

New psychiatric hospital would be built at present site in Anoka

By Sam Newlund
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The state Department of Human Services has agreed that its proposed new 300-bed \$28.7 million psychiatric hospital should be built on the present state hospital site at Anoka.

Up to now the department has told negotiators on the future of the state hospital system that the location, somewhere in the Twin Cities metro area, was up for grabs. Negotiators for various interest groups began meeting last summer.

The department's latest revision of its proposal to overhaul the state system specifies, for the first time, the 243-acre campus of Anoka Metro Regional Center as the site for a new mental hospital.

Human Services Commissioner Sandra Gardebring announced the agreement to use the current site, assuming that the Legislature approves, during a recent meeting at the institution.

"I think everybody was pleased to see they'd come around to our position on it," Anoka City Manager Mark Nagel, one of the negotiators, said Wednesday.

But consensus on the department's proposed overhaul of the hospital system continued to elude negotiators. The department's biggest shift would move the vast majority of the 1,400 mentally retarded residents of

regional centers into community homes, many of them new homes operated by the state.

But opposition has diminished. Unions representing regional center workers agreed to lobby for the department plan, subject to ratification by union members, after the department agreed in private talks to guarantee that no one would involuntarily lose a state job.

Mental health advocates said yesterday that other revisions probably would be endorsed, but other delegates continued to balk. Representatives from regional-center communities, for example, still objected to the magnitude of the proposed shifts of patients and payrolls.

The communities will draft their own bill, Fergus Falls representative Richard Pemberton said in an interview. He said communities surrounding the regional centers object to the "evacuation" of center residents into community homes on a quota basis. Instead of moving a certain number of people per year, he said, the state should first perfect the community homes and make transfers one at a time when a bed becomes available.

The department's latest draft reduces the number of transfers of retarded people in the year beginning July 1. Instead of seeking legislative approval for 47 new state-operated group homes for six or fewer people, only 26 would be requested. But the goal of establishing 105 state-operated

group homes by mid-1995 wouldn't change, according to department negotiator Brian McInerney.

The Minnesota Congress of Advocates for the Retarded continues to fight the department plan, while a larger group, the Association for Retarded Citizens, approves it. The advocates congress insists that people should have a choice of staying in a regional center and warns of danger for severely handicapped people in community settings ill-equipped to care for them.

But McInerney said the department would make no placements without assurances of high-quality care. It has no wish to "take people and put them on a bus to nowhere," he said.

The department has considered allowing relatives of retarded residents to reject a community placement. Gardebring said yesterday that Sen. Don Samuelson, DFL-Brainerd, an outspoken opponent of the department plan and head of a key legislative subcommittee, will be asked to consider giving relatives a say on out-of-hospital transfers.

The department's latest draft sought to satisfy mental health advocates who objected to treating emotionally disturbed children in regional centers. The revision calls for 92 beds for children and adolescents, but says they will be kept in state institutions only "until adequate alternatives are developed off campus."

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