ORIGINAL

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STATE HOSPITAL STUDY

Town Meeting At:

611 West 5th Street
Willmar, Minnesota

The following proceedings were duly had on September 13, 1984, at 611 West 5th Street, Willmar, Minnesota, taken before Debra C. Schmidt, RPR, Notary Public in and for the County of Hennepin, State of Minnesota, commencing at 2:00 p.m.

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(Transcript of Public Testimony.)

MR. HUPDA (phonetic): Wally Hupda from the Willmar State Hospital. 28 years I worked out there. Presently President of the local union. I want to thank everybody for being here. We could have had more, but --

Let's keep in mind that these are human beings we're dealing with, not cars, not animals, human beings. And I'm sure if we look at it that way, we should be able to come up with a solution that takes care of everybody.

MS. KARLINGS: Thank you very much.

MS. LUNDSTROM: I'm Carol Lundstrom, Executive Vice President of the Willmar Chamber of Commerce. On behalf of the business community, we wish to commend Governor Perpich and the legislature for placing the State Hospital Study in the hands of the State Planning Agency.

We recognize that there is now the credibility, the structure, process, and opportunity for input that were lacking when we appeared before the Commissioner in January. I'd like for you to be aware of our process as we prepare for this meeting. Our Chamber served as the facilitator and governor of a broad-based community group that was first called together in December '83. The group represents the business community and labor unions, city officials and county officials, state legislatures and legislative candidates, representatives of the full range of health care and human services in Willmar including

but not limited to the mentally retarded and mentally ill. Our law enforcement and court system, the media, volunteer organizations and the families of patients.

There were some powerful common things that surfaced when this group assembled and discussed the issues. And we would like to share them with you. We acknowledge that the loss of jobs, the loss of personal income, the loss of payroll to the community and all the negatives, economic spin-offs, will be catastrophic for us or for any out-state community that experiences a closure.

In the face of those facts, I hope that you will seriously weigh the importance we place on two other sets of issues. We are seriously and genuinely concerned about the quality of care that will be provided. We support the concept of a continuum of care. We in Willmar take our role of health care and human services provider for West Central and Southwestern Minnesota very seriously. We believe that the transition from institutional care to a variety of care options is a process that has been underway for years, and will continue and should continue. However, we're concerned that a total abandonment of institutional care in favor of community-based care is faddish and not appropriate in all cases.

We are aware that those communities, which have the support and service resources to adequately maintain community-based facilities are regional centers like Willmar.

To spread: patients into communities without those resources under the name of community-based placement is from our perspective plain and simple dumping.

Institutional care is not in and of itself bad. In a warm and concerned community the cost and service benefits of the Constitution will be supported by caring staff and active community volunteers to provide the optimum situation for the patient.

The second issue we wish to put forward in the community is excellence. You can objectively tally payrolls and numbers of employees, and all of the economic impacts of long-term state employment, and family take-home pay, but that data must not be the sole determinant of hospital closures. The quality of care will ultimately need to be measured in human terms. You must give consideration to responsible and responsive administration, to the dedication of all levels of staff, and to the support and involvement of the community.

I think that it's significant that Willmar State Hospital was, if not the first, among the first accredited state hospitals and that took place in the '60s. We have a long-term commitment in this community to excellence.

Excellence of service delivery and the continuum of care are subjective judgments that must be included in the process. We're talking about human services, not inventory of bricks.

In the development of information for this town meeting we

in the private sector have encouraged the hospital staff and the administration to provide hard data, which only they can introduce with credibility. We've advised them that we do not consider their testimony self-serving or job protective. We in the community consider it expert testimony that bears on the issues of excellence of care and a continuum of care.

We support every state effort at cost containment and responsible expenditure of public funds. The business community has urged that policy for years.

We believe that we can be most responsible by funding excellent institutions and by funding treatment and care options that are adequate to the level of needs. Thank you.

MS. KARLINGS: Thank you.

(Applause.)

MR. STALL: My name is Hans Stall. I am and have been the Administrator of the Rice Memorial Hospital for 21 years. During those years and before Rice Memorial Hospital has had the privilege of being part of the continuum of the health care services in the Willmar service area. We have always found the Willmar State Hospital to be an important part and necessary part of this same continuum. The relationship between the two institutions has always been a close and satisfactory one. The thought of closing the Willmar State Hospital and removing it from the continuum of care is unthinkable.

Rice Memorial Hospital is an acute care hospital, could not

and would not provide the services offered by the Willmar State Hospital. Although the two hospitals share some similarities, they serve different target populations and are geared to operate in separate and distinct manners. Rice Memorial Hospital would not be able to employ a large number of Willmar State Hospital employees in a short term.

Recent trends indicate that utilization of acute care at medical facilities is bound. Rice Memorial Hospital has recently completed hiring back approximately 32 people laid off in February, and would not currently be in a position to increase staffing levels.

The loss of the State Hospital would also mean the loss of potential patients, which employees and patients were transferred away from the local area, which would also hold down staffing levels.

To cease or even alter the services of the Willmar State Hospital would be like amputating a very important part in the health care continuum of the Willmar area and State of Minnesota. the disruption of the continuum would have a negative effect on health care services for significant numbers of people.

The Board of Directors of Rice Memorial Hospital has by resolution requested that these statements be presented to you for your consideration.

MS. KARLINGS: Thank you very much.

(Applause.)

MR. ROYLE: My name is Doyle Royle. I'm a business representative from Middle Management Association, Woodbury, Minnesota. I'm here speaking today on behalf of the Willmar State Hospital supervisors.

Willmar State Hospital is historically a prime resource for the citizens of Minnesota, who do not have the financial ability to cover costs of care. It was not intended as a money-making proposition by the legislature. However, one of the best kept secrets may be the fact that Willmar alone collected approximately 13 million dollars this year from a variety of federal, insurance and private payments to return to the state. This in addition to the taxes employees paid nearly balances the 16 million dollar budget.

Because of the buildings and lands long since paid for this means that Willmar State Hospital and other remaining hospitals are not a tax drain, but rather provide quality service on a break-even basis. How is it then possible to save money through closure of hospitals when it is, in fact, not costing anything to run these hospitals?

Aside from finances, Middle Management Association believes that the central issue involved with the State Mental Hospital is the larger issue of whether or not the State of Minnesota should be responsible for mental health. We believe that it is clearly a responsibility of the state. Much as it is their mandate to operate corrections, higher education, natural

resources, et cetera. Without the state's fine system of hospitals, mental health programs will be parceled out through many separate vendors and quality services not provided will be fragmented.

Since 1965 the State of Minnesota has closed ten major facilities in state hospitals. The remaining hospitals are fully accredited and licensed and are a bear minimum of the services that should be provided by the state. We at Middle Management strongly recommend that Willmar and all hospitals continue to be utilized as an integral part of the continuum of health services in Minnesota. Thank you.

(Applause.)

MR. REYNOLDS: My name is F. J. Reynolds, and I am Mayor of Willmar. And as was brought out earlier, the first thing we should think of is the care of the patient, as a formal employee of seven years out there and knowing what they do and what it means to families and the patient.

But what we really want to talk about is the Willmar State Hospital with approximately 637 beds servicing 23 counties in West Central and Southwestern Minnesota, approximately 500 mentally ill, and 800 chemically dependent persons are treated and discharged each year by the Willmar State Hospital. The Willmar State Hospital operates the only publicly-supported programs for adolescents requiring secure settings in persons who addiction to narcotics require methadone detoxification.

More than 640 full-time employees make Willmar State Hospital the third largest employer in the area compromising almost five percent of all employment in eight and a half of all wages in the country. Almost 78 percent of the annual budget is returned to the state's general fund through federal reimbursements and third party pays.

The Willmar State Hospital is the only campus in the state system to have obtained full accreditation for all its programs from the Joint Commission of the Accreditation of Hospitals.

It would have a direct impact on the whole community, a total of 643 full-time equivalent jobs involves 700 persons would be lost. Fifty-five couples are employed at the Willmar State Hospital, which will result in loss of total family income for 18 percent of the staff, meaning these skills are nontransferable in the community. One hundred fifty or 25 percent are between the ages of 50 and 65. It's difficult to start over at this age with one's career. Nontransferable skills or overqualifications and the ability of returning to school are all issues. They also have nine service workers who will have difficulty securing other employment in the community.

Some of the personal related costs of this state, unemployment compensation, this is if the hospital was closed, unemployment compensation would be $2,895,600, possibility of extended unemployment would be another $1,294,800. Insurance, six months premium payment for eligible employees would be

$430,680.

Severence pay of $639,600. Annually leave payoff of $624,600. Relocation based on the average monthly contracts, would be $3,588,000.

Total potential cost of the result if they decided to close the Willmar State Hospital would be $9,167,280.

We've been working closely in the city with the Willmar State Hospital for 75 years and I would like to keep it that way.

The percent of employment constitutes 19 and a half percent of all government employees in the county, and five percent in total government employment in the county, 22 percent of all government employment in the City of Willmar, and a six and a half total recovery in employment in the city. So it's the third largest employer in the area, constitutes eight and a half percent in total wages for covered employees in the county. It would increase the unemployment rate four percent, and the county and city would lose the majority of the hospital professionals. Local school districts, 19 positions are provided by the local school district and provide education of an opportunity for adolescence of our campus.

One of the main reasons I would like to see it stay there, Willmar State Hospital is a space unit, tunnel and basement areas where approximately 10,000 evacuees can be provided food and shelter in the event of a national disaster. And is listed in the community civil service system as a major proponent in

its program.

The hospital provides backup services for Rice, in the event of a local disaster, and we are equipped to handle approximately 8 0 patients providing care and medical pediatrics and nonsurgical patients. But of that $18,000,000 actually 80 percent of it is returned through, like the gentleman said, through federal and other grants. So actually the per diem that it costs them out there a day is a little over $22 per patient. And I don't think there's another place where you move them where you get the quality of service that you could get for $22 a day. Thank you,

(Applause.)

