed as a member of the community and
also as an employee that it does have little good for
morale. The particular programs offered at Anoka State
Hospital I would have to agree with many of the people
are very high quality programs. The County Board of
Anoka County has introduced a resolution in the past
supporting the need for that particular type of program
as a vital resource in the continuing care for people who
have emotional problems. Thank you.

AUDIENCE: In 1978 and '79 there was
something called an Advisory Committee for Mentally ill
Programs at Anoka State Hospital, does that still exist?
Can anyone tell me? For instance, there was a Thomas
Wilck, M.D. as a member, is the committee still
functioning?

MS. KARLINS: Could you answer that?
Would somebody else?

MR. DALMAN: Arnie Dalman, and yes
there is a mental illness Advisory Committee. Dr.
Wisecoff is no longer a member.

AUDIENCE: Where can I learn or how can
I learn the members?
MR. DALMAN: Just call me up and I'll be glad to give you a list of the members, okay?

AUDIENCE: I have something else to say. Supposedly mentally ill people are — I don't know but other people, people in the community are kind of like outsiders. I want every single outsider in this room to go stay at Anoka State Hospital for one month and just see what it is like out there. See if you can get help. See if you can get better or worse or whatever. Just try it out for one month.

AUDIENCE: I would like to briefly address the issue relating to the residential options available in our community, particularly to Lois Rapps. I think that that gets to the point that I was trying to make earlier that again we have been in competition for dollars and that when social services priorities are set, clearly legislators here will know there are some mandated services and at this point in time mental health services, although they enter the community social services act for which the counties are responsible for planning, this is a reasonably new concept. There is still some planning going on that all these
dollars following that kind of mandate and in Anoka County right now we're working very hard to get local people to support the need for their tax dollars. Perhaps increased tax dollars I don't know, to provide those kinds of options because they need to come from somewhere and that is a perfect example I think of the kinds of issues that we're up against in terms of getting community based care and presenting alternatives to institutions as they're trying to do their business.

AUDIENCE: When you say you travel to Rhode Island and to other states, I'm sure it's just like anywhere else, any other establishment or service and everything is in order. You see the good side of everything, I would suggest that maybe some of the legislators go up to Anoka State Hospital at 8:00 in the evening and just walk in on some of the wards and see what the staff is dealing with. You might have a different outlook that these people need more help, we don't have to rush these people back in society. That's all I have to say.

MS. KARLIN: I would like to make a point clear here just to tell or make it clear to clarify – how is that? I think it should be stated that when the committee went to Rhode Island and to
Michigan, it wasn't because they felt they had better programs, better services or better hospitals. It was because there is a mandate to develop studies, one of which is to determine whether or not the state should get into the business of operating community programs. And so two of the states that developed some programs were looked at to see whether or not it would have any possible relationship to what might be done in Minnesota. It does not relate to whether or not Anoka or any other hospital is closed.

What people are looking at is the kind of thing that Becky talked about in terms of alternatives and I think the point she made was a very important one, it's not an either or versus it's a matter of what is best for whom and at what time in the course of their illness or readiness to receive treatment.

AUDIENCE: I have a question.

Rochester State Hospital closed, correct? What happened to the patients that left Rochester State Hospital?

MS. KARLINS: Someone from the Department of Human Services care to answer that?

AUDIENCE: I can answer that because
I was a patient there.

MS. KARLINS: Let's let the resource
people speak.

TERRY SERANSON: My name is Terry
Seranson and I'm the Director of the Mental Illness
Division in the Department of Human Services. When
Rochester was ordered by legislature to be closed a very
careful study was done of each individual patient and
resident that was there and the people that worked on
that included the state hospital staff, families and
interested parties, and in each case they established
what would be the ideal placement for this person at this
point and then from that they attempted to speak if they
could find that ideal placement and if they could not
they would look for the second best or whatever they
could find that seemed suitable.

