

MINUTES

LEGISLATIVE BUILDING COMMISSION
203 State Capitol
Saint Paul, Minnesota 55101

January 7-8, 1966

Hastings State Hospital State Training School for Boys, Red Wing
Frontenac State Park Rosemount Agricultural Experiment Station
Commission Business Meeting

The Legislative Building Commission held a two-day meeting on January 7 and 8, 1966, at Hastings State Hospital, Frontenac State Park, State Training School for Boys (Red Wing), and Rosemount Agricultural Experiment Station,

Commission members present were: Senators William C. F. Heuer, Lew W. Larson, John L. Olson, Harold R. Popp and Representatives Sam R. Barr, Everett Battles, W. G. Kirchner, Marvin C. Schumann, and Roy L. Voxland. Also present was Roland E. Olson, Executive Secretary.

The January 7 meeting was called to order by Chairman Popp at 9:00 a.m. at Hastings State Hospital.

Present in addition to Commission members and staff were:
from the Department of Administration: William E. Stevenson, Assistant Commissioner; Paul Cummings, Assistant State Architect; Max Fowler, Assistant State Architect; from the Department of Public Welfare: Morris Hursh, Commissioner; Dr. David Vail, Director, Division of Medical Services; C. G. Chapado, Director, Division of Administrative Services; Kent T. Hawkins, Institutions Administration Supervisor; from Hastings State Hospital; John R. Malban, Administrator; D. A. Dobrick, Business Manager; Keith Schmalzbauer, Personnel Officer; Loren Williams, Chief Accountant; Dr. Hector C. Zeller, Medical Director; Dr. Leo Grieben, Chief of Psychiatric Service; Dr. S. D. Koh, Director of Research; Dr. Roland Peek, Chief Psychologist; Leroy A. Bewick, Chief Engineer; Unae Kilgas, Director of Nursing; Henry Hagen, Secretary, Employees⁹ Union; Thomas Jung, Special Teacher, Rehabilitation Therapies; Donald Lowrie, Electrician; Bruce Merritt, Laundry Manager; Agnes Murtaugh, Chief, Social Work Services; Father Joseph Quinlan, Senior Resident Chaplain; Mabel Rose, Executive Housekeeper; Mildred Wieners, Chief Dietitian; Joseph Yanz, Building and Grounds Foreman; Mary Zeppelin, Medical Records

January 7, 1966

Hastings State Hospital

Supervisor; from the All Patient Councils Ronald Bailey, Jim Carroll, Robert Hart, Mary Jo Krzmarzick, M. G. Harming, Bernice Miller, and Joseph Sweeney.

Also present were: from the Minnesota Association for Retarded Children: Sheldon Schneider, Program Analyst; Mrs. William Woehrlin, Governmental Affairs Chairman; Mrs. David Donnelly; Wallace H. Erickson, Hastings City Clerk; Miriam Alburn, Minneapolis Tribune; Noel BreDahl, Hastings Gazette; Reverend Alan B. Cheales, Hastings Ministerial Association; Tsutomu Kumagai, Executive Secretary, Metropolitan Saint Paul Hospital Planning Council; Bernie Langenfeld, Radio Station KDWA; Mr. and Mrs. Don McHale, Downtown Businessmen's Association; Thomas Olson, Greater Hastings Association; and Mrs. Richard Stoffel, Hastings Women's Club.

Brochures presented to the members are on file in the office of the Commission.

Dr. Zeller briefly reviewed the psychiatric and medical program at the hospital. Details of this presentation will be found in the brochure.

Mr. Malban then presented the requests for the next biennium.

The requests for Hastings State Hospital for the biennium beginning July 1, 1967 are as follows:

1. Food Service Building and Equipment	\$ 680,000
2. Completion of Hard Building	700,000
3. Sewage Disposal Facilities	60,000
4. Building Improvements and Demolition	133,434
TOTAL	\$1,573,434

BARR: Would you tell us something about the hospital improvement program grant which you received from the National Institute of Mental Health?

MALBAN: We received a grant of about \$69,000 from the National Institute of Health which is part of the federal Department of Health, Education, and Welfare. This program of assistance to state hospitals and state schools and hospitals was established several years ago by Congress. Each institution was asked to review its program and then write up a program which it felt would be appropriate for that particular institution. At Hastings State Hospital this program was centered on the long-term patients--those who have been here at least two years. This program has been in full operation since July 1965.

