

OCT 31 1984

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

STATE OF MINNESOTA
STATE PLANNING AGENCY
PUBLIC HEARING CONCERNING
STATE HOSPITALS

PUBLIC TESTIMONY ONLY

TAKEN ON
OCTOBER 3, 1984

AT MOOSE LAKE HIGH SCHOOL
IN THE CITY OF MOOSE LAKE
STATE OF MINNESOTA
COMMENCING AT APPROXIMATELY 1:00 p.m.

HEARING EXAMINER: Miriam Karlins
ALSO PRESENT: Colleen Wieck

Reported by:
Jodi R. Hoffarth

1 THE PUBLIC: I come only because I'm
2 first on the list. I'm Dale Wolf (ph). I'm here on
3 behalf of the Sixth Judicial District, I want to make
4 clear that our Chief Judge Campbell, who was here at
5 your last meeting, wants to be here. He is in Grand
6 Arabs for two days. He will be supplementing with
7 some written notes.

8 One of the things I want our Legislatures to
9 keep in mind and one of the things that we should all
10 keep in mind is that we have to be aware of euphemisms
11 here when we talk of institutions. We have that goal
12 and a goal that you should all have because we have a
13 bogymen image of state institutions as that cold
14 hearted institution with the echoing hallway where
15 people are just pushed into the hallway and forgotten
16 and we are here in the Courts because we get to see
17 the frontlines. We get to deal with both the public
18 sector and private sector for the mentally ill,
19 mentally retarded and other handicaps.

20 I think that I am most impressed about our state
21 facilities, especially the Moose Lake State Hospital,
22 when we talk about the quality of care and talk about
23 the consistency of the care. I know what it's like on
24 smaller private sector providers in terms of turnover
25 and consistency of care when we are talking about

1 smaller staff. I also know what the state hospitals
2 mean today in the 1980's. We are talking about
3 situations where we have specialized units, where we
4 have trained professional staff, and where we have a
5 lot of care and genuine concern.

6 I guess that I have to echo the other judges,
7 and some of those will be adding their written
8 comments on what we find particularly at Moose Lake
9 State Hospital, administrative professional and on-
10 line staffer working in whatever area with a genuine
11 feeling of pride and certainly feeling of concern for
12 the patients.

13 The true measure of government is not by the
14 privileges it provides to the select few, but to the
15 certain concern and the quality of care that it
16 provides to our disabled. And I would be concerned
17 not in the next five years and maybe not in the next
18 ten years, but I certainly would in a long-range basis
19 of a gradual move and shifts to shove our disabled in
20 a lost area that are truly state government's concern
21 in state government areas by relying totally on
22 private providers.

23 I have a feeling there are good places and I
24 know a lot of private providers. I see some of them
25 here today, Clyde, and some of the rest of you. I'm

1 very impressed with their services also too, but let's
2 not get caught up in the idea that the cure for
3 everybody's problem lies in deinstitutionalization.
4 Let's not get caught up in the ideas that quality care
5 cannot be provided in state facilities because we see
6 realities. We know there is not a bogymen that some
7 people talk about. We know what a caring, warm,
8 professional place we have here and that's why we are
9 concerned for residents and clients, our concern for
10 our state hospitals. I thank you.

11 THE PUBLIC: Good afternoon everyone. I'm
12 Florian Chemielewski (ph) and I have been representing
13 this District in the Legislature for the past 15 years
14 and I must admit for the past couple of weeks, as I
15 prepared to make my two or three minute remarks, that
16 I had a terrible feeling of frustration that I think is
17 representative of the people that are here with us
18 today.

19 The reason is simply this is that we faced the
20 similar issue just a short time ago when the national
21 publications were talking about the Willow River Camp
22 as a model program for the nation. The Senate was
23 involved in a program of dismantling that model
24 program and what is happening now is that just a few
25 years ago when Governor Perpich went through this

1 institution he said—and I was one of the people that
2 accompanied him on the tour—he said there is
3 Minnesota's finest institution and you can remember
4 Moose Lake will never ever cease operation as an
5 institution because this is the finest. But all of
6 this is taking place. We are facing the frustration
7 of meeting with the task force meeting and I tell you
8 if you want to know how the community is feeling with
9 regard to the entire effort, the entire process,
10 because of the kind of remarks and quality of care
11 that the people are getting is a real slap in the face
12 not only to the people working, but the people that
13 work and provided services to the community and people
14 a long time and also to the patients have been
15 regarded as receiving just excellent care in the past
16 number of years that Moose Lake has been in operation.

17 So the feeling in this community is one of
18 terrible frustration over this entire process as it is
19 with me as being one of the Legislatures who deal with
20 the issues at the same time while you say there is no
21 decisions being made. I don't want to misquote the
22 Governor by all means, but I do know the Minneapolis
23 paper just this week did say "Fergus Palls, don't
24 worry. This place will last forever." There is the
25 erosion of the process that you are talking about and

1 he stated the statement, according to the paper, of
2 Fergus Falls and Anoka. Although he said it six years
3 ago, I would like to have a renewal of that commitment
4 very quickly, otherwise that would leave us on the
5 bottom and we were on the top.

6 The political reality is that although patients
7 have increased in the hospital, the \$900,000 that has
8 been appropriated has been reduced now for improvement
9 to the hospital and they said young disabled veterans
10 ought to have Moose Lake and this is the logical
11 thing. Exactly the same thing happened in Rochester
12 just the day before the hospital was closed.

13 So you see what happens is not even though
14 positive points that are emanating from the
15 Legislature, emanating from the community, they still
16 give assurance to the community that we are, in fact,
17 satisfied with what's going on.

18 So what's happening with the legislative process
19 I can tell you that my position is that I'm supporting
20 continuing the operation in Brainerd. I'm supporting
21 the continuing operation of the Fergus Falls Hospitals
22 and all the state institutions of the State of
23 Minnesota and the Legislatures are forming a
24 coalition. We are not voting Brainerd versus Moose
25 Lake, Moose Lake versus Fergus Falls. We are going in

1 this together to offer a system that the we think is
2 unique and very good in the nation and coining out of
3 state hospitals and national offices we are giving
4 what is most important care to the patients that we
5 are servicing, serve the process of the development of
6 Moose Lake as a team and the people working in our
7 hospital system to have the security that they
8 deserve, that we are doing a good job and we want this
9 to continue in that way and that's the message that
10 I'm going to be conveying and I know that all the
11 Legislatures that are affected in this process are
12 going to be together in this issue one and all. So
13 thank you very much for this opportunity.

14 THE PUBLIC: I'm David Jones, Olgelvie
15 (ph), Minnesota, The study of the eight state
16 hospitals that the 1984 Legislature appropriated
17 \$2,250,000 for and ordered and which this town meeting
18 is a part of should find that mental illness
19 facilities should not be closed or reduced in size,
20 but should be expanded or added to.

21 My concern is not for the hospital employees or
22 the community where the hospital is located, but for
23 mentally ill persons.

24 The process which has been going on in Minnesota
25 for the past 20 years of closing and reducing the size

1 of the state hospitals has left mentally ill persons
2 untreated. Alternatives have not existed and do not
3 exist. It is no secret that in 25 to 50 percent of
4 the homeless and probably 90 percent of the suicide
5 cases are untreated mentally ill. We don't have to
6 say chronic, that would be redundant. Mental illnesses
7 are chronic illnesses. Kanabec County does not have
8 halfway houses, supervised living quarters or even day
9 treatment for the mentally ill. The alternatives to
10 the state hospitals do not exist for the mentally
11 ill. Why is it that we know that those with diabetes,
12 another chronic illness, must have insulin and
13 dialysis, so we provide it; but, we don't know that
14 those with schizophrenia and the depressive illnesses
15 have to have Thorazine, Lithium or anti-depressants?
16 We turn the mentally ill loose to fend for themselves
17 because the state hospital's patient quota is reached,
18 not that the patient's condition is really improved or
19 that alternative treatments exist outside the
20 hospital.

21 It should be easy to be admitted to Moose Lake
22 State Hospital. Dangerousness should not be the
23 criteria for admittance. No two treaters will usually
24 conclude the same way on this. The so called quote
25 unquote revolving door should be expected. It is the

1 nature of the illnesses. The mental illnesses are
2 episodum.

