



# Proposal to shrink state hospital system passes first big test

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A plan to pare down Minnesota's state hospital system by moving most retarded people into small community group homes survived its first legislative test Thursday after heated debate in a House subcommittee.

Rejecting what the sponsor called "a gutting amendment," a subcommittee endorsed the six-year plan by voice vote and sent it to the Health and Human Services Committee. The bill is yet to be heard in the Senate.

Deputy Human Services Commissioner Charles Schultz predicted after the vote that opposing factions would reach a compromise, allowing an acceptable version of the department's plan to pass this session.

The bill, which emerged from nine months of negotiations among interest groups outside the Legislature, would be the most drastic overhaul of the state hospital system in decades.

All but 95 of 1, 400 retarded residents of seven hospitals, now called regional centers, would move to community homes. The state would run 105 new homes and 44 new day-program centers.

It would operate a smaller number of local units for the mentally ill and rebuild the psychiatric hospital at Anoka. It would renovate or rebuild psychiatric hospitals at Fergus Falls and Moose Lake and expand the Security Hospital in St. Peter. Oak Terrace Nursing Home in Minnetonka would close.

But plans to remove nearly all retarded residents from the regional centers generated the most heat yesterday, as they did during the negotiations.

Rep. Steven Sviggum, IR-Kenyon; lost an attempt to reduce from 26 to 14 the number of state-operated homes the department would open in the next two years. The bill's sponsor, Rep. Paul Ogren, DFL-Aitkin, said this would be "a gutting amendment" to a bill that resulted from "months of painstaking negotiations."

Sviggum withdrew another amendment to curtail the state's right to operate both residential programs and day centers in the community. State law now requires a client housed in a private home to get daytime living-skills training in a developmental achievement center operated by a separate firm.

The rule is to encourage one operation to act as a check against the performance of another. The bill, however, grants the state an exception to the rule, until the year 2000.

Swiggum wanted to make the state obey the rule five years sooner. But he withdrew the amendment after a department spokesman said it would scuttle plans to carrying out the timetable for shifting from hospital to community care.

"It would stop the process cold," said Brian McInerney, the department's negotiator.

Lobbyists for private operators continue to plead for boosts in rates that would allow them to compete with what they say will be the more richly endowed state group homes. Employees will gravitate to the state homes and the residents they leave behind may be left with inferior care, they say.

A Sviggum amendment, calling for an advisory committee to consider rate increases for private homes, passed yesterday. However, Ogren said he would move to amend it in the full committee.

Another adopted change would give relatives of regional-center residents a greater say in their discharge to the community, but not a veto as wanted by one advocacy group. Another would seek to ensure that counties have enough money to pay for community care of people discharged from regional centers. Both were offered by Ogren.

Community groups have drafted a bill to leave 475 people, not the department's proposed 95, in the regional centers. Schultz said the department is willing to compromise. But it won't go as high as 400, he said.