MR. O'CONNOR: Thank you. I'm Jerry O'Connor. I'm Chief Steward of the Minnesota State Employees' Union of Willmar State Hospital. I would like to give some specifics on what's going to happen in the community. My figures are rough estimates. The state has the exact figures and they could be obtained.

As near as I can figure, and using very conservative figures, the City of Willmar would lose $7.56 million in income. If the people in the Chamber of Commerce and local merchants could figure out total profit of all businesses in town, I wonder how close the figure would be, especially when we consider that it circulates through the community more than once.

Atwater, $360,000; Kandiyohi, $400,000; Hancock, $300,000; Kerkhoven, $220,000; New London, $3.5 million; Belgrade, $220,000;

Raymond, $380,000; Lake Lillian, $200,000. And these are not nearly all the communities. They're simply the ones that will be hit hardest.

The impact on the real estate market, auto sales, retail and wholesale and trade and tax base will be devastating. Loss to employees, an employee would have two choices. He could uproot his family or he could stay.

If he uprooted his family, he would have to sell his home on a deal real estate market. He would have to go someplace where there were jobs and buy on a market that would be up. The loss to the family would be tremendous.

If they stayed, where would they work? What would they do? What would it pay? And what about those who are unemployable? They do not have services that this community needs- And they are the wrong age. The employer wants someone younger that will be with them awhile.

I'm not going to dwell on these things. I believe other people are going to cover those. I want to cover the economic impact on patients.

Currently we are trying to put at least some of them into group homes. What are they like? Some of them are beautiful. Hiawatha House in Pipestone, Minnesota, is a new facility. It's lovely. Houphle Homes (ph) in Spicer is so new they don't have the grass up yet.

It's been part of my job to haul patients around this part

of the state and try to place them into group homes. Some of then are decrepit. There's not a level floor in the place. Unprotected wiring creeps up the walls and across the ceilings. The smell of decay is everywhere. No person that I know lives -- that works in the Department of Human Services, would live in a place like that. It is partly my job to tell that patient that he should live there, that he will be better off there than he is here, when I personally know that's a lie.

They give lift service to treatment programs because they have no staff to provide those programs. They are chronically short staffed. Not only in terms of numbers, but in terms of training of those people.

What about the families of patients? If this State Hospital closes, there are some people that absolutely will not be able to go to a group home. They must of necessity go hundreds of miles from here, and their family if they want to see them are going to have to follow wherever they go. We use the word deinstitutionalization, but that, too, is something of a lie. We do not really deinstitutionalize these people. We simply take them from one institution to a different one, many times one that is worse. The impact on community-based facilities, currently on the surface their operating costs look better than ours. It should. They take only the best patients. We're left with what they will not take. They recognize this. And they know that if they were forced to take every patient there's no

way they could handle it. It would cause drastic changes in their operating procedure.

A case in point, in the past year I have worked with the patient that his lawyer and the Judge said did not belong in Willmar State Hospital. They changed his status from committed to voluntary. Within a week he checked out of the hospital and took 300 or so dollars that he earned in the patient pit program and left. Within 24 hours he was back at the door of Willmar State Hospital begging to be let in. He was penniless. He had not had a meal in 12 hours.

In the past year a social worker has hauled him many places in the state that a group home has said they have an opening and they would give him an interview. They interview him once, they read his record, and they said, well, we have an opening, but not for him. The Willmar State Hospital must continue to care for this individual.

What is the human cost of society. Willmar State Hospital started as a treatment center for chemically dependent people.

The statistics indicate that as large as this audience is today, there are a number of people in this audience who are arrested alcoholics. They know that that is the correct term because alcoholism is not cured as simply arrested in some stage or another. And if you live one day at a time and do it right you can keep it arrested. Have we no obligation then to the drunk on the street who has no funds to get proper treatment?

Are we looking at him and saying, he's just a damn drunk and he gets what he deserves? Or are we going to put him in a state institution, nurture him back to health, arrest his disease, and turn him into a taxpaying, law abiding citizen instead of a problem?

What about our adolescents? There's no treatment facility, no secure treatment facility for adolescent females in the State of Minnesota. If we want them treated, we send them elsewhere. We have had problems locally in Willmar with the ones that we have here. When you have a building with 100 windows and seven or eight doors, they're all open during the day and only the doors are locked at night, how to you keep a determined person in who is not fit to be in society?

Are we going to take those young people while they're still soft clay and try to mold them into useful citizens or are we going to let them be hardened in the street and then spend the next 10 to 20 years housing them in Shakopee, Stillwater or St. Cloud? What will that cost us?

What have other places done? New York had a hospital for 2,000 people. They said you must enter this hospital. So they built four hospitals for 500 each. They rounded up some of the untouchables on the street, put them on buses, and took them across the river to New Jersey and let them out. Michigan closed their hospitals. The county then promptly doubled the size of their jails to take care of the problems raised by the

vagrants and property damage and shoplifting.

California closed their state hospitals. Now they are reopening them. I'd like to quote to you from an article from Judge Eric Younger, City and County of Los Angeles. Crazy people are everywhere. Consideration and modern notions of civil liberties have combined to produce a population of a very disturbed people in every city of America. The notion of local treatment alternatives for mentally incapacitated citizens is a cruel hoax. It is feared that the vast majority of dangerously impaired people are out there on the street.

Today in the Minneapolis Tribune and St. Paul Post Dispatch there was an. article by the Psychiatry Association. The American Psychiatry Association says society has turned its back on tens of thousands of homeless, mentally ill. It urged Wednesday that a nationwide system be created to provide food, shelter and treatment for these untouchables.

Rhode Island. The man who's the equivalent of the Commissioner of the Department of Human Services in Rhode Island says that if you think you're closing your state hospitals to save money, you're fooling yourselves. It saves nothing.

County Commissioner, if you're here today, I would like to ask you to look into your budget and see where you're going to find funds to double the size of your jail, to get the staff for it, to buy more vehicles and vehicle mileage to cover the problems that you're going to have.

I believe that today you can hire an expert to say anything that you want to hear. The state hired an expert that said the labor unions would drop their objections to the closing of state hospitals if the counties would open homes and offer them jobs doing life service. That's very interesting because it says that the services of the state hospitals performing are needed services. But then the counties should take care of it instead of the state.

Can you look into your budget and find a way to build a home, to staff it, to run it? Where are you going to get your funds? If you get them from the state and you build such a place, three years after you get it built, the state said they're going to give you 75 percent or 50 percent of what it costs to run it. Where are you going to get the rest? The state has the power to tax income. In general you have the power to tax property. Your farmers are already strapped and record numbers are going down. How are they going to pay a single nickel to help run this place?

On September 6th, an editorial letter was sent to the Minneapolis Star and Tribune. It made the following statement.

State hospitals exist to give jobs to employees and pump up the local economy.

This is a very and as far as I'm concerned, liable statement. We're not in the business of incarcerating people. We're in the business of providing treatment. To keep someone

in a state hospital when there is a less restricted alternative available is a violation of the law. We have advocates at the state hospital full-time to listen to anyone's problems. It ignores the fact that in Willmar State Hospital 835 people were treated for chemical dependency last year and released. Four hundred sixty mentally ill people were treated and released. Forty-six mentally retarded people were treated and released. That's approximately three times what our capacity is at any one time. Anytime you do something, you must try to make some kind of a balance sheet on it.

In my balance sheet I put down four things, patient, community, county and state.

Willmar State Hospital has been in the process of giving quality care to patients for many, many, many years, which still do today. We will do it tomorrow. I cannot see where patients or residents are going to gain in closure of Willmar State Hospital.

How is the community going to gain from the terrible financial loss? How is the county going to gain? I can only determine that if the state gains, it has to be at the expense of the other three, the patient, the community and the county. We have been in the business of giving quality care for a very long time and I think that we should continue to do so.

(Applause.)

MR. WILLIGATE (ph): I'm coming as a parent. My name

is Elton Willigate. I'm from Parkville, Minnesota. It's about 60 miles Southwest of Willmar. My wife and I are the parents of Carmen Willigate, a 25 year old female who is a resident of Willmar State Hospital. She is severely retarded because of a medical treatment her mother received before she was born. Yet Carmen is of normal size and weight.

My wife and I are very disturbed by the actions of Senator John Chafee of Rhode Island when he authorized the bill that would, if passed, close our state hospitals.

And it's very disappointing to my wife and I to learn how Senator Dave Durenberger is also in favor of closing the State Hospital. Why do you want to experiment with the lives of the unfortunate? Yes, to many this is just another group of people who are not satisfied to leave something that is working, and has proved successful, alone. They want to fix it. They want to try to sell it with theory. They speculate. They appeal to the unknown by offering what sounds so logical and so reasonable.

But there is an old proverb, and I think of it often. Let me share it with you. A person with experience is never at the mercy of one with an argument.

My wife and I urge and suggest that all who are in authority get all the facts and be careful not to be swayed by the postulations and assertions and guesswork of those who do not have or do not know by experience what can be lost by an adventure into the unknown.

We all know what kind of buildings Willmar State Hospital already provides. We know of all the extra benefits the patients have there. We like the one-to-one attention that our daughter gets, the grandparents program, and the schooling available.

We don't doubt that our daughter is getting very good care. We know it. She is fed and kept clean and is in a safe environment. And above all with a staff that is outstanding with compassion. Who can put a price on that?

Our daughter has earlier in her life been in the small groups that some in our government are trying to promote. We never want to return to that again, where she's drugged, lies like a mummy, because she might be making sounds. She's never been that way in the Willmar State Hospital. We have experienced the small groups and we don't want any part of it.

And another thing, small groups are just about impossible to police. If you've got a little facility with three or four people, how are you going to police it? So they aren't drugged or abused? I know from experience of what takes place in some of these small group facilities, not all of them, but some of them.

So I'm hear to tell you that my wife and I are very well pleased with this State Hospital. And we come up here during the different Christmas and other times of the year, and secretly my wife and I have tried to get some feedback from other parents, and others who have relatives here. And ladies and

gentlemen, not one time have we heard a negative report from anyone about the care of this institution. Not once. Where are the people, I ask Senator Chafee, and Senator Durenberger, who are disappointed with the care. Let's hear from them, who their names are, and what their gripes are, before we change a certainty into something unknown. Thank you.