3 Moose Lake State Hospital should have the tools
4 and the personnel for medically oriented diagnosis of
5 the mental illnesses. The community mental health
6 centers are generally quote unquote problems in living
7 oriented and diagnosis is really not relevant within
8 this orientation. The community mental health centers
9 are not staffed to diagnose or treat the mentally ill.
10 The state hospital closures and the shutdown of the
11 buildings in the hospital areas have resulted in the
12 denial of treatment to the mentally ill.

13 THE PUBLIC: My name a Thaileen (ph)
14 Conaway from Cotton, Minnesota and I have a daughter
15 in Moose Lake State Hospital and I want to give credit
16 to the workers and the social workers for the help
17 that she has gotten in the years that she's been here.
18 I've got a resume of what she was like when she came
19 and what she is like now and I have no doubt that they
20 are working hard with her and doing all they can for
21 her. It seems good to come up to see her and see what
22 she is now to what she was when she come up. I don't
23 know what to say but what Mr. Wolf said, but I just
24 want you to know that I like the hospital. I don't
25 want to see it close.

1 THE PUBLIC: I'm Ernie Stovnicer (ph) and
2 I represent the St. Louis County Social Service
3 Department, it's office. St. Louis County supports
4 Moose Lake State Hospital because it is a service
5 provider that is responsive, effective, and accessible
6 to the needs of people of St. Louis County. The
7 hospital is a crucial component within the St. Louis
8 County continuum of care for the mentally ill,
9 mentally retarded and the chemically dependent. Moose
10 Lake State Hospital is as important to us as an acute
11 care hospital in Duluth, a group home in Hibbing or a
12 Rule 36 facility in Crookston.

13 As a professional in the care and treatment of
14 people in need of treatment, we are aware of the
15 importance of involving families and treatment team
16 members and developing and carrying out a treatment
17 plan. Moose Lake State Hospital has an excellent
18 record for involving family and local community care
19 giving in the treatment plan. The opportunity for
20 family and local professionals to meet with clients
21 and treatment at the hospital is enhanced by the
22 proximity of the hospital to the county. It is
23 located only 40 miles from a population center of over
24 100,000 people.

25 Patient care and community acceptance are two of

1 the most crucial elements of care of dependent
2 persons. Moose Lake State Hospital has a patient care
3 staff who is caring, skilled, and dedicated. It has a
4 patient care staff that earned the respect of
5 patients, families, and the social service staff in
6 St. Louis County. Shifting resources and services
7 from Moose Lake State Hospital St. Louis County
8 continuum of care to another state operated facilities
9 will result in an increased costs to the families of
10 the people we work with. Increased distances and
11 dollars is simply another barrier. The result:
12 Greater cost both in time and travel. It also
13 increases the administrative costs to St. Louis
14 County.

15 In conclusion, St. Louis County supports Moose
16 Lake State Hospital because it is a responsive,
17 accessible, and effective component of our continuum
18 of care. Thank you.

19 THE PUBLIC: Good afternoon, I'm Dan
20 Olmquist (ph) present chairman of the Moose Lake
21 Bargaining Association. This is the third community
22 in Minnesota which I have served in the pastoral
23 capacity which was located in a state hospital, but
24 not putting the other state hospitals down, as I know
25 they are both excellent hospitals, but I have never

1 felt or seen a hospital as a community resource, that
2 is until I came to this community. Moose Lake makes
3 itself available to the community, thus working with
4 the local churches.

5 Most pastors when confronted with a situation
6 where the individual is so severely mentally or
7 physically handicapped that they can no longer be
8 properly cared for in their home would recommend as
9 one of the best opportunities for care a state
10 hospital; but, until I came to this community, I would
11 never have dreamed of suggesting that a person
12 consider going into the state hospital for short-term
13 mental health care, thus helping them through a
14 traumatic time in their own lives.

15 One day after counseling with a person who had
16 some serious mental health problems and I suggested
17 that our local state hospital be considered as a place
18 to seek help, the choice was made to participate in a
19 halfway-type house program in Duluth, the program in a
20 home-like atmosphere where treatment was given within
21 this atmosphere. A short time later, about two
22 months, the decision was made by this person to
23 transfer to Moose Lake State Hospital. I then
24 received word to come to the state hospital to visit.
25 The person had been at the hospital two weeks when I

1 made the visit. Upon greeting her, I asked, "How are
2 things going?" To which she replied, "They care for
3 me here. At the other place I was just another client
4 from which they can derive a fee."

5 The Moose Lake State Hospital is more than a
6 community resource for its clergy. We can recommend
7 treatment in certain situations. The Moose Lake State
8 Hospital is a community resource where we, the clergy,
9 and the people of our parish can vest many hours and
10 services to special people who happen to be residents
11 of our state hospitals.

12 There are presently nine area clergy associated
13 in the Ten Step Program of the chemical dependency
14 unit.

15 This giving is not only drawn as a service to
16 the clients of the hospital, but also with us of the
17 personal rewards of helping special people at a
18 traumatic time in their lives. For the local churches
19 the Moose Lake State Hospital is an invaluable
20 community resource both in giving and receiving from.
21 Thank you very much.

22 THE PUBLIC: Pastor Christensen at the
23 Lutheran Church here in Moose Lake Minnesota. I tend
24 to agree with my friend Pastor Dan Olmquist. I would
25 like to speak out on behalf of Moose Lake State

1 Hospital, speaking not really for myself and the
2 parish I service, but the whole ministerium. I would
3 like to speak a word of appreciation and a word of
4 commendation to the staff and clientele of our
5 hospital.

6 For the clergy of our – the pastors and priests
7 and ministers, we all owe all of you a great debt of
8 thanks. Why is that? Because of you and because you
9 invite us to take part in your intervention programs
10 and all the step work together with the chemically
11 dependent, co-counseling together with the
12 psychologists, in-service training and community out
13 reach work. Because of our ministerial work together
14 with you, we are called forward to our critical zone,
15 to those beleaguered front lines where the cries of
16 human pain are most intense and the expression of
17 human feelings most honest. You keep us clergy from
18 hiding behind our desks, our collars and pulpits
19 because too often within our or parishes we become
20 shielded from our raw truth about those alcoholic
21 marriages, those violent homes, and yes, those
22 incestuous families. It can be an easy temptation to
23 become closed from real life behind a cocoon of good
24 manner or the pioneer spirit that we would be shocked
25 when we hear what you are really feeling, but you

1 remind us that reality is our friend. From where
2 reality is, God is doing its healing work.

3 We clergy, as we walk beside the recovering
4 alcoholic to all the harrowing ordeals of the five
5 steps, as we stand beside the residential client
6 fighting the demons of illness and pain we - I grow
7 and expand along with them and you know what that
8 means, that you benefit too. For you will have a
9 clergy who does not shrink or cower from the line, a
10 clergy who won't be shocked by those problems that you
11 scarcely name out. You will have gutsy, honest, and
12 up-front clergy. You have clergy who hand up answers
13 to God's teachings right in the front lines where God
14 is most feared. So again on behalf of all our clergy,
15 I want to thank you, the staff and the clientele of
16 our hospital, for keeping us clergy awake and alive
17 and real and what is more, I submit that you, the
18 citizenry of this region, owe to the Moose Lake State
19 Hospital not merely an economic debt, but a spiritual
20 debt as well because through our hospital, your
21 clergy, your pastors, and priests, and ministers are
22 being strengthened and empowered to better fulfill the
23 ministries that you called us to perform and from that
24 also you who gain. Thank you and God speed.

25 THE PUBLIC: My name is Ted Gayum (ph)

1 from the Lake County Social Services in Two Harbors.
2 I'm here representing the Social Service Directors
3 from Northern Minnesota. The fate of Moose Lake State
4 Hospital was discussed at the regional meeting and
5 there every director agreed that a strong statement of
6 support for Moose Lake State Hospital needs to be made
7 at this town meeting. Therefore, I submit on behalf
8 of the Social Service Directors of Northern Minnesota
9 the following statement: We strongly recommend that
10 Moose Lake State Hospital continue its current
11 function. It is a vital part of the service continuum
12 and its role should not be diminished in anyway,
13 shape, or form. As time progresses, recommendation
14 and decisions will be made regarding this important
15 facility. As these recommendations are made and
16 formulated and the decisions are made, we stand ready
17 to provide information and support which will preserve
18 Moose Lake State Hospital as it is now. Thank you.

19 THE PUBLIC: Good afternoon. My name is
20 Ray Gofstad (ph) . I'm a schoolteacher. I teach
21 mental adults at the state hospital.

