

DEPARTMENT OF PUBLIC WELFARE

TO: Section Heads
Task Force

September 7, 1965

FROM: David J. Vail, M.D.
Medical Director

SUBJECT: Hastings Question: Building Program

See my note of August 30, 1965, to Jack Malban. This gives some idea of the background and some of the possibilities of approach.

I would like to initiate a discussion among the staff to see how we might approach the problem.

One of the factors in the situation is the increasing need for coordination of institutional programs for the mentally ill and mentally retarded.

The pressure is on to come up with "a thorough study" of the Hastings question; also to come up with a Departmental Building Program recommendation.

I. The Hastings Question.

There seem to be five basic plans, each with variants. For purposes of identification I have assigned these code names: Alladin, Birch Tree, Carmelite, Delphos, and Epicure.

Alladin:

1. Hastings would convert totally to mentally retarded, to serve Carver, Scott, Dakota, Washington, Ramsey, Anoka, Hennepin and Wright Counties.
2. Hastings would include first-class diagnostic and research facilities centered around mental retardation.
3. Mentally ill patients from Ramsey and Washington would go to the Anoka State Hospital, from Dakota would go to Rochester State Hospital.
4. Rochester would also convert in part to serve mentally retarded from Goodhue, Wabasha, Winona, Houston, Fillmore, Mower, Freeborn and Olmsted counties.
5. Cambridge and Faribault mental retardation receiving districts would be correspondingly reduced.

Birch Tree

1. Hastings State Hospital, Anoka State Hospital and Rochester State Hospital would convert partially to serve mentally retarded (selected cases based on the experience at Moose Lake State Hospital)
2. St. Peter State Hospital would convert to serve mentally retarded from the southwest group of counties, accompanied by gradual transfers of resident mentally ill patients and redesignation of the geriatric buildings as state nursing home.
3. Faribault State School and Hospital catchment area reduced and modified corresponding to 1 and 2.
4. Present St. Peter State Hospital catchment area (for mentally ill) would be redistributed to Anoka State Hospital (Carver, Scott) and Rochester State Hospital (remainder).
5. We would encourage the establishment of a comprehensive community mental health center at Mankato.

Carmelite:

This plan would involve program modification of all mental illness hospitals, including Hastings, to accommodate programs for the mentally retarded, specialized to geographical and other clusters of factors. Such a plan might eventually include partial conversion of existing mental facilities to accommodate in the opposite direction, i. e., to take regressed, inactive career patients for total-push type programs based on an educational model.

A first step in all the above plans would be to determine how many "solid" beds will exist at mental illness hospitals when the present building program is completed.

Alladin, Birch Tree, and Carmelite, all include rebuilding Hastings State Hospital as a basic concept. Size would be around 600 beds. One would aim at a rapid, intensive rebuilding push to accomplish the entire program in one or two legislative sessions.

1. Abandon Hastings State Hospital as a place for either mentally ill or mentally retarded.
2. Present Hastings State Hospital catchment area counties and resident population redistributed.

(NOTE: Delphos, if the crude logistics were the only factor, would be the easiest plan to implement as a short-run vesture; of the closure of Sandstone. However, when we consider estimates that 2-4 million people will reside in the Twin Cities area, or half the state's population by the year 2000, we see that the location of Hastings State Hospital is quite strategic and that the long-run effect of Delphos would be unfortunate.

Epicure

This plan would be essentially to change nothing; to proceed with rebuilding Hastings in modestly, slow phases, with the eventual expectation of building down to 400-500 beds to serve the present catchment area.

II. Departmental Plan for 1967

If either Alladin, Birch Tree, Carmelite, or some modification were seen as desirable, a suitable Department of Public Welfare Building Plan for 1967 would contain these principles (exclusive of other institutions outside the purview of the Medical Services Division):

1. Rebuild Hastings as rapidly as possible to around 600-bed capacity, including suitable laboratories, etc. Build so as to be adaptable for fee ambulatory retarded, with suitable diagnostic and research facilities.
2. One replacement dormitory at Faribault State School and Hospital.
3. Additional 80 beds for medium security at the Minnesota Security Hospital.
4. Modest remodeling in the other institutions.

cc: Mr. Morris Hursh
DPW cabinet
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