(Applause.)

A VOICE FROM THE AUDIENCE; I am the Commissioner from Wright County of Cokato, Minnesota. I just want to say our cooperation in the last 12 years as I've been a member of the County Board of Willmar State Hospital, that it's been very good. And my main concern as a Commissioner, I don't think that Wright County we've got any complaints. And speaking for myself only as a Commissioner, we sure hope that you see that you keep the hospital open here in Willmar. A few years back we had a member of our immediate family was a patient here. I can't say enough for the members of the Willmar State Hospital. Thank you.

(Applause.)

MR. HEGLEY (ph): I'm from Granite Falls, Minnesota. My name is Albert Hegley. I've got a brother out there at the State Hospital. And listening to this about Willmar, I've got to say, Amen, to everything that he said. It's just a wonderful place out there. They're doing a great job. Thank you.

(Applause.)

MR. PETERSON: My name is Lloyd Peterson. I'm from

Paynesville, Minnesota, up in Stearns County.

Back in 1963 a brother, 24 years old, was committed to the Willmar State Hospital — not to Willmar State Hospital, to the State Hospital System. He spent many years down at St. Peter, and for the last 15 years or so he's been up at Willmar. I took over in the last seven years as his guardian. Prior to that my older brother was his guardian.

And I go to the Willmar State Hospital at least once a month. And I can attest with complete and honest sincerity that the quality of care, the sharing, and the feelings that those employees put forth towards those patients, the rehabilitation work, the recreational facilities. And to bring, try to bring those people out of their shell is absolutely amazing.

There was a discussion a few years ago that maybe he should go to a nursing home. He vehemently objected to it. He said, I don't want to leave my friends. That's now 48 years institutionalized. And I agree that if you put him into another place, he's going to be institutionalized, all I can say is that let's just say for a minute, oh, let's hold it a little bit. Are we going too far, entirely too far in trying to pull these services away from the state government and put them back in the hands of private individuals? I think that we're going entirely too fast. I honestly and sincerely do. And those legislators that are here, I think that you should take an honest and sincere and complete look at it. You really should. Because

I've had some experience in this thing. And you can talk all about the economics you want to, as far as what's been brought up about the Willmar community. It's true. But I, from a firsthand basis, I know that that care up there, the State Hospital is absolutely superior. Thank you.

(Applause.)

A VOICE FROM THE AUDIENCE: Legislators, Willmar citizens, I'm a grateful dad. I'm going to do it a little differently. I'm going to talk about what happened to our daughter prior to coming to Willmar.

We had our daughter at the Mayo Clinic. She was confined at Methodist Hospital and at St. Mary's. During our stay with that group our daughter was without structured: care and was also confined. We as parents are completely left outside of her care. We were considered bad doers and ungrateful parents for the child that we had. We are talked down by the staff and were considered without rights that we didn't know what was going on with our child in that hospital.

We would recommend not placing any adolescent in St. Mary's Mayo complex at this time. They are not staffed for long-term care. They are only staffed for medical aides, and they were very good at that, but the type of services that our daughter needed could not be satisfied.

There were several options that was available to us. We went ahead and we were going to put her in a noninstitutional

home. Our insurance company would not pay for it because it was not considered a hospital. That would cost us out of our pocket $5,000 a month.

We did interview with the group at Austin, and they told us that they couldn't use our daughter. They are set up and different than what we had need for. We went ahead and we were going to place her in a Good Shepherd Home in the Minneapolis area, and it was decided that we could not afford $5,000 a month.

The only other option was to wait for a slot at Willmar State Hospital. We had to wait for an opening to come. During this time our daughter was confined to a hospital, locked in a ward, and was not with care. During her stay there she had availability to misusing drugs. She had attempted to harm herself by trying to cut her wrists.

And this was in a confined ward. While her stay here she was available to have close supervision, love and care, and she did then improve. She spent nine months in two separate incidents in Rochester and there was no change in her mental health.

She was here for eight months and during this time the staff had feedback sessions for us parents, both in her care and her goal setting and in her education needs, which we did not have in Rochester.

So in summary my and my wife would recommend that this community keep the facility open in Willmar. And you legislators

please, consider the impact that this loss of economy would have in our very area in this part of our state. My comments are respectfully submitted with very and frank openness.

(Applause.)

MR. OLSON: Ladies and gentlemen, in case you don't know me my name is Virgil Olson and I'm the County Commissioner for the City of Willmar, and in fear of being repetitious 1 will not state all of my concerns about the closing of the State Hospital, but I would like to say this. If this were to happen a tremendous blow would be placed upon the county and we've got a load enough as it is, we don't want any more.

I'm sure all of my fellow Commissioners would express the same concerns as I do, but they are just a little bit more concerned because the hospital happens to be in my district, my commission of the district. So I feel a certain obligation to the patients and to the employees.

I am sure that this is one of the finer hospitals in the State of Minnesota and because of the large area that this hospital does serve, I would implore the State Legislature to just forget about the closing, it's fine the way it is. Thank you.

(Applause.)

MR. OLSON: I have another county person with me and I wish at this time to introduce our Welfare Director John Hayne. I addressed a letter this morning to the State Planning Agency. John, would you care to address us. Well, excuse me, lady's first.

MS. KARLINGS: All right. We'll get right back to you. MS. NELSON: Thank you, Virgil. I'm Arlene Nelson, a County Commissioner from Wright County. I echo and reaffirm the comments of my colleague, but I think it's important to note that what Wright County presents here today has no particular local interest in its economic situation.

The continued operation or closure of this hospital has no immediate economic impact on our community nor its employed people. As part of that reason I think it's important for us to speak as that type of an impartial entity.

We have a county of 62,000 people. I think that probably our program dependency is on Willmar, is not extreme, either. We've aggressively pursued community-based programs.

We have about a middle range per capita for MR placement and we are the lowest of all 87 counties in per capita placement for mental retardation with a residency here of ten people.

Recently a young boy who had been our 11th resident at Willmar was discharged to a community-based facility. And that, of course, was worked out with our people in the county. But this placement was not in Wright County but in the metro area, where there was an appropriate facility.

We don't have an appropriate setting within our county to accommodate that young man where is currently at. And it would not be practical for us to provide that setting for one individual at a time, which is what we could predict based upon

our residency of ten and their particular situations.

Rather, I think it's important to note that we are very pleased with the philosophy of a program of the Glacial Ridge Treatment Center. The careful, hopeful attention to individuals and their potential and the professional behavior by the patient that really increases the opportunities for private residents to enjoy family and friends in their own communities.

(Applause.)

MR. HADENS (ph): I'm Gordon Hadens, County Welfare Director of Kandiyohi County and I would like to reinstate on behalf of our County Board.- The Kandiyohi County Board of Commissioners is unanimous in their support of the continued operation of Willmar State Hospital.

Recognizing that the programs provided are of high quality and continue to be an indispensable part in the continuing of care given to disabled persons in this area of the state.

In support of this position the Kandiyohi County Board would like to make the following statements for consideration by the inner-Agency Board Study of the State Hospital System in Minnesota.

Number one. We'd like the United States Legislation to take a rational and study approach to the utilization of the future use of the present standard State Hospital System.

Number two. Erosion of federal funds and the continuing fiscal restraint by the State of Minnesota has already shifted

costs to local units of government, and further restraint of costs at this time could make it even more difficult to maintain the present level of county services, including mental health services.

Kandiyohi, as well as other counties in this area have improved in their ability to provide community services, but do not have at this time sufficient alternative residential or community services to accommodate large numbers of patients mentally disturbed by the Willmar State Hospital.

Even though the State Hospital population has been lessening, there is little doubt that the kinds of service provided by Willmar State Hospital will continue to be needed.

Logistically, the Willmar State Hospital is well considered to serve a large area of the Western and Southwestern part of the state. In addition, the Willmar community and area is ideally suited to provide support services to programs at Willmar State Hospital.

This array of services includes medical, rehabilitative, educational, community mental health services as well as a business community that's demonstrated its willingness to cooperate and provide opportunities for disabled.

Five. There's a critical human service in the mental health aspect of the closing of the State Hospital. In addition to the difficult transition of patients from one hospital to another, and the problems established that they must relocate, there is a

reduction also in local tax base which would make it increasingly difficult to maintain the high level of human services which this area now has and deserves.

In addition to their regional programs provided by Willmar State Hospital, special attention needs to be given to those statewide specialized programs such as the adolescent treatment program and the secured units for adolescent males.

And finally, we continue to recognize the unique staff skills available through the programs provided by the Willmar State Hospital. Assistance through agreements and legislation requires it should be provided in seeking ways to utilize these skills as a more educated part of the community system of mental health. I thank you for listening.

(Applause.)

A VOICE FROM THE AUDIENCE: I just want to give your reporter a little bit of a rest here. First of all, your Mayor thought he was a pretty good-natured gentleman.

I was thinking as he was talking, this is good news and some bad news here today. The bad news I was thinking that first of all 18 to 19,000 people live in Willmar, but there's only room for 10,000 they got there in the bomb shelters.

The good news is that a lot of people here support this facility. I'm Rex Holsomer (ph) from Hennepin County. I'm a social worker at the time. I work in what is called an adult and child placement unit.

I'm here really to speak mainly in support of the adolescent units that are in operation at the Willmar State Hospital, because that's mainly the area that I work in. Hennepin County spends a tremendous amount of money each year on placement of kids out of home, somewhere in the neighborhood of 20 to $21 million just for out-of-home placement costs, not counting a number of costs obviously that wouldn't be in that figure.

On any given day within that budget we have not only 275 to 280 children in residential treatment centers, which is the category of adolescent care that exists out of home.

There's approximately 20 to 21 centers around the State of Minnesota that serve kids on a residential treatment basis. I'm talking mainly here about kids who are emotionally disturbed or behaviorally disturbed.

Willmar is the only public institution, obviously, that serves kids in this category of care. Out of that 275 to 230, on a given day we have in those types of care, we've got probably 10, 15 kids out here in Willmar.