22 Seven years ago I was fortunate enough to attend
23 a national conference in New Orleans for the American
24 Association for Mental Deficiency, I had a chance to
25 learn from some of the top experts in the field of

1 mental retardation. These people have all the same
2 message that if we wanted to find out what was really
3 happening with the latest advances in the field, talk
4 to somebody from Minnesota, talk to the recertifiers
5 (ph) , and the labs and the universities, but talk to
6 the line staff and classrooms who work with these
7 people everyday. It was gradifying to learn that the
8 leaders of our profession considered us to be the
9 leaders of our profession.

10 I wonder what has gone so wrong that in only
11 seven years we have to now look to New York, Road
12 Island and Michigan to find out how to do it right. Is
13 it possible that we have really gotten that far off
14 the track or have we just forgotten what we really are
15 doing. Perhaps we just need a reminder.

16 We monitor and modify behavior, we monitor
17 medication, we teach skills from academic to survival,
18 from vocational to leasure. We feed adult people, we
19 change their diapers, we care for their needs. We
20 become their friends and we become their advocates. We
21 do this in safe facilities, which in some cases are
22 smaller than community base ICF/MR facilities. We
23 have qualified professionals, special teachers, and
24 behavior analysts in our education program. We have
25 a consistent staff to carry out programs geared to

1 provide - to be the most appropriate and the most
2 therapeutic for the adult mentally retarded. We
3 function as members of a team and this team functions
4 24 hours a day, I call that a bargain. I know what
5 Moose Lake has to offer, I'm concerned about the
6 alternatives.

7 The opening sentence on any discussion on
8 deinstitutionalization is usually that the purpose is
9 to provide better services for the clients, but the
10 next sentence is usually about how much money the
11 state will save if it makes a county pay for those
12 services instead. I have heard it said when asked
13 about the cost of providing the necessary and
14 specialized services in the communities which we are
15 already providing at Moose Lake. Some private home
16 operators have been assured that those services can be
17 waived. I am not very assured by that. I have not
18 seen plans for dealing with educational services or
19 any other services which equal what we already have.
20 We have all been working very hard for our clients, I
21 do not want to see them have to take a step backwards.

22 THE PUBLIC: I am Bud Peterson and prior
23 to my retiring a couple of years ago, I worked as a
24 chemical dependency counselor for the center and the
25 Alcohol and Drug Center in Duluth and I guess during

1 that nine years period I made maybe 400 trips to Moose
2 Lake. This was one of our primary outlets that I used
3 and it was -- I found it very practical because we
4 weren't tied into anything.

5 I met a fellow last night and came through the
6 program here three and a half years ago and you know
7 what I mean or meant by he didn't know where he was
8 coming from when he came here, but by patient care and
9 about three and a half months of treatment, he has now
10 been sober three and a half years and last night he
11 was taking care of his ill wife instead of the way it
12 used to be. So he has turned out to be a good
13 citizen. It's not only important for Duluth to have
14 this institution -- state hospital to stay open. It's
15 important for all of northern Minnesota. They got an
16 excellent staff here. The program is viable.

17 During my time in coming down here I watched
18 changes develop. I watched the staff and management
19 get together, institute new programs. It is
20 excellent. And I think that it would be a great loss
21 for an entire area if we were to lose this place.

22 Thank you.

23 THE PUBLIC: Thank you. I am
24 representative Doug Carlson from Sandstone and I think
25 there is one thing I would like today is talk about

1 the Legislative intent as it deals with the study and
2 actually what transpired during this past session
3 dealing with the whole process of dealing with our
4 state institution.

5 Basically there are two main bills that deal
6 with the legislation and the funding for our state
7 institutions, mainly our eight state hospitals. The
8 first bill that I'm concerned about that was passed
9 was House Pile 1971, which was a bill that was
10 produced by Dick Welsh from Cambridge that did
11 originally in its original intend to go back and say
12 that the maybe the Legislature made a mistake when we
13 passed the waiver of the Title 19. So that what that
14 basically was going to do was attempt to repeal that.

15 The bill was introduced on March 15.
16 Recognizing that we had a short session, we were done
17 April 23, the bill was introduced March 15. March 27
18 the bill was heard in subcommittee and an amendment, a
19 bipartisan amendment was passed to replace the repeal
20 language of the Title 19 waiver. This was for us in
21 the areas of present state hospitals -- rather,
22 hospital language. On March 29, two days later, the
23 bill was heard in the full committee. Again it was
24 amended and made more favorable to those of us who
25 care not only about the residents, but about our

1 communities, our staffs, and our employees. Finally
2 the bill was heard on April 2 in the full Health and
3 Welfare Corrections Division of Appropriation, which
4 is the money committee. At that time the bill was
5 molded in to what is called the Omnibus Supplemental
6 Proposed Operations Bill. That bill was passed about
7 three days before the end of the session or was
8 suppose to pass about three days before the end of the
9 session, but there weren't enough votes.

10 It takes 68 votes to pass a bill in the House
11 and this bill - They were scheduled to adjourn I
12 think on a Thursday. There was lots of other
13 provisions in the bill, but this study was in one of
14 the provision in that bill. The bill finally passed
15 by a vote of 69 to 58 in the House and in the Senate I
16 believe the vote was 36 - I believe the vote was 36
17 to 30. And so it takes 34 votes in the Senate.

18 Then what happened, we still got the other bill,
19 the bill that the Legislature says is important to
20 the eight state institutions. That is funds of all
21 the capital improvements, the roof repair, the
22 heating, the plumbing, and everything that is called
23 the Major Knowledge Bill. That bill was House File
24 2314. Let me tell you what that bill had in this trip
25 around. I know. I was one of the conferees that

1 served on that bill. Because it has long-term
2 implications, it requires 80 percent in the House of
3 Representatives because it's a long-term commitment.
4 That bill ended up passing the House with over
5 \$4,337,000 in it for improvements to our state
6 facilities. That bill passed overwhelmingly to 112 to
7 17 votes. Only 17 votes in the House of
8 Representatives of 129 members opposed that bill. In
9 the Senate the vote was even better, yet it was only
10 59 to 2.

11 Specifically, what that vote would do for Moose
12 Lake State Hospital it put in \$200,000 more than the
13 Governor requested and it was all approved. The rider,
14 that was also attached, did state that there were some
15 projects that could not go forward until this study by
16 Planning Agency had been complete.

17 In the case of Moose Lake there was only two
18 projects of \$72,250 that cannot be put on the line and
19 the planning be put into place, whereas all the other
20 project includes the installation of the new
21 ventilation, replace plumbing, shower fixtures,
22 replace the roof in building 54 concourse, replace
23 steam line expansion joints, heating controls in
24 building 35, tentative allocation for furniture and
25 carpeting. \$981,000 is not covered by the rider that

1 was added and this is in a letter dated September 28
2 from Commissioner Lenard W. Levine and I think we
3 talked about Legislature intent.

4 You certainly have to give the State Planning
5 Agency credit. The bill was passed. I want you to
6 know it was very close to say yes, we do have folks
7 that want us to stay, but this being a town meeting
8 and I represent a large section of this east central
9 Minnesota area, I would grant you there is very more
10 we can do.

11 My wife is the chairman of the Pine County
12 Developmental Achievement Center in Sandstone. I
13 believe with a little foresight and freedom and with
14 the State Legislature, we have a unique opportunity
15 and communities in this case like Moose Lake that can
16 provide excellent sharing of medical facilities,
17 excellent school facilities, and yes, we can even
18 further sensitize our communities and do a better job
19 of using our facilities to provide some employment
20 opportunity, whether they be shelter workshop, greater
21 exposure to our communities. I think we can do a
22 better job. I would just hope that the State Planning
23 Agency will not take it upon themselves to presuppose
24 that a past Legislative session gave a mandate that we
25 should close a state institution. Thank you very

1 much.

2 THE PUBLIC: My name is Ernie Graham. I'm
3 the Sheriff of St. Louis County from Duluth. My
4 purpose in being here today is to put on the record
5 the impact the closing of this hospital would have or
6 change in its mission, on my budget and the budget of
7 St. Louis County.

