

DEPARTMENT OF PUBLIC WELFARE

TO: Dr. Hector Zeller, Medical Director
Mr. John Malban, Administrator
Hastings State Hospital

Sept. 30, 1965

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

SUBJECT: Hastings State Hospital Utilization Committee

In accordance with Dr. Zeller's discussion with me on September 27, 1965, (referring also to Mr. Malban's note dated September 22, 1965) I would suggest that both of you, Dr. Zeller and Mr. Maiban, act as Co-chairmen of a committee to carry out the study of the Hastings State Hospital, its future utilisation and needs as requested by Senator Harold Popp, Chairman of the Legislative Building Commission.

As I mentioned, I think we must take the responsibility for this study ourselves. It is neither practicable nor the better part of stewardship to call in an outside agency, such as the NIMH, and expect them to do this for us. I think we could ask for NIMH or other outside help in a limited way on specific items on which we may need their consultation later on.

Just as it is not in the interest of good stewardship to call in an outside agency to do our work, so it is even less responsible for us to sit back and drift while the pressures mount and in this way let the Legislature bear the burden of all the work and anguish that will go into the final decisions.

So far all the preliminary studies rule out, in my opinion, the feasibility of abandoning and rasing Hastings State Hospital or converting it to some "non-mental" use {e.g., junior college). The question is, How can we convert or diversify the use of Hastings State Hospital in the best public interest, both that of the eastern metropolitan area and of the state generally?

The general consensus of those with responsibility and interest in state institutional planning seems to be in the direction of multipurpose hospitals with a broad range of serving as a resource to back up community facilities for the mentally ill and the mentally retarded.

I think one must reach the conclusion already that Hastings State Hospital should not be allowed to deteriorate, nor be patched up higgledy-piggledy, but should be rebuilt on a planned, deliberate basis. The questions then are, How fast, by what sequences, for what uses, etc? At a higher level of concern - not immediately your problem but relevant to it - one has to consider the priority and sequence of Hastings State Hospital building phases in relation to the programs for state institutions generally.

Dr. Hector Zeller
Mr. John Malban - #2

Sept. 30, 1965

My suggestions for a Committee to study this problem are quite similar to yours, with a few additions and subtractions. Here are my ideas:

Hospital: Hector Zeller, John Malban: Co-Chairmen.

Department of Public Welfare: Ove Wangenstein (DPW policy), Frances tees (coordination with Cambridge-Moose Lake Project Committee), Miraim Karlins (coordination with East Metropolitan Regional Mental Health Coordinating Committee, public information).

Minnesota Association for Mental Health: As you suggest

Minnesota Association for Retarded Children: As you suggest

East Metropolitan Regional Mental Health Coordinating Committee: Miriam Karlins (see above) or possibly in addition, someone direct from the Committee.

Metropolitan St. Paul Hospital Planning Council; As you suggest

Mental Retardation Planning Councils John Broady

Governor's Offices Sally Luther

An architect, if possible.

I do not think it appropriate to try to include a member of the Legislative Building Commission. It would be awkward for them, as they will be the final tribunal for the recommendations that may be made; furthermore, I cannot imagine that any members would be able to find the time. I see nothing amiss, however,, in your sending minutes of meetings to the Executive Secretary of the Legislative Building Commission, to keep them advised.

The Biostatistics Section, in particular Thyrsa Tyrrell, can help with statistics that you may need. Joe Lucero also could be quite helpful.

Arthur Funke, as the Director of the Msntal Health Study and Planning Section, has an interest is this matter, but with other projects on the. drawing board would be sorely limited, to provide active participation.

I will help in any way I reasonably can, either by sitting in on meetings, obtaining consultants,, underwriting expenses, etc., to further this study along. Let me repeat reasonably; with the Cambridge-Moose Late Project now underway the margins of time and effort will of necessity be reduces, and of coarse this does not only apply to me.

I think the deadline of the Committes report would have to be April 1 1966, or the meeting of the Legislative Building Commission at Hastings, whichever is earlier. This is a tough, proposition, I admit. If the Legislative Building Commission would allow some leeway, a june1, 1966,, deadline would give more time, and would allow us to take advantage of early findings from the Cambridge-Moose Lake Project.

Finally, I think it is terribly important that minutes of your meetings be made available on quite a wide range of distribution so that all will,be informed of your progress.

Dr. Hector Zeller
Mr. John Malban - #3

Sept. 30, 1965

DJV:rcj

cc - Mr. Ove Wangensteen
Mrs. Frances Ames
Mrs. Miriam Karlins
Minnesota Assn. for Mental Health - Attention: Miss Florence Lehmann
Minnesota Assn. for Retarded Children - Attention: Mr. Gerald Walsh
East Metropolitan Regional Mental Health Coordinating Committee
Metropolitan St. Paul Hospital Planning Council - Attention: Mr. Tsutomu Kunagai
Mental Retardation Planning Council - Attention: Mr. John Broady
Governor's Office - Attention: Mrs. Sally Luther
Mr. Stephen Quigley, Commissioner of Administration
Mr. Al Nelson, State Architect
Senator Harold Popp
Mr. Ronald Olson, Executive Secretary, Legislative Building Commission
Miss Thryza Tyrrell
DPW Cabinet
Mental Health Medical Policy Committee
Citizens Mental Health Review Committee
Children's Mental Health Committee
Mental Health Executive Council
Medical Directors and Administrators, All Institutions