

SUMMARY OF LETTERS/RESOLUTIONS  
RECEIVED BY STATE PLANNING AGENCY  
REGARDING STATE HOSPITALS

CODE

- a. date of letter or resolution
  - b. author(s)
  - c. organization/affiliation/position (if any)
  - d. content
  - e. position re: state hospitals—pro state hospital =  
pro; against state hospital = con; and not expressed  
= neutral
- 
- 1.a. 6-29-84
    - b. Bill Johnson
    - c. Manager Lay Advocates Network, The Mental Health Association of Minnesota
    - d. The self-serving nature of the institutions and their self-serving unions almost preclude innovative and creative planning to meet the needs of the mentally ill. It is my personal estimate that several of the facilities can be, and should be closed....
    - e. con
  - 2.a. 10-22-84
    - b. Steven R. Youso
    - c. Vice Pres., Coalition of Concerned Citizens for Moose Lake State Hospital
    - d. we also understand, because of the severe economic implications involved in the closing of our hospital, that Moose Lake is unique. We plan to be closely involved with the process throughout the coming legislative session....
    - e. pro
  - 3.a. 10-29-84
    - b. Harold Tapper (unsigned)
    - c. Ex. Dir., ARRM
    - d. Testimony taken at the Town Meetings would be skewed toward state hospitals. Furthermore, both you and I know the constraints that were imposed—however inadvertantly—on testimony from nonstate hospital persons throughout the round of town meetings.
    - e. con
  - 4.a. 9-28-84
    - b. Robert Andrews
    - c. Ex. Dir., Floodwood DAC
    - d. This agency availed itself of the professional services of Mr. Richard Hirschenberger, Brainerd State

Hospital. Mr. Hirschenberger's expertise was of great value to us in developing programs for some of our very difficult clients.

- e. neutral
- 5.a. 10-3-84
  - b. Michael R. McDonald
  - c. Instructor-Coordinator, Human Services Program, Ellsworth Community College, Iowa Falls, Iowa
  - d. We have regularly used Brainerd State Hospital as an internship site for many of our one- and two-year Human Services students.... BSH is clearly our best training site. In addition, your record of hiring our graduates is unsurpassed by any other site.
  - e. neutral
- 6.a. 10-10-84
  - b. Harold Tapper
  - c. Ex. Dir., Association of Residences for Retarded in Minnesota
  - d. Enclosed is a copy of the ARRM position statement regarding the future of state hospitals.
  - e. con
- 7.a. 10-9-84
  - b. Joan Hinderscheit
  - c. Public Affairs Dir., Mental Health Advocates Coalition of Minnesota
  - d. Over the past decade, Minnesota has developed community programs so that mentally ill persons can be treated in innovative ways, closer to home, in a less-restrictive setting. This need cannot be met until all parts of the system work together to create a cohesive system—a system where the hospital is an important part of the continuum....
  - e. neutral
- 8.a. 10-5-84
  - b. Lorraine Bordson
  - c. none
  - d. I work at the BSH. My home is in Faribault but could work only "part-time." Most of these people cannot afford to work for \$3.35 to \$4.00 an hour, which is what the group homes pay. How will these people (group homes) be monitored? You know where the money is being spent by the employees (of state hospitals). It goes to the local economy....
  - e. pro
- 9.a. 10-9-84
  - b. Mrs. Marge Malcolm
  - c. none
  - d. I, as a Senior Citizen and living alone in my home, would like to express my views on the closing of the

State Hospital in Fergus Falls, Minnesota. Certainly, I wouldn't want people that are mentally incapable of knowing ways of life, the laws and rules of our land, to be my next door neighbor.

- e. pro
- 10.a. 10-9-84
- b. Selma Anderson
  - c. none
  - d. I have an interest in State Hospitals, which I do not want to see closed. I have members of my family that work there. Many that would have to go out and face the cruel world would suffer the circumstances they would be put under. Many of these would be a complete menace to society.
  - e. pro
- 11.a. 10-9-84
- b. Douglas L. Kjellerup
  - c. none
  - d. I have a son who has been a resident of the Fergus Falls State Hospital for three years. There is much more I would like to address, but the letter would get too long. Suffice it to say that I believe: The patients are well cared for at Fergus Falls; the staff includes very skillful and dedicated employees; high costs are more a result of bureaucratic policies than a result of employee productivity; economic evaluation should focus on the impact beyond local communities; and finally, an audit of the operations and bureaucratic policies would likely result in far greater efficiencies than closing of this much needed and justified institution.
  - e. pro
- 12.a. 6-12-84
- b. Steve A. Jensen
  - c. Dir., Becker County DAC
  - d. I am dismayed that the central focus of the plan seems to be hospital employees and economic impact. I wish only to maximize the issue of "best practices" for residents who are now in state institutions. Refrain from developing state-operated, community-based programs.
  - e. con
- 13.a. 9-28-85
- b. D. J. Hanson
  - c. Court Administrator, Ninth Judicial District
  - d. IT IS THEREFORE RESOLVED, the assembled Judges of the Ninth Judicial District comprising the Counties of Aitkin, Beltrami, Cass, Clearwater, Crow Wing, Hubbard, Itasca, Kittson, Koochiching, Lake of the Woods, Mahnomen, Marshall, Norman, Pennington, Polk,

Red Lake, and Roseau urge the Governor of the State of Minnesota to make no change in the level of services provided to the individual counties by the Brainerd State Hospital, Fergus Falls State Hospital, and Moose Lake State Hospital for the mentally ill and mentally retarded until and unless the same services can be provided by a similar facility that is no more remote than is the Brainerd State Hospital, Fergus Falls State Hospital, and Moose Lake State Hospital facilities.

e. pro

14.a. 10-12-84

b. Jo Ann and her mother

c. none

d. I'm writing in behalf of the State Hospital, our daughter and her mother. Our daughter is doing so much better there (Willmar State Hospital), and it is so close for us to go see her.

e. pro

15.a. 9-18-84

b. Richard H. Johnson

c. City Clerk/Treasurer, Brainerd

d. NOW, THEREFORE, BE IT RESOLVED, that the City of Brainerd supports and urges the ongoing operation of the Brainerd State Hospital.

e. pro

16.a. 9-26-84

b. Jim Hobbs

c. Todd County Social Services

d. I have been a mental health worker for Todd County for most of the 12 years I have worked here. Closure of any state hospital would be overkill with destructive results. Reorganization as was proposed in January would create more problems for all concerned that it would solve.

e. pro

17.a. 9-26-84

b. Robert Barrett

c. Social Service Supervisor, Stearns County Social Services Center.

d. I am taking this means of expressing our strong support for the Willmar State Hospital and its staff. Our staff has found that it is preferable to commit persons to the Willmar State Hospital (instead of Brainerd), whenever possible, because they are more cooperative in working with our agency. In conclusion, I would like to say that I feel that the quality of care at the Willmar State Hospital greatly exceeds that of other hospitals.

e. pro

- 18.a. 9-19-84
- b. Dennis O. Johnson
  - c. Director, Wadena County Social Services Department.
  - d. There will always be services so specialized and clients so challenging that the local community systems will be unable to responsibly meet those needs. To that end, I strongly support the state hospital system, and specifically, Brainerd State Hospital....
  - e. pro
- 19.a. 9-11-84
- b. Dayton R. Martinson
  - c. Dir., Nicollet County Social Services
  - d. In order for the state government and its local agencies to adequately and fully meet the needs of the developmentally disabled individuals, a full continuum of services and facilities are needed. Both the Board of Commissioners and the Social Services Agency recognize and endorse the philosophy of having the least restrictive setting for the developmentally disabled. We, also, feel that facilities such as St. Peter Regional Treatment Center are the least restrictive for certain developmentally disabled individuals and we do not believe that relocating these individuals will enhance their quality of life.
  - e. pro
- 20.a. 9-13-84
- b. Gloria Vande Brake
  - c. DD Coordinator, Southwest Regional Development Commission
  - d. First, the primary concern that the Legislature and State Departments should have is what is best for persons with developmental disabilities? While the DD Committee strongly believes in providing services to the most severely disabled in the community, they also feel for the following reasons that there is a place for state hospital services, particularly Willmar State Hospital. Finally, the DD Committee wishes to publicly oppose state-operated community facilities. The first priority is meeting the needs of the developmentally disabled to the best extent possible and then to consider the needs of the community and the state hospital employees.
  - e. pro
- 21.a. 9-18-84
- b. Patty A. Guetter
  - c. Social Worker, Renville County Welfare Department
  - d. I am writing in support of the continuation of services by Willmar State Hospital to Renville County. Without the services of Willmar State Hospital, this county would have a greater number of clients at state facilities on a long-term basis.
  - e. pro

- 22.a. 9-18-84
- b. Sue Serbus
  - c. C. D. Counselor/Social Worker, Renville County Welfare Department
  - d. It is imperative, I feel, that the Hospital (Willmar) continue to survive in spite of efforts to decentralize and push for community based programs. I have two concerns ... patients have gone off grounds without staff knowledge or permission and have used chemicals or brought them onto the hospital grounds.
  - e. pro
- 23.a. 9-7-84
- b. Duane Ahlness
  - c. Dir., Cottonwood County Family Service Agency
  - d. This letter is written in support of the Willmar State Hospital and their programs. Family members have expressed a desire that their relatives remain at the hospital (Glacial Ridge) rather than go to community placement.
  - e. pro
- 24.a. 9-10-84
- b. Roy Newcomb
  - c. Social Worker, Anoka County Social Services Department
  - d. It disturbs me when I hear reports of efforts to close Anoka and other state hospitals. I am not opposed to the concept of less restrictive community alternatives for the chronically mentally ill. It has been my impression that some of these residences (halfway houses) have been started with inadequate funding in old, run-down houses. Unfortunately, private hospitals are very limited in the length of time they will keep a mentally ill client because of the limitations of insurance and Medical Assistance, which seem to be quite discriminatory toward mental illness diagnosis.
  - e. pro
- 25.a. 9-24-84
- b. Steve Mathis
  - c. DD Coordinator, Region 5 Regional Development Commission
  - d. I do believe there is a definite need for more community facilities for the mentally retarded and a smaller "state hospital" facility. Even though many of the developmentally disabled have "institutional" behavior problems, the movement out into the community has been shown to reduce these and sometimes eliminate these behaviors.
  - e. con

26.a. ?