What they serve here, they serve very well. Our 10 to 15 adolescents from Hennepin County, that we would typically have to send out of state because they're certain for us some of the most difficult kids that we have in this type of care.

And as I said, they do it very well. Just that 10 or 15, when you take a look at those numbers, costwise we would be

spending probably close to a half a million dollars out of the State of Minnesota.

That's a lot of money for just that small number of kids. Obviously other people talk about figures here that are drastically higher than that, but you take a look at just that small number of kids and you see what that multiplies to in the course of a year.

They do a good job with those kids, and as I said they serve some of the most difficult kids that we have in residential care. The types of kids that we cannot send typically to private facilities around the state simply because they will not serve them and cannot hold on to them.

Willmar does both of that. They hold on to them and they serve them well, and we don't have to typically be too concerned about whether or not this facility out here is going to be able to deal with a given child that we send to them and that they agree to accept.

That number, that 10 to 15 number would be doubled. Out of state typically we've got around 10 to 15 kids out of state at any point in time anyway for a number of reasons, but we would have to double that number if Willmar was closed.

The other thing I think that you as people in this area have to think about is that when you hand out children that are in need of this type of care, residential care, this is your closest facility to send them to.

The closest facility with this level of care, the closest ones beyond here would be St. Cloud, Austin or into the cities. For a lot of people in the Western part of the state, which is where I grew up, that's a long ways to travel to see your child.

The other thing I guess I wanted to say is that what I think has really caught the attention of some of our social workers, as a matter of fact, has been the fact that the level of care that's been provided in spite of the fact that their staffing levels at times have been below what they've been in some private facilities.

They still have been able to provide care to essentially a more difficult population with fewer numbers of staff. The bell rang, that's it. Thank you.

(Applause.)

MS. VANDERBRICK (ph): Good afternoon, I'm Gloria Vanderbrick. I'm the Southwest Developmental Disability Planner for the nine Southwestern Minnesota counties next to the Iowa and South Dakota boarder. I'm housed within the Regional Development Commission.

I've had a close working relationship with both the State Hospital staff in the past seven, eight years, as well as community, residential, and day programs. And I found that this working relationship benefited all concerned.

My primary responsibility is to provide intensive technical assistance to the local community, even their programs for

persons with developmental disabilities.

I also staff in an advisory committee composed of 12 consumers or representatives and nine providers. This committee met on Tuesday and wished to make the following public statement at this time.

First of all the primary concern is they would like the State Legislature to consider, as well as the State Department is that the primary issue is what is best for the client. Those other issues as far as the community, jobs, employees, that's secondary. It has its place, but let's first look in terms of the clients. Are they receiving the best quality treatment in the best setting so that they can develop the fullest potential.

Secondly, the D.D. Committee strongly believes in providing services to the most severely in the community if at all possible. That they would like to go on record supporting the continuation of Willmar State Hospital for two primary reasons.

First of all, Southwestern Minnesota has had a very difficult time obtaining special medical services. We're talking about OT's, occupational therapists, speech therapists and physical therapists. We have a tough time attracting and retaining. Willmar State Hospital has been able to do that and provide those services.

Secondly, families now travel two to three hours one way to attend sessions and also see their son or daughter at Willmar State Hospital. If Willmar closes, we have to look in terms of

longer distances.

So we support the continuation of Willmar State Hospital, but the D.D. Committee decided to go along and make several suggestions if you decide to close it somewhere else.

A couple of things to consider if you're closing it somewhere else. First of all, please, give a transition period of two to three years. Much time is needed in terms of building community facilities and getting everything ready. When Rochester closed there was not enough time to look in terms of that whole transition period.

Secondly, you must channel funds back to the communities. The state has this habit of not transferring their channeled funds back to where the services are going to be. Somehow they like to mandate funds or mandate programs and not carry them out in terms of funds.

If there weren't funds there, the community facilities would have the pressure to accept these lower functioning clients. So that pressure may end up moving clients out faster than what they really should be.

Also the D.D. Committee wishes to make one other statement. That is simply that they oppose a state operated community facility, particularly in Southwest Minnesota. There's a good growth network between the private and proprietary facilities.

These community organizations are very much involved in a community level, including the County Commissioner, local elected

officials, and being responsive to the local needs. The D.D. Committee's concern is that the state operated would be one step far removed from local needs.

Additionally, in terms of jobs the local community facilities are very much interested in hiring the experienced and the qualified state hospital employees. Your knowledge and experience in these fields are invaluable. We would be much grateful in terms of lending this to the community facilities.

Community programs are providing good quality programs. One of my tasks is to go around at least four to five times each year. I visit these sites both in terms of day programs for D.D. as well as residential.

I am kind of disturbed because I've never been to some of the sites that were mentioned earlier and I've never seen decrepit situations like that.

In conclusion we would like you to keep the priority as far as the client is most important. Secondary, look at these other issues .

(Applause.}

MR. SHORT: Good afternoon. My name is Eric Short. I am the Law Clerk for the Eighth Judicial District. I'm here representing Judge John Lindstrom this afternoon. The Judge is unfortunately out of town at a funeral. He sent me in his place.

As a Judge of the District Court of the Eighth Judicial District consisting of 13 counties in Western and Central

Minnesota, I strongly urge the inner-Agency Board conduct a State Hospital study to seriously consider the impact on the judiciary of the state of any closing of the hospital facilities.

This is particularly important for rural Minnesota where there are a minimum number of alternatives available to the Court in determining appropriate disposition for a mentally ill patient, a chemically dependent patient or a criminal offender.

I have extensively used chemically dependent treatment programs offered by the Willmar State Hospital in sentencing criminal offenders. With the recent emphasis on DWI legislation, the legislature has obviously expressed an intent to remove drunk drivers from the highways of the state and to have those drivers adjust their chemical abuse in treatment facilities.

With the vast majority of offenders this means long-term inpatient treatment. If a driver is unable to afford the considerable expense of a private facility, the only remaining alternative is utilization of the chemical dependency program at a state hospital.

During poor economic conditions such as those recently experienced chemical abuse increases with a resulting increase in demand for treatment facilities.

Furthermore, many of those who are unemployed have no insurance or private funds to pay the cost of private treatment. Thus it is absolutely critical that state hospitals have the sufficient numbers of beds to meet problems.

As part of its consideration of the judicial impact of the State Hospital closure the inner-Agency Board should consider recent changes in the Hospitalization and Commitment Act, which required prompt hearings and review of judicial commitments.

If a hospital is not readily accessible, scheduling a hearing within the required 72-hour period will be extremely difficult and considerably more expensive for all concerned.

In conclusion I strongly urge the inner-Agency Board develop a state hospital study and plan to seriously consider the impact upon the judiciary and the citizens of this state of any proposal, which would reduce the current number of state hospitals. And a printed copy of this statement I'll be happy to pass along for your consideration. Thank you.

(Applause.)

MR. WELLING (ph): I'm Representative Alan Welling from Kandiyohi County, which includes Willmar State Hospital. I'm one of the four authors of the bill mandating this particular study and I'd like to clarify that this was not really our original intent and the reason we have this bill before us is that's all we could get at the time.

The original bill was stronger and put a moratorium on any further waiver of services for a two-year period. Although all four of us represented state hospitals and obviously had some economic and political aspects to our bill, there is no question that the overriding thought behind the bill was that we were

concerned that patients were not going to be served well in the long run.

We felt that the deinstitutionalization and migration of the mentally retarded and mentally ill from the hospital was going too quickly and that there were too many questions that were not answered.

Were there facilities available for the patients in the hospitals when they got in the communities? Was the funding provided? Was the supervision provided? Were the communities ready for the people?

But most of all were the patients ready to go out in the community? Is everybody that we are going to send out in the community going to function out there in the mainstream as quickly as some people would like to see it.

I think at no time did we ever argue with the point that we want to see, and I think you'd get that argument from members of the State Hospital and staff, that they want to see patients out in the mainstream of society, the mentally retarded and the mentally ill.

There has to be a continuum of care that the community facilities and state hospitals and a whole realm of facilities take care of the mentally retarded and we want to slow down the process so that the people we're sending out in the community enjoin the 2 to 3 million street people we already have functioning.

If you read Time Magazine's article about six months ago, half of those 2 to 3 million people were former residents of state hospitals that were closed, that were cut back in services, and those people were told that they could go out in the community and function in the mainstream and they're out on the street.

So that was our original intent and we would like the original bill, but we're happy with the compromise.

(Applause.)

MR. PETERSON: My name is John Peterson and I'm the Assistant Director at West Central Industries here in Willmar. I'd like to share with you a little bit of history today.

I think we as human beings have a real problem sometimes with generalization. We think that an institution is an institution and a community facility is a community facility. And that's very far from the truth.

In fact, from my perspective, for the last ten years that I've been in Willmar, Willmar State Hospital has been actively trying to work themselves out of a job. I say that for a couple of different reasons.

Back in 1974 when I first moved here there was a movement in our community to develop work activity at the activity centers in our region.

One of the pioneers in that whole process was Willmar State Hospital, was GRTC specifically. Along with them the ARC here

in Kandiyohi County and our agency, as well as the DAC's in our area.

The hospital has been very concerned and philosophically concerned over the years with deinstitutionalization. Long before the Welsh Consent Decree, they've been concerned about that issue.

Therefore, they have been pioneering services, developing services all over Southwestern Minnesota. Another example of what they've done is off-campus GAC's. They haven't been content to run those things on campus. They want to train people in the environment, that they can best, you know, function in and where they might end up having to function.

They've provided active consultations with service providers all over our region when trying to set them up to try to make it possible for people who have been moved from the hospital to continue living in those community facilities.

Over the past two years we've been developing some new programs here in Willmar. Our agencies work with the rehabilitation facility. We have a history of not being able to serve people with acting out behavior difficulties. They will get themselves fired rather rapidly.

Last year we developed a grant program where we can mix hospital staff with community-based rehabilitation staff and attempt to learn some things about how can we make it work for people.