January 7, 1966

Hastings State Hospital

Briefly, the program consists in taking sixty such patients and dividing them into small groups of ten. Each of these groups then receives intensive care to assist them with improvement of personal hygiene, social graces, work skills, and to prepare them for their use of leisure-time activities. The goal of this program is to enable these patients to leave the hospital. I don't have the current report with me; but the staff thinks that because these patients have been here so long, a thirty per cent discharge rate would be highly successful. Most of the money from this grant has been used for staff for this program.

BARE: How long will these funds last?

ZELLER: The program will last for a year and then it will be extended. It has been approved for five years.

BARR: What will happen at the end of this five-year period? Will you still be able to employ the staff you have hired for this program?

ZELLER: Our experience has been that when a program such as this is started, some way is found to continue it. We have not brought in any staff members for this program—it is being taken care of by our own staff. It is also possible that the project may be extended for another five years if it is a success. Another possibility would be that there would no longer be a need for this program—we might have already reached all the patients possible to incorporate in this program.

VAIL: This program is designed for ten years. However, the federal government does not give an institution a blank check for ten years--the program must be reviewed at intervals.

OLSON: What accounts for the 15 per cent increase in the cost of the food service building since it was last requested? Have the plans for this building been modified?

FOWLER: The cost varies on these buildings depending on which building you build first--this requires a greater or lesser number of utilities, sidewalks, tunnels, etc.

OLSON: Then there would be no additional request for tunnels and utilities to this building?

FOWLER: No, this request includes these items.

HEUER: Will this new food service building replace the existing facilities or will this be an addition?

MALBAN: This will replace the present kitchen and bakery facilities and also the cafeterias. The idea is to concentrate these services in one central area.

January 7, 1966

Hastings State Hospital

HEUER: Would all the patients be dining in one central area?

MALBAN: Yes. All the food would be prepared and served in this facility.

KIRCHNER: I would like to ask a question about the sewage disposal proposal. You state that the City of Hastings has inadequate facilities. Is there any possibility that they might be required to build new facilities; and if so, would it then be feasible to connect to this system?

ERICKSON: At the present time the state board of health has not requested that we enlarge our sewage disposal plant. However, we anticipate that they will in the near future. We are presently making a survey of the program. If we were to construct an additional digester, we could probably handle the sewage from the hospital. However, the problem would be to get the sewage from the hospital to our sewage disposal plant.

STEVENSON: If the state were to join with the City of Hastings in this sewage disposal project, the state's share of the cost would be approximately \$61,000. The construction of the interceptor from here to the plant plus the remodeling that would have to be done on the hospital grounds would amount to about \$81,000, for a total cost of about \$142,000. Added to this would be the yearly operational costs thereafter. To put the existing sewage disposal plant here at the hospital in first-class condition would cost about \$60,000.

KIRCHNER: Would that provide for secondary treatment to bring the sewage up to a higher level?

STEVENSON: Yes, it would,

POPP: Is the hospital in the city limits?

MALBAN: Yes.

POPP: We would dislike very much to put in a first-class sewage disposal plant here and later have the city come to us and ask us to participate in the enlargement of their plant. Therefore, I would hope that the department of administration would work very closely with the City of Hastings to see that we do not have any duplication of facilities here. Is the hospital connected to the city water mains?

MALBAN: No, we have our own water system.

CUMMINGS: The problem here right now is time--we don't know just how Hastings is going to expand. It is possible that it might develop toward the direction of the hospital; if so, we think that both their network of sewer lines and water lines will expand somewhat. It is not

January 7, 1966

Hastings State Hospital

feasible to connect with either system at the present time. They do have a problem here since the well is not working; they will make other arrangements on a temporary basis. We expect to let the contract and have the new well in service within the next three months.

POPP: In regard to request number A for building improvements-- it would seem to me that some of these items could be taken care of out of your repair and replacement account. What is the amount of this account?

WILLIAMS: This account is \$22,500,

POPP: Then it would be rather hard to pick up these items from this account. I still feel that many of these items should come under this classification, and I think that during the next session of the legislature you should make every attempt to get the balance of that account up. How many square feet do you have in this institution?

MALBAN: I'm not quite sure about that.

POPP: The reason I mention this is that the state colleges receive 75 cents a square foot for maintenance and I would think that an institution such as this might receive even more. So I would hope that you would build up this account and take care of some of the smaller items in request number 4 out of this maintenance account.

MALBAN: Our request for this account was for \$42,000. We felt that putting it on a square foot basis would be to our disadvantage with the ancient buildings we have here.

VOXLAND: Has any consideration been given to using this new patient building which was approved by the last session of the legislature for the mentally retarded as well as for the mentally ill?