I don't have the numbers in front of me
but I do recall that the chemically dependency program by
simply shutting off admission within a month or two there
was nobody there. They had all completed treatment and
moved on. With the retarded people a number of them were
transferred to other state hospitals such as Faribault
was the closest to home. With the mentally ill we found
generally did
not have a lot of resources for people. A few of them were placed in their own homes or in nursing homes. A large number of geriatric patients in Rochester were transferred up to Moose Lake where there is an excellent geriatrics program. But each case was handled to the very best of the ability of the team to find the best placement they could find at that time. A great deal of work by some very capable people. That's what happened.

AUDIENCE: Looking at the results of that solution, was it satisfactory? Would it have been better not to have closed?

AUDIENCE: That's a political judgment the legislature made. What I would say about it is that I would have to disagree very strongly with the way it was done. There was very little lead time, it was very disruptive to the patients and employees and families and community of Rochester. That is certainly not the way to do it.

If there is every to be another closing or a change of function, hopefully we'll know better and we won't do it that abruptly. We did find especially I know more about the mentally ill placement we were up against very limited alternatives for people and sometimes we had to pick
second or third best because we couldn't find what would
have been ideal. If there is ever another one I hope we
learn from the experience how not to do it.

MS. BURTON: My name is Sue Burton and
I work at Anoka State Hospital. I volunteered out there
for one year before working out there and I'm also a
student and I feel that the staff out there is the best
model I could ever have to become a psychologist.

I have another comment about the
halfway houses and why we don't have any. I would like
you to go door to door in Anoka and find out who would be
willing to have a halfway house next door to them and
also with moving all the patients to Moose Lake or to St.
Peter like a CD patient you're losing their support and I
spent an hour with a patient last night who was in tears
and hasn't eaten in two weeks and won't talk to anybody
all because her brother can't come to see her. Now if
she moves to Moose Lake nobody will be able to come and
see her.

MS. DOWIN: My name is Gladys Dowin, I'm
an employee at the Anoka State Hospital and you were
asking for suggestions about buildings is one
thing and I think one of the things that we could do to help people the most. And we have an old nurses dormitory there that certainly could use being brought up to code and used for an independent living situation for patients as a halfway house before going back to the community.

He bring our patients up to the highest levels that we can and then they lose too much in the transition to the community because they don't feel they fit in. They're afraid and they come back and we got the revolving door syndrome. I think if we had this type of a facility on the grounds to help them learn to be more independent, use the bus system, libraries, resources in the cities and in the surrounding communities we would find and also learn how to take their medications and understand them on their own, we would find we would have less people returning.

AUDIENCE: I have been volunteering on a one to one basis for a year up at Anoka State Hospital and I'm associated with the staff and they have shared with me things that made the interaction more valuable and more useful. But I think too that's true that the hospital gets them to a certain level and then the best thing the hospital can do is
a halfway house in Minnesota or St. Paul which I have visited. Those programs are the best they can be and I think the one I saw was directed by a very fine man. But what I see of these young people is particular needing is working and if the nurses dorm was made into a halfway house that was just mentioned and described there is fear after a period of time out in the community and they need help. They need a lot of help but I think some of them are ready for part time jobs to show themselves what they can do.

They don't have an opportunity to do any of the things like part time jobs or there is a little bit of work they can do there in horticulture I know but it's limited and housekeeping tasks. But they need to get out in the community and a setting where it's safe for them for an individual family or small business or whatever. There are tasks they can do and if they could work a little bit and test themselves, but that period between discharge from the hospital and being totally independent they need an awful lot of help and I believe that the community as individuals and groups could certainly do a lot about that and have it right here.

MS. SHOVILEK: My name is Kitty
Shovilek and I work at Anoka State Hospital in the Industrial Therapy Department. One of the things I don't think has been addressed tonight is the fact that we have an awful lot of therapies going on out at the hospital and if people were sent to smaller places in the community these things wouldn't be available or if they would be available it would be at a tremendous cost. At industrial therapy we help our patients get used to a job situation, starting them out an hour a day and working them up to approximately four hours a day. And a lot of the other therapies are very valuable too and wouldn't be available for them in the community except at great cost.