Now we're trying the next step. We're integrating additional community people who have some of the same kinds of needs as the institutional people and we're seeing what we can learn about that process.

We have a lot of help from our community. From our particular Board of Directors and from a variety of community agencies in this process.

That, folks, is where it's going to be at today, mix and match services so that we can provide the kind of things that people are going to need.

Willmar State Hospital serves a very important need and we can't do without them. I support their staying open and we support our relationship as extremely positive and I just can't say enough about it. Thank you.

(Applause.)

MR. LARSON: Since we heard from the law and public speakers, I think it's time to hear the gospel. My name is Ray Larson and I'm a Pastor at Hope Presbyterian Church that is located about 12 miles North of here between New London and Spicer.

I'd like to begin by thanking the state for having this hearing. I've been on the receiving end of decisions made at the top that were both detrimental to the receivers and ill-advised.

I believe you're seeing a new sensitivity by government toward the grass roots, and I believe it can't be anything but a step in the right direction.

I have lived in this community for 29 of my 40 years. The first 18 were spent growing up and receiving my basic education. The last 11 have been spent back in this community as a person working in one of the helping professions.

In the 29 years of living in this community, I have always been aware of Willmar State Hospital. As a little boy I recall neighbors working at the Willmar State Hospital and hearing of others in the community who went to Willmar for some kind of treatment.

Little did I realize that here was an institution that I would be so closely related to in future years. Not only has Willmar State Hospital treated relatives of mine, but as a Pastor I have seen the many ways it has touched the lives in the community I work with.

I don't know how many times I have visited patients here who are in some way connected with the church. I've attended workshops put on by the staff of Willmar State Hospital, and sat for three years on the Behavior Modification Review Committee for the unit housing for the mentally retarded.

It was during these three years that I saw several people transferred to Willmar because they had been, quote, "To tough", unquote, for other state hospitals. This was sort of a last resort. If this didn't work would there be real hope?

One case that stands out vividly was that of a patient who was self-abusive. He was retarded and had shown little response

to treatment. Upon arriving at Willmar State Hospital the restraints were removed. She was placed in a padded room and given 24-hour supervision. Through a very intense, positive reinforcement program and caring staff, within months the patient responded, was out shopping with a staff member, and showed dramatic change of care of herself.

Ours is a better community because Willmar State Hospital has helped make us more of a caring and responding community. Willmar State Hospital has educated the public on issues of mental retardation, mental illness and chemical dependency.

I sit on the Board of the Presbyterian Family Foundation, a home for mentally retarded people, many of whom have come to us by referral from the local state hospitals. We have several such intermediate care facilities in our community. These would not be here if it were not for the Willmar State Hospital.

Lastly, I'm concerned about the financial upset that would be created if Willmar State Hospital were closed for the lack of success. Hundreds of families would have to move to find new jobs. The children of these families would be taken out of our school systems which in turn feeds Willmar Community College and its vocational institutes, both state institutions.

If this facility was closed the employees losing their jobs would leave with their presence, their money, their mental energies, their community leadership, and a host of other benefits that are intangible.

Earlier today I heard people talking about energy audits. I quickly did an energy audit of our church. And I think you can multiply this by 100 for the other churches in our community. At no time in the 11 years that I've been Pastor of this church have I seen major committees serving in our church without at least one member who is employed by the Willmar State Hospital.

The mental and spiritual energy lost would be tremendous. Willmar State Hospital is not an item. It is connected to our businesses, schools, churches, and other states run and funded projects.

We need Willmar State Hospital. We want Willmar State Hospital to continue. We ask your complete and fair viewing of this facility in our community. Thank you.

(Applause.)

MS. KARLINGS: Any other speakers?

MR. PETERS (ph): I'm Lyle Peters, Chief of Police in Willmar for the last 22 years. First of all I'd like to state that we have had a very, very good working relationship with the State Hospital. I think they're very, very professional and would be greatly missed given part of the services offered to this entire area of this city.

One thing I would like to bring up. I think you have to consider some of the people that are being sent to Willmar State Hospital. I think you can give the Sentencing Guideline Committee a big problem because a lot of people would have to go

to other institutions, such as Shakopee, Stillwater, St. Cloud, and are now being received into some of our state hospitals.

It's obvious from the remarks that were made by the Law Clerk for Judge Lindstrom. You know, some of that is going to have — some of those clients are going to have to go to other institutions. There's no question about it.

Secondly, I am concerned about the licensing that's been going on in the past. We had some very good private facilities in this community. We've also had some crackpots. Everybody wants to get in to business of treatment. They're not professional. They're not qualified.

You all know that there's really not a lot of requirements, if I decide that I want to play religious music, and I might tack a shingle out on the house and call it some kind of a treatment center, you know. We do not have good licensing procedures in existence right now by the state.

Secondly, many of these private facilities do not have qualified staff. We answer these calls. We see people that should not be out in a private facility. We have to take them back to the state hospital or put them in jail. I don't like to put people in jail, even though I worked at this for 32 years.

We like to see them get treated and like to see them be very, very useful citizens coming back into the community. We have major problems with a lot of facilities that cannot handle clients that we are starting to see now on the streets, very, very many

people with very, very severe chemical dependent problems. Where are you going to put the type of clients that we have out here that are on cocaine, needles, you know, methadone and so on. You haven't got a facility in this state that is going to take these because they don't have the bucks in their pocket to pay for that kind of treatment-Many , many of them have to go to state institutions. And all this is fine if the person can go out into a community facility, and we have a lot of them, Presbyterian Foundation, et cetera, all doing a wonderful job.

We'll let's take a look at some of the flops we've had, too, before we say this is all bad. Thank you.

(Applause.}

MR. NASS (ph): My name is David Nass. I'm from Marshall, Minnesota. I'm speaking just as a private citizen whose had a family member involved with mental health and chemical dependency problems over the last two years.

In the course of that time we've dealt with two private hospitals and one state hospital, and I would emphasize the need for the state hospital because the private hospitals are really basically geared up for a trauma situation or kind of stabilizing people, but they're not really set up for long-term care of people.

And I would also like to emphasize the point of access for citizens. The State Representative and Senators here talked

about the concern of patients, and I think that has to be reemphasized again and again, not only the patients that are there, but future patients.

I think for people to get to these facilities is a very difficult problem in Southwest Minnesota. And instead of thinking about closing these facilities I think we should be thinking about expanding the aftercare programs and developing halfway houses and things that would deal with chemical dependence and mentally ill.

To the best of my knowledge in this area there is only one licensed facility that I know of and that is in Worthington, to deal with this kind of situation. There's a couple of them and that is going to be pretty far East.

And in this Southwest corner of the state we are very much lacking in this program. And instead of cutting back we should be expanding. And I'm glad to see a good tight-fisted Republican Legislator willing to spend money because then a big-spending Democrat like myself who encourages this might have to do something up here.

But I think we have to expand this program. We have to deal with this problem of access and aftercare program. We don't have in this state now, in this part of the state, the facilities to deal with people that are released in an orderly process from the state hospitals.

Where in the world are these facilities going to come from?

I think the point Mr. Lindstrom made here at the beginning, we might be very close to dumping people, and that would be a tragedy. Thank you.

(Applause.}

A VOICE FROM THE AUDIENCE: I guess I would like to talk about a couple of different aspects. One is as a professional and the other is personal. I believe that in my profession as a State Legislator I've met a lot of people and most of the people I talked to would like to see all state hospitals closed. They would like people to be normal and be part of every community and have no need for them.

But there are certainly a number of people in our society through no fault of their own are hurting and sick people who need care.

Then the question comes: What kind of care? Where will that care be given? Willmar State Hospital gives efficient, effective, quality care to the people that come there. The staff there is highly qualified. The staff there is very concerned, not like some people in nonstate institutions.

Some years ago no one of my committee talked about servicing so many heads in their clinic or institution. They treat their clients, patients, as people, people with needs.

The last thing I want to establish is 87 local hospitals without the professional staff to care for people. What can happen and sometimes does happen when such an institution closes

is community-based ghettos occur in some place or another and where they do occur is most likely in large cities.

Deinstitutionalization and moving more and more towards waivered services is not necessarily in the best interests of all the patients.

And I would like to talk from a personal view. I've had experience with a relative who spent time there as a mentally ill patient. The care that was given there was good. Some years later as he's chronically mentally ill, he went back because the care there was not sufficient for him. They were professional enough to advise and refer him to get other help.

This is the type of attitude, this is the type of the professionalism that they have. I appreciate it. So do my relatives appreciate it. And I know that when anything is considered relative to the Willmar State Hospital, what should be done is that contact be made with families, and in cases where it is practical to contact residents, former residents, to find out about the quality of care and what is happening at Willmar State Hospital.

When that is done I know they'll come out with high marks. Please, do what you can as you study and plan to involve those people. Thank you.

(Applause.)

MR. MORANDE (ph): I'm Don Morande. And I speak from a perspective of a rural social worker in Marshall, Minnesota,

Ridge North Welfare Department and Lyon and Lincoln and Murray Counties.

I had worked for approximately four and a half years in my job there, and my job basically is to get people into the hospital, keep them in the hospital, get them out of the hospital and see that they stay out of the hospital. Not everybody loves Willmar Hospital. The people there know that, too, and they may not appreciate it because they're not able to at the time.

I don't know what I would do at this point without Willmar Hospital and the people who work there. I have approximately 15 people there in the different programs. A good number of them probably will never be deinstitutionalized, at least not as I can see of it today.

I have a good number of people who go in and out of the hospital with such frequency that I can hardly keep up with them. I spend a lot of time running back and forth trying to establish the contacts with the treatment staff, with the patient, with the family, with the community resources.

Without that hospital my job would be about impossible as it stands today. The services are not available in our part of the state. The continuum of service is not there and in my perspective I see the hospital as an essential and absolutely necessary part of that continuum. The one end of it that anchors treatment from my standpoint and the people that I work with.

If the State Hospital or any state hospital is going to be closed to save money, it will never happen in ray view. The cost of implementing the necessary programs as many people here have said would more than outweigh what we have now.

I think that the answer is in the direction of establishing that continuum is one that we talk about but in a lot of areas it does not exist. I think that I am the continuum in a lot of cases and that's unrealistic for me to think that I can continue that or that I do adequately serve the people that I'm supposed to serve.

So I take ray hats off to the people that I work with here. I've found them to be ready and available just about any time and for any situation. Thank you.

(Applause.)

MR. MORRISON (ph): I'm Jack Morrison and I'm the Social Service Supervisor with the Kandiyohi County Family Service Department. I think there is one point that hasn't been addressed here this afternoon, and that is as we look at the state hospitals in the State of Minnesota, I think there are many people that are apprehensive about them, especially the older citizens.

What I think they think about state hospitals is they are a warehouse where people who can't function in the community are sent. Years ago there were children who couldn't function in the community and whole families would end up in the state

hospital.

Well, that's many years ago. That's 50, 60 years ago. Now we're talking about something that's happened, something that's evolved over the years. And since 50 to 60 years ago there have been considerable increases in the quality of the care in the respective institutions.

The Willmar State Hospital is not an exception to that. I'm a native of Willmar and my mother and father both worked at the Willmar State Hospital and gave excellent care at that time.

I have to relay a personal experience, not a personal experience, but from my father, who was a ward charge at that time. 'He would go to work on the violent ward, they called it, and he could not see people in straitjackets so he would take them off. And sometimes he had to struggle them to the floor just to show them who's in charge.

But he. felt he would do that instead of keep them under, you know, in a sense, in straitjackets.

So what I want to get into the formal presentation I have tonight is something I thought up as I was listening here. If the Willmar State Hospital is closed the responsibility for the care of most of the patients would fall on the various small facilities found in the home counties of these patients.

Case management concludes the monitoring services would fall on each respective counties' human service department staffs.

There will be inconsistency of care between counties all the

way from high quality to poor quality services. This is dictated by the total economic situations on those counties.

If the Willmar State Hospital is retained, the necessary high quality of services now being provided can thus be making a consistency of the high quality of care to be retained and even improved.

It is a vital thing that we retain service to the patients in Southwestern Minnesota. The consistency of high quality of care can be maintained as it is at the Willmar State Hospital.

Ongoing training programs by qualified instructors have the ability to provide an unlimited support system reflecting the desire on the part of all employees, all the way from the custodial staff to social workers and the hospital administrators to provide humane care for the residents. And this is insisted upon at Willmar State Hospital.

A vital community, and I mean the Willmar State Hospital as a vital community, would be terminated by the legislative acts which would, in fact, cause great problems in the community where the Willmar State Hospital has been the important part of that social and economic life of the local communities surrounding the area for many years.

We do know that high quality services are being provided presently at the Willmar State Hospital. We cannot assure the same type of quality care throughout all the counties in Minnesota who are normally served by the Willmar State Hospital.

Thank you.

(Applause.}

A VOICE FROM THE AUDIENCE: As I mentioned before, I'm a State Representative and my district is Wright County and I am in some of the Hennepin County. And I was pleased to see a couple of our County Commissioners that I didn't know were going to attend are here.

I've appreciated very much the comments that people have made here affirming my feeling that the hospital does provide quality care.

I do sit on the long-term care commission and was involved in the legislation, at least to some changes that I made this last year taking into consideration comparing costs with community-based as well as state facilities, because too often we're comparing apples and oranges.

I just appreciate your input. I know that the legislature is concerned. The past experience I had in the legislature of the decision to close a facility based on political rather than an opportunity to hear, to have the public express their concerns.

It's my hope that after this process is finalized that this continue to be a framework, a network, if I might, of facilities providing care for those that require that intensive level of care, that those facilities will be continued to be distributed throughout the state. So that there is local care as much as possible.

We recognized even before the Welsh case that, in fact, that was, as I understand it, a reflection of the reduction of number of residents that was occurring in state facilities already. So that has to be recognized.

As one gentleman or couple already expressed it would be nice if we didn't have to have anyone in the state facility, but we realize that there are those that do need that care. And so as we progress through it I wanted you to know that there are legislators and there are many legislators who will be involved in those decisions that are trying to hear not only through the process, through the inter-Agency Board, but also at your meeting here.

And I just thank you for being here and expressing your feelings. Thank you.

(Applause.}

MR. WAHNECK (ph); My name is Dick Wahneck, and I'm the Welfare Director at Yellow Medicine County, Minnesota. I bring with me a message from the County Board at Yellow Medicine, and that message is simply that they unanimously support the continuation of Willmar State Hospital and the excellent service programs that they have provided us.

I had no idea today that Mr. Rooney (ph), Mr. Hague (ph), were going to be here from the Commission. I commend them for being here, and they both speak more eloquently than I could.

One quick think I would like to point out, our county is

small. We have 13,500 and some people. Right now we have 11 people at the state hospital. We have been talking about deinstitutionalization in this state for a lot of years, and it's been happening for a lot of years. It's nothing new. But we are fast approaching the saturation point as to how much further this will go.

I go back to the 11 people who live presently in my county. The last two of those who came out of a private facility said they could not handle a program for them.

I don't see facilities out there on the horizon in the public sector -- private sector that teaches, that are going to be able to handle the remaining residents that we have. And we think that's important.

Again speaking for Yellow Medicine County I can honestly say we need Willmar State Hospital and so does the rest of the part of the state. Thank you.

(Applause.)

MR. PATTON: My name is Dan Patton. I'm the Welfare Director in Chippewa County and I represent the Welfare Board here today along with the family service staff of Chippewa County and the clients and families of approximately 30 people who reside at Willmar State Hospital.

My message to you is simple. Please leave Willmar State Hospital alone. Their quality of care is high and the security offered by the staff we cannot duplicate in the county. Thank

you.

(Applause.)

A VOICE FROM THE AUDIENCE: I'm presently the President of the Willmar area Chamber of Commerce. I didn't come with a prepared statement. But as I sit here I felt a little bit compelled to make a remark or two from my heart.

We've heard about the excellence of the staff at the Willmar State Hospital. We've heard the impact it would have in the community and loss of jobs and the income and so on. I'm sure that every community that has a state hospital can come up with some similar sets of figures for someone who is going to lose a state hospital. It's going to be a very severe blow.

However, we're realistic enough to know that tax savings and so on are important. So it really does boil down to where do we get the best care. Willmar in itself is a very warm, friendly, caring community. And I think the fact that we are a warm, friendly and caring community has rubbed off to a large extent to the staff that we have at the state hospital, the administration we have at the state hospital, and as it was stated earlier Willmar was probably the first hospital to become accredited, something that I understand is not required, but is a matter of attitude.

I'd like to believe that Willmar has the warmth, the caring attitude to support the staff at the state hospital, the patients at the state hospital, that other communities don't have

to offer. Thank you.

(Applause.)

MS. KARLINGS: Thank you. Anyone else wish to speak?

MR. SCHAGUN (ph): My name is Jim Schagun. I'm the Welfare Director of Redwood County, and I'm here for the Welfare Director of the region of the Southwest part of the state.

Most of what I would have to say has already been said many times this afternoon, but I would like to repeat that while we strongly support community placement and community immigration, we do feel there is a place for state hospital services in the continuum of care.

Secondly, we feel strongly that the clients in Southwest Minnesota have been well served by the staff and by the administration in the community of Willmar. We have always found the Willmar State Hospital staff and administration to be responsive to our needs and to our concerns about the care for our particular residents.

And lastly, I am in strong agreement with some of the comments of the gentlemen from Hennepin County that Willmar State Hospital provides some specialized services that are not readily available in the rest of the community or even the rest of the state, particularly those in the area of adolescent treatment. Thank you.

(Applause.) MS. KARLINGS: Any other persons wishing to speak? Sir.

MR. WILLIAMS: My name is Hendrick Williams. I'm a Judge from Meeker County. I do have an interest in this matter, not a personal interest in the sense that I may lose a job or an interest in the good service they are getting over at Willmar State Hospital, which they are.

But I have 100 some people that I put in this hospital in the spread of a year, and with most state hospitals, I don't know where they put them, the ones they can't put in a private place because they don't have insurance. Those that do have insurance and so forth maybe go to a private place. But it's still 100 some other people that don't have the insurance and they have to be placed.

The nearest place to Meeker County is some 90 miles away, either Anoka or St. Peter. And we're East of this district so those people in the Western half is going to have to go a bit further for their hearings, for their treatment, and the Judges in particular pretty well today for each 15 minutes they have time is taken up.

In order for me to hold a hearing I hold it at my time. I go to the hospital around 5:00, 5:30, and I hold my hearing and get through somewhere around maybe 8:00, 9:00 at night, but if I'm going to St. Peter or Anoka I'm not going to get back until after midnight. So who's going to pay that penalty? That person who wants the hearing is not going to get his hearing in 15 days. He's going to get it in something like 14 to 28 and

the patient is going to suffer.

So my interest in keeping it closed is that I can hold the hearing if I have to hold them at night and not at midnight. For that reason I think there's very good need for that hospital. Something else, the ones that they closed down in Hastings and Rochester, they put up a mental hospital and they were pretty well filled. If you was to close down Willmar where are you going to put their patients? You have no place to put them.

MS. KARLINGS: Thank you.

(Applause.)

MR. HIPPIE: My name is Eugene Hippie. I'm the Director of the 60th Regional Development Commission which covers the counties of Kandiyohi, Renville, Meeker and McCloud.

The comments I'd like to make are directed towards economic development. A number of people have mentioned the closing of the Hastings and the Rochester State Hospitals.

It's kind of interesting if you think about it, the location of those state hospitals and comparing what would happen if we closed the Willmar State Hospital as compared to what happened there regarding the employees.

Because Hastings is only a short, 25, 30 minute drive from the huge Metropolitan area, with good roads, good four-lane roads, I might mention, and I don't know where those people ended up working but I do know that a lot of people from Hastings, by choice, who are not associated with the state

hospital worked in the Twin Cities. It's kind of a bedroom community.

So there was a community for people to seek other employment without putting a whole lot of dollars into trying to work with the employees retraining them and trying to screen them in the industry.