- b. Robert Walz
- c. Dir., Morrison County Social Services
- d. It is the position of the Morrison County Social Services and the County that BSH is an important regional resource. Our support for Brainerd State Hospital is not at the exclusion of community-based care for the developmentally disabled, mentally ill, or chemically dependent. Nevertheless, we recognize the important role that BSH has in the continuum of care, namely, intensive short-term treatment and long-term care of severely handicapped persons. In closing, we support the state's policy of deinstitutionalization. We recognize that some state facilities will have to be closed. We believe that the state should close those facilities in less centrally located areas, facilities whose buildings are obsolete or facilities where there are adequate supply of hospital beds for the mentally ill (outside the state system, e.g., in the Twin Cities).
- e. pro

27.a. 10-2-84

- b. John D. Peterson
- c. Group Home Dir., Lutheran Social Services
- d. It is my opinion Brainerd State Hospital serves in the continuum of services for mentally handicapped persons as does LSS. I also assume that many of the remaining mentally handicapped residents will continue to require skilled nursing care and extensive behavioral programming—which to me, necessitates the continuation of the Brainerd State Hospital program.
- e. pro

28.a. 9-17-84

- b. Robert G. Zabel
- c. Ex. Dir., Zumbro Valley Mental Health Center
- d. The trauma of a sudden closure of the Rochester State Hospital is still being felt in this community. The more difficult aspect, by far, is the loss of a valuable resource for many chronic mentally ill persons. We have gone through the trauma of one closure, and are now learning to do with alternative resources. However, I feel there will always be a need for state hospital services for some people.
- e. pro

29.a. 9-18-84

- b. Earl A. Lorenz
- c. Ex. Prog. Dir., Lakeland Mental Health Center
- d. Thus, the Board has gone on record as a strong supporter of the Fergus Falls State Hospital and maintaining the acute mentally ill unit.
- e. pro

- 30.a. 9-24-84
- b. Robert C. Butler
  - c. Dir., Sioux Trails Mental Health Center
  - d. There are patients at the hospital who will still rightfully move into the community requiring various levels of care which can be reasonably provided within the general community. Others will also be admitted in the future who can be expected to return to their home communities. However, many of those patients still residing at the hospital and some of those future admissions do and will require very high levels of skilled and specialized medical and psychological care which the community is not-and probably never will be-prepared or able to give outside the hospital setting. For many, the hospital is, in fact, the least restrictive care setting!
  - e. pro
- 31.a. 9-10-84
- b. Jerome E. Kwako, M.D.
  - c. The Duluth Clinic, Ltd.
  - d. My experience with this institution (Willmar) has been through the Adolescent treatment unit located on the state grounds. From my knowledge and personal experience, Willmar State Hospital presents a specialized institution in the care of both adult and adolescent patients with specialized emotional needs. With the success at closing some institutions and cutting down on budget for health care expense, the patient has been left in unstructured and less optimal facilities for their care. This leads me to conclude that Willmar State Hospital provides a unique and a specialized role in patient care and quality of patient need and would see attempts to change this as being of short-term political expediency.
  - e. pro
- 32.a. 9-24-84
- b. James E. Koerper
  - c. Pres., St. Joseph's Medical Center, Brainerd
  - d. The purpose of this letter is to express the support of St. Joseph's Medical Center for the continued operation of the Brainerd State Hospital. New methods of paying for services instituted By the federal government have forced major changes in the operation of St. Joseph's Medical Center. It is becoming increasingly clear that fewer, not more, employees will be needed in the future to provide services. Therefore, it would be unlikely that should the employees of the Brainerd State Hospital be layed off due to closure, that they would be absorbed in the foreseeable future by St. Joseph's Medical Center.
  - e. pro

- 33.a. 9-13-84  
b Hans A. Dahl  
c. Administrator, Rice Memorial Hospital  
d. Rice Memorial Hospital, as an acute care hospital, could not, and would not provide the services offered by Willmar State Hospital. Rice Memorial Hospital would not be able to employ a large number of Willmar State Hospital employees in the short term. To cease or even alter the services of Willmar State Hospital would be like amputating a very important part of the health care continuum of the Willmar area and the State of Minnesota. The Board of Directors of Rice Memorial Hospital has, by resolution, requested that these statements be presented to you for your consideration.  
e. pro
- 34.a. 8-24-84  
b. E. O. Thorsgard, M.D.  
c. Falls Clinic Prof, Assoc, Thief River Falls  
d. While I know many of your patients are only temporarily ill and many of them are amenable to treatment in local facilities, there are some cases where the patient and the public actually need asylum.  
e. pro
- 35.a. ?  
b. Association of Retarded Citizens of Minnesota  
c. Board Resolution  
d. We believe that any residential service, its equipment, buildings, furnishings, and programmatic practices must be provided in accordance with the principle of normalization. We believe that the state institution does not qualify as the least restrictive alternative for anyone.  
e. con
- 36.a. 10-8-84  
b. Walter A. Baldus  
c. Woodvale  
d. The STATE is not caring for the mentally retarded in state hospitals, PEOPLE are the ones who are caring for the mentally retarded. It is clearly a conflict of interest on the state's part to identify, implement, and deliver services as well as monitor and evaluate the effectiveness of its own service system. I would suggest that the Governor and the Legislature consider placing the operations of units of the state hospital into Requests for Proposals (RFP)....  
e. con

- 37.a. 8-28-84
  - b. Faribault City Council
  - c. Resolution
  - d. Contains three suggestions, urges Interagency Board to include in report.
  - e. pro
- 38.a. 10-9-84
  - b. Kevin P. Kenney
  - c. Assoc. County Administrator, Hennepin County
  - d. The county has developed many new local resources in recent years and a network of services that any community would point to with pride. Upon examination, this community continuum of services for the mentally ill and chemically dependent, however, does not make patient access to a state hospital unnecessary. We support the concept of a Metropolitan State Hospital for a variety of reasons....
  - e. pro
- 39.a. 10-5-84
  - b. John L. Holahan
  - c. none
  - d. Thus, I presume to speak for parents with children in our very fine state hospitals. We are told that community care is best but this is not supported by studies and plans that face up to the harsh realities of 24-hour-per-day care, day in and day out, year in and year out. Who knows? You may find that state hospitals are still the best way to care for current residents.
  - e. pro
- 40.a. 10-1-84
  - b. Kathy Gaalswyk
  - c. Region 5 Regional Development Commission
  - d. THEREFORE BE IT RESOLVED, that the Region 5 Regional Developmental Commission supports keeping the Brainerd State Hospital open.
  - e. pro
- 41.a. 9-27-84
  - b. Diane Swenson
  - c. Dir., Paul Bunyan Developmental Achievement Center
  - d. The state hospital has been a valuable resource for our DAC and for others, especially in the area of staff development, follow-up services, and in-services.
  - e. pro
- 42.a. 9-19-84
  - b. Ed Ranson
  - c. Dir., Hubbard County Developmental Achievement Center
  - d. Although I feel that institutions must change with

the times, it is my hope that closing will not be the option chosen for Brainerd State Hospital. It is my opinion that closing the State Hospital would be a severe loss to the MR and MI service providers in surrounding counties.

e. pro

43.a. 9-17-84

b. John A. Votca

c. Dir., Mankato AVTI

d. Mankato area AVTI conducts a nine-month Human Services Technician Program. Included in the curriculum are 200 hours of clinical practice experience which utilizes several mental health units, Johnson Hall, and the Minnesota Valley Social Adaptation center at St. Peter. Loss of these clinical areas, for our students, would have serious impact on the Human Services Technician Program. In addition, closing St. Peter Regional Treatment Center would eliminate job opportunities for our graduates.

e. pro

44.a. 10-3-84

b. Dorothy Berger

c. People, Inc.

d. Unless secure, smaller, and well-staffed facilities could be developed in the community, ... it seems to me that the state hospital is needed. I don't know whether small facilities would be an overall improvement, except that decreased size might mean more personal care. All clients cannot be treated in the community hospitals and Rule 36 facilities. Both California and New York have closed their big hospitals and abandoned their chronic patients to the streets.

e. pro

45.a. 10-4-84

b. Rosemary Caddy

c. Clerk/Treasurer, City of Ironton

d. NOW, THEREFORE, BE IT RESOLVED the Ironton City Council, Crow Wing County, Minnesota, support keeping the Brainerd State Hospital open to serve the residents of this area.

e. pro

46.a. 10-5-84

b. Marion Holien

c. none

d. The mentally retarded definitely need the help of that hospital (Willmar).

e. pro

- 47.a. 10-5-84  
b. Douglas D. Lungstrom  
c. none  
d. I feel the Willmar State Hospital provides a wonderful service to the people in this large area.  
e. pro
- 48.a. 10-9-84  
b. Laurie R. Waisanen  
c. none  
d. While working with the mental patients, I found them to be very responsive to people who cared about them and many progressed to the point that they could be discharged to facilities in their communities. The increase of population needing alcoholic treatment has been much greater since the new drunk driving laws have been enacted.  
e. pro
- 49.a. 5-5-84  
b. Helen Hoffman  
c. Pres., Faribault Area Chamber of Commerce  
d. These are Faribault's major concerns with the Title 19 Waivers. We genuinely fear for the fate of our community, Faribault State Hospital patients, and the state hospital employees.  
e. pro
- 50.a. 9-13-84  
b. Carole Vennerstrom  
c. Mgr., Willmar Area Chamber of Commerce  
d. There are some common powerful issues that surface when this group assembles and discusses issues: Economics; Quality of Care; and Excellence. 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 need.  
e. pro
- 51.a. 9-11-84  
b. Lyle R. Weismantel  
c. Pres., First Bank Willmar  
d. Eighty to ninety percent of all persons served by the Willmar State Hospital have already been deemed as not eligible or appropriate for services in the private sector. The 643 full-time employees make this hospital the third largest employer in the area, comprising 5 percent of all employment and 8 1/2 percent of all wages in the county. Elimination of such institutions would be a savings for the state, but the

cost would be passed on to the local community at a higher price than the state appropriations.

e. pro

52.a. 9-13-84

b. Bruce J. Krupke

c. Vice Pres., First Bank Willmar

d. I would like to express my support for the State Hospital (Willmar) located here as well as its continued operation. I had some reservations about a community with a facility such as this with the thoughts of mentally disturbed patients on the loose, etc. Over the years I have seen the facility operate with a quiet dignity, helping people, with a minimum of community problems. In my opinion, it is a valuable community asset....

e. pro

53.a. 9-30-84

b. Alan C. Gunsbury

c. The Quarterdeck at Pleasant Acres

d. In simple terms the 16 million dollar payroll (Brainerd State Hospital) could be multiplied 4 to 7 times or a minimum loss in jobs of 64 million in this area.

e. pro

54.a. 4-2-84

b. ?

c. Anoka City Council

d. WHEREAS, an 11-member ad hoc committee, appointed by the Anoka City Council, has studied and reported on the function, status and future of the Anoka State Hospital.... NOW THEREFORE BE IT RESOLVED BY THE CITY COUNCIL OF ANOKA, MINNESOTA, that the City Council is supportive of the Anoka State Hospital....

