

Recovery AT Work

A Publication from the Minnesota Association of Resources for Recovery and Chemical Health

Minnesota Association of Resources



for Recovery and Chemical Health

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on treatment
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\$7 in expense.*

**Real people case
stories, p. 4.**



Evie Christiansen



Jim Buege



Dan Cain

MARRCH Gives a Voice to Chemical Health Issues

The Minnesota Association of Resources for Recovery and Chemical Health (MARRCH) is the unified voice and acknowledged authority on chemical health issues – prevention, treatment and recovery – in Minnesota. MARRCH was formed in 1996 as a combination of several organizations with similar goals and objectives.

MARRCH members include treatment providers, licensed counselors, detox treatment centers, halfway houses, extended care facilities, school counselors and others concerned about and involved in promoting chemical health and treating substance abuse and addiction. MARRCH members provide services in every one of Minnesota's 87 counties.

Treating chemical dependency in Minnesota is a big business. A Minnesota Department of Human Services report estimated \$170 million in chemical dependency treatment spending in 2001. More recent data puts the number well over \$200 million annually. Monies



come from private insurance plans, the state of Minnesota and payments from individuals. Although a significant expenditure, numerous studies have quantified how much money is saved by supporting chemical health programs. In Minnesota, studies show that every \$1 spent on treatment avoids up to \$7 in expense for such things as law enforcement, corrections, hospitals, social services, courts and other social costs. (See related stories on the following pages of this publication.)

The primary purpose of MARRCH is to serve the needs of its members by sharing current information on chemical health treatments and programs, creating education programs to help

members improve the quality of treatment, and to provide the opportunity to actively participate in shaping public policy on chemical health issues.

In addition to helping individuals with chemical health issues, MARRCH and its members actively support prevention, treatments and strategies designed to protect individuals and communities from the harmful effects of substance abuse. A strong continuum of

Treatment saves lives and it also saves money.

services is critical to constrain the growth of substance abuse problems, cost-effectively treat those affected by substance abuse and protect the public from the potentially dangerous effects and costs of untreated addiction.

Dealing with the problems and costs associated with addiction

(incarceration, social services, etc.) without providing treatment is ineffective for the individual and costs the state much more than to support programs designed for recovery. In addition to cost savings, recovery carries the added benefit of contributing revenue to the system through a socially productive individual.

MARRCH is committed to educating the public on the prevention and treatment of addiction and ensure that high quality, effective treatment is available throughout Minnesota to anyone who needs it. Treatment saves lives and it also saves money.

MARRCH is a ready resource to provide input and thoughtful consideration on policies and programs promoting chemical health in Minnesota. Feel free to contact us anytime.

Gary Olson
MARRCH President

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Offices: 1000 Westgate Drive, Suite 252, St. Paul, MN 55114. Phone: 651-290-7462 email: MARRCH@Ewald.com

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Funding Chemical Dependency Treatment Pays Back Financially and Socially

Treatment Works! It works for individuals who reclaim their lives and it works for the state by saving millions of dollars. How does it save the state money? Numerous studies, including the “The Challenges and Benefits of Chemical Dependency Treatment,” authored by the Minnesota Department of Human Services in 2000 clearly concluded

that investing in treatment repays the state expenditure several times over. The report stated:

“For every \$1 spent for treatment, a savings of \$4 to \$7 accrues within a year, with much of the savings attributable to reductions in crime-related costs.”

On the revenue side, the state is the beneficiary of a contributing

taxpayer – income, property, sales – as opposed to someone who needs state-funded programs to get their life back on track.

Perhaps more sobering for lawmakers wrestling with tight budgets is the cost/benefit pendulum indeed does swing the other way if less funding is dedicated to addressing chemical dependency treatment and recovery. For every \$1 not spent

or reduced from current funding levels for chemical dependency, there is the distinct risk of adding \$4-7 of new costs that the system will have to absorb. It will mean more time law enforcement personnel, emergency medical services, courts and so on will spend dealing with the consequential impact of people with chemical dependency problems.

MARRCH Legislative Initiatives for 2005

1. Dedicate a portion of the revenue from the sun-setting sales tax on alcohol to alcohol related treatment and recovery programs.