8 The sheriff by statute is required to transport
9 the mentally ill between their home communities and
10 the state hospital designated for that purpose, also
11 between probate hearings. Currently this year we had
12 estimate that from St. Louis County we will make 90
13 round trips to Moose Lake State Hospital. If the
14 mission is changed here, if the hospital is closed,
15 that would mean an additional 120 miles per round trip
16 for us to Brainerd and back. And that computes to
17 some 10,000 more miles per year or figure conservative
18 costs of 30 cents per mile, more than \$3,000 per year
19 that was not currently budgeted.

20 In addition, the time involved two deputies
21 going to Brainerd rather than Moose Lake equals a lost
22 deputy for more than 14 weeks per year. Fourteen
23 weeks of lost manpower just in the additional
24 transportation to Brainerd.

25 One other area of expected expense would be that

1 currently probate hearings are held in Duluth. It's
2 now possible for us to come to Moose Lake Hospital,
3 take the patient or the client into the probate
4 hearing and returning he or she here that same day. If
5 Brainerd comes into the picture, it means we cannot
6 make that in one day. It means that because those
7 people cannot be placed and housed in a jail, they
8 would have to be placed in a private hospital and
9 bring an additional cost to the county for that night.

10 In recent years the smaller divisions of
11 government, the counties, the cities, and in many
12 cases law enforcement, have had additional expenses
13 mandated to them by the various programs in turn
14 mandated by the Legislature and State Government the
15 closing of this hospital and making it necessary for
16 us to go to Brainerd instead. This is another prime
17 example of additional costs to the County Government
18 because of program was mandated by the Legislatures or
19 by State Government. We do not need those additional
20 costs. We cannot afford them. Thank you.

21 THE PUBLIC: I'm Hike McKinney (ph)
22 representing a business here and I would like to read
23 a statement as an interested business located in Moose
24 Lake for over 30 years. I would like to convey the
25 impact of the state hospital on our future business

1 plans.

2 Besides the Moose Lake Little Store, we own a
3 parcel of land along Highway 61 at the site of the
4 present tower station, We are planning to construct a
5 mixed-usage mini mall that was expected to generate
6 between 15 and 25 jobs. We have obtained preliminary
7 architectural drawings and researched some various
8 alternative uses for that mall. We were originally
9 planning to start construction in the spring of 1984,
10 but because of the uncertainty regarding the presence
11 of the state hospital, we gave priority to other
12 projects. We are still very interested in this
13 project, but the hospital situation makes us question
14 the wisdom of an intensive long-term commitment in
15 Moose Lake. In short, we have taken a step back and
16 are hoping to get some solid commitment before we
17 proceed with our plans. I'm sure that this hesitation
18 is shared by other persons interested in expanding
19 their business in Moose Lake. I think the situation
20 has already produced a negative economic effect this
21 area. Hopefully we can alleviate this problem and
22 continue to thrive and grow in Moose Lake. Thank you.

23 THE PUBLIC: Good afternoon. I'm Gloria
24 Haybeck. I'm a Mille Lacs commissioner. I'm also
25

1 chairman of the Mille Lacs Welfare Board. I directed
2 the public hearing at Cambridge, but because Mille
3 Lacs commissioners feel so strongly about this issue,
4 they directed me to come here today and also talk to
5 you.

6 Mille Lacs is in the treatment area of the Moose
7 Lake State Hospital. We use Moose Lake State Hospital
8 for the treatment of chemical dependency and mental
9 illness. Both voluntarily and involuntarily in any
10 given quarter Mille Lacs has about 15 mentally ill,
11 chemically dependents at the Moose Lake State
12 Hospital. Basically the state hospital system is a
13 means of giving good care for the poor and/or working
14 poor who cannot afford private hospitalization. Since
15 counties are responsible for these people, we want to
16 have good affordable services.

17 The favorable comments regarding Moose Lake
18 State Hospital is that they have an excellent, and I do
19 mean excellent, staff. We have an extremely good and
20 close working relationship with them. Obviously the
21 people of the State need state hospitals and the small
22 population that need them need good services within
23 reason.

24 The unfavorable part of Moose Lake State
25 Hospital for Mille Lacs is the distance. We are

1 approximately - Milaca is approximately 75 miles and
2 it's a long way for our social workers to come and be
3 away from their offices. The distance also prevents
4 the families in many cases to participate in the
5 treatment of their affected members. In this respect,
6 Cambridge would be better suited for our needs.
7 However, there is a need for facilities of this nature
8 all over the state.

9 There is a small percentage of our population
10 that cannot function in the everyday world. They need
11 special care and they can get it in the state hospital
12 system. Thank you,

13 THE PUBLIC: I'm Andy Lippo (ph). I'm
14 County Commissioner for the Fifth District and I would
15 like to talk to you. I would talk a little bit about
16 chemical dependency. Moose Lake Hospital is one of
17 the finest chemical dependency treatment facilities in
18 the state. What will happen to the people who have a
19 need for chemical dependency treatment if the hospital
20 closes and this chemical dependency treatment is worth
21 the dollar spent. I can only tell you a true case
22 history and let you decide.

23 Four years ago I knew a man who had everything
24 going for him, a wife, family, home, and job. He had
25 only one real problem; he couldn't stop drinking.

1 He had started drinking when he was 17 years old
2 because that was the in thing to do with his friends.
3 He handled it okay for a number of years until he
4 reached the point where he needed more and more
5 alcohol just to deal with the everyday problems of
6 life. He then progressed to the point where he knew
7 alcohol was affecting his life and thought about
8 quitting, but he didn't put a whole real lot of effort
9 into it. Then came a denial of saying he was alcohol
10 abusive.

11 After being hospitalized for four days for tests
12 to determine if he had a bleeding ulcer and all the
13 tests came back negative, his doctor asked him how
14 much did he drink. He replied not really that much. I
15 just stop once in awhile to have a few beers, but we
16 did have pork chops for supper the other night and
17 that's probably what caused me to vomit blood.

18 He then progressed to the blackout stage. Go on
19 a drunk blackout and come out only finding that he was
20 drinking in a bar 150 miles away from home, not
21 knowing how he got there or what he had been doing the
22 rest of that night. He come home and find his wife
23 hysterical because she thought she was doing something
24 to him to cause him to drink. She was just as sick as
25 he was.

1 When he finally asked for help and went into
2 treatment it opened up a whole new world for him. He
3 found out that he wasn't weak willed or insane. He had
4 a disease called alcoholism, 100 percent fatal if it's
5 not properly treated.

6 Treatment taught him that he could live without
7 alcohol. His first true communication with his wife
8 came during family week when he was in treatment when
9 he said to his wife "I tried to quit, I really did."
10 And his wife told him "I know." When he talked to his
11 two boys on the phone and told him that he was wasn't
12 going insane, that he had alcoholism, his oldest boy,
13 who was seven at the time, said to him "Daddy, is that
14 why you yell?" Today he still has a wife and family
15 and his home and a position of responsibility in
16 Carlton County and he can say to you without any
17 feeling of remorse, guilt, or shame my name my name is
18 Andy and I'm a greatful alcoholic.

19 THE PUBLIC: I'm Carly Colt (ph). I
20 represent with the Health Systems Agency at Western
21 Lake Superior in Duluth and I also work with the
22 Duluth Area Mental Health Advocates. I have two
23 statements to read to you.

24 One is from the members of the Advocates
25 Grievance, It was their impression that one of the

1 most crucial episodes in the life of an individual
2 being treat for a mental illness is his initial
3 release from hospitalization. The events which occur
4 in the life of the individual at this time may largely
5 determine whether he will live out the rest of his
6 life as a revolving door of repeated visits or as an
7 independent and accepted member of the larger human
8 community. At this point in the recovery process, the
9 individual is often in need of support systems that
10 many communities and treatment facilities may be
11 unable to provide. The program most exciting and
12 development relative to support system as well as one
13 of the most reductive in terms of costs and
14 reductivism is the client community system. In this
15 kind of system mental health patients live together in
16 and support each other emotionally and
17 psychologically, Additionally, clients who are
18 successful in achieving are role models for the
19 remainder of the community. A very successful program
20 of this so recalled boarding home situation in which
21 all the residents including the staff had experienced
22 mental illness the employment rate of residents was
23 near 100 percent. Why was this program so successful?
24 Perhaps one of the most important reasons was the
25 existence of successful client role models like

1 Alcoholic Anonymous people experiencing similar
2 problems generally are a much greater influence on one
3 another as a role model given the success of these
4 models.