e. pro

55.a. 10-4-84

b. Barbara Sampson

c. none

d. Enclosed you will find a letter written by me and mailed to the members of our Minnesota Legislature last spring. I mailed out over 200 letters and got only about 30 responses. I do not understand how our legislators can vote on an issue they know very little about and are not willing to check it out. Host people do not even realize that we have profoundly retarded. Are communities ready for these people? And it may not be in the best interests of the clientele left in the state hospitals to be thrown out into the communities unless they can still be guaranteed the loving atmosphere and acceptance they are currently receiving.

e. pro

- 56.a. 10-4-84  
b. Mrs. Perry M. Peterson  
c. none  
d. There are great costs involved with this one-on-one treatment, busing 2 people many miles etc. Out of many different children and young adults, there is probably 1 out of 20 who will ever be able to care for themselves in the "Mainstream" of real life!  
e. pro
- 57.a. 10-10-84  
b. Allen E. Magnuson, H.D.  
c. Fergus Falls Medical Group, Professional Association  
d. I see a growing number of much more complex mentally retarded children requiring out-of-home care. These children would have died 20 years ago.... It is social neglect not to provide these children with appropriate out of home care. This is not to say that the state hospital setting is the best possible setting, rather it is the best setting to meet these needs that is presently available.  
e. pro
- 58.a. 10-4-84  
b. F. O. Anderson, M.D.  
c. Chief of Psychiatry, Fairview Hospital, Minneapolis  
d. I am afraid that consideration of the matter of closing the remaining Minnesota state hospitals is being undertaken without adequate and thorough information. The incidence of individuals who will require chronic psychiatric care is increasing. The state hospitals provide a needed asylum for chronically ill patients. Should more state hospitals close, a substantial number of healthy citizens would lose a degree of quality of life as they must live amongst and cope with severely ill persons.  
e. pro
- 59.a. 10-11-84  
b. Donald Strei  
c. Dir., Sherburne County Social Services  
d. The position of this Department, and the Board of Commissioners of Sherburne County.... Anoka and Cambridge state hospitals have served this area well over the years.... If the State wishes to withdraw from the business of providing direct patient care, it can be done by reducing the financial incentives of counties to use state hospitals. If the county share was the same in either, private care would be used as frequently or more often than state hospital care. There will always be a need for secure facilities run by the State....  
e. pro

- 60.a. 11-2-84  
b. Wayne Munday  
c. Chair, Sherburne County Mental Health Advisory Committee  
d. I am sending you this letter in support of the continued operation of Anoka State Hospital. Over the years, we have been very impressed with the quality of Anoka State Hospital staff.... unlike some other groups, the Committee has never waived in its belief that a quality state hospital system is essential for the provision of a continuum of services to the chronically mentally ill.  
e. pro
- 61.a. 10-17-84  
b. ?  
c. Koochiching County Board  
d. NOW THEREFORE BE IT RESOLVED that the County of Koochiching requests that no change is made by the State of Minnesota in the level of service provided by the Brainerd State Hospital, Fergus Falls State Hospital, and the Moose Lake State Hospital unless the same services can be provided by a similar facility that is no more remote than these facilities.  
e. pro
- 62.a. 10-26-84  
b. Lorraine Loween  
c. Parent of son at Brainerd State Hospital  
d. We feel our son doesn't need to be moved because someone, a total stranger, thinks there is a better place for him. The hospital setting has many trained people that can deal with the severe behavior problems, that a community setting can't deal with. You just aren't going to "normalize" every human being, no matter what is available for housing.  
e. pro
- 63.a. 10-16-84 (to Hoffman)  
b. Muriel and Dean Dinsmore  
c. none  
d. Good luck and our prayers are for Fergus Falls State Hospital to stay open with the addition of expanded community services.  
e. pro
- 64.a. ?  
b. Mr. and Mrs. David Nelson  
c. Both Work at Fergus Falls State Hospital  
d. I worked in a group home for 2 1/2 years and can't begin to say how much better off the residents in Fergus Falls State Hospital are. They have trained professionals and many caring people.  
e. pro

- 65.a. ?  
b. Margaret Severson  
c. ?  
d. I'm real concerned about keeping the hospital here in Fergus Falls—as residents I care for and love are unable to be put in group home.  
e. pro
- 66.a. ?  
b. Mr. & Mrs. Harvey H. Johnson  
c. none  
d. Please know that you have our support in the effort to keep our Fergus Falls State Hospital in operation.  
e. pro
- 67.a. 10-17-84  
b. James Worner  
c. Worner's Auto Sales Inc.  
d. I believe that patient care/cost-effectiveness are the two most important issues regarding the Fergus Falls State Hospital. Countless State employees will be uprooted if you close the Fergus Falls State Hospital, and with very little gain by the State if you include the impact of unemployment compensation, early retirement, and moving costs.  
e. pro
- 68.a. ?  
b. Mr. & Mrs. Russell Norgren  
c. none  
d. What are they even thinking about, it would put the whole area in a depression. The lady who spoke in Detroit Lakes ... said something about mainstreaming mental patients. We happen to have one of those in our area. We don't walk the roads and are especially careful to lock our doors.... I am against group homes as I believe there is more physical abuse and sexual abuse.  
e. pro
- 69.a. 10-16-84  
b. Leon Hoefler  
c. Former St. Peter State Hospital Resident  
d. I don't think this Hospital should be closed, if only for its beautiful setting and existing buildings. I think it should be better used and staffed.  
e. pro
- 70.a. 10-15-84  
b. Gary J. Fahnhorst  
c. Social Serv. Sup., Sherburne County Social Services  
d. I strongly believe that state hospitals play a key role in the continuum of services to the populations

listed above (CD, MI, and MR). The assumptions that smaller, community-based, privately owned facilities can provide better services at less cost has yet to be proven. Many of the clients we have referred to Anoka State Hospital were referred after it was found that there were no community-based alternatives available, either because they were not affordable or were not able to meet the special needs of these clients due to the dangerous instability of the individual or the chronicity of the disability.

e. pro

71.a. 10-16-84

b. Katherine G. Loban

c. Hospital employee, Moose Lake State Hospital

d. I feel we provide very good services to our people. I like the work I am doing. I am concerned about my family, my home, my job, and this area. (She discussed a former resident who is now in a group home and has lost some use of her arms since moving to the group home.) Even though I am working with the mentally retarded, I would not be opposed to working with the chemically dependent, or mentally ill, or geriatrics.

e. pro

72.a. 10-16-84

b. Edmund W. Schnettler

c. Prog. Dir., Central MN Mental Health Clinic

d. State Hospitals were not established to provide economic development or jobs but rather as service facilities for the mentally ill, mentally retarded and chemically dependent. Whether there needs to be as many or they need to be as large has to be questioned. Decisions regarding state hospitals should be made fully considering patient needs while attempting to maximize fiscal and social impact where closings or retrenchment take place.

e. neutral

73.a. 10-19-84

b. Larry Riess

c. Prog. Dir., Olmsted Homes, Inc.

d. I've listed some comments. You should review the treatment design and compare them with modern methods used (for MI patients). For MR: what is the impact of the environment? What has the community done so far in dealing with severe behaviors? It will be very difficult to close a state hospital in a small community. The major problem with the state hospitals in small towns is that in too many cases it's the only or major employer in town. This results in having employees who are not necessarily geared or suited to work with the retarded. The expertise of

the state hospital system is not readily available in the community.

- e. neutral
- 74.a. 10-16-84
- b. Mary R. Kohner
  - c. none
  - d. I wish to express my concern and my opposition to the closing of the state hospital for the retarded at Faribault. Monday's Minneapolis Tribune commented on the large number of homeless persons in that metropolitan area due to closing of state hospitals and returning long-term care mentally ill to the community. Is that not also a real possibility with the closing of Faribault? Community homes by local citizens have a place but not in serving severely retarded persons.
  - e. pro
- 75.a. ?
- b. ?
  - c. Lyon County Board
  - d. THEREFORE, BE IT RESOLVED, that the Lyon County Board of Commissioners supports the continued existence and need for the services provided by Willmar State Hospital and is opposed to any reduction or shift of services provided.
  - e. pro
- 76.a. 10-18-84
- b. Darlene M. Olson
  - c. Minnesota ARC, Government Affairs Committee Chair
  - d. Our state hospital system was developed, not in the best interests of handicapped people, but to remove them from an intolerant society. They have been perpetuated for a number of reasons—none of which stand up in our society today. I am a parent of a daughter who is retarded and whose growth and development have been immeasurably enhanced because she lives in a group home for six and works in competitive employment with nonhandicapped people.
  - e. con
- 77.a. 10-13-84
- b. Amy Whitlock
  - c. Parent of Retarded Son
  - d. An institution is not a normal place to live, and neither is a group home full of retarded people. Nobody can tell me a group home is more normal than an institution's 16-bed unit. For the sake of the families involved, please make it easier instead of harder for them to place their retarded children in the state hospital!
  - e. pro

- 78.a. 10-16-84  
b. Brent Glommen  
c. Prog. Dir., Range Center, Inc.  
d. I would like to express opposition to preferential hiring of state employees within the framework of developing community services. Equal access is imperative, but preferential utilization of state employees would unfairly inhibit the private sector involvement in exciting development of new community-based programs.  
e. neutral
- 79.a. 10-19-84  
b. Mickey Prince  
c. Parent of Retarded Young Adult  
d. (Daughter lived at home for 21 years, now lives in a group home and works at a sheltered workshop.) We feel her life has been enriched by being a part of the community and our community has learned much from her. I feel from our experience with Judy that the best place for a handicapped person to live is in their home community as any normal person does. She visits us often and still is an important part of her family's life. I feel putting people into large state hospitals dehumanizes them.  
e. con
- 80.a. 10-15-84  
b. Michelle Bogenrief  
c. Chair, Wright County Human Services Board  
d. It is an understatement when we say that we rely on the state hospitals to provide needed services. What we would like to see happen is for the counties and private providers to be able to take advantage of the expertise and experience of the state hospital staff as we are trying to implement local program initiatives. To close programs just because they are part of a state hospital system is a very short-sighted course of action.  
e. pro
- 81.a. 10-22-84  
b. John and Clara Van Der Veen  
c. Parents of Son in Willmar State Hospital  
d. Our son has been a resident at the Willmar State Hospital for several years, and during this time was placed in a group home at Marshall, Minnesota, which was not successful and after a few months returned to the Willmar State Hospital where his needs are more fully supplied on a one-to-one basis.  
e. pro
- 82.a. 10-22-84  
b. Brian W. Kranz