Alcohol sales currently are taxed at 9 percent in Minnesota. Effective Jan. 1, 2006 the tax on alcohol will roll back to 6.5 percent to be consistent with other state taxes in Minnesota and be in compliance with the federal unified taxing initiative. The reduction from 9 percent to 6.5 percent on alcohol sales calculates to \$85 million for the 06-07 biennium and \$60 million annually thereafter according to Minnesota Revenue Department estimates.

MARRCH recommends continuing collecting this 2.5 percent tax on alcohol sales and dedicating 25 percent of the projected revenues – \$21 million in the 06-07 biennium – to alcohol related treatment and recovery programs.

This strategy does not impose a new tax on alcohol sales. Instead it collects at the current tax rate on alcohol sales and retains 2.5 percent under a separate fund.

It also does not seek funds from other state programs. The \$85 million already has been accounted for in state budget estimates.

The strategy is appropriate in that it captures a portion of the revenue generated by alcohol

sales to reduce costs to the state caused by abuse of alcohol. If \$1 spent translates to \$5 saved (conservatively) as outlined above, the \$21 million allocated in this area will save the state \$105 million it otherwise will spend on other services.

2. Approve a Cost of Living Increase for workers in state-funded chemical dependency treatment facilities.

MARRCH supports a 6 percent rate increase for treatment service provided through the Minnesota consolidated alcohol and drug treatment fund administered by the Department of Human Services. The rate was reduced by 1 percent in 2003 and has been frozen since then. MARRCH members continue to struggle to offer competitive wages and benefits.

This small increase is supported to offset some of the increased costs of providing vital services. Like other industries, MARRCH agencies have seen 15-25 percent increases in healthcare insurance rates as well as increases in other costs of doing business.

3. Reform the Licensure Law for Licensed Alcohol and Drug Counselors (LADC).

Create opportunities for other licensed

medical professionals to apply for and receive this license. While ensuring that all professionals have the understanding and necessary background in chemical dependency, MARRCH supports recognizing skills and course work earned by professionals in aligned fields.

MARRCH also supports allowing individuals to get their LADC license by working under the supervision of a licensed and trained LADC. MARRCH continues to support written exams, but believes that licensed LADC supervision will allow persons with other backgrounds greater access to the field.

And, MARRCH supports allowing LADCs to diagnose chemical dependency.

4. Increase the excise tax on alcohol sales by five cents per drink

The state excise tax on alcohol sales should be raised five cents per drink and a portion of the revenue should be dedicated to treatment, detoxification and other associated costs of alcohol and drug abuse. Minnesota's excise tax has not been increased since 1987. Prevention data demonstrates that as the price of drinking goes up, teen drinking declines.

Because Real People Need Real Help

Evie Christiansen

Duluth, Minnesota

My relationship with alcohol began long before I ever picked up a drink. As a girl in International Falls my three siblings and I started to learn of the pain that comes as a result of this illness. My father was one of those drinkers who was so caring and attentive when he was sober and an angry, abusive man when he was drunk. My mother learned to cope with his use of alcohol with pills and that only added to the pain. We were survivors.

My early memories include parties with lots of drinking. The kids would go from table to table to drink the “leftovers.” One evening I drank so much I felt “woozy” and had enough insight to know that I was probably drunk.

At age 21, I married and we had two children. These next years found us moving a lot. We were mostly focused on the family then,

It isn't just my recovery that is important here. It is the family and many generations to follow that benefit from it.

but there were always a lot of parties with drinking and pot smoking and we were part of that scene.

The progression of my alcoholism began to show itself in horrible hangovers, blackouts, suicidal thoughts, feelings of guilt and loneliness. My body began to hurt so much that the only relief I could find was to soak in a hot tub. My production was poor at work. I nearly lost my business because of my drinking.

I am aware now that my parenting was harming our children

and my mother had confronted me about my use of alcohol. “Evie, you drink too much.” That was when I had my first evaluation for alcoholism. I lied through the process and went home pleased that I had satisfied my family and a friend who was also concerned about me.