HURSH: As you know, last fall Dr. Vail appointed a committee to study the possible future uses of this hospital. I think that it might be appropriate at this time for hi@ to give a report of this committee's work.

VAIL: This committee was called the Hastings State Hospital Utilisation Committee. I would like to briefly mention some of the things which this committee has been considering. In reference to Representative Voxland's question, I would just mention that we must keep in mind the enormous range of mental retardation during this discussion.

This study of Eastings State Hospital was prompted by a request of Senator Popp at the August 25, 1965 meeting of the Legislative Building Commission. Very quickly we realised that this study would involve not just Hastings, bat the other state hospitals as well. It would also involve the institutions for the mentally retarded and population growth.

January 7, 1966

Hastings State Hospital

There were five main possibilities with certain variations to be considered. 1) Total conversion of Hastings to an institution for the severely retarded. 2) Total conversion of some other institution to serve the mentally retarded. 3) Diversification. 4) Either abandon Hastings completely or convert it to some entirely unrelated purpose, 5) Continue to operate the hospital without any definite plans for the future. Some of the variations considered were to enlarge the Hastings State Hospital receiving district--this would go along with converting some other institution for the care of the mentally retarded. Another variation which was considered was converting Anoka State Hospital to an institution for adults--both mentally retarded and mentally ill--and Hastings to an institution for children.

We ended up with the conclusion that the correct task here would be for Hastings State Hospital to continue to maintain as its primary mission services for adult, ambulatory patients with psychiatric disabilities. The important factor is the projected, very rapid expansion of the metropolitan area and the evident need for some back-up facility of the type that Hastings is able to provide for this rapidly growing population. I understand that the projected population for the seven-county metropolitan area for 1980 is four million.

The Cambridge-Moose Lake Project has been the pilot project to study the feasibility of caring for the mentally retarded in the institutions for the mentally ill. The early findings of this project point to the possibility of diversification in all of the hospitals that we now maintain as hospitals for the mentally ill. When we speak of caring for the mentally retarded in these institutions, we mean the adult, ambulatory patient. It would not be practical to try to care for hyperactive youngsters in this atmosphere. What we are finding out at Moose Lake is that it is very difficult to classify some of the patients in terms of the classical formulations. This is why I deliberately use the term "patients with psychiatric disabilities" rather than "mentally ill" or "mentally retarded." In terms of buildings, the needs of these individuals would be the same as what we are now accustomed to.

POPP: Have the architects been selected for the new patient building?

STEVENSON: Yes they have been selected, and they are proceeding with the design of this building based on the program presented today by Dr. Vail.

HURSH: Dr. Vail, did your committee come to any conclusion as to what the maximum need or capacity of this institution would be at some future date? This becomes very important when we are talking of buildings.

VAIL: This is a very difficult question to answer. We arrived at a figure of about six hundred. I think that if our plan for diversification is successful we will not have empty beds.

January 7, 1966

Hastings State Hospital

ZELLER: I think that I speak for the staff when I say that we will be willing at any time to change or re-orient our goals in order to better serve the community.

KUMAGAI: I think that the work which is being done in the private hospitals is very important. I don't think the general hospital **today** is interested in the long-term psychiatric patient. These hospitals tend to concentrate on short, intensive periods of treatment.

In the future, the majority of our population will be concentrated in urban areas. If we are going to subscribe to the theory of taking care of patients as close to their homes as possible--and I think we are--we will certainly need the hospitals in the metropolitan areas.

HURSH: I would just like to reinforce this point. According to all the information we have available, we will be needing these hospitals in the metropolitan areas.

OLSON: I see that your authorized employee complement is 272. What is the actual number of employees that you have?

SCHMALZBAUER: At the present time we have 241 employees.

OLSON: In what areas does your shortage of personnel exist?

SCHMALZBAUER: There is a shortage of psychiatric technicians.

KILGAS: I think we are short of psychiatric technicians because of our competitiveness with the industrial areas around us, Our technicians are not receiving very good salaries, and we have to compete with the labor market. This has been a long-standing problem.

BARR: How does this turnover in psychiatric technicians compare with the other state hospitals?

MALBAN: Hastings and Anoka State Hospitals have the highest turnover rate. I think that Fergus Falls has the least turnover of any of the hospitals,

In regard to the salary problem, a Psychiatric Technician I receives & starting salary of \$292 per month. It is pretty hard for a man to support a family on such & salary,

BARE: Mr. Malban, would you tell us something about your Patients⁸ Council which is represented here today?