- c. County Coord., Benton County
  - d. Benton County stands on record in keeping the Brainerd State Hospital open to serve the residents of the Brainerd and Benton area.
  - e. pro
- 83.a. 10-20-84
- b. Arthur J. Anderson
  - c. Brother of a Resident at Moose Lake
  - d. I have been able to observe this institution ...and have come to know and respect many of the workers who staff the two cottages for the mentally retarded. It is a consolation to know he is living in a relatively pleasant and secure environment, attended by a responsible, capable, and caring staff.... I understand the need to search for new ways to improve the state's facilities, and I would feel a move justified if Moose Lake State Hospital were not doing its job so well.
  - e. pro
- 84.a. 10-19-84
- b. ?
  - c. Todd County Board
  - d. NOW, THEREFORE, BE IT RESOLVED the Board of Commissioners of Todd County, Minnesota, supports keeping the Brainerd State Hospital open to serve the residents of this area.
  - e. pro
- 85.a. 10-17-84
- b. Renee Fliss, Denny Polich
  - c. Pres., V. Pres., Ironton Commercial Club
  - d. We wish to express our strong opposition to the closing of the Brainerd State Hospital.
  - e. pro
- 86.a. 10-18-84
- b. Margaret Hahn
  - c. Social work Specialist, St. Peter State Hospital
  - d. I am writing to offer additional support to the continued operation of MVSAC. We have been viewed as a facility that is able to meet the needs of the more "difficult" resident.... With the development of a secure unit for "higher functioning" residents and the addition of a psychologist on our staff, we will be increasing the services available to the multiple problem person.
  - e. pro
- 87.a. 10-24-84
- b. Paul P. Hayden
  - c. Social Worker, Swift County Welfare Agency

- d. It is my personal belief that the provision of inpatient services in a state hospital setting is not the ideal setting for serving people in these disability groups (MI, MR). Despite the concerns of employees, union members, and chambers of commerce in those communities the overriding issue in any recommendation must be according to the best interest of the people to be served. The development of alternative residential and day time programs in smaller community settings would need to be carefully designed, staffed, trained, and monitored for presenting a quality service. {Includes six recommendations for service delivery system.}
- e. con

88.a. 9-23-84

- b. ?
- c. Rice County Social Services
- d. In consideration of the effects of the Welsch vs. Levine Decree and the advent of waived services....Of primary concern is the appropriateness of placements and the quality of care of patients placed in the community. The Board would like to see the unique and special services of the state hospital made available to retarded persons living in communities in this region. The Board would like some assurance of continued fiscal responsibility on the part of federal and state governments for services for the retarded. There is a definite concern on the part of the Board about the increased responsibility of the Rice County Social Service Department for provision of services should there be a large influx of placements in the community from the state hospital.
- e. pro

89.a. 9-13-84

- b. Frank Moorse
- c. Dir., Region VIII North welfare Department
- d. We recognize the importance of the economics included in this study but are disappointed and concerned that it appears that the service provided to individuals does not have much priority. The service provided by Willmar State Hospital is of utmost importance to our agency if we are to continue to have quality service available to those in need from our area. If Willmar State Hospital did not exist, major events would occur: services would not be readily available and we would need to seek services elsewhere which would increase costs and needed services would not be supplied because of geographics and availability of money. We do not agree with the concept that state hospital care is the most expensive.... To provide quality care means continued contact with the client and the client's family to increase distances means

less contact and probably less quality care and longer treatment time.

e. pro

90.a. 5-31-84

b. Arthur H. Kohlhasse

c. Dir., Marshall County welfare Department

d. Consideration of the economics of changes should look at total taxpayer cost, not just expenses to one part of government, such as the state. The time and cost factors are a real problem, also, for family of persons who must be at a distance for treatment. Development of community alternatives could be tremendously enhanced by a low county percentage of costs of other care, approaching the under-5% share of Medical Assistance, administered in a simple, local option grant to the county.

e. pro

91.a. 9-25-84

b. Joan Miska

c. Chair, Redwood County Welfare Board

d. The Redwood County Welfare Board would like to express its support for the services provided to the residents of Redwood County by the Willmar State Hospital. While we strongly support the concept of community placement and integration, we feel that there is a definite place for the services of the state hospitals in the continuum of care and that these services are not readily available from other providers in the community.

e. pro

92.a. 9-13-84

b. Virgil M. Olson

c. Chair, Kandiyohi County Board of Commissioners

d. The Kandiyohi Board of Commissioners is unanimous in their support of the continued operation of the Willmar state hospital.... Erosion of federal funds and the continued fiscal restraint by the state of Minnesota has already shifted costs to local units of government.... At this time, sufficient alternative residential or community services to accommodate large numbers of patients presently served by the Willmar State Hospital (do not exist).

e. pro

93.a. 10-2-84

b. ?

c. Lincoln County Board of Commissioners

d. THEREFORE, BE IT RESOLVED that the Lincoln County Board of Commissioners supports the continued existence and need for the services provided by Willmar

State Hospital and is opposed to any reduction or shift of services provided.

e. pro

94.a. 9-21-84 (to Harold Gillespie)

b. Mr. and Mrs. Robert O. Bergenhausen

c. Group Home Operator

d. Our highest rate of success has been with children that have completed the program at Minnesota Learning Center. It would be a loss to the entire state and the children if your program would be discontinued and the state hospital would be closed.

e. pro

95.a. 9-24-84

b. Zara Lund, RN

c. Former Anoka State Hospital Employee

d. We live two blocks from the hospital and have protested loudly about patients entering our home, etc., but now the people in charge show real responsibility and are doing a great job. (Hakes suggestions for use of the grounds.)

e. pro

96.a. ?

b. Karen E. Cosgrove, RN

c. Moose Lake State Hospital Nurses Working with DD Clients

d. (List of 21 recommendations re: waiver and "Should Moose Lake State Hospital be closed please consider.")

e. neutral

97.a. 9-24-84

b. Clinton W. Wyant,

c. Judge, Ninth Judicial District

d. The Brainerd State Hospital is a very necessary and useful facility in the criminal justice system. Since said facility is very vital in administering justice, this Court is in total opposition to such closing.

e. pro

98.a. ?

b. Jodi Colbenson

c. Former Anoka Patient (?)

d. The only place I ever received family sessions was at ATU. I beg of you not to close ATU. Nothing helped me then is there gonna be no help for people in need of it.

e. pro

99.a. 9-10-84

b. John W. LaBreche

- c. History of MI but not State Hospital Patient
- d. A friend of mine was hospitalized in Willmar State Hospital two years ago. He was discharged and now is functioning quite well. He was impressed with the quality of care provided at that hospital. Based on my experience, I believe that state hospitals for the mentally ill are essential and should be retained.
- e. pro

100.a. 8-25-84

- b. Gordon Benson, Erma Benson, Elsie Hacker
- c. Brother, Mother, Sister of Faribault Patient
- d. He have always been very satisfied with the care Eldon has received while being a resident. As a family, we would be disappointed if it closed and Eldon would have to be moved.
- e. pro

101.a. 9-4-84

- b. Elaine M., Edwin, Roland, Orville Zehnder
- c. Relatives of Faribault Patient
- d. My half sister needs 24-hour supervision. Hope this type of care will be continued for as long as she needs.
- e. pro

102.a. 9-26-84

- b. Prances E. Burton
- c. Parent of Daughter at Faribault
- d. Several placements in the community have been tried for her— but have not worked out.... It has never been Marna's desire nor mine that she live her life out in institutions. However, I do not know what the alternatives would be in the event the hospitals closed. My daughter was placed there (Aurora Bouse) once and did quite well. Faribault has a good, caring staff.
- e. pro

103.a. 9-14-84

- b. Alexander P. Mishoff
- c. Brother of Faribault Patient
- d. I am greatly disturbed that additional thought is apparently being given to further reducing the scope of Faribault State Hospital and perhaps even closing it. We need to recognize the fact that there will always be a certain number of people who need institutional care for their own good as well as that of the community.
- e. pro

104.a. 9-25-84

- b. Mrs. Mary Foster
- c. Mental Health Association of Minnesota Advocate

- d. I do not favor the closing of the Mental Health Hospital functions at Willmar State Hospital. It is the most efficient and effective place for care of these (over 500) residents.
- e. pro

105.a. 9-25-84

- b. Tom and Peg Graham
- c. Parents of MI Son
- d. From February 1979 through September 1983, ... he has been hospitalized 17 times for a total of 35 months. He believe there should be a balanced approach to this problem. To fill this gap, we need a strong quality-oriented state hospital system that will serve all geographic areas in Minnesota.
- e. pro

106.a. 9-18-84

- b. Cheryl Riebe
- c. Wife of Willmar State Hospital Employee
- d. I am writing you in support of Willmar State Hospital. I know that "group homes" are very popular, ... but I do not feel they are the answer. How many group homes can provide the excellent care and varied activities that our hospital offers? Please let's not put our patient population on their own with nowhere to go but the streets or to try to make it in a community that will not accept them.
- e. pro

107.a. 9-24-84

- b. Vera Stolt
- c. none
- d. I do not believe the state hospital for the retarded and/or disabled at St. Peter should be closed. These persons have a very difficult time trying to adjust in group homes.... I wonder how many of the workers in group homes are qualified to help these people.
- e. pro

108.a. 9-20-84

- b. Verna Love Ochs
- c. none
- d. I feel there is a definite need for the Faribault State Hospital for the future as it has been in the past 105 years. I don't feel the group homes are adequate in caring for the mentally retarded....I have observed first hand and could go on in detail about the way it was run and the care the residents get and how the two owners have capitalized on this project.
- e. pro

- 109.a. 9-9-84 (to Lester E. Johnson)
- b. Jean Kwako
  - c. Parent of Son at Willmar Adolescent Treatment Unit
  - d. In September of 1983, our Andy was sent to Willmar. He (Psychiatrist) felt there was no other place in the state more capable of handling a teenager with Andy's particular mental illness. Where will these children go if your unit closes? I have only praise for the Adolescent Treatment Unit. I know Andy is safe there, and we are also safe.
  - e. pro
- 110.a. 9-18-84
- b. Richard D. Cassett
  - c. none
  - d. According to my calculations, it would take 28 homes, a minimum of 168 employees, plus medical care, and housing maintenance workers to take care of the group homes. I cannot understand the position of the Planning Commission in letting these nice facilities stand empty and spoiling the lives of most of these employees, and also wrecking the economy of the St. Peter Community!
  - e. pro
- 111.a. 9-4-84
- b. Verna E. Johnson
  - c. none
  - d. It seems to me that geriatric units to meet the needs of elderly mentally retarded persons who are now going into nursing homes where no special programs are available would be a sensible use of facilities and staff.
  - e. neutral
- 112.a. 8-5-84
- b. "A Concerned Citizen"
  - c. none
  - d. By all means, keep the Faribault State Hospital open. I don't feel mentally retarded persons should be out of that area without someone helping them. I don't know if group homes would be a good idea....
  - e. pro
- 113.a. 9-3-84
- b. Kay Janky
  - c. none
  - d. I am concerned about economics.... I am concerned about widespread group homes. I'm concerned about bureaucracy and government waste. I'm concerned about our town and the real impact waivered services will have on all of us. And when it gets right down to

individuals, I don't want a group home filled with retarded persons in my neighborhood.