My bottom came in 1982 when I attended a work-related seminar in Minneapolis. One of the speakers was Phil Hanson. He said something I will never forget and it hit me like a brick! “Being alcoholic is like being pregnant....you can't be half pregnant and you can't be half alcoholic.” I felt panic. I looked at my watch and saw it was close to 8 p.m. I left that banquet quickly and drove like a maniac to get a bottle before the liquor stores closed. I drank the whole bottle that night and the next day I drove home, hung-over and stoned. I prayed all the way home.

It isn't just my recovery that is important here. It is the family and many generations to follow that benefit from it. The treatment I received has enabled me to be a different kind of mother and now a grandmother. I deeply believe that money invested in one addict has the potential to reach countless others in her life.

For my spouse, siblings, friends, co-workers and most of all the many others who will come behind me, I am grateful that help was available when I needed it.



Dan Cain

Maple Grove, Minnesota

I probably could have been diagnosed as an alcoholic by the time I was 13. I relied on homeless men to purchase, for a price, flavored vodka and fortified wine for our social group. At 15, I gained status by being the only white kid who could regularly score marijuana in the lower Nicollet area of South Minneapolis. At 16, I put a needle in my arm for the first time.

By 19, following a stint in the Marine Corps to avoid jail, I had forsaken all other mood altering chemicals for narcotics – heroin, morphine, dilaudid. By 24, I had been in residential treatment three times and on the methadone program twice. Following “time” at the Minnesota Correctional Facility in St. Cloud for various property crimes, I entered my last program – one that held me accountable for my actions – in April, 1972.

There were two things that impacted me most in treatment.



First, I was forced to look at myself for who I was. Practicing addicts have a unique ability to view things through rose-colored glasses. They see themselves as victims, or as cool romantics, or successful Robin Hoods who are smarter and slicker than everyone else. It helps you stand yourself.

In treatment I was forced to look at the bum I truly was: stealing from my family and friends, hurting my loved ones, and amounting to little more than a beggar on the streets. And I had to admit that there was no one responsible for

I was forced to look at myself for who I was. Practicing addicts have a unique ability to view things through rose-colored glasses.

my state in life but me.

In treatment, I was accepted for who I was. It was my behavior that was unacceptable. I was given opportunities to gain status for other things and realized that, while I wasn't the giant of my dreams, I also wasn't the dwarf of my fears.

The cost of my last treatment for one full year was just under \$3,000 in 1972. Between my wife and myself, we pay more than \$30,000 in taxes yearly and I have paid taxes every year since leaving treatment. More importantly, today I am president of a social service

organization serving more than 10,000 people per year. I have participated in the development of licensing for chemical dependency counselors, I have helped frame the Minnesota Sentencing Guidelines and I have raised three lovely and productive children.

Given the outcome, I believe treatment was, and is, an investment. I am eternally grateful society was willing to make this investment in me and I hope that we as a society always are willing to make this investment for others.

Jim Buege

Lake St. Croix Beach, Minnesota

Nearly 18 years ago I was enjoying the beginning of the Fourth of July holiday on the St. Croix River in Stillwater. My friend and I were finding numerous ways to alter our moods from gin and tonics to pot – and using good quantities of both. My friend backed out of the slip and I remember toasting to the sky that life was good. My friend accelerated sending me over the back of the boat. When I surfaced I found my lungs full of water and only able to slap the water and make noise. I battled for a time and finally let go, only to feel the most peaceful experience in near-death. I awoke a short time later to find paramedics and police pounding the life back into me.

As a result of asking for help at

St. John's Hospital in an out-patient program, my journey to recovery began. I had a year of sobriety after treatment and was feeling better than I had in many years. I remarried, bought a house on the St. Croix River and had finally surpassed all my dreams.

But, as recovery goes, you have to work at it to keep it.

Life was so good I stopped going to meetings and it wasn't long before I started hanging around with a fast crowd and was introduced to cocaine. Soon I was addicted to coke and my life began a downward spiral. My wife caught me using and left me. My addiction became worse and I lost my job. I was unable to quit and I lost everything. I was never so willing to ask for help in my life. I discovered

that I was not alone with this disease and found people in the fellowship of AA who have helped me every day since. That was July 1988.

Today I belong to two Boards, including Augsburg's StepUp Advisory Board which helps raise funds for a wonderful program that helps recovering students. I sponsor four people and attend AA regularly.

I have found you have to give it away to keep it.