5 On a more general basis, why should not part of
6 this facility of the state mental hospital such as
7 Noose Lake be used to house such a community rather
8 than simply closing down a facility. The cost would
9 be minimum, the buildings are already in existence,
10 new ones would not have to be built. Additionally,
11 the support for personnel such as professional
12 therapists, psychiatrists, technicians also believe a
13 program like this would be a - that this would
14 promote all the role model clients like themselves who
15 have achieved success with minimal staff supervision.
16 Hospital treatment very simular to this type of group
17 home to be the first home after hospitalization in a
18 continuum of care with a greater degree of
19 independence. James L. Montegue (ph).

20 I also have a statement from the Health Systems
21 Agency of Lake Superior. It's area includes
22 Koochiching, Itasca, Lake and Cook Counties. All of
23 these, except Aikin County, a state hospital comprises
24 6 of the 11 communities including mentally ill 1985 to
25 1989 health system plan emphasizes the need for

1 continuum of care on on-site services the state
2 hospital provides at one end an independent living and
3 competitive employment in community and support
4 service also at the other end.

5 Although the designated HI beds at Moose Lake
6 State Hospital have not been used to capacity, it is
7 further clear that there is a need for many state
8 hospital beds because it was clear that community
9 resources have not been adequately developed at this
10 point in time to compensate the closure of this state
11 hospital. The Commissioner of Public Welfare in its
12 address to the Legislature on Rule 36 in March, 1983
13 estimated that in Minnesota there are approximately
14 7,000 Minnesotans currently not in any residential
15 programs whose needs are appropriate for a Rule 36
16 facility. If this number is proportionately
17 distributed throughout the state, there was
18 approximately 509 persons in northeast Minnesota who
19 met this criterion. There is 236 beds in our area. In
20 calculating four beds in each board and lodging
21 facilities for mentally ill people, there are total of
22 199 beds available to mentally ill people in northern
23 Minnesota.

24 The Health Systems Agency of Western Lake
25 Superior strongly urge the state to maintain at least

1 a portion of Moose Lake State Hospital in its present
2 form and to look for alternative uses for the
3 remainder of the hospital campus to keep the hospital
4 functioning. Many suggestions for alternative uses
5 have already been made informally such as using a
6 portion of the hospital for a VA hospital. This idea
7 is feasible and would have our support. It would seem
8 also that with the increasing emphasis on innovative
9 communities MACDMIMR (ph). In the fact that the state
10 hospital treats these individual populations under one
11 roof anyway indicates that resources and expertise in
12 each area and the potential to become a model
13 treatment center this would initially cost the state
14 for program developing, but in the long run the
15 hospital could become a consulting and training center
16 and provide revenue for this state.

17 THE PUBLIC: Good afternoon. I'm
18 representative Paul Overun (ph) and although I don't
19 represent personally Moose Lake, I'm representing much
20 of Carlton County including many nearby areas. You
21 know British Statesman Gladstone (ph) once said that
22 the function and purpose of law was to make it easier
23 for people to do good and harder for them to do evil.
24 I would venture to say what we have witnessed today
25 and previous public hearings indicates one thing and

1 in a very clear sense both in terms of the staff, the
2 community, and the clientele not only Moose Lake State
3 Hospital, but our entire state hospital system what we
4 have here in Minnesota relative to the care for the
5 mentally ill and care for the mentally retarded is a
6 very goodness.

7 The alternative is something we don't know.
8 There is no structure of small group homes and many
9 states across America when they tend to go to that
10 direction, we find decades later that there is no home
11 for the homeless.

12 Hubert Humphrey said that our responsibility in
13 government, and I would like to thank the good Judge
14 Wolf for bringing this up at the start of this, is to
15 those at the dawn of life are children, those who are
16 in twilight of life are senior citizens and those who
17 somehow never have a chance to see the bright sunlight
18 of the middle of the day and those are the people that
19 we are referencing here.

20 If there is a function in government, it's not
21 for politicians like me to talk to you or pass laws in
22 St. Paul. It's not for planning committees to sit
23 and plan. It's not to change things that don't
24 necessarily need change because change is an inevident
25 stability, constant in our lives. If there is a

1 function of government, what we see here at Moose
2 Lake, St. Paul, and seven other state hospital
3 institutions is absolutely what government is all
4 about.

5 Ronald Reagan would perhaps say it's the maximum
6 of whatever government is about. I would tell you
7 that it's the absolute minimum of what government is
8 about, if we can guarantee the maintenance of the
9 service and well designed programs the best service
10 for mental ill. If we cannot maintain that level of
11 service, we are missing the boat in government.

12 I was glad to see Mr. David Jones. Mr. Jones
13 for a long time has been a lonely crusader in the
14 House of our state government relative to guaranteeing
15 rights of access to the mentally ill in our society.
16 Mr. Jones, it is a pleasure to see you here today and
17 he is absolutely right. There is no fewer that need
18 to be served. There is perhaps more that need to be
19 served. I only hope that we can maintain the level of
20 care and compassion that we see right here in Moose
21 Lake. Thank you.

22 THE PUBLIC: I'm Ralph Nelson,
23 Superintendent of the Willow River Camp and the
24 Department of Corrections facility located
25 approximately ten miles south of here. Today I bring

1 to your attention the relationship that exists between
2 the Moose Lake State Hospital and the Willow River
3 Camp, our relationship that I feel should serve as a
4 model to other welfare and corrections institutions.
5 It is because of this relationship that I am concerned
6 or we are concerned about the future of Moose Lake
7 State Hospital.

8 For years Moose Lake State Hospital has provided
9 to the Willow River Camp laundry service. Since the
10 laundry closed at the Moose Lake State Hospital, the
11 hospital picks up our laundry, takes it to the
12 Cambridge facility and returns it when they transport
13 their laundry. We make use of the pharmacy at the
14 Moose Lake State Hospital to obtain the needed
15 prescription drugs and medical supplies in our
16 program. Our staff attend in-service training at the
17 Moose Lake State Hospital. Our maintenance staff meet
18 with and talk with maintenance staff at the Moose Lake
19 State Hospital to obtain assistance in repair projects
20 at the camp.

21 This may sound like a one way street with our
22 institution benefiting. However, this is not true. We
23 operate a vocational education program in vehicle
24 mechanics. Our students provide all the maintenance
25 for the vehicles in the Moose Lake State Hospital

1 fleet. We have an active AA program. Our Alcoholics
2 Anonymous group comes to the Moose Lake State Hospital
3 for joint evening meetings with the chemical
4 dependency patients.

5 About a year ago when the Department of
6 Corrections faced a potential overcrowding situation
7 in our adult institutions, we were looking about for
8 solutions. It is my understanding that the only
9 department of human services institutions that
10 expressed any interest in developing a joint
11 programming for correction plan was the Moose Lake
12 State Hospital.

13 The quality of this in relationship is reflected
14 in the east -- the staff of the two institutions work
15 together. It is as simple as a staff traveling
16 together to meetings in St. Paul as well as the
17 ongoing vehicle maintenance program I spoke about. It
18 is even reflected in the fact that the Moose Lake
19 State Hospital staff have several times put on fish
20 fries for the students of the Willow River Camp who do
21 the work in the vehicle maintenance program.

22 As you consider the state hospitals, the future
23 of the state hospitals, keep in mind that these two
24 institutions, the Moose Lake State Hospital and the
25 Willow River Camp, work together in rare harmony, the

1 harmony not found I believe at any other point in
2 Minnesota. This results in a savings for the tax
3 payer and more important, better services for
4 Minnesota citizens.

5 THE PUBLIC: I'm Becky Vincent (ph).
6 There are 37 facilities that are involved in the
7 treatment of mentally ill adult people. Ideally I
8 guess we would all like to believe that all mentally
9 ill clients should be treated in the community and of
10 course that's what our program at Eagle Lake is all
11 about. However, in our years of experience with the
12 mentally ill population, I have come to learn that
13 that is not always the case. There is many, many
14 clients in the mentally ill situation who cannot
15 function outside of the protective environment of the
16 hospital, which Moose Lake State Hospital very
17 adequately provides for those people.

18 Facilities like ours operating under Rule 3 6
19 provide a supporting constructive atmosphere for
20 people to get ready to go into less structured living
21 situations sometimes after they leave the hospital and
22 sometimes right from the community, if they are unable
23 to function there. We have, however, have groups of
24 clients that we cannot serve. Clients with these
25 management problems need the security and the

1 protection of the state hospital until they can
2 function elsewhere and are in control enough to do so.
3 Moose Lake being the most accessible to northern
4 Minnesota makes this hospital a very crucial part of
5 the continuum of care for mentally ill adults in this
6 area first as a protective environment, which I have
7 already talked about, and second as a service to the
8 area assisting in the continuing care of the clients
9 who have gained ability to leave the hospital setting.

10 At Eagle Lake Home we developed a very good
11 working relationship with Moose Lake State Hospital.
12 We found them to be an open, valuable and helpful
13 resource. We developed mutual respect for each
14 other's roles in the care of mentally ill adults. The
15 hospital often refers clients to us when they are
16 ready to leave the hospital setting and provides
17 excellent after-care services for these clients such
18 as group medication therapy and monitoring of
19 medications with the hospital psychiatrist. We have
20 access to DVR services at the state hospital in Moose
21 Lake. I guess for people trying to be trained or
22 retrained for future employment, the hospital has
23 offered us hope, access to their experience, and a
24 very complex system of services to mentally ill
25 clients. Our working relationship with Moose Lake

1 State Hospital has been and we hope will continue to
2 be a very important part of our community goal, which
3 is to provide the best and most beneficial services to
4 the mentally ill clients of northern Minnesota. Thank
5 you.

6 THE PUBLIC: I'm Bob Sampson. I work at
7 the state hospital. I had a few things that I was
8 going to say in favor of Moose Lake State Hospital,
9 but I think they have all been said before me here,
10 but I would like to elaborate on a couple of things
11 here. One is a lot of people talked about how
12 excellent staff is up at Moose Lake State Hospital,
13 our caring therapy and so forth. One of reasons
14 besides being concerned for the patient, is that we
15 have one of the — just an excellent staff development
16 program at Moose Lake State Hospital. There are
17 classes in life safety all the way down to behavior
18 management, the basis for treating people and that is
19 on a continuing basis and I think that makes for
20 excellent staff. I don't know if this would be the
21 case in small group homes, I kind of doubt it and
22 another thing that I don't know if it has been brought
23 out in favor of state hospital, we have a pretty good
24 record on returning patients to their homes or back
25 into the society, general society and that's on

1 record. Anybody can look at that. As Miriam said
2 this, over the years there has been a reduction in
3 population of the state hospitals and there are
4 several, quite a few different reasons for that I
5 suppose, but I would think advanced psychiatric
6 technics and medications and so forth, but I think
7 that's a plus for Moose Lake State Hospital and all
8 the other hospitals too in the fact that they are
9 reducing the amount of people who have to stay in
10 state hospitals and I think they are -- that goes well
11 for their treatment programs. And with this Welsh
12 versus Levean (ph) decree there will be further
13 reductions in the state hospitals' mentally
14 retardation programs.

15 I for one wish that we didn't have to have state
16 hospitals, that everybody could be home, but that's
17 not the case. The only thing I wanted to bring out on
18 that reduction of clients of state hospitals is that
19 it would be unthinkable for us, anyone of us or
20 anybody in power to dump these people on communities
21 that aren't ready. They don't have the resources.
22 They don't have the facilities like several of them
23 said here today, that these small community homes and
24 so forth are nonexistent for the most part and it
25 would be just inconceivable that we would do this, I

1 think if we are not legally committed to take care of
2 these people. I think we are at least morally
3 obligated, if nothing else.

4 As far as alternative uses, I say certainly
5 there is alternatives to the Moose Lake State hospital
6 because I think it's a great facility. With this
7 reduction there is going to be empty beds statewide
8 and there is no question about it if the population
9 keeps going down and at Moose Lake, it's been
10 recognized that we have one of the biggest - not
11 biggest, but one of the best geriatric treatment
12 program than anywhere around in this state. At least
13 according to the way the population is going, there is
14 going to be a lot more people in the geriatric age
15 groups that are going to have to be going someplace
16 whether it's a nursing home, state hospital, or what.
17 Like this previous lady said that there are people who
18 cannot go to these places. They have to go to state
19 hospitals because there is no other alternative and
20 possibly we could expand on that. I know there is a
21 lot of need for geriatric beds for veterans and maybe
22 the state should look at something like that.

23 Another area probably is expansion in CD
24 programs. I know that was mentioned by Mr. Smith over
25 here and insurance companies now are cutting down on

1 the amount of money able to pay out for chemical
2 dependency treatment and whether they have effected a
3 recovery for this person or not, that's beside the
4 point. They are not paying any more henceforth. They
5 will probably have to go to state hospitals and I
6 don't think that we should just rely strictly on the
7 tough laws that are coming out now for DWI's and so
8 forth and that would just fill up our correctional
9 institutions and maybe if we treated these people for
10 their chemical dependency and get them back in the
11 mainstream of society, maybe we can get these people
12 out of the jail and reduce the costs there somewhat.
13 Thank you.

14 THE PUBLIC: I'm Larry Peterson, CPA here
15 in Moose Lake. The objective of our presentation is
16 to show the economic impact of the Moose Lake State
17 Hospital payroll has on our area and economy. It
18 compares that impact that the other state hospitals
19 have on their economies. The impact was determined by
20 comparing the fiscal year 1982-83 state hospital
21 salaries and patient pay ratio to 1982 Federal
22 Adjusted Gross Income in an area consisting of 20
23 townships surrounding each state hospital. 1982
24 figures, by the way, on Federal Adjusted Gross Income
25 are the most recent available. Each township is 46

1 square miles the size, is 24 miles by 30 miles or 36
2 square miles surrounding each hospital.

3 Information was obtained from the Moose Lake
4 Hospital regarding a number of employees of the
5 facility that live within the area and it was
6 determine that 509 of 527 employees did live in that
7 area chosen. Moose Lake State Hospital fiscal year
8 '82-'83 salaries and patient pay totaled \$10,591,118.
9 In 1982 Federal Adjusted Gross Income of persons
10 living within the 20 surrounding townships
11 \$43,419,762. The ratio of Moose Lake State hospital
12 salaries and patient pay to Federal Adjusted Gross
13 Income surrounding area is 24.39 percent.

14 The ratios of the other state hospitals are as
15 follows: Anoka, .56 percent; Brainerd, 8.26 percent;
16 Cambridge, 8.01 percent; Faribault, 5.02 percent;
17 Fergus Falls, 10.22 percent; St. Peter, 3.45 percent;
18 and Willmar, 6.67 percent.

19 The impact of the Moose Lake area is then almost
20 two and one half times that of the Fergus Falls, the
21 area of the second most impact and more than four
22 times the impact than that of the other seven
23 hospitals.

24 I respectfully ask to include a copy of this
25 report in your study and give a copy of it, which

1 incidentally only represent the initial impact on the
2 area and does not take in consideration the domino
3 effect of the loss of payroll dollars, tremendous
4 losses in property values and so forth as this area is
5 substantially dependent on a publicly supported
6 economy. Any further indepth studies of this type
7 will only accentuate the impact of our hospital.

8 School Districts will submit a letter to the
9 report the impact of the closing Moose Lake State
10 Hospital will have on fiscal stability and able to
11 provide adequate education programs for all persons in
12 Moose Lake and surrounding area.

13 THE PUBLIC: My name is Larry Scott (ph)
14 and I'm here for the Carlton Chapter of the Mental
15 Health Centers. I have a very brief statement to give
16 you as to their position on that issue and on mental
17 health association.

18 They feel that it is important that mentally ill
19 persons have available to them in their communities a
20 range of services. To name a few, such things as
21 secure and acute care such as hospitals, community
22 housing, both supervised and unsupervised training
23 services and financial and medical supports. Moose
24 Lake State Hospital is considered a part of this
25 continuum of care, as are other services that are now

1 available in the community and also those services
2 that need to be established in the community.

3 We hope that a survival situation would not
4 develop at this time. That is that we hope that we
5 would not be in a position where it's either state
6 hospitals or community treatment. Rather it is the
7 position of the Mental Health Association that state
8 hospitals are one of the services in a continuum care
9 that are necessary to establish and maintain in our
10 communities in order to provide quality services and
11 more to mentally ill persons. Thank you.

12 THE PUBLIC: Good afternoon. I'm Ross
13 Anderson. I'm speaking for the Coalition of Labor
14 Workers Organizations of the hospital.