e. pro

114.a. 9-2-84

b. Mrs. Anne Bowen-Olson

c. Parent

d. Please do all you can to provide the necessary information to the proper "powers-to-be" so the Faribault Hospital remains intact.

e. pro

115.a. 9-11-84

b. Mrs. Willard Hulke

c. Parent of MR Child

d. I am definitely opposed to the closing of the state hospitals and residential homes. I feel that group homes are fine for the mildly retarded persons, but most of the residents of the state hospitals would not benefit from living in a group home. The group homes have a hard time getting staff for their homes and some of the workers are really not qualified for the job. (Wrote about her son who is now in a group home and appears to be regressing.)

e. pro

116.a. 9-17-84

b. Mrs. Alloy (Lucille) Fenske

c. Parent of Son at Willmar State Hospital

d. I certainly hope Willmar State Hospital doesn't close as Dale seems very happy there. I think the residents deserve a raise, \$5 to \$10 a month out of their Social Security checks, \$35 doesn't go very far.

e. pro

117.a. 9-8-84

b. M. Adolph

c. Parent of Resident at Willmar (?)

d. I think it would be a big mistake to close them (state hospitals). Just where will these retarded people go? As you and I know, they can't take care of themselves.

e. pro

118.a. 9-10-84

b. Mr. & Mrs. Harold Flunk

c. Parents of a Retarded Son

d. We feel it's a shame to close the Willmar State Hospital when they have improved the buildings so much.... Just think of the money it will cost to build group homes. Our son is at Willmar State

Hospital. He live 45 miles away and 90 to see him every Sunday.

e. pro

119.a. 9-6-84

b. Marie Gnadl

c. Parent of Son at Willmar State Hospital

d. My husband and I ... are hoping (and praying) that Willmar State Hospital will not be closed. Dale (our son) has been at several other institutions, but he has never received such excellent care as he has at Willmar State Hospital. He has much improved and seems much happier there than he has ever been before.

e. pro

120.a. 8-5-84

b. Edna H. Hawk

c. Foster Grandparent at Cambridge State Hospital

d. I'm very much interested in having the Cambridge State Hospital open from now on. I'm an 80-year-old widow and live alone in a small low rent apartment. We are 30 Foster Grandparents at the Cambridge State Hospital. Should the place be closed up, we'd all be out of a job to say nothing of all the nurses and household employees.

e. pro

121.a. 8-28-84

b. Mr. & Mrs. Paige Larson

c. Parent of Son at Faribault State Hospital

d. We are very much opposed to the closing of Faribault State Hospital. The care and concern the staff has given our son is outstanding. When they are retarded severely and cerebral palsy, as he is, they cannot function in our society. We are very concerned as to our son's welfare and believe keeping Faribault open for his type of handicap is the best possible solution.

e. pro

122.a. ?

b. Mr. & Mrs Harold Towey

c. Parents of Son at Faribault State Hospital

d. I am very pleased with the care, program, and support of the staff. Many people need to be cared for in a more structured environment near to their homes. Residential facilities in the communities are not always staffed sufficiently to meet the needs of the residents.

e. pro

123.a. 9-19-84

b. Mr. & Mrs. George Hamilton

- c. Parents of a Son at St. Peter State Hospital
  - d. We are definitely opposed to closing this facility. There would be many good people that would lose their jobs.... Where would the patients go? Our son has been at a group home but always was brought back to St. Peter as it seems to work the best for our son....
  - e. pro
- 124.a. 9-11-84
- b. Norma Simmer
  - c. Parent of a Son Formerly at Cambridge and Anoka
  - d. State hospitals need to be upgraded if they are to remain open. (Discusses problem with care of son and assistance from advocates. Critical of cleanliness at Anoka and Cambridge and use of medication.) State hospitals are certainly better than in past decades, but the need remains for more humane treatment of the residents, better programming, medications control, upgraded health standards for the hospital and patients, and a more effective advocacy system. The patient and his needs must be the foremost consideration in the state hospital dilemma.
  - e. neutral
- 125.a. 8-16-84
- b. Alan K. Ruvelson
  - c. Brother of Woman Formerly in State Hospitals, Now at Presbyterian Family Foundation, Willmar
  - d. On the basis of considerable personal experience, I wholeheartedly support and endorse those efforts being made to remove state hospital patients from the custodial care of these institutions where appropriate and place them in small residence facilities through the state. Marian (now 71) has been able to respond unbelievably well in her adjustments to the community and is functioning to the highest level in her capacity in this friendly noninstitutional surrounding.
  - e. con
- 126.a. 10-3-84
- b. Millie Grangruth
  - c. Mother of a Son with Cerebral Palsy, 11 Years at Brainerd State Hospital
  - d. He has been taken very good care of and is loved by all. I am told if the hospital closes, Kyle will be placed in a nursing home. I really hate to see this happen as I'm afraid he will regress. Please don't close Brainerd State Hospital.
  - e. pro

- 127.a. 10-1-84
- b. Daphne Karow
  - c. Parent of MI Son
  - d. Except for a Doctor, another woman, and myself, little was said about putting the needs and welfare of these many critically ill people first. These hospitals are not the cruel, inhuman places of the past. We are simply not ready for an influx of mentally ill people. Until the state is willing to help the counties get the needed facilities to take care of these ill people, the state hospitals must be kept open.
  - e. pro
- 128.a. 10-3-84
- b. Mr. & Mrs. Alfred Larsen
  - c. Parents of a Son at Moose Lake State Hospital
  - d. During the years he has been at Moose Lake (8), he has had not only total care but excellent and caring care. Our visits, for the most part, are unannounced. He have always found him clean, comfortable, and well taken care of. Where would all the clients be placed and where are there any job offerings for the people who would be without work? My thought is that (there) isn't any way we could get along without Moose Lake State Hospital.
  - e. pro
- 129.a. 9-17-84
- b. Mrs. Frank (Amy) Whitlock
  - c. Mother of a Son at Fergus Falls State Hospital (MS)
  - d. (Describes son, care given, and "last year's ARC Convention" at which "mentally retarded people were just dropped off ... and left to fend for themselves.") I believe there is room in this region for both community places for the higher level retarded, and the state hospital for lower level retarded and as a backup for the people in the community. The community homes had better excel the state hospital in every respect before the retarded people are moved into them.
  - e. pro
- 130.a. 8-30-84
- b. Francis R. Miller
  - c. Treasurer-Controller, Faribault Woolen Mill Co.
  - d. Under the present system, employees are trained to cope with the complexities of retardation. The Faribault State Hospital has the facilities and the trained staff to take care of the patients. Many of these have multiple handicaps. The patients that are presently there can not be mainstreamed. Putting as many patients in one location is a more cost-effective solution for taking care of the mentally retarded.
  - e. pro

- 131.a. 9-19-84 (to Levine)
  - b. Cornelia A. Burrill
  - c. Sister of a Woman at Faribault State Hospital (MR and visually impaired)
  - d. (Discusses the difficulty of finding placement for her sister. Until age 51, placement was in Hammer School, Policy changed and a new location had to be found. Faribault was willing to take her. Now, because of uncertainty due to waiver and closing talk, she is very uneasy about her sister.) Please take a long hard look at the general surge to dump these vulnerable people into miscellaneous community-based programs. For some people, community-based living may also be warehousing but in smaller containers.
  - e. pro
- 132.a.
  - b. Lee Beecher, Minnesota Psychiatric Society
  - c. Legislative Liaison
  - d. Describes funding mechanisms (GAMC and HA) that limit psychiatric care for poor people.
  - e. neutral
- 133.a. 8-30-84
  - b. Lee H. Beecher, M.D.
  - c. Legislative Representative for Minnesota Psychiatric Society
  - d. There has been a failure to look at the system implications of Medicaid Prospective Reimbursement and other cost-containment mechanisms in the psychiatric and mental health field. The situation is serious, and patients will not be able to continue to be treated in the private sector by private practitioners. The present state policy for funding treatment for the indigent mentally ill doubly discriminates against them; it not only recognizes their treatment needs as less reimbursable than other health care, but it drives Minnesotans into a discriminatory two-tiered system dividing healthy/rich from sick/poor.
  - e. con

Numbers 134 to 182 were letters opposing the waiver.

The following letters were received after November 16, 1984, and are not included in the tabulation.

- 183.a. 12-7-84
  - b. Kathy Gaalswyk
  - c. Executive Director, Region 5 Development Commission
  - d. On behalf of Cass, Crow Wing, Morrison, Todd and Wadena Counties I am submitting a joint resolution supporting the retention of the Brainerd State Hospital.
  - e. pro

- 184.a. 10-23-84
- b. Robert R. Olson
  - c. Coordinator, Itasca County Board
  - d. THEREFORE BE IT RESOLVED that the Itasca County Board urges the Governor of the State of Minnesota to make no change in the level of services provided to the individual counties by the Brainerd State Hospital. Fergus Falls State Hospital and Moose Lake State Hospital for the mentally ill and mentally retarded until and unless the same services are provided by a similar facility that is no more remote than is the Brainerd State Hospital, Fergus Falls State Hospital and Moose Lake State Hospital facilities.
  - e. pro
- 185.a.
- b. Rimer Isder
  - c. Board Chairperson
  - d. Therefore, be it resolved that the Murraray County Board of Commissioners supports the continued existance and need for the services provided by Willmar State Hospital and is opposed to any reduction or shift of services provided.
  - e. pro
- 186.a. 12-21-84
- b. George D. Carr
  - c. Executive Director, The Mental Health Association of Minnesota
  - d. In general, positions taken by the Mental Health Association on issues concerning the mental health "system" have a singular aim: to ensure that an adequate array of mental health services are made available to all those in need. Our (sic) is a consumer perspective.MNAM fully supports the concept of "deinstitutionalization." Almost without exception alternative services were not developed and put in place in advance of institutional "depopulation" with the result that individuals in need were forced to go without appropriate treatment. Our concern is the delivery of appropriate, quality care, regardless of provider.
  - e. neutral
- 187.a.
- b. Michael S. Kearney
  - c. Economic Development Specialist, T. Peter Office of Economic Development
  - d. Section III attempts to determine the impact which the loss of 207 jobs would have on the local and regional economy and population level. The impact analysis does not take into account that many of the 207 jobs at stake may not be St. Peter residents or St. Peter consumers. We must also consider the loss of payroll, the loss of population, devaluation of property value, the loss of tax dollars, and

persons who are mentally retarded. e. con

194.a. 11-29-84

- b. Mary Spurling
- c. Residential Counselor, Hammer Residences
- d. I would like to say the community based group homes generally have much more to offer than large State Hospitals.
- e. con

195.a. 11-27-84

- b. Judy Kackman
- c. Demar Childrens Home
- d. Experience in Minnesota and nationally has demonstrated that all mentally retarded persons can benefit from life in the community.
- e. con

196.a. 11-20-84

- b. Doug Butler
- c. Executive Director, Hiawatha Childrens Home
- d. Recently, a team of concerned persons from Olmsted County completed an exhaustive study of issues related to the Olmsted County Mental Retardation service system. The study concluded that "State Hospitals are the most restrictive level of service and their use for Olmsted County Residents is not recommended." The study team included parents of retarded citizens, providers of services to people who are mentally retarded and interested citizens.
- d. con

197.a. 12-11-84

- b. Gail E. Jackson
- c. President, Minnesota Association of Community Mental Health Programs, Inc.
- d. The Minnesota Association of Community Mental Health Programs recommends that the 1985 Minnesota Legislature mandate the Minnesota Department of Human/services to develop a comprehensive Five Year Plan which defines the role of the state hospital system within the context of the clients' community support system according to the following parameters:
  - 1. The continued use of state hospitals according to the existing policies is neither financially defensible, nor clinically appropriate in many instances.
- e. con

198.a. 12-11-84

- b. Cherrol Soiseth
- c. Coordinator, Citizen Advocacy Program
- d. I wonder if part of this problem does not lie in the fact that in the past the Developmentally Disabled

the potential social effects on individuals, families and community.

e. pro

188.a. 12-16-84

b. Christine Boswell

c. Guardian of 21 year old man who is mentally retarded

d. Bill moved to a small community residence 18 months ago. The progress he has made over the past 1 ½ years has been tremendous. This progress is directly attributable to the interest and commitment of the staff in his group home.

e. con

189.a. 12-15-84

b. Barbara Hansen

c. none

d. The purpose of my letter is support community living for Retarded Citizens.

e. con

190.a. 12-13-84

b. Lucille and Leonard Johnson

c. Parents of a child at Brainerd State Hospital

d. We are parents of a severely retarded child living at Brainerd State Hospital and Grandparents of a Down Syndrome child. He are concerned about their future living situations and support a community living alternative for a retarded person.

e. con

191.a. 12-10-84

b. Lylia Egeland

c. Board member, Lake County Developmental Achievement Center

d. I am writing to express my support and concern for the development of living situations that allow a retarded to live in their home community and receive the benefits toward their well-being that such a home community can offer.

e. con

192.a. 12-10-84

b. Howard Mallory

c. none

d. I am writing to support community living alternatives for persons who are mentally retarded.

e. con

193.a. 12-3-84

b. Ann Flannagan

c. Program Director, Duluth Regional Care Center

d. I believe that small group homes and apartment training programs in the community are more conducive for development of responsibility and independence in

were put away in large institutions so that we did not have to look at them, talk to them or accept them. The new trend to deinstitutionalization has helped us to learn about, learn from and begin to accept these new neighbor of ours.

e. con

199.a. 11-22-84

b. Margaret L. Gunther

c. Parent of retarded adult

d. It has been proven time and time again that these persons--when given a chance to emerge and join small community homes--have almost all found a quality to their lives which had only been hinted at during their institutionalization. It is exciting to see what giant steps in the treatment of the retarded have been made.

e. con

200.a. 11-28-84

b. Alden Wm. Keiski

c. Parents of a retarded young adult

d. He have seen Alden Wesley grow at Hammer Residences since 1964 in a way that we are convinced could not have happened in an institutional setting. Faye Beth and I hope that the State of Minnesota will move in the direction of affirming community-based services for the mentally handicapped.

e. con

201.a. 11-26-84

b. Mr. and Mrs. Bernard L. Heitkamp

c. Parents of a retarded person

d. We feel community based programs offer better training than programs offered in State Hospitals or Institutions.

e. con

202.a. 11-28-84

b. Debra Keeney

c. none

d. I would like to strongly stress that community-based programs are much more appropriate than institutional settings. In this age of "normalization" and "least restrictive environments", institutional settings are pre-historical

e. con

203.a. 11-27-84

b. John K. Makepeace

c. Director, Shingle Creek Option

d. We firmly believe that State Hospitals are not good places for people to live and learn.

e. con

- 204.a. 11-26-84  
b. Emily K. Hilgers  
c. Program Director, Clay County Residence, Inc.  
d. In light of the state cap on ICF-MR beds it seems inconsistent that the state would allow itself to develop group homes when it already determined that there is no need for additional ICF-MR beds at this time! I also do not see how the AFSCME Union could compete on a monetary basis.  
e. con
- 205.a. 11-28-84  
b. Phyllis LeMay  
c. Director of Food Services, Dakota's Children, Inc.  
d. Our experience demonstrates that persons who are mentally retarded will benefit from life in the community.  
e. con
- 206.a. 11-26-84  
b. Karen S. Pate  
c. Parent of young adult in group home.  
d. We are very fortunate to have the home that she lives in located only a little over a mile from our home. In addition to the distance factor I am very opposed to State Hospitals because of their size. I would like to say in closing that it is not our responsibility to provide jobs for the able bodied, mentally bright men and women but to care for in the best possible way for people who do not have that same ability.  
e. con
- 207.a. 11-26-84  
b. Jean Gilbert Jaax  
c. none  
d. I feel there is need for maintaining some state hospitals but I do favor some resources being reallocated to community programs when possible and some residents in state hospitals could benefit.  
e. neutral
- 208.a. 11-27-84  
b. Earl Nelson  
c. Finance Committee Chair, Crippled Children's School, Inc.  
d. I am convinced that a community based program is capable of offering better training in living skills and making good use of community services than programs offered in SSSstate Hospitals or institutions.  
e. con

- 209.a. 11-18-84  
b. Ellen M. Holmgren  
c. none  
d. The education and training of people for placement in the community can best be done in the community. Further, I believe quality of life in a community based setting far exceeds life in an institutional setting.  
e. con
- 210.a. 11-28-84  
b. Thomas Miller  
c. Vice President, REM, Inc.  
d. We oppose the development of State owned and operated Community Services ....  
e. neutral
- 211.a. 11-26-84  
b. Richard L. Peil  
c. none  
d. State Institutions have never been efficient or competitive when preparing people for life in the community.  
e. con
- 212.a. 11-29-84  
b. Sue Souther  
c. Apartment Training Instructor  
d. I believe most State Hospitals are in existence because it is in the best interest of public providers not that of the client.  
e. con
- 213.a. 11-27-84  
b. Mr. and Mrs. Dale Miller  
c. none  
d. State Hospitals are not good for preparing people for life in the community.  
e. con.
- 214.a. 11-27-84  
b. Audrae L. Rosenzweig  
c. Parent of mentally retarded person  
d. I am writing to tell you about the wonderfully full life my mentally retarded son enjoys now that he's living in the community at a really top notch group home. When Tim lived in an institution he was unable to develop fully....  
e. con
- 215.a. 11-25-84  
b. Paul M. Sorenson  
c. Parent of a person in a group home  
d. I have seen a big improvement in her since she has been in a group home.  
e. con

- 216.a. 11-24-84  
b. Joanne Koecheler  
c. none  
d. I don't believe State Hospitals are the answer for homes for handicapped people.  
e. con
- 217.a. 11-26-64  
b. Mrs. Christie Leach  
c. Parent of son in group home  
d. My son is in a county group home and I am sure that's the only way for him. He was in a State Hospital for a short time, I can see the difference now that he is in this wonderful group home.  
e. con
- 218.a. 11-27-84  
b. Mrs. Harriet E. Steigerwold  
c. Mother of a brain damaged son.  
d. I want to stress how much it means to these clients to be placed in Group Homes not State Hospitals. We have had experience in a State Hospital situation and it was grim.  
e. con
- 219.a. 11-26-84  
b. Karen Joachim  
c. Employed at Development Achievement Center  
d. I am writing this letter to support the continuation of community placement for mentally handicapped individuals.  
e. con
- 220.a. 11-27-84  
b. Kathy Phillips  
c. Program Coordinator, Developmental Achievement Center  
d. I am writing this letter to support the continuation of community placement for mentally handicapped individuals. I whole-heartedly advocate extensive community integration with an eventual closing of state institutions.  
e. con
- 221.a. 11-26-84  
b. Clara Butler  
c. Mother of a retarded son  
d. All the State Hospitals should not be closed at the same time, but do it gradually so every one has a chance to find a place where they can have education and training in community living skills in an environment similar to a home and normal living conditions.  
e. con

- 222.a. 11-26-84  
b. Karen and John Swanson  
c. Parents  
d. We are writing in support of community-based programs for people who are mentally retarded.  
e. con
- 223.a. 11-26-84  
b. Jerry McMillin  
c. Employee at a group home  
d. Host of our residents came from a nursing home or state hospital. Each of those residents say they like life at the group home better.  
e. con
- 224.a. 11-16-84  
b. Richard W. Northrop  
c. Former State Hospital employee  
d. For twelve years I taught Special Education (T'MN's) in a large central Minnesota school district. During that time, my colleagues and I dreaded the arrival of new students who had just left a state hospital setting because we knew that it would take months, and in some cases years, to undo the behaviors acquired in the large institutions. I found that these institutions were physically filthy and culturally sterile. Their size and consequent need for regimentation renders them impotent as viable alternatives to community based, privately operated, living arrangements.  
e. con
- 225.a. 11-26-84  
b. Janice Carver  
c. Director of a community based program  
d. I am a strong advocate of community based residential programs for mentally handicapped individuals. I feel institutional settings should be eliminated.  
e. con
- 226.a. 11-22-84  
b. Mr. and Mrs. Woodrow Swentek  
c. Parents of son in group home  
d. We do not believe that state hospitals are of much value in preparing people to live in a community. In a home like setting such as his group home resources have been made available to him that make a tremendous contribution to his well being and progress.  
e. con
- 227.a. 11-27-84  
b. M. B. Stewart  
c. none  
d. I do not believe that state hospitals are good settings to teach people the skills they need to

- survive in today's world.
- e. con
- 228.a. 11-26-84
- b. Elizabeth Carlson
  - c. none
  - d. I see no reason to institutionalize persons with developmental disabilities at state hospitals or anywhere else. Institutions necessitate regimentation and inhere repression of individual achievement.
  - e. con
- 229.a. 11-26-84
- b. Joel C. Wilttrout
  - c. Member of Board of Crippled Childrens School, Inc.
  - d. I believe that as long as the private sector can provide the proper training and programs that the State of Minnesota should avoid in getting involved.
  - e. con
- 230.a. 11-26-84
- b. Mrs. Harriet Watrud
  - c. none
  - d. I feel very strongly that handicapped persons who are clients in community based programs such as group homes of Worthington receive the best training.
  - e. con
- 231.a. 11-27-84
- b. Mr. and Mrs. Gene Francis
  - c. Parent
  - d. As her parents, we feel the community-based programs have been very beneficial for these reasons. We feel it would be a real step backward for society to move toward more institutional care rather than to move forward with more person-orientated community-based programs.
  - e. con
- 232.a. 11-26-84
- b. Mary Tjosvold
  - c. Demar Childrens Home
  - d. I believe strongly that all people who are mentally retarded can and do benefit from living in the community versus State Hospitals. I feel that at the State Hospital hearings, community facilities have been unfairly portrayed as negative.
  - e. con
- 233.a. 11-20-84
- b. JoAnn Mako
  - c. Employed in community based program
  - d. We currently are working with two clients who the state hospital staff said were not appropriate for

community placement. These two individuals have many adjustment problems and "institutional behaviors" to overcome, however, both clients have responded to the positive experience of living in a home in the community. The best long range economic move for the state in relationship to the cost of care for mentally retarded people is to have them in the community where they can have the opportunity to learn to be productive members of society.