Because of this, I pay close attention to the new-comers because I never want to forget just how close I am to using again.

When I was using, I never thought that I bothered anyone. Now I see how many people I affected. Conversely, I really take



pride in knowing that in Recovery we can reverse that process.

At age 55 I have just embarked on a new career as the director of sales for the Center for Cognitive Change. Today I am doing what I love most: helping people recover and live a full life.

Making Recovery Minnesota's Business

Confronting the High Cost of Addiction

To police officers on patrol, it is a problem of crime. To judges and prosecutors, it shows up on crowded court dockets and in prisons jammed with inmates.

Doctors and nurses in hospital emergency rooms see it in the patients they treat with traumatic injuries or chronic diseases.

In the workplace, it's tallied in accidents on the production line and lost productivity in the corporate office.

And to policymakers, it comes down every year to finding the resources to meet the high cost of addiction to alcohol and other drugs. In Minnesota, like most states, \$96 out of every \$100 spent on addiction goes to "shoveling up" the problems caused by untreated alcoholism and drug dependence. The remainder – only a few dollars – goes to preventing these problems in the first place, through effective prevention and professional treatment programs.

"Addiction is at the root cause of so many of the problems in Minnesota, indeed in this country," says William C. Moyers of the Hazelden Foundation. "From individuals and families to farming communities and big cities, nobody and no place is immune and everyone pays the price, one way or another."

- Consider these startling national numbers:
- Crime and drug addiction

often occur in tandem: Between 50 and 70 percent of arrestees are addicted to illegal drugs.

- About 75 percent of people who abuse alcohol or illicit drugs are employed.
- The National Institutes of Health estimate that alcoholism and drug abuse cost American businesses \$120 billion a year in lost productivity. That's more than the loss of productivity due to heart disease, diabetes and stroke – combined.
- On average, states spend \$81.3 billion dollars to deal with the problem of substance abuse, amounting to 13 cents of every state budget dollar.

Addiction to alcohol and other drugs is everyone's business in Minnesota. Yet too often policymakers and the public confront the problem at the expense of clearly

Criminal activity dropped 75 percent among those who completed treatment

seeing the solution. What results is public policy that is divorced from the reality that addiction is first and foremost a public health issue that needs more than just a so-called "war on drugs" approach.

Gary Olson, executive director of the Center for Alcohol and Drug Treatment in Duluth, says tough law enforcement and interdiction efforts are vital but not exclusive

components of a strategy that should include an increased emphasis on treating addicts and alcoholics too.

"There's no question that the best way to reduce the supply of illegal drugs in Minnesota is to reduce the demand," Olson said. "Think about it: when addicts get clean and sober they no longer pursue the high that comes with using methamphetamine or cocaine or marijuana or any other drug – including alcohol."

Treatment, however, is the exception rather than the rule these days. According to the federal government, about 22 million people in America need treatment. But only 25 percent of them ever get it. A lack of private and public funding is a big reason why.

The problem is just as serious in private insurance coverage. According to a just-released study

published in *Health Affairs* magazine, about 33 percent of spending on addiction treatment was financed by private health plans in 1987. Ten years later, it had plunged to 25 percent, and has been declining an average of one percent each year since.

"It really makes no sense at all," says Dan Cain, president of RS Eden Programs in the Twin Cities.

"We know there is an effective solution to a problem that isn't going away. Yet dollars to support that solution are disappearing."

Olson points out that people who cannot get treatment using their private insurance often then fall to the public sector for help.

"Working people who are paying premiums for their own insurance are being forced to turn to public funding, and that's adding more strain to an already fragile infrastructure," Olson said.

Whether through private or public dollars, the investment in treatment pays off. Consider these findings from a report by the Minnesota Department of Human Services (DHS) in 2000:

For every dollar spent on treatment, a savings of \$4 to \$7 accrued within a year, with much of the savings attributable to reductions in crime-related costs.

DHS also reported a 75 percent drop in criminal activity among people after they completed treatment.

Fulltime employment increased by 11 percent for people who had successfully completed treatment.

Among adolescents, suspension from school dropped by 34 percent after treatment.

The incidences of "serious conflict" within families dropped by 24 percent after treatment of the family member.

