



HASTINGS STATE HOSPITAL  
HASTINGS. MINNESOTA

24 January 1967

Mr. James Walsh

Minnesota Association for Retarded Children  
6315 Pennsylvania Avenue South  
Minneapolis, Minnesota

Dear Jim:

Several weeks ago Governor LeVander raised a public inquiry with Mr. Hursh and Dr. Vail about converting the Hastings State Hospital into an institution for the mentally retarded. Following the news items about this inquiry, the Governor asked us if we would care to make any comments about this subject. His request has resulted in the following statements which are enclosed. It would be extremely valuable to us to have your comments about this proposal.

I am tentatively planning on attending the Design Institute at the Thunderbird Motel on Thursday, the 26th, and perhaps will see you at that time.

Best wishes.

A handwritten signature in cursive script, appearing to read 'John E. Malban'.

JOHN E. MALBAN  
Administrator

20 January 1967

Honorable Harold LeVander  
Governor  
State Capitol  
St. Paul, Minnesota

Dear Governor LeVander:

After a number of discussions with members of the Hastings State Hospital staff, Dr. David Vail, representatives of the Twin City Hospital Planning Council, representatives of various mental health professional groups, along with a review of the trends as indicated by a few statistics, we would like to present what we feel to be a reasonable statement of goals for the future course for the Hastings State Hospital. These potential services can best be described by breaking them into two major divisions, (1) inpatient services and (2) partial hospital services.

1. INPATIENT SERVICES

a. Adult Psychiatric

At the present time there are about 300 adult psychiatric patients (excluding the elderly patients) hospitalized in this hospital. Over the past years it has been from within this group that we have seen the most dramatic decrease in the inpatient census. Patients who were formerly felt to be incapable of resuming life in the community have been substantially assisted in making sufficient behavior changes and now are being placed in the community. Patients being admitted today do not have to look forward to years or a lifetime of hospitalization as the attached recent newspaper clipping illustrates.

It is reasonable to assume that within the next five year period our bed capacity for adult psychiatric patients would level off to be between 150 to 200 beds.

b. Geriatric

This is, the aged (65 years and over) and/or infirm patients who will continue needing inpatient service in a state hospital for the foreseeable future. Our current population is about 170 and we could reasonably expect, through nursing home placements and general rehabilitative techniques, that this group would number between 100 to 150 for the foreseeable future.

The 1967-69 budget of the Hastings State Hospital reflects the desperate need we have for improving services for the elderly patients. Payments through Medicare and individuals now are running about 77% of the cost of providing care for the geriatric patients. Hopefully this aspect of financing improved services for the elderly would be instrumental in the legislature approving our request for 28 additional geriatric nursing personnel.

c. Mentally Retarded

A few of the current hospitalized patients (4%) fall in the range of being mentally retarded. They are hospitalized here because they have presented a psychiatric problem. Once this illness has been successfully managed, the patient then is usually transferred to one of the hospitals for the mentally retarded.

It is a program for the adolescent and the mentally retarded adult which we feel the hospital could, and should, logically develop in the near future. With appropriate buildings and staffing, the Hastings State Hospital could well establish a program for the mentally retarded, above the age of 12, for our receiving region (Ramsey, Dakota and Washington Counties). With such a facility and program on *the* grounds of this hospital, mentally retarded patients from our receiving region now institutionalized at Faribault, Cambridge or Brainerd, could be transferred.

Special note concerning our present building conditions should be made. About 90% of the facilities which patients presently reside in are 50 or more years old. The State Fire Marshal has been severely critical of these buildings because they constitute such a serious fire hazard. Also, their physical arrangement poses serious restrictions on the treatment program. It would therefore be unwise to launch a new program, treating the mentally retarded or any group of patients, within the present physical structure.

In the Legislative Building Commission's report to the 1967 legislature, a letter from Mr. Hursh on page 4, concerning the facilities for the retarded, should be noted. Buildings of the type discussed in Mr. Hursh's letter could be appropriately constructed at Hastings. If the 1967 legislature were to appropriate funds for the retarded for this hospital, staffing funds would not become necessary until 1969. Ordinarily it takes about two years to plan and construct most state institution buildings; therefore, a staffing request could be delayed.

d. Alcoholic Treatment Program

The Hastings State Hospital does not maintain a formalized alcoholic treatment program. Both the Willmar and Moose Lake State Hospitals maintain the only inebriate sections within our state mental hospital system. We would ultimately see such a program developing at this hospital to serve our receiving region.

e. Mentally Ill Adolescent Unit

For a number of years we have had in residence, an average of 20 youths, 21 years of age or less. It would be our expectation that an increased number of youths will very likely find their way into state hospital settings in the future. We do not have a formalized program for these young patients though we do maintain a number of services specifically for them. Ultimately we see the need developing for part time day care, as well as more formalized and

separate inpatient services for children. Eight additional personnel have been requested in our budget for the purpose of establishing a formalized adolescent program which would chiefly be concerned with day hospital services.

In summary, the above is an attempt to explain what we feel our best future direction and service to be. As we see it, the Hastings State Hospital should gradually evolve into a multi-purpose regional mental health center and provide mental health services to the residents of Washington, Ramsey, and Dakota Counties which are not met in these local communities,

2. PARTIAL HOSPITALIZATION

Within our three-county region, we find a substantial unevenness in the mental health services available. Ramsey County residents are served by a well-established mental health clinic and inpatient service at the St. Paul-Ramsey Hospital. Dakota County, several years ago, established a county mental health clinic and has a program which will ultimately provide comprehensive services to residents of Dakota County. Washington County is without any mental health services. We feel a degree of responsibility in assisting with the development of community services since these services sharply determine the need and length of stay in the hospital.

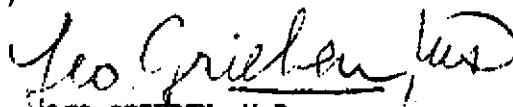
It is now possible, with federal funds from the National Institute of Mental Health, Department of Health, Education and Welfare, to establish such services. We intend to submit an application for federal assistance so that outpatient services, a day care program, and emergency services would be available for the mentally ill, and also diagnostic services for the mentally retarded for Washington County. If these services were to be established, several of them could serve to back up the clinical services now available in Dakota County. Our aim and objective would be to eliminate, if at all possible, