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State's plan for hospital system draws rebuke from DFL legislator

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In its first appearance before the Legislature, the Perpich administration's plan to condense the state hospital system in favor of expanded community programs drew a sharp rebuke Tuesday from a DFL legislator.

Rep. Gloria Segal of St. Louis Park said she estimated that only \$600,000 of the \$21 million cost of the plan in the first two years would be spent on the mentally ill, with the bulk going to the mentally retarded.

"Is this a plan for the mentally ill?" she asked Human Services Commissioner Sandra Gardebring. "There is no plan for the mentally ill."

Segal, chief author of recent mental-health reform bills, applauded Gardebring's department for planning to move most of the 1,400 institutionalized retarded people into small, community group homes. But she criticized it for deciding to leave most of the 1,000 or so hospitalized mentally ill residents where they are.

Gardebring and other officials presented the plan yesterday to two legislative panels. Segal is on each. "I agree with you that we need to do more planning," Gardebring told Segal during testimony to the Health and Human Services Division of the House Appropriations Committee.



But she said more individual assessment of patient needs, provided for in the plan, must be done before the future shape of the delivery system for mental health care can be determined.

At issue is the department's proposal to move all but a handful of retarded people from state hospitals, now called regional centers, into group homes, including 105 new ones run by the state.

The plan also calls for better staff-patient ratios in institutional programs for the mentally ill, the closure of Oak Terrace Nursing Home in Minnetonka, an addition to the Security Hospital in St. Peter, rebuilding Anoka Metro Regional Treatment Center and rebuilding or renovating regional centers in Fergus Falls and Moose Lake. The plan would take six years to complete.

Negotiators for various interest groups have been trying for months to reach consensus on the future shape of the treatment delivery system.

One sticking point is whether all the retarded people the department wants to move out of regional centers would be better off, or as well off, in group homes of six or less. That question was raised yesterday, but not in depth.

Robert York, assistant human services commissioner, told legislators that it is "fundamentally our belief that integrating retarded people into their communities is "a better service delivery system" than big state institutions.

Some critics have accused the department of wanting to dump retarded people into the community on a quota basis, not on the basis of adequate care. But under the plan, "Nobody gets discharged until there is a suitable community alternative," department negotiator Brian McInerney said.

Rep. Peter Rodosovich, DFL-Faribault, presented a report of a regional center task force, which he headed, to the House Health and Human Services Committee. It said the state must supply "a complete system of services" to vulnerable people that is "dictated by the needs of the individual client and not by arbitrary quotas or time lines." It said the state must provide direct services, if necessary, and maintain quality staffs. This can be achieved by regional centers more than smaller facilities, it said.