Concludes the DHS report: "While individuals in recovery

The Challenges and Benefits of Chemical Dependency Treatment

(Excerpts from a study by the Minnesota Department of Human Services; published October, 2000)

The Minnesota Department of Human Services reported in 2000 findings from a 7-year study on chemical dependency treatment expenditures.

Many of the overall findings are consistent with similar studies conducted in other states. Key findings in the Minnesota study found that physical and mental health, interpersonal relationships, and occupational functioning improve after treatment for adults and adolescents, while criminal behavior and arrests decline.

In addition to the human side of recovery, the report also detailed some of the benefits of

treatment realized through reduction of ancillary activities such as criminal activity.

“Scientific evidence accumulated over the past 30 years substantiates the benefits of treatment for the individual patient, family members, and society,” the study reported. “Studies have consistently found that treatment reduces substance use frequency by at least 40 to 60 percent, and markedly reduces the criminal activity associated with addictions.

“In addition, improvements in patients’ health and in their ability to function productively in the family, the workplace, and the

broader community translate into significant cost benefits for society.”

A highlight of the Minnesota study was its quantifying the financial benefit of treatment expenditures in terms of saving money on services that inevitably are needed to deal with chemical dependency left untreated. The report concluded:

“For every \$1 spent for treatment, a savings of \$4 to \$7 accrues within a year, with much of the savings attributable to reductions in crime-related costs.”

Also important was the study’s finding that compared with treatments for other common chronic

diseases such as diabetes, hypertension, and asthma, chemical dependency treatment yields strikingly similar compliance and relapse rates.

In summary, the report clearly maintains that recovery works and that it offers significant human and economic benefits.

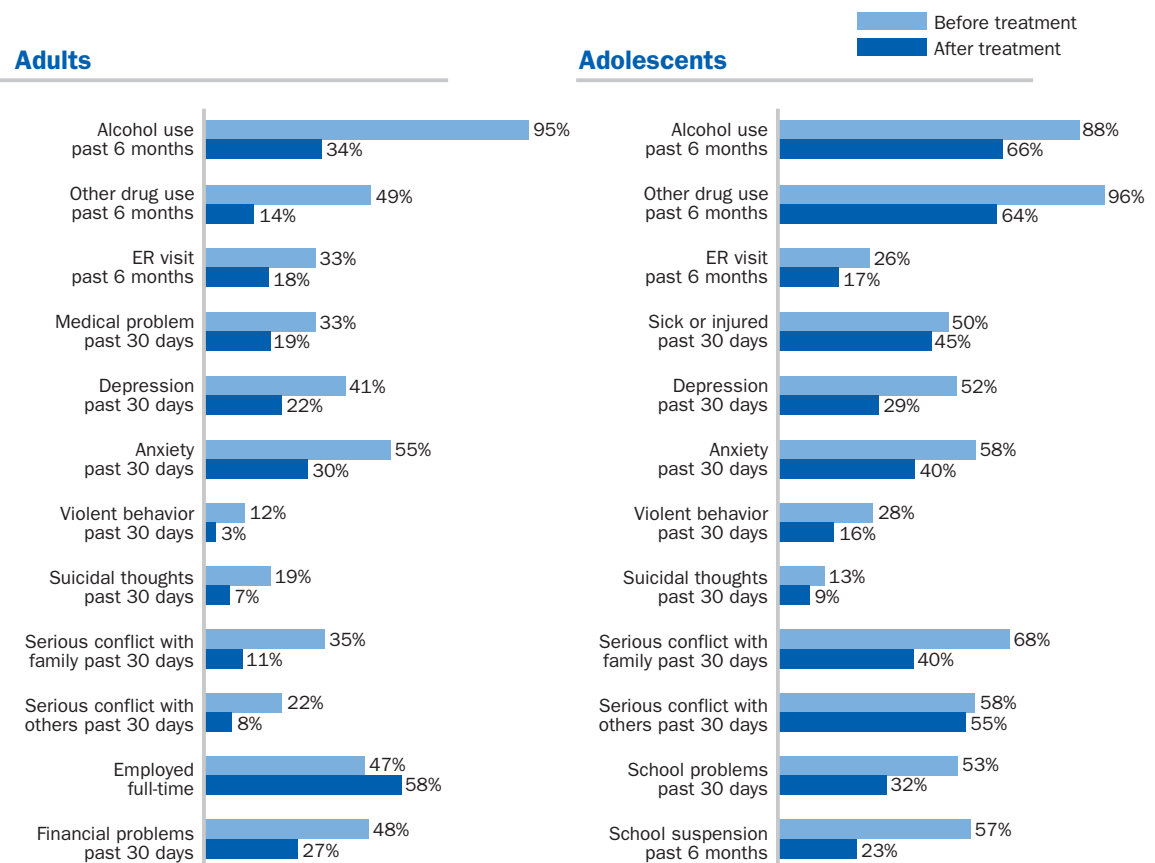
(For more details on the study reference: *The Challenges and Benefits of Chemical Dependency Treatment, Results from Minnesota’s treatment outcomes monitoring system, 1993-1999.* By Patricia A. Harrison, Ph.D. and Stephen E. Asche, M.A. October 2000)

