

# Plan would close Faribault, Cambridge hospitals

By Sam Newlund  
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The state Department of Human Services proposed Thursday to close state hospitals at Cambridge and Faribault, eliminate care of the retarded in five other state institutions and replace the state facility at Anoka with a new metro-area psychiatric hospital.

The sweeping set of proposals also would close the state-operated Oak Terrace nursing home in Minnetonka and, for the first time, put the state into widescale direct operation of community-based homes for the retarded.

If carried out, the plan would be the most drastic reordering of the state hospital system in decades.

Under the plan, the closure of Cambridge and Faribault as large facilities solely for the retarded, and the elimination of programs for the retarded at the five multipurpose institutions, would be accomplished by mid-1993. The five institutions are at St. Peter, Willmar, Fergus Falls, Moose Lake and Brainerd.

Oak Terrace nursing home, whose buildings were described as "in extremely poor condition," would be closed by 1992. Some of its 260 elderly residents would move to a new state-operated facility and others to the regional centers.

No date was set for building a hospital to replace the Anoka Metro Regional Treatment Center, which serves mentally ill and chemically dependent people from most of the metro area.

Department officials proposed the plan at a meeting of representatives of interest groups who were named to

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negotiate the future of the state hospitals, now called regional treatment centers.

The plan, which is expected to bring stiff resistance by some negotiators and send shock waves through the affected communities, is not etched in stone, department officials said.

If the negotiators reach a consensus, it will be offered to the Legislature for approval. All parties acknowledge that politics will influence their decision heavily. Most of the debate by the negotiators was left yesterday to the next meeting, on Aug. 10.

Groups represented in negotiations include the department, counties, advocacy organizations, employees, professional groups, the affected communities and service providers. The bargaining format was established by Human Services Commissioner Sandra Gardebring.

Sue Abderholden, executive director of the Association for Retarded Citizens Minnesota, said the department had taken "a bold and courageous action" in deciding to "bite the bullet" in recognizing the inevitable demise of institutional care in favor of small, homelike facilities of no more than six residents.

Rep. Peter Rodosovich, DFL-Faribault, called the plan "shocking" and said its chance of passage is nil. He said it will be "terribly damaging moralewise" for employees to hear that "We don't need you anymore."

Rep. Harold Laskey, DFL-Cambridge, said he was "obviously not pleased with the recommendation." He disagrees, he said, with what appears to be an opinion that "Regional treatment centers are inherently bad." He said closing the Cambridge institution, which employs about 700 people, would be "quite devastating."

But the department said many regional center employees could continue working for the state in the new state-operated group homes or in other locations. About 500 of the nearly 1,500 retarded and otherwise developmentally disabled residents in the centers would move to state-run group homes. The rest would move to other community facilities.

Pete Benner, a union official repre-

senting state employees, expressed concern about jobs for employees now serving the retarded but said the plan has advantages. For example, it calls for more professional staff members and better training in the psychiatric service.

Unlike the retarded, whose numbers in the centers will continue to decline, the rosters of mentally ill, chemically dependent and geriatric patients are not projected to change substantially. A longstanding federal court decree requires a reduction in the retarded institutional population. Small, homelike living quarters and locally based programs have become the favored option for most retarded people.

Some 6,000 retarded people lived in state institutions in 1960. The number is expected to dwindle to just over 1,000 in 1991.

Traditionally, the state has operated the big state institutions but avoided direct operation of local facilities and programs. It has left those functions up to the counties, which contract with private operators.

But the department recently experimented with running a few small homes for the retarded. Its new plan for widespread expansion of state-owned community homes would be a radical shift in policy.

The Anoka institution, where some buildings date to the turn of the century, was described by the department as inadequate for modern psychiatric treatment. Officials made no recommendation on the site for a new facility but said it should be slightly larger than the current one.

The present campus has some 240 mentally ill patients from Hennepin, Ramsey, Dakota, Washington, Anoka and Sherburne counties and 80 chemically dependent residents from those counties except Ramsey.

Maria Gomez, assistant human services commissioner, said the department probably will ask the 1989 Legislature for a feasibility study on a replacement hospital. Whether the present center would be razed or used for another purpose is unknown.

Alternate uses for vacated space in other centers is a possibility.