Rochester, although not located nearly as close to the Twin Cities for their patients, is a rather large community. Around 60,000 population, the county is pushing 100,000, and that state hospital, of course, was quite a bit smaller, I believe, than the one here.

And I suspect that most of these people were absorbed into that community because it's a rather dynamic community, and the larger the community the larger more diversified the employment bases, the easier it is for people to find jobs.

There are some other factors that are involved. I'm involved in economic development. That's part of the role of our commission. Some of you may be aware of the fact that the state recently hired eight people. I think they've been on board about eight to ten months now as economic development specialists and they are assigned to different parts of the state and county.

One of their jobs is to go out and help businesses expand, relocate. They're not having that great of a time with it in the rural areas. One of the reasons is because we don't have the

same things to offer as the Metropolitan area. We don't have the same cultural types of things. We don't have the airport, the four-lane highways. We don't have the other type of businesses that are supportive.

But there is some other things, too, that are extremely important. We don't have the financial resources. We don't have the banks that are willing to invest in our community. We don't have the venture capitalists that are willing to invest in our communities.

So, therefore, it's tremendously difficult to get people to make investments in rural outstate Minnesota. The point I am trying to make here is that 500 — and what is the figure, 543 jobs. That's really tough to come up with that many jobs.

The type of work that those state people are doing in trying to create jobs in the rural outstate area, the types of jobs, work that my own office is trying to do. We work in terms of two, three, four, five.

If we have a real big one, it's ten employees at a time that we're talking about. We're not talking about 54 3 at a time.

So I guess my message to the State Legislator and others who are taking a look at cost savings and changing things, is that they go slow. I do think that we do have to take a look at some of these issues. But we definitely have to go real slow on these issues because jobs are hard to find in rural Minnesota.

Our economy is agri-based and if you look at it looks

like we're very healthy out here because of an extremely low unemployment rate. That is a situation that farmers are not unemployed, farmers are poor. Thank you.

(Applause.)

A VOICE FROM THE AUDIENCE: I forgot a couple of things that I wanted to state. One of them is kind of a message from one of my clients that I forgot to deliver. When I told her I was coining to this meeting and what it had to do with, possibly the closing of the hospital, she said well, where would I go if Willmar closed, and I said well, possibly St. Peter as one idea that I've heard of and that was a very dismayed thought to her.

Willmar's kind of like home, I suppose, if you can call it that, for people that are an hour and a half away. St. Peter would be another hour away for my people and for myself. So it would be definitely a dilution of continuum of care and the care that clients need.

I think that deinstitutionalization could possibly be dehumanization if we go too fast with it. I've heard that stated here a couple of times today. To me the only kind of deinstitutionalization is the kind that goes slow and starts from day one and is carried out through the treatment program, through the aftercare program, and whatever community supports there are.

When I started working at Regent Eight and my first few

days at Willmar there was something called an outreach worker. I've even forgotten his name. I wonder what happened to that program. It seems to me that it fell by the wayside at the same time the cuts were being instituted.

And if I have any criticism of the program that we have going it's that there aren't the community services in place, and there aren't enough of the good people that I see at Willmar State Hospital. There aren't enough of them to work with the clients like I see happening sometimes and there aren't enough of them to work more with me as I try to plan things and try to get things accomplished.

I think they are understaffed. That's one criticism I have. Thank you.

(Applause.)

MS. KARLINGS: Thank you. Any other comments? Anybody?

MR. ANDERSON: My name is Russ Anderson. I'm just up here as a concerned citizen. My wife works out at the State Hospital.

We were married a year or so ago and I've been out to pick her up from work and I've been having a lot of contact with the patients out there. A lot of them are really characters and some really neat patients out there.

I think we've talked enough about the economy. It would be disastrous for Willmar to lose our state hospital. I think we should talk about the humanistic approach. And I think before

the state or legislature decides to close it down, I think they should all walk through there and see how much those people need that place as much as we need it for the economic factors. Thank you.

(Applause.)

MS. KARLINGS: Anybody else?

MR. WELLMAN (ph): My name is Paul Wellman. I represent a financial institution in the county, particularly the Northern part of the county. Through the last 19 years that I've lived in this county I've gotten to know a large number of individuals that both work at the state hospital, both on an interest level and on a professional level. It seems to me that as the years have gone on these dedicated people have taken it upon themselves to professionally train themselves to help meet the needs of the society as it changes.

And I think we as people have an obligation here on earth. Man was put here to help people and we have the existing facility that is there now. We should be upgrading this type of facility. We live in a very economic stressful time. We have drug oriented problems. We have much, much more financial problems as individuals and I as a banker.

We have a lot of Congressmen, and when it comes to financial, I can see what's happening. It eventually leads to drugs, family problems, alcohol.

I think our society should not de-emphasize our program.

We've got the facilities. Let's upgrade them. We as individuals have this responsibility. Those that don't have the problems should help those who have got them.

We have got the staff. Let's upgrade it. If they're willing to work, let's support them.

(Applause.)

MS. KARLINGS: Any others wish to speak?

A VOICE FROM THE AUDIENCE: Excuse me, is there time for questions?

MS. KARLINGS: Yes, yes. There is one gentleman that is going to speak. By all means, you don't have to make a statement- You can ask a question, sure.

MR. BERNHAGEN: Yes, I'm John Bernhagen from Hutchinson, Minnesota, and I just stepped in here so I'm not exactly sure what your format is. But maybe just a couple of comments. I kind of come as an outsider. I work with the Registration Committee. Most of the people are from Kandiyohi, certainly Willmar. They have a particular need and a concern. I'm not going to address that because I'm sure you've heard a lot about economic depression of moving people or people without jobs or what all that might be.

But I want to approach it from another aspect, that is, by one coming from an area that is served literally by a facility such as this.

As I indicated my home area is Hutchinson, and I looked at

the map, and if you literally just take the major part of the map and put it folded in two, there are really only two institutions that are in the Western half of the entire state. That, of course, being Willmar and Fergus Falls.

So I look at the area and what the institution was originally set up to do, the service that it brings, and I look at the visitation that takes place with a facility such as this, family, friends.

I look at the need for the continuation of knowledge of what has happened to the people. For instance, people from the area of McCloud County, Meeker County, and then 1 could mention all the counties that are in West Central and certainly even the Southwest part of the State of Minnesota.

I drove 60 minutes to get here, and so I look at the availability to have a facility that is not farther than that and it certainly would be.

As you get to, let's say, a facility that would maybe be less at Fergus Falls or a facility at St. Peter. So I see it as a geography need for when our people of years ago determined that there was need for placement of these types of facilities and various locations.

Then I look at not being necessarily only the degradation that would serve to the immediate Willmar area, but how we are to provide a continuum of people wanting to stop and shop and live in rural Minnesota.

A couple of years ago we saw a tremendous in-migration of people from rural areas to the Metro area. That was stemmed to some extent over the last, oh, ten years. Our statistics and demographics show that is now increasing yet.

People are, for whatever reasons, having those dollars and getting used to sending the $1.30 or whatever it might be for gasoline and our saying we don't necessarily have to stay where we are anymore, and that perhaps the Metro area with all of that life, whatever it has to offer, a place to go.

And I say to facilities such as this to provide that continuum in this case of health care is a very necessary part for western and West Central Minnesota. So I come to you with that aspect representing the 60,000 people in my district that are served by this facility, not all those people obviously,... but the need for that type.

And so I lay that on you this afternoon to take a look at the geography as you consider your report of where facilities should be located and that continuum of care.

MS. KARLINGS: Thank you, sir.

(Applause.)

A VOICE FROM THE AUDIENCE; I'm Executive Director for the Minnesota Health Systems Agency in Redwood Falls representing 27 counties in Southwest Minnesota. I have some questions regarding the inter-Agency Board. Could someone tell me who the representatives are in that inter-Agency Board?

MS. KARLINGS: Sure. Dean or Fred, whichever.

MR. HONETSCHLAGEN: I'm Dean Honetschlagen. I'm from the State Planning Agency.

The Representatives on the inter-Agency Board and are listed in the statute itself and they are the Commissioner of Health and Human Services; Administration; Finance; Economic Security; Employer Relations. I think I missed something. I think Finance.

A VOICE FROM THE AUDIENCE: Corrections.

MR. HONETSCHLAGEN: Corrections and Veterans' Affairs. Those, I think, are most of them if not all of them.

A VOICE FROM THE AUDIENCE: Yes, I have that legislation. I would like to know who the other appropriate agency heads refer to in the legislation are.

MR. HONETSCHLAGEN: I think that I maybe named one or two of them that were not listed in there after the legislation was passed. We may have added Veterans at that time or Finance. I'm not sure. I think we were afraid we might have overlooked it, so the legislature put that in to give us an opportunity to appoint more state agency heads. If it seems as if the issues affected them housing, finance, for instance, is probably one of those.

A VOICE FROM THE AUDIENCE: Are the representatives on there, are they all from state offices, state heads? None from the area health services where these hospitals are?

MR. HONETSCHLAGEN: The statute calls for an inter-Agency -- state agency only.

A VOICE FROM THE AUDIENCE: Thank you.

MS. KARLINGS: Any other comments or questions or ideas?

MR. DUNSTROM (ph): Good afternoon. I'm Lane Dunstrom. I'm a clerk here in town with the State Planning and a night clerk at a motel, but I've had experience as a volunteer within nursing homes and have worked with the retarded and studied the history of retarded in college as a special topic.

And I would say, too, that the idea of closing the institution to save money, that I don't think this is the time that the state should be saving any money. Because we have a president and a federal budget and people uncaring about anybody with any problems at this time. And it's not the time that the state should be trying to cut back as well.

And it would be a lot better to use the same money and give better care for people that are in the institution, and if there's a less number all the better. We can give better care.

And the proper alternative for the severely retarded is to put them in small homes, and unless they are adequately staffed they can't be taken care of, mildly retarded, yes, but somebody that can barely eat by themselves needs more care.