(from addiction) hold public office, run businesses, lead organizations, operate educational institutions, honor their professions and serve as valuable employees, devoted parents, loyal citizens, and generous community members, these countless illustrations of successful recovery do not generate headlines.”

People in recovery, their families and addiction treatment professionals know that to change public policy they must get involved both in changing public perception and engaging legislators.

“We are the lucky ones, the ones who got treatment and got well,” says Moyers. “It is our responsibility to stand up and speak out, and change the terms of the debate for the sake of those who still suffer. The stakes are high, but so too are the rewards.”

Measures of substance use, health, and social function 6 months before and 6 months after treatment

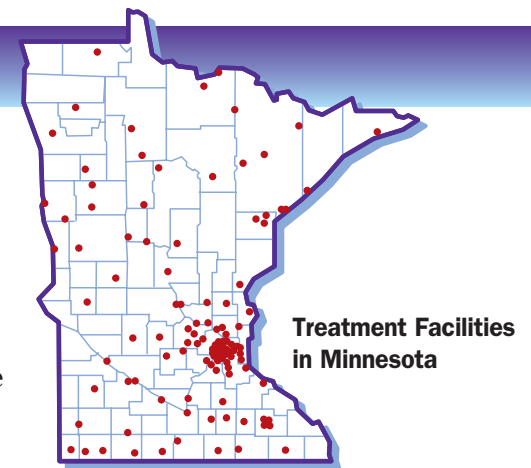


MARRCH Member Agencies Provide Services Throughout Minnesota

The MARRCH Agency Members listed here are valuable sources of information about chemical health, addiction, prevention and treat-

ment. Member agencies provide a variety of services including inpatient, outpatient, extended care, detoxification, halfway houses,

assessments and more. Populations served range from students to adults.