15 Somehow it seems very ironic when we are
16 talking about the Legislations that would require
17 private industry to give a two to three years notice
18 to the community that they were intending to leave,
19 that the state in so many words is somewhat holding
20 hostage the
21 eight areas that have state hospitals in them. They
22 can close the state hospital at a whim. What happens
23 to these facilities if they close? If the mission
24 changes, what becomes of the clients, the staff, the
25 communities that are served?

We, employees of the Moose Lake State Hospital

1 and in fact the whole state hospital system, have been
2 criticized in the past year. Our critics claim that
3 the only thing we were concerned about was our jobs
4 number one, and secondly, the economic impact on the
5 community served by the hospital. While some of this
6 is certainly true, we are also tremendously concerned
7 about the clients in the facilities we work in. If
8 the mission of the Legislature changes no matter how
9 radically or if they close completely, what will
10 become of the clients that are now in residence?

11 Much is said about how appropriate community
12 living is, how much better it is than institutional
13 living. I'm sure you wouldn't find one employee at
14 the hospital who would not want the clients they
15 worked with to be served in the least restrictive,
16 most therapeutic facility possible. However, for many
17 of the residents now being served at the facility and
18 all the facilities in the state, these are the least
19 restrictive settings available.

20 There are no openings, no communities facilities
21 for many of the clients we have. And in fact, there
22 are not even facilities in some instances that can
23 cope with the specialized needs of the population that
24 are currently being served in the hospital within the
25 institutional system with the a dedicated well-trained

1 staff who have experience in dealing with the highly
2 specialized needs with the client currently served,
3 persons that the state has vested large amount of time
4 and money in developing this expertise. Would it not
5 be a shame to have this well trained qualified staff
6 lost in a bureaucratic shuffle and reorganization.

7 We will challenge the statement of smaller is
8 better and cheaper and that the only good institution
9 is a closed one. State institutions in Minnesota have
10 been trend setters in the mental health field
11 throughout the years. Many states even now do not
12 come close to the level of care service or protection
13 of the rights of the clients that the mental health
14 system does in the State of Minnesota.

15 Many of us would like to take part and help
16 shape the changes in the mental health system. We are
17 trained, qualified professionals with skills and
18 knowledge essential for moving the clients towards a
19 least restrictive living area. Will we be given the
20 chance or will the State forge onward closing state
21 hospitals, displacing clients and disrupting
22 communities to be in step with the new trend that is
23 sweeping the country.

24 THE PUBLIC: I'm Charlie Vickerstock
25 (ph). I'm the social worker at Moose Lake State

1 Hospital and we had a family here that were going to
2 give a testimony about their retarded son at Moose
3 Lake State Hospital, but Mrs. Larson was not able to
4 speak today so she asked me to read this letter to
5 you.

6 "My husband and I are the parents of Alan, who
7 has been a client at this hospital for approximately
8 eight years. He is 32 years old and needs total care.

9 "During the years he has been at Moose Lake
10 State Hospital he has not only total care, but
11 excellent and caring care. Our visits for the most
12 part are unannounced and we have always found him
13 clean, comfortable and well taken care of.

14 "He is involved in several different training
15 programs. He has a foster grandmother. He has
16 therapy at the Developmental Achievement Center. He
17 also goes on outings, goes to the fair and a few weeks
18 ago he went on the Vista Queen on Lake Superior.

19 "I don't know of any other place he could get
20 this kind of care. We are very grateful for who has
21 taken care of Al. We feel more confident when Alan is
22 ill we will be notified immediately.

23 "We are only three people who need Moose Lake
24 State Hospital, We realize there are thousands of
25 others, not only the clients and their families who

1 are dependent on the hospital for the livelihood, but
2 a great percentage of surrounding area needs Moose
3 Lake State Hospital. Where would all the clients be
4 and where are any job offers for the people who would
5 be without work? My thoughts are this: There isn't
6 any way we can get along without Moose Lake State
7 Hospital." Signed by Mrs. and Mrs. Alfred Larson,
8 18067 McFarland road in Duluth, Minnesota.

9 THE PUBLIC: Good afternoon. It's good
10 to see all of you here. My name is Steve Woosell
11 (ph) Mental Health Committee, Moose Lake, and
12 Coalition of Board Members of the Mental Health
13 Committee and the points that I would like to address
14 today come from those two backgrounds and I won't take
15 but a couple minutes of your time. I think as a
16 coalition and administrator of the health facilities I
17 would like to see our State Department of Human
18 Services continue to promote and enhance the
19 relationship established between our local health care
20 providers, specifically our clinic and our hospital in
21 Moose Lake, and continue to expand the relationship in
22 the future.

23 Currently our clinic is employing five family
24 practice physicians and the current contract give
25 length of those figures to the Moose Lake State

1 Hospital. This position began in middle part of this
2 year in July of 1984 and since that time have been
3 able to help them out in some severe crunches they
4 have had in lacking medical personnel in the physician
5 area also a hospital in Moose Lake that has an
6 extensive laboratory department and can do most any
7 tests known to man in the laboratory.

8 Our state hospital has a laboratory of its own,
9 but sends out a large portion of its tests through
10 patients at the hospital reference laboratories in St.
11 Cloud and Minneapolis. We have made diligent effort
12 to approach the Association to attempt to get some of
13 this lab work diverted over to our local hospital
14 maintaining consistent quality and response time with
15 the lab procedures being done and we feel we will be a
16 competitive price.

17 We have been told by the administration that
18 their hands are tied at that point because of some
19 buying contract that the state has in place. We feel
20 it is very inappropriate to divert dollars to
21 Minneapolis and St. Paul when in fact that money could
22 be left in our own community and could help a
23 community such as Moose Lake, who are going through
24 traumatic times of their own.

25 Secondly, in the area of recruiting professional

1 help, I would like to speak specifically in one area
2 and that relation to the area of psychiatry. Currently
3 we have approximately one full-time equivalent at our
4 state hospital in this needed professional area. In
5 January of last year we talked about the need for this
6 personnel. The State Department had a psychiatrist
7 speak about the need for competent psychiatric
8 personnel and a physician to patient ratio. This is
9 all well and good. We agree with all of their
10 verbage in this area. I guess what we are concerned
11 with right now is that the intent of them to go out
12 and try to obtain and recruit these individuals have
13 not been very sincere from our behalf when reading the
14 medical profession feels the area of psychiatry is
15 the one most difficult professionals to obtain in any
16 clinic or hospital setting in our country. This is
17 well documented by the Minnesota Medical Association
18 and the American Medical Association. Up to this
19 point state hospitals have not been a prime area for
20 psychiatrists to operate and function in the
21 professional life. During the last few months we have
22 spoken about residency programs in Minnesota and
23 Wisconsin and have attempted to begin a process to
24 obtain professional help in this area.

25 We would at this time like to advise the State

1 Department to solicit the help of a recruiting firm or
2 firms to attempt to alleviate this problem of lack of
3 professional help in psychiatry. We feel that if a
4 professional recruiting firm was hired at a cost we
5 realize is substantial, but if the State Department of
6 Human Services is saying that this is a crucial need
7 for our system, then I think that we need more than
8 lip service and we need the dollar spent to obtain
9 these people for our facilities and these other
10 facilities also.

11 Another point of interest for us today when we
12 talk about our state hospital is one in the area of
13 giving them the freedom to develop new programs for
14 treating patients in our disability areas both mental
15 illness, mental retardation, and geriatric program and
16 chemical dependency. We need to create a larger
17 personnel and other facilities in the state and at our
18 hospital to attempt to fill the gap in the system that
19 we currently have in Minnesota and also to increase
20 the high quality of programs that we have.

21 We have very, very good programs in Minnesota,
22 but there is always room for improvement. I think if
23 we let our staff people and administrative people sit
24 in their jobs and do some thinking and being creative,
25 I think we are going to have a system in Minnesota

1 where we are going to have people from Road Island
2 coming to visit us and Michigan coming to visit us
3 because we have the best system in the country. I
4 think we have the personnel to do that. I think we
5 need the Department to untie their hands, so to speak,
6 to accomplish the task.

7 We need to get into the free market and we look
8 at our health care system today and we see a very
9 rapidly changing environment. It's a very competitive
10 environment. Many hospitals such as our own local
11 hospital keep patients in its own area. Low occupancy
12 rate controls the nation, increased beds being unused
13 and this is a problem not only in the state
14 facilities, but facilities in the private sector and
15 public sector also, but what we need to do is let our
16 facilities once again be creative in trying to find
17 ways to treat people. State hospitals in general have
18 a much lower cost than the private sector hospitals.
19 Specifically our hospital charges persons in the
20 mental illness program \$107 a day and facilities in
21 the Duluth area charge anywhere from \$250 to \$275 a
22 day.