And it's been alleged that some of us want to put them there to die. That is what's been alleged. I don't know how

true that is or that, you know, this is the desire but this is — I mean, I just don't think this is any time for the state to try to be saving money on the care of people that need it. It's a time to increase the efforts.

(Applause.)

A VOICE FROM THE AUDIENCE; Yes, I'd like to ask why this Commission is not studying the impact of a closing on — or an impact of the institutionalizing on patients?

MS. KARLINGS; Would you either Fred or --

MR. HONETSCHLAGEN: One of the very special things we are doing is looking at the patient care and the patient that needs aftercare, so that has been listed in the study design.

A VOICE FROM THE AUDIENCE: It wasn't listed by your director at the beginning of this?

MR. HONETSCHLAGEN: She didn't list each separate study, but she tried to categorize it.

MS. KARLINGS: I think what she said in addition to patient care, which is the primary concern, the following studies are going on. She just made that as an opening statement.

Any other comments?

A VOICE FROM THE AUDIENCE: I spoke earlier. I would like to add a personal comment. I've worked at Willmar State Hospital for nine years. In those nine years I have worked Christmas Eve or Christmas Day or both every year. I don't think

anybody but a farmer consistently works those hours except other people in health care facilities. They are a 24-hour a day, seven day a week institution.

It seems like much of what we have done today is sort of mechanical. We're talking about how we would go about the mechanics of closing, what would be the effect on this person, that person. But I don't know what Christmas means to you; to me it means getting together with my family. In many cases I and the people I work with are the only family that the residents that I care for have. We're the only ones who care what kind of a Christmas they have and how they act and what they get.

I guess what I'm trying to say is quality care does not just consist of having technical knowledge. It's also a deep human feeling to want to try to help those who cannot help themselves and that cannot be purchased at any price.

(Applause.}

MS. KARLINGS: Anybody else?

MS. HOLTZ (ph): I'm Marie Holtz. I'm an employee of the State of Minnesota. I work at GOTC at Willmar State Hospital. I think it's real important that we look at what is behind Willmar State Hospital. You can look beyond buildings, you can look beyond finance.

What it comes down to is care. And we have a lot of levels of employment out there. I think one of the real consistent things in each of these levels is care. There's not a

deterioration of care as you go up. Everybody is concerned whether it's the one-to-one worker or whether it's the chief official out there. There is care there.

You can make a lot of real pretty buildings and you can have nice walls and nice grounds and it can look real pretty on the outside. I think we need to concentrate real hard on what is in the inside. Can that care be there, too?

I can't stress enough that we look at that. I am real proud of what we are doing there. I can honestly say 1 am proud to work there. If anybody doesn't know what we are doing there, what we are trying to establish, I would strongly urge them to come in and look, look at the care, beyond the walls, come in and see us. Thank you.

(Applause.)

MR. FREIBERG: My name is Walt Freiberg. I have three businesses in the City of Willmar. I understand that the employment in the State Hospital represents five percent of the employment in the area, and eight and a half percent of the wages, and as an average the wage will turn over two and a half percent. So if you multiply that it means a lot to Willmar. I think you understand that.

Looking at the economic part of it that is looking at it selfishly, I think. I think what we have to do is look at the service that it has to the community, our post-high school education system as far as internship goes with the vocational

and college institution.

And it also acts as an economic security blanket to the city. That is also selfish. I hope the Board when they look at it considers along with the selfish reasons the fact that what if I ever needed the facility, where do I go? That's my question to you, where do I go? Do I go a hundred miles to here? Where do I go to get the help that I need?

Where are these people going to go? I ask you that as a taxpayer in the community. I feel like I am overtaxed now like everybody else.

What are you going to do with the building out there? Can I ask that question?

MS. KARL1NGS; Well, we are hoping that some of the suggestions will be coming from the town meeting and through some of the other studies and that we will have some ideas in terms of the utilization of the buildings.

A VOICE FROM THE AUDIENCE: There's a lot of facility out there. I live in Minneapolis and I came out here, and as I came out here I drove down Highway 55 through Paynesville and up 23 — never being in Willmar before in my life — to look at a franchise that was suggested to me to put into Willmar.

The first impression I had of Willmar was the State Hospital and it was a positive impression. I don't think it could be much better than it is now.

Seeing that it is understudy, could you give me some idea

of what they plan on doing with all their facilities? As a taxpayer I'm quite concerned with what you are going to do with — there must be, you know, two, three, four, $5 million, how many millions of dollars worth of property out there.

MS. KARLINGS: Well, do you want Fred or -- About the only thing that I can tell you is that consideration has been given to — suggestions have come forth, I should put it that way, to use it in terms of a veterans' facility. There was a consideration in terms of a correctional facility, which is not exactly a lot of enthusiasm.

But in terms of any decisions as to how the buildings would be used, there aren't any at the moment, at least as far as I know of. If anybody from the legislature is still here they can correct me on that. But again, there are no plans right now in terms of what is to be closed or if or when or how.

The purpose of the study and the town meeting are to properly solicit, which they didn't do properly, ideas and suggestions for any part of a hospital, much less the total hospital in terms of how these buildings might be used.

A VOICE FROM THE AUDIENCE: Thank you for giving me this opportunity.

MS. KARLINGS: You're welcome.

(Applause.)

MR. JETMAN (ph): My name is Tim Jetman. I'm a therapist at the Willmar State Hospital. I would like to

suggest that the best utilization for those buildings is the one that's being done right now, because over the past seven years I've been there I've seen many improvements done, money put into those buildings to accommodate and make then safer, more homey for the residents. And I can't think of a better use of them than how they're being used now.

(Applause.)

MR. STENDAHL: I'm John Stendahl. I have a private psychological firm in Willmar and probably one of the few people that may benefit from closing the State Hospital. Unfortunately, I see disaster.

I also provide services for about 20 group homes, and if the total population of Willmar State Hospital goes into the group homes you might possibly get groups that won't have expert therapists.

Medically there are complicated and multiple drugs and they might give them a physician that is an expert but that is not used to dealing with mentally retarded people, and that's the kind of complications.

You might get them occupational therapy and physical therapy, but I doubt it. I don't see that. Even in the Class B facilities out in the community. And even behaviorally in order to retrain the staff to handle those types of behavior problems is just probably more than we can hope for.

One of the nice things about Willmar State Hospital, and

particularly the mental retardation section, is that they are more familiar with it, but probably also to the mentally ill section, is that when you have a problem in the group home you have a place to send the people that have the expertise so that they can get a resident under control and then back into the group home.

As it is now I know GRTC for the last ten years has been aggressively pursuing placement. I think they are probably different than other state hospitals in that regard. I know they have just went out of the way to try to place all the residents. And one of the problems is the group homes cannot handle those residents. A lot of group homes are even looking for residents, but they're not looking for Willmar State Hospital residents.

So I think that at least for years and years to come before all these experts are trained it would just be unfortunate for residents just to place them out in the community except for maybe in the Willmar area.

It's just not going to be the type of expertise and services they require. Thank you.

(Applause.)

A VOICE FROM THE AUDIENCE: I think perhaps for the record we should point out that the Rochester State Hospital was closed, the state didn't have one cussed idea what to do with the thing so they sold it to Olmsted County for $1.00 and they thought it was an albatross around their neck, until they

finally found a market for it with the Federal Government for a prison.

MS. KARLINGS: Thank you

{Applause.)

MS. HANNAY: My name is Mary Hannay. I'm a concerned citizen. Before moving to Willmar I lived in a town in Iowa where there was a state hospital, and it wasn't quite closed but it was shrunk down to one-third its normal size, and I know for a fact many of these, most of the patients who were quickly discharged ended up in the nursing homes where they saw the doctor maybe once a month. The social worker or psychologist, once every month, once every six weeks. The care was not at all like it had been in the state hospital.

Two of the buildings by the way were made into a medium security prison at quite an expense to the state with regard to license and what have you.

MS. KARLINGS: Thank you for sharing that.

(Applause.)

MS. FREEMAN: I'm Jane Freeman, just a concerned citizen. My association with psychiatric hospitals has been in Michigan and I understand that you have been there. I've gone through several of the changes. I heard the word fad. I don't think this is a fad. I think we're trying to look at the better kind of treatment for our patients.

However, I'm concerned about some things. I hear them

called residents. Are we saying that mentally ill patients are not patients anymore? Isn't it a mental illness or is it something else so that we can treat it differently. We don't have to consider hospital care.

The hospital in which I worked was a rural hospital in Michigan. We considered ourselves the best hospital in the state We had the higher class people working there at all levels, and I think we did afford very good care. I saw many changes happen in the years I worked there from custodial to therapeutic, and I think probably — in fact, I should insert this. When therapeutic happened, the people who came to help us do it came from Minnesota.

So therefore I hate to see Minnesota become custodial again. And I want to leave you with one picture. Good friends of mine in the town where the State Hospital was sending out their patients opened their home to afford six patients a place to live. Now these were patients probably considered geriatric, didn't need a lot of care. The home was pleasant, clean, good food, but those six people had a little nook in the upstairs area that was theirs, about six chairs in it and there they sat. I don't feel that was improvement in the care. Thank you.

MS. KARLINGS: Thank you.

(Applause.)

MS. KARLINGS: I think there is usually a distinction made between mentally ill persons who are referred to as

patients, mentally retarded persons who are referred to as residents. I think that's where we got that, yes.

Anybody else? Well, there's nothing sacred about 5:00. The only thing important is that I don't close the meeting before everybody who's had a chance to speak speaks or asks a question or finds an answer.

But has everybody spoken who wishes to speak?

If you have then I thank you for your attention. I thank you for your turning out. And we are so pleased to have everything that you said today.

(Thereupon, the proceedings concluded at 4:45 p.m.)

* * *

This is to certify that I, Debra C. Schmidt, RPR, reported the proceedings in the above-entitled matter, held at the time and place hereinbefore mentioned, and that the foregoing pages, numbered 1 through 80 constitute a true and correct record of the stenotype notes taken by me at said proceedings.

Debra C. Schmidt, RPR
Shorthand Reporter
Notary Public
My Commission Expires August 15, 1990

Dated this 4th day of October 1984.