Organization	Lead Contact	City, State, Zip	Phone	Treatment Facility Locations
Amethyst Counseling Services, Inc.	Tim Rice	New Brighton, MN 55112	651-633-4532	New Brighton
Anthony Louis Center/On-Belay House	Sheila Tix	Stillwater, MN 55082	651-283-0606	Blaine, Burnsville, Plymouth, Prior Lake, Stillwater
Center for Alcohol & Drug Treatment	Gary P. Olson	Duluth, MN 55802	218-529-3431	Duluth, Cloquet, Saginaw, Grand Marais
Changing Lifestyle Counseling Center	Marsha Molinari	St. Louis Park, MN 55426	952-542-8751	St. Louis Park
Chicanos Latinos Unidos en Servicio (CLUES, Inc.)	Mark Rios	St. Paul, MN 55104	651-379-4200	Minneapolis, St. Paul
Community Drug & Alcohol Services Inc.	Brian Sammon	Eagan, MN 55112	612-226-7120	Eagan
Conceptual Counseling	Rhonda Smieja	St. Paul, MN 55101	651-221-0334	St. Paul
Dakota County Receiving Center/Cochran Programs	Bob Melson	Hastings, MN 55033	651-437-4209	Hastings, Brainerd
Douglas County Hospital	Maryann Rollie	Alexandria, MN 56308-1757	320-762-2400	Alexandria
Duluth Bethel	Thomas Dawson	Duluth, MN 55806	218-722-1724	Duluth
Dunatos, Inc	Terry Hayward	Red Wing, MN 55066	651-385-0600	Red Wing
Episcopal Community Services	Rick Schutte	Bemidji, MN 56601	218-751-6553	Bemidji
Fairview Recovery Services	Jeff Powers	Minneapolis, MN 55407	612-672-4439	Minneapolis, Edina, Burnsville, Crystal, Forest Lake
Fountain Centers	Maggie Wangen	Albert Lea, MN 56007	507-377-6411	Albert Lea, Rochester, Fairmont (opening soon)
Glenmore Recovery Center	Tom Fuchs	Crookston, MN 56716-0497	800-584-9226	Crookston, Thief River Falls, Roseau, Detroit Lakes, E. Grand Forks
Hazelden	William Moyers	Center City, MN 55012-0011	651-213-4269	Center City, Plymouth, St. Paul, New Brighton
HealthEast/ St. Joseph's Hospital	Joe Clubb	St. Paul, MN 55102-1053	651-232-3256	St. Paul
ISD #2134	Greg Spath	Wells, MN 56097	507-863-2310	Freeborn
Kinnic Falls ADA Services	John Gerber	River Falls, WI 54022	715-426-5950	River Falls
Miller - Dwan Medical Center	Kitty Rodne	Duluth, MN 55805	218-786-5901	Duluth
Minnesota Certification Board	Bonnie Freeland	Forest Lake, MN 55025	763-434-9787	Certification facility
Minnesota Institute of Public Health	Kevin Spading	Mounds View, MN 55112	763-427-5310	Research facility
New Beginnings at Waverly, LLC	Clelland (Gil) Gilchrist	Waverly, MN 55390	800-481-8758	St. Peter, Litchfield, Waverly
Next Step	Jan Johnson	Staples, MN 56479	218-894-0034	Staples
Northland Recovery Center	Colleen MacKay	Grand Rapids, MN 55744	218-327-1105	Grand Rapids
NuWay House, Inc.	Tom E. Adams	Minneapolis, MN 55404-4321	612-872-0506	Minneapolis
Owatonna Hospital	Mary L. Wagoner	Owatonna, MN 55060	507-455-7647	Owatonna
Park Avenue Center	Mark Casagrande	Minneapolis, MN 55404	612-871-7443	Minneapolis
Pathway House	Jerry Powers	Rochester, MN 55902	507-287-6121	Rochester
Pine Manors Inc.	Rachel Mueller	Nevis, MN 56467	218-732-4337	Nevis
Prodigal House, Inc.	Amelia Grein	Minneapolis, MN 55417	612-721-3358	Minneapolis
Project Turnabout	Phil Kelly	Granite Falls, MN 56241-0116	320-564-4911	Granite Falls, Marshall, Redwood Falls, Willmar
Rapids Counseling	Wes Butts	Grand Rapids, MN 55744	218-326-1093	Bloomington, Grand Rapids, Plymouth
Recovery Plus - St. Cloud Hospital	Jim Forsting	St. Cloud, MN 56303	320-255-5613	St. Cloud
Red Lake Chemical Health Programs	Rose Barrett	Red Lake, MN 56671	218-679-3995	Red Lake
Regions Hospital Alcohol & Drug Abuse Program/New Connections	Charlie Mishek	St. Paul, MN 55106-5848	651-254-9443	St. Paul, Hastings, Eden Prairie, Spring Lake Park
Schmidt & Associates, Inc.	Vickie M. Schmidt	Fargo, ND 58104	701-282-4077	Fargo, Minneapolis
ShareHouse	Bill Lopez	Fargo, ND 58103	701-282-6561	Fargo
Solace Academy	Monique Bourgeois	Chaska, MN 55318	952-368-8878	Chaska
T.L.C. Temporary Living Center, Inc.	Jacque Robinson	Eden Prairie, MN 55344	952-942-6400	Eden Prairie
The Retreat	John Curtiss	Wayzata, MN 55391	952-476-0566	St. Paul, Wayzata
The Wayside House	Sharon A. Johnson	St. Louis Park, MN 55416	952-926-5626	St. Louis Park
Way 12 Halfway House	Amanda Richards	Wayzata, MN 55391	952-473-7371	Wayzata