We have recreational therapy and occupational therapy. The horticulture that was mentioned. We have a gentleman that runs some gardening and does some amazing things with some of our people that have been there a long time and they come hawking their wares and selling their cucumbers and are very proud of themselves and it's a very important thing that I don't think will be available for them in the community unless you put many, many more dollars into it than I think people are willing to do.
AUDIENCE: Just to reply, I wasn't
discounting what you do, I think it's great. But I was
talking about a step beyond it.

AUDIENCE: I would like to speak to you
for just a moment as a former legislator. As I tried to
determine what was the reason for the closing of Anoka
State Hospital — legislation that occurred in 1979, and
'80, and '81 and '82 I came to the conclusion that at the
outset was the concern that Anoka State Hospital was not
doing the job in the proper manner so there could be the
pride that you've seen an out pouring of here tonight.

We accomplished the taking away of that
hindrance with the cooperative efforts of the Department
and the collective branch selected the finest chief
executive officers and finest medical director in America.
They in turn took the bushel of the light of the staff
and that staff radiates with pride today. (can't hear.)

But there are really two things then
that occurred to me as we continued to face the closure
of Anoka State Hospital. And those two had to be the
philosophy that institutionalization should not be
permitted to continue and the other was that there was a
less expensive way of caring
for those precious souls who don't have any other place
or any other way or any other person to take care of them
than those folks that we're surrounded by tonight. There
isn't a way to provide that service at less cost in my
judgment and I've look and searched those records and
there isn't a way at less cost. I'm not sure that less
cost is the right answer because we have an opportunity at
Anoka State Hospital to even do more with the excellence
that we now have within the facility that isn't being
properly utilized which has been referred to. I'm not
sure that the philosophy that you heard stated here that
there needs to be community based facilities, the semi-
independent living units. I'm not sure that in any way
can those units accommodate many of the folks that are
treated, rehabilitated or perhaps extended period of time
at an institution like Anoka State Hospital. I don't see
another answer.

I applaud the legislature for taking
steps which makes very deliberate a very deliberate
approach to the closing of a state hospital but
that's exactly what we have here tonight and through
the State of Minnesota this interim period we have the
preliminary steps to
closing of additional state institutions. I call your
attention to the fact to you Miriam and those from the
Department who are here that there has never been a time
when the need is greater than it is in Minnesota or in
the nation for the care and handling of those people who
have destroyed their lives, have some hope for returning
to society, but face absolute total failure if they don't
have an institution that has the specific skills and the
loving care that an institution such as Anoka State
Hospital can provide. There has never been a greater
need than there is today.

AUDIENCE: I would just like
everybody here to know that with normal people the
treatment is much harder to get through because they're
already alright. It's very expensive. Why can't all
expensive but much is wasted in that pursuit. And also
you're approaching this whole thing from the wrong view.
You're waiting until all the wrong has been done and then
timing is terrible instead of going before and guiding in
such a way as childhood, adolescent training, there is a
lot of things that would avert this whole situation. And
I think we're going across regular general public cross
sections and trying to determine – trying to
straighten the people out where the problem is more with 
extremists and radicals, those kinds of circumstances.

MR. SNYDER: I talked briefly before and
I didn't identify myself. My name is Floyd Snyder but I
would like to follow up on my comments regarding the
commitment and if there is some legislators here tonight
who are involved in this procedure, if they still feel
they have done the right thing. If they know it or not
they're getting credit from all of the officials when you
try to get a very disturbed person committed they all say
their hands are tied, the legislature did it to us. How
in hell does one person or family go about getting state
laws changed and they should be changed and if there is
somebody here that has served on mental health committees
or whatever and could address that I would sure
appreciate hearing their comments.