e. con

234.a. 11-26-84

b. Arthur C. Lehmann

c. Father of a mentally retarded son

d. From our personal experience a community-based residence is giving specialized attention and programming which combines education, individualized skills and community involvement which has resulted in a remarkable degree of development for my son. We must preserve the dignity of these citizens while guarding against giving public providers preferred treatment in the allocation of resources.

e. con

235.a. 11-24-84

b. Anita J. Adams

c. Has a daughter in a group home

d. The community based group home in Moorhead where my daughter Stephanie has lived for four years now, together with the Developmental Achievement Center have done an outstanding job training her to live and move about in the area and to be aware of her surroundings.

e. con

236.a. 11-26-84

b. Ann Niedringhaus

c. Executive Director, Association for Retarded Citizens, Duluth

d. It is time for Minnesota to make the commitment to the best quality services for people who are developmentally disabled. The best quality services must be in smaller, community-based facilities.

e. con

237.a. 11-23-84

b. Michael Weinandt

c. Administrator/Program Director, Great River Homes, Inc.

d. I support community based programs for persons who are mentally retarded.... I strongly feel that state hospitals are counterproductive in serving persons who are mentally retarded by violating the dignity of the individuals and limiting the opportunity to gain useful knowledge and live a full life.

e. con

- 238.a. 11-26-84
- b. Nancy Gurney
  - c. Director, Goodhue County Developmental Achievement Center
  - d. Over the years I have seen clients move from state hospital settings to small residential facilities and DAC programs in our area. The clients' behavior has changed in their new community as the expectations of the community setting are different from those in the institution. Even the low functioning, non-verbal clients with behavioral problems are benefiting from community-based programming.
  - e. con
- 239.a. 11-25-84
- b. Janet and Larry Johnson
  - c. Parents of a profoundly retarded, multiply handicapped son
  - d. He has lived in a State institution and now lives in a private facilities run by a non-profit corporation. We strongly support the private facility. We believe the care is better, the direct staffing ratios much better and the facility much cleaner.
  - e. con
- 240.a. 11-26-84
- b. Robert E. Koltres
  - c. none
  - d. Please ass my support to those encouraging privately operated, state supported, community based facilities for the Mentally Handicapped.
  - e. con
- 242.a. 11-27-84
- b. Diane Anderson
  - c. Therapeutic Recreation Specialist
  - d. I would like to promote the present community based facilities serving the mentally retarded. Services provided are determined by who is qualified and competent within a community; along with client preference.
  - e. con
- 243.a. 11-25-84
- b. Julie Hanson
  - c. Works with mentally retarded clients
  - d. It is my experience in working with mentally retarded clients that a community-based facility is a much more effective setting in which to teach community living skills. State hospitals are too large and isolated for these individuals to experience and enjoy a genuinely normalizes lifestyle.
  - e. con

- 244.a. 11-28-85
- b. Karen Ross-Brown
  - c. none
  - d. I strongly support continuing and expanding community-based services for mentally retarded persons. Community based services offer a quality of life not available to institutionalized individuals.
  - e. con
- 245.a. 11-28-84
- b. Mary Ellen Halverson
  - c. Special Educational professional
  - d. I am in favor of children/adults with handicaps to remain in the home of their biological parents as long as possible. I am vehemently opposed to state hospitals due to the large number of people I've serviced and heard their stories. State hospitals do not provide the services that these people need or deserve as fellow human creations.
  - e. con
- 246.a. 11-27-84
- b. Donald S. Franke
  - c. none
  - d. Past experience clearly shows that state hospitals are sorely inappropriate for the developmentally disabled. The state should not bow to essentially local interests in assessing policy alternatives concerning the delivery of services to the developmentally disabled. More important, of course, are the needs of the intended beneficiaries of these public policies.
  - e. con
- 247.a. 11-19-84
- b. Steven D. Larson, Larry J. Riess
  - c. Executive Director, Program Director, Olmsted Homes, Inc.
  - d. All persons who are mentally retarded should have the right to live in the community. We are looking forward to the development of an array of services to meet the needs of persons who are mentally retarded.
  - e. con
- 248.a. 11-20-84
- b. Lu Ommen
  - c. Executive Director, Sunshine Place
  - d. It is apparent to me that it is much easier to create a feeling of worthiness, self-confidence, and basically a sense of value for individual people in a smaller community setting where they can develop normal relations with family and community.
  - e. con

- 249.a. 11-19-84  
b. Gerald F. Walsh  
c. Executive Director, Mount Olive Rolling Acres  
d. I am disturbed by the information that the /state Hospital Survey group may recommend that the state operate community residential facilities.  
e. con
- 250.a. 11-20-84  
b. A. O. Bonden  
c. Parent of daughter in group home  
d. Our daughter, Lois has been in an Outreach Group Home for over a year and we are amazed at the progress she has made. She is employed full time in a sheltered work shop. Our daughter has become a well adjusted person and is contributing to society at the same time.  
e. con
- 251.a. 11-20-84  
b. Gretchen Kooistra  
c. Group home employee  
d. I strongly believe that the quality of life in a group home is far better than in a state hospital. The changes in the residents who came from Faribault were usually for the better. Odd "institutional" behaviors decreased and the ability to do things for themselves, to have more control over their lives increased.  
e. con
- 252.a. 11-19-84  
b. Jim Karkhoff  
c. Program Director, Rainbow Residence, Inc.  
d. Experience in Minnesota and nationally has demonstrated that mentally retarded persons can best benefit from life in the community.  
e. con
- 253.a. 11-20-84  
b. Creighton J. Koski  
c. Executive Director, United Developmental Achievement Center of Duluth, Inc.  
d. Without question, the focus of developmental and habilitative services of our mentally retarded population nationally and statewide is based upon the strategies of "Community Integration."  
e. con
- 254.a. 11-17-84  
b. Judith Sweeney  
c. Parent of daughter who has Cerebral Palsy  
d. I am writing to you to encourage the development of more community-based programs. A tremendous concern for us is the lack of barrier free, Class B group

- homes and accessible housing in the community.
- e. con

255.a. 11-19-84

- b. Jeanne G. Crowe
- c. Parent of a developmentally delayed daughter, advocate for a man at Faribault State Hospital
- d. Please put me, my husband Dennis, and my daughters Ann and Nora down on your list as very much in favor of community based programs-and we need more of them.
- e. con

256.a. 11-16-84

- b. Bette J. Rosse
- c. Mother of a son who is severely mentally retarded
- d. From our efforts, residential services arose to serve 15 behaviorally difficult, severely mentally retarded adults - many of whom came in desperate condition from large institutions or "hospitals\\\\". After two years, there is unequivocal evidence that all 15 are developing new skills and increasing their enjoyment of life.
- e. con

257.a. 11-19-84

- b. Brenda K. Dinndorf
- c. Community service provider
- d. I believe that the availability of community services and in-home care for the handicapped are largely responsible for Kathleen's being so well adjusted and for her continued progress in many areas of life. I definitely favor further development of community- based programs!
- e. con

258.a. 11-28-84

- b. Paul V. and Josephine Barrow
- c. Parents of a Down's Syndrome man
- d. What has been accomplished with Hike just couldn't be accomplished in a State Hospital or State Institutional atmosphere. What is needed is a reduction in the number of State Institutions, and a re-allocation of resources from State Institutions to the communities which furnish, or can furnish the needed help.
- e. con

259.a. 11-29-84

- b. Terry D. Olson
- c. none
- d. With regard to existing state hospitals, historical problems, exorbitant costs, court decisions, and current service philosophy, all provide incontrovertible evidence for the need to gradually phase out these institutions.
- e. con

- 260.a. 11-27-84
- b. Ellen Timmerman-Borer
  - c. Recreation Director at a community based facility
  - d. Many of our residents work in the community and are valued employees. State hospitals as well as the development of state operated services are not what people who are mentally retarded need.
  - e. con
- 261.a. 11-28-84
- b. Kathleen Soderlund
  - c. none
  - d. It is my opinion that community based facilities serve a very important part in properly and logically preparing a mentally retarded person for community living on either an independent basis or through some type of supervision, over state hospitals.
  - e. con
- 262.a. 11-26-84
- b. Marilyn Sullivan
  - c. Administrator, Crest Group Home
  - d. State hospitals are not ideal settings for preparing people for community living. It is a large, isolated environment, I'm sure the people who work there are caring good people, but it is not a home!
  - e. con
- 263.a. 11-27-84-
- b. Kathy Sikkink
  - c. Employed in group home, former state hospital employee
  - d. It is my opinion that several clients I have worked with would have benefited from a smaller living environment such as a group home. I also believe people need to have an opportunity to use the community resources that are available to them.
  - e. neutral
- 264.a. 11-26-84
- b. Pat McCabe
  - c. Apartment Program Director, Harry Meyering Center, Inc.
  - d. I believe that there is a place for State Hospitals within a comprehensive plan to provide a true array of services for the mentally retarded. With my past history of having worked at a State Hospital, private non-profit ICF-MR and SILS program, I see many clients who have benefited from deinstitutionalization. I would hope the State would approach mass deinstitutionalization slowly and thoughtfully.
  - e. neutral

- 265.a. 11-26-84  
b. G. M. Pieschel  
c. none  
d. Much has been said about institutional versus community based care for mentally retarded people in our State. The truth lies somewhere between the cries and claims of the opposing parties to the dispute. Resources should be allocated accordingly in the best interests of the objects of the programs - the clients.  
e. neutral
- 266.a. 11-29-84  
b. Wilhelm F. Hempel  
c. Father and guardian of son at Hammer Residences  
d. we feel these Community based - Private - and Non Profit Institutions are a far better solution to this problem than any State Owned and Run Institutions could be.  
e. con
- 267.a. 11-27-84  
b. heresa Hoglund  
c. none  
d. I believe the ultimate ideal is to eventually build up community services so that the individuals needs are being recognized and met. At this point community placement will indeed provide the least restrictive alternative, the highest quality of life in the most "normal" setting available. At this point state hospitals should be non-existent but not before.  
e. con
- 268.a. 11-28-84  
b. Theresa L. Estrem  
c. Employed at The Hammer Residences  
d. As a Speech/Language Pathologist, I am concerned specifically with the development of communication - verbal or non-verbal. State Hospitals do not promote social, speech/language, or communication development, or do not adequately prepare people with the daily living skills necessary for life in the community.  
e. con
- 269.a. 11-20-84  
b. Buck Erpestad  
c. Employed in State Hospital system and private community based facility  
d. I believe I can speak honestly and objectively from personal experience about the profound disadvantages of state hospital care and the state "system" itself. State hospitals and the state "system" do not and cannot provide quality care.  
e. con