MALBAN: All of our wards have a Patients³ Council; in addition to this there is a Hospital Patients Council. The representatives from these groups meet with the department heads each week. We have been getting very good results from this system, and I think it enables us to serve the patients better.

January 7, 1966

Hastings State Hospital
Frontenac State Park

Chairman Popp thanked Mr. Malban for his presentation and the meeting was recessed.

The Commission members then toured the institution.

* * * * *

The meeting was reconvened by Chairman Popp at 2:30 p.m. at Frontenac State Park.

Present in addition to Commission members and staff were; William E. Stevenson, Assistant Commissioner of Administration; from the Department of Conservation: U. W. Hella, Director, Division of State Parks; Milt Krona, Park Planner, Division of State Parks.

Also present were; Albert M. Marshall, Treasurer, Frontenac State Park Association; Harry Diercks, County Park Board; Roy Clark, County Highway Engineer; and Miriam Alburn, Minneapolis Tribune.

Brochures presented to the members are on file in the office of the Commission,

Mr. Marshall briefly addressed the Commission giving some of the unique features and the history of Frontenac State Park. He stated that the Frontenac State Park Association, which is an association of private citizens, was formed in 1954. The association now has over six hundred members who represent all the larger communities of southeastern Minnesota, the Twin Cities and their suburbs. To date the association has raised \$33,721 in donations of cash and land which have aided materially in the land acquisition program*.

Mr. Hella and Mr. Krona presented a report of accomplishments during previous bienniums and the requests for the next biennium.

The requests for Frontenac State Park for the biennium beginning July 1, 1967 are as follows:

1. Swimming Beach and Bath House	\$40,000
2. Campground Sanitation Building	20,000
3. Sewage Disposal and Sanitation Building	30,000
4. Surface Parking Areas	<u>6,000</u>
TOTAL	\$96,000

Chairman Popp thanked Mr. Marshall, Mr. Hella, and Mr. Krona for their presentations and the meeting was recessed.

The Commission members then toured the park.

MINNESOTA ASSOCIATION FOR RETARDED CHILDREN

Hastings Building Commission Meeting (January 8, 1966)

Very large group attending.

Representatives from:	Patient Council	Businessmen Association
	Hospital Staff	Radio Station
	Ministerial Association	Reporter from local newspapers
	Greater Hastings Association	Hastings City Clerk

I. Building requests:

- A. construction of foods service building
- B. completion of Ward Building
- C. sewage disposal facilities

II. Discussion of H.I.P. grant:

- A. Revolves about long-term patient
 1. 60 patients were selected and divided into smaller groups of ten.
 2. Each group is staffed.
 3. Goal of program: improve personal hygiene, develop social graces and vocational skills. Ultimate goal of program is to get patients out of hospital.
- B. Most of the grant funds utilized to pay staff.
 1. 13 staff persons involved.
- C. Program is approved for 5 years. If proves to be successful it will be continued.

III. There was quite a lengthy discussion of the sewage disposal problem and how it affected the city of Hastings.

IV. In discussing building requests there was no discussion of program. The discussion was primarily concerned with the question of whether population trends were such as to justify new buildings.

V. Discussion concerning utilization of institutions for mentally retarded persons.

- A. Vail did an excellent job in approaching and discussing this topic.
 1. He stressed the fact that when we talk about the "mentally retarded" we are speaking of a wide range of retarded individuals having a wide range of intellectual capacities and types of emotional developments and disorders.
 2. He stressed the idea of institutions for the mentally ill diversifying their operations and programs to serve an extended range of handicapped persons.
 3. Alluded to the plan developed at Annandale, he gave a great deal of credit to the Minnesota ARC for stimulating interest in and developing the plan.
 - a) asked for time at a future meeting to present the plan.
- B. Explained the ways in which mentally ill institutions could serve the mentally retarded and briefly described the types of mentally retarded to be served.
- C. Feels that building program at Hastings be continued with the idea of program diversification in mind.

VI. Representatives of the St. Paul Hospital Commission made brief statement to the effect that general hospitals will not be caring for increasing numbers of patients with mental disorders.

- A. In the next 15 years, no hospitals in the three county area around St. Paul expressed any interest in adding new psychiatric beds.
- VII. The commission was primarily concerned with the utilization of space in hospitals for the mentally ill. They expressed enthusiasm concerning the forthcoming plan.
- VIII. There was a brief discussion concerning staffing problems.
 - A. Was pointed out that salary is the main problem in hiring and keeping patient care personnel.