MS. KARLINS: Do I understand
correctly that what you're really trying to find out is
how an individual who wants to get the commitment
procedure changes goes about doing that?

MR. SNYDER: Getting the laws
changed, yes, to make it possible.

MS. KARLINS: Any legal begals here?
BOARD PERSON: You have taken the first step. Obviously, you have to make those and make it known to those of us who have some responsibility in the area.

MR. SNYDER: I've talked to quite a number of years — over the years not yourself but several state legislators.

AUDIENCE: I would like to say that people such as him who have — I'm a staff member at Anoka State Hospital and a former patients' advocate out there my job as an advocate was to protect patient's rights that was my prime concern. I understand what you're saying and there are some groups in the State of Minnesota which perhaps can help you. The Mental Health Advocates Coalition, the Mental Health Association, and perhaps another one that do have support groups for people, Reach Groups run by the Mental Health Association. So there are other kinds of groups.

BLAKE: My name is Blake and I'm a patient in the CD long term Anoka State Hospital. I have a few things to say. One of them is that I'm grateful there is a place like this for people like me to go to have another chance at life again. The program they have up there is unlike any other I've
bean through and they have a place there for — I have a job during the day, I can make a few bucks to make ends meet and it's within the inner city also which is important for me so on the weekends I can go see my family. My family can come out for I guess it's a family night deal they have where they help my family to understand alcoholism.

And another important thing for Anoka State Hospital which the city here is it's close to a lot of towns and cities where people live that are in the hospital right now and I've gained a lot of new friends since I've been there. And I would hate to have to go back to a town say from Moose Lake back to Minneapolis and have to leave all these people behind and have to travel that far just to see them again.

And it's also important for the after care and the importance of halfway houses has been stressed here tonight and I think that's an issue that should be really recognized and considered and I myself I'm going to try to stay at Anoka, try to find a dry house for other alcoholics and myself that are recovering and this is something I need to be around these people that I meet that I can get support from and to be around places that
have community collages and a vocational school also where I might be able to further my education. Thank you.

AUDIENCE: My name is Ed and a lot of people that are here that are acquainted with chemical dependency, alcohol destroys brain cells and I tend to forget. The one thing I wanted to impress is a few of the people have stated here is that Anoka State Hospital is kind of a last stop between an individual and the cemetery. The people that have no insurance, no jobs to pay their way, that want to get help. The waiting list as has been heard here is very long. I've had the occasion the last couple of months a couple of friends that have tried to go into chemical dependency and were told there was at least a two week waiting list.

All the employees at the State Hospital who truthfully are dedicated people because I've had the honor of working with not only the staff of the CD, also with the other employees of the Anoka State Hospital. The one other question that really comes to my mind is I heard the statement that the need for funding for halfway houses and so forth and I think that's what this meeting is probably about. About the state hospital
because of the lack of the money in the state. But the
question comes to mind that it was not too long ago we
had a 10% surtax cut back and all of a sudden we started
offering amnesty to people who are delinquent in their
taxes. Where is all the money we had in the surplus now
coming from? Thank you.

MS. KARLINS: He want to be sure that
everything is on record and everybody has an opportunity
to be heard. There is nothing sacred about 9:30 but I
don't want to cut this off before everybody has had their
chance to state what they want to state. Are there any
other comments, questions, or suggestions? Well, if not
it's a warm night and it's a big crowd and thank you
very, very much.
STATE OF MINNESOTA
COUNTY OF RAMSEY

BE IT HEREBY KNOWN, That I, Lorie M. Jensen, Notary Public, Ramsey County, Minnesota took the foregoing proceedings. That the foregoing Forty Nine (49) pages are a true and correct copy of my stenograph notes taken to the best of my ability.

Dated this 2nd day of October, 1984.

Lorie M. Jensen, Notary Public,
Ramsey County, Minnesota.