- 270.a. 11-21-84  
b. David A. Peterman  
c. none  
d. I am writing to let you know that I am opposed to state owned and operated services for the mentally handicapped.  
e. con
- 271.a. 11-21-84  
b. Peter W. Carryer, M.D.  
c. none  
d. I am writing in opposition to state owned and operated community services for mentally retarded residents of Minnesota. Although community-based services are greatly preferable to institutional services, I believe such care should be provided by the private sector.  
e. con
- 272.a. 11-17-84  
b. Jackie Narjes  
c. Employed in apartment training program  
d. I believe that mentally retarded people learn about community life best in the community, not in state hospitals.  
e. con
- 273.a. 11-20-84  
b. Cindy Pudewell  
c. Advocate for persons with mental retardation  
d. The State of Minnesota has been on the right track in its impetus of moving persons with mental retardation away from state hospitals and into community life. I believe it is in the best interest of clients to receive services from private providers in community settings.  
e. con
- 274.a. 11-21-84  
b. D. Landherr  
c. Employed at day activity center  
d. I definitely support institutional care for most all the clients that are left in institutions today. I do not foresee better care in the community.  
e. pro
- 275.a. 11-21-84  
b. John Parker  
c. none  
d. I do not believe the State of Minnesota should be involved in providing direct residential, DAC or vocational services for mentally retarded people.  
e. con

276.a. 11-20-84

- b. Edwin Boeve
- c. Executive Director, Clay County Developmental Services, Inc.
- d. Therefore, I urge the Planning Study to recommend an orderly, organized reduction in public institutional capacity, but that no time should be wasted in that reduction. Eliminating 200 beds per year during the next five years seems reasonable. In conclusion I urge the Study to consider the human rights of the residents of our institutions as the primary focus of their recommendations. State operated services, whether institutional or community, will not promote the civil rights of clients to the extent that quality community-based, community sponsored services would.
- e. con

277.a.11-23-84

- b. N. O. Monserud, M.D.
- c. none
- d. I do not favor closing all such (State Hospitals) but I strongly urge consideration of community placement where adequate services are available. There are several community based programs to prove that life in a community is better than an institutional environment.
- e. con

278.a. 11-19-84

- b. David B. Charron
- c. Director, Crest Group Homes
- d. It seems obvious to us that the more normal the setting, the better the chance is for a person to become "at home" in the community. It is incongruent that a large state institution can claim any degree of normality, in such an artificial environment.
- e. con

279.a. 11-19-84

- b. D. Bill Olson
- c. Administrator, Home for Creative Living
- d. I have been administering community residential services for the past 16 years in rural Minnesota. Prior to that time, I worked for three years at a state hospital in Minnesota. I would like to leave no doubt that I feel state hospitals should not provide long term residential services for people of any disability group. I believe institutional life is not conducive to lasting treatment, nor does it provide a level of quality life expected in our modern society.
- e. con

- 280.a. 11-19-84
- b. David Crandall
  - c. none
  - d. It is a well documented fact that the cost of services which are provided by the state greatly exceed the costs of similar services provided by the private sector program.
  - e. con
- 281.a. 11-21-84
- b. Beth Iseminger
  - c. Director, Houston County Developmental Achievement Center
  - d. In conclusion, our county has proven that multihandicapped mentally retarded people develop more appropriate social and vocational skills in community based services. Thirty percent of them are ready for a lesser restrictive and less expensive placement within two years of their arrival in the community.
  - e. con
- 282.a. 11-21-84
- b. Patricia Cullen
  - c. Has worked with developmentally disabled children and adults for the past 11 years in institutional and community settings
  - d. I have some real concerns that the State of MN will regress in its care and treatment of developmentally disabled individuals with the current "save the jobs" flavor coming from State Hospitals..... Community based programs have change and expanded to meet the needs of individuals leaving the state hospital setting. I've seen such wonderful developments that I would hate to see a regression of the process.
  - e. con
- 283.a. 11-22-84
- b. Mike Ofjord
  - c. Counselor at Hammer Residences
  - d. It is my opinion that community-based programs better serve mentally retarded people than institutional settings.
  - e. con
- 284.a. 11-20-84
- b. Hark S. Wiger
  - c. none
  - d. I have witnessed firsthand, the progress of clients moving from state hospitals to a community based program. Furthermore, I am confident that the individuals who still remain at state institutions can be served in community based programs.
  - e. con

- 285.a. 11-23-84
- b. Lee Hathaway
  - c. Assistant Coordinator, Greenbrier Home, Inc.
  - d. Community based group homes and supervised living arrangements have consistently shown that quality instruction in living skills can be provided at per diem rates lower than the state can provide. A handicapped client cannot be expected to interact appropriately with the general community if the client is kept in a large isolated institution.
  - e. con
- 286.a.11-21-84
- b. Gail anderson
  - c. Assistant Group Home Supervisor, Outreach Group Homes, Inc
  - d. Most of the people I work with are severely retarded and non-verbal, but they understand and they can choose and they can grow. I feel so strongly that state owned group homes are a mistaken plan that I want to cover as many aspects as possible.
  - e. con
- 287.a. 11-26-84
- b. Cynthia Terlouw
  - c. Outreach Group Homes, Inc.
  - d. I strongly believe community based programs are the best settings for mentally retarded persons.
  - e. con
- 288.a. 11-23-84
- b. Mrs. William Kohrs
  - c. Parents of a retarded daughter
  - d. Since we have a retarded daughter who has lived in a State Institution many years and now lives in a community Group Home, we have first hand knowledge of the benefits of this type of environment.
  - e. con
- 289.a.11-20-84
- b. Mary Carroll
  - c. Olmsted Homes, Inc.
  - d. I work in a group home with six elderly residents most of whom were ("Sentenced" as one resident calls it) residents of the State Hospital system for many years (20-30 yrs). Today it is delightful taking them out into the community because they are appropriate the majority of the time.
  - e. con
- 290.a. 11-21-84
- b. Jim Schultz
  - c. none
  - d. Training and educating retarded citizens in the community is better than in a State facility.
  - e. con

- 291.a. 11-20-84  
b. Marion and Wallace Broberg  
c. Parents of a mentally handicapped daughter  
d. We believe that the community, not the state hospitals, is the best setting to educate and train people to their fullest potential in community living skills.  
e. con
- 292.a. 11-21-84  
b. Connie Menne  
c. none  
d. Community-based programs offer community integration and lead to individual self-reliance based on community resources not artificial ones set up for them by state -owned facilities.  
e. con
- 293.a. 11-21-84  
b. Lisa H. Coakley  
c. Greenbrier Home, Inc.  
d. By living in the community residents get to live the most normal live possible by all their interactions out among the community.  
e. con
- 294.a. 11-21-84  
b. Elisabeth Hennessey  
c. Executive Director, Association for Retarded citizens of Olmsted County  
d. Community based and operated service programs are more specific to community needs, and more efficient and less costly.  
e. con
- 295.a. 11-21-84  
b. Lorna Schmidt  
c. none  
d. I would urge your favorable consideration of community living residential programs.  
e. con
- 296.a. 11-21-84  
b. Mary Jo Mulloy  
c. Director of Finance, Dakota's Children, Inc.  
d. This letter is in support of the community-based facilities serving mentally retarded people.  
e. con
- 297.a. 11-20-84  
b. Kathleen Fine  
c. Executive Director, Dakota's Children, Inc.  
d. There are good aspects and bad aspects of both community-based services and the state hospital system. Experience in Minnesota and nationally has

demonstrated that all mentally retarded persons can benefit from life in the community. The closing, consolidation or modification of the state hospital system and the development of alternative systems must be based on client needs, not on actions dictated by employees and their union.

e. con

298.a. 11-22-84

b. Paul J. Thinesen

c. none

d. I continue to be appalled that Minnesota still uses State Hospitals for the Mentally Retarded. In short, State Hospitals need to be closed - that is what a humane society would do.

e. con

299.a. 11-26-84

b. Mrs. V. M. Westin Lang and Louis B. Lang

c. none

d. In protest to reinstitutionalizing the retarded people.

e. con

300.a. 11-21-84

b. Ann Henrickson and Paul Mohrbacher

c. Program Director and Coordinator, OWAKIHI, Inc.

d. We feel that most mentally retarded people can benefit from life in the community. We resent the inferences being made that quality services are not being provided by current community based services.

e. con

301.a. 11-26-84

b. Florence Halverson

c. Parent

d. My experience with Faribault school wasn't good at all. We had her there for 2 years and never did a thing to help her learn. I'm all for these homes (group home). I think its wonderful and there seems so many that need this type of home that I hope it will continue.

e. con

302.a. 11-21-84

b. Sally Larson

c. Region 3 Association for Retarded Citizens

d. I am writing to support community living alternatives for persons who are mentally retarded.

e. con

303.a. 11-21-84

b. Mary D. Schneider

c. none

d. I am writing to express my concerns and feelings

about community based education and training for people with mental retardation. It has been shown in Minnesota and around the country that community based living and training is much more effective with this population than institutional or state hospital based.

e. con

304.a. 11-20-84

b. Raylene Kimball

c. Administrator, Heartland Homes, Inc.

d. I feel, as do my staff and board members, that community living benefits mentally retarded people.

e. con

305.a. 12-12-84

b. Richard Bergan

c. County Auditor, Roseau County

d. THEREFORE, BE IT RESOLVED the Board of County Commissioners of Roseau County, Minnesota, supports keeping the Fergus Falls State Hospital open to serve the residents of this area.

e. pro.

306.a. 12-11-84

b. Pauline Simonsen

c. none

d. I am writing to support community living alternatives for persons who are mentally retarded.

e. con

307 to 319 are identical letters supporting community services ut opposing state operated services.

320 to 323 are similar letters supporting community living alternatives and asking for a waiver for a "Class B" ICF-MR in Lake County.

324 to 328 are identical letters supporting community-based services, opposing State-owned residential services for the mentally retarded unless the "State would compete with private providers on an equal basis...."

329 to 335 are very similar letters supporting community based programs and declaring that state owned and operated community based facilities is a conflict of interest.

336 to 434 are mostly identical (many signed copies of the same photo copied letter) letters stating "State hospitals are not good settings for preparing people for life in the community." and "Development of state operated services would continue to give public providers preferred treatment in allocation of resources. This is not in the best interest of clients."