23 In looking at joint credit on commission of
24 hospitals, statistics, and evaluations, they consider
25 our program to be one of the highest in the state and

1 we consider the matter of our own clinic to have high
2 enough quality to warrant referring our own patients
3 to them for treatment I think one last consideration I
4 would like to make is the fact that I would like the
5 State Department of Human Services, I would the
6 Governor, the Legislature, the State Planning
7 Department to take into consideration the fact that
8 our community is committed to maintaining our hospital
9 in its present form.

10 The acceptance of the Moose Lake State Hospital
11 by the people in this area I feel is something that is
12 unique to our state and maybe something that's unique
13 to the country and this fact should not go unnoticed.
14 I think when you look at the turnout that we have here
15 today and the turnout that we had in the past few
16 months at other meetings and the January town meeting
17 throughout the fund raising events that we, have had
18 over the past few months, I think we will see a
19 serious interest and it does not go just because we
20 are economically oriented, that we need the state
21 hospital for that and that alone. We feel that the
22 state hospital is providing a very beneficial service
23 to the people in this state and we feel that to close
24 this hospital or to close any other hospital would be
25 a very unkind jesture to those people that are both

1 employed in the hospital, but mostly the patients and
2 families who have people residing in them. Thank you.

3 THE PUBLIC: My name is Bruce and I have
4 a question of somebody. Nobody has asked a question
5 yet. Do we have a representative of the Department of
6 Human Services here?

7 HEARING EXAMINER: Yes. There are
8 representatives of the Department of Human Services.

9 THE PUBLIC: Can you have someone step to
10 the microphone? I have a question.

11 HEARING EXAMINER: Will someone from the
12 Department of Human Services step up here to answer a
13 few questions?

14 THE PUBLIC: While the gentleman is
15 coming up, I would like to say congratulations to Andy
16 Lippo. That is an awful tough fight and if the lady
17 doesn't know it, he's my incumbent in the election
18 coming up.

19 Sir, a couple of questions. The first one, the
20 Senator talked about the frustration in our area. I
21 don't think he really made it deep enough. I'll give
22 you an example. One man came to me recently and said
23 that every morning he goes to the state hospital,
24 wakes up with a burning stomach, is in the parking lot
25 and stays there until he sees cars there and there is

1 no closed sign on the front door. One man was telling
2 me that he worked up there all of his life and managed
3 to have a small house and is retiring into a smaller
4 apartment. When the hospital goes, the property
5 values are sinking and he is worrying about that.
6 There is a lot of fear and frustration in our
7 community because the state hospital is this community
8 and will be an economic and emotional disaster if we
9 lose it.

10 My question to you is this: In view of the fact
11 that we have so much anxiety and so much fear and
12 anger, at what point can we expect your department to
13 allay these fears and to let us know what is going to
14 happen, because sometimes the fright and the anger and
15 frustration is much more than what would happen. At
16 what point could you assure us, sir, that something is
17 go to take place and let us know what is going to
18 happen?

19 MR. BACH: I'm Warren Bach (ph). I'm
20 with the Department of Human Services, the Mental
21 Retardation Division. In response to your question,
22 we will not make the decision about the Moose Lake
23 State Hospital. The Legislature will. The purpose of
24 the State Planning Agency study selected is statewide,
25 to make recommendations to the Legislature. That is

1 where the decision will be and in my judgment, where
2 it belongs.

3 THE PUBLIC: Thank you. The next
4 question is this: Have you seen the paper this
5 morning by any chance, the Moose Lake paper? I quote
6 the most extensive survey of mental disorders ever
7 conducted in the United States found about 19 percent
8 of all adults over 18 suffer from at least one
9 psychiatric disorder. In other words, 750,000
10 Minnesotans suffer from at least one psychiatric
11 disorder. The article goes onto say that 12 percent
12 of the population has serious mental disorders. That
13 comes out to be 43,000 people in the State of
14 Minnesota. Our population in Minnesota at state
15 hospitals is very, very low. How are you going to
16 plan to service all of these people who obviously have
17 mental problems?

18 MR. BACH: Well, I have not seen the
19 article, as I indicated, and I'm not aware that we
20 have 45,000 people right now on the waiting list for
21 services. If that data really become available, I'm
22 sure we will have to plan for them.

23 THE PUBLIC: Thank you very much.

24 THE PUBLIC: I've got two announcements
25 that I would like to make. First one being that you

1 are all cordially invited to the fund raising activity
2 to be held after this meeting up until about six
3 o'clock at Gampers (ph) out on Highway 61. We
4 appreciate all of your coining today and we hope to see
5 you all out there.

6 And the second announcement would be that I
7 would like to formally let the public know that the
8 Coalition of Concerned Citizens for Moose Lake State
9 Hospital have hired the firm of D. Ewald and
10 Associates, Incorporated (ph) from Edina, Minnesota to
11 assist us in our efforts to fulfill our bottom line
12 goal of keeping Moose Lake State Hospital alive and
13 hospital in the future. Two of the principal partners
14 and one of their associates are to my left and your
15 right. Mr. Bill Lee, will you stand up please. To
16 his left is his partner Doug Ewald and in the middle
17 of them is Carol Borrow (ph) one of the associates in
18 the public relations area. Their principal area will
19 be to counsel us in the area of government and public
20 relations and will be our eye on the politicians and
21 the Department of Public Welfare and Department of
22 Planning as we go forth here in the next Legislature
23 sessions. Thank you.

24 THE PUBLIC: I'm Frank Melzac (ph) at
25 Mille Lacs State Hospital. Our state is faced with,

1 like any other states, with every increasing demands
2 for services. Well, at the same time there is
3 tremendous pressure to contain costs and to reduce
4 taxes, which in effect reduces the resources we have
5 available. When you add to this dilemma the special
6 interest of individuals of groups, the different
7 values and philosophies that people have and most
8 importantly the emotions a person directly involved
9 with people who are either physically or mentally
10 handicapped, the whole question of problem and
11 decisions in health care begin to be extremely
12 difficult and none the less, changes are taking place
13 and the decisions are going to have to be made if we
14 are going to be able to take care of the people in our
15 communities who need our help the most and continue to
16 be able to provide them with the best possible care
17 and services we can afford.

18 None of us here, certainly none of the people in
19 the state offices or the Legislature, have ability to
20 answer all the questions or will even pretend to have
21 answers to these. There are some individuals in some
22 groups have very strong feelings of what should be
23 done and what is needed and they work very hard to
24 convince our policy makers, but most appointed
25 officials and Legislatures welcome broad-based input

1 so that they don't do something for one group at the
2 expense of another or so that they don't take a
3 direction that isn't going to work or gain the general
4 acceptance of our public.

5 I'm really pleased at least in this instance we
6 had an opportunity and the general population had an
7 opportunity through this public forum to express their
8 concerns and state their position and from the turnout
9 here today, I think it's obvious that people do care
10 and do want to be involved. I'm confident that with
11 the information presented here and at the other town
12 meetings, that this information will be used and will
13 be fully considered in any decisions that will be
14 made.

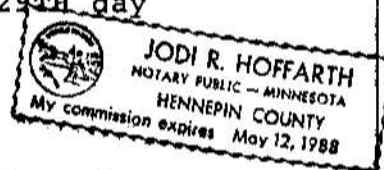
15 I guess I just want to thank all of you for the
16 interest you have shown coming here today and I hope
17 you stay involved. Thank you.

18 (The proceedings ended at 3:10 p.m.)
19
20
21
22
23
24
25

1 STATE OF MINNESOTA)
2) CSS
3 COUNTY OF HENNEPIN)

4 I hereby certify that the foregoing
5 transcript consisting of 63 pages, is a true, correct, and
6 complete transcript of my stenotype notes taken at the time
7 and place in the above-captioned matter.

8 WITNESS MY HAND AND SEAL this 29TH day
9 of October, 1984.



10 *Jodi R. Hoffarth*
11 Jodi R. Hoffarth
12 Notary Public, Hennepin County
13 My Commission Expires:
14 May 12, 1988
15
16
17
18
19
20
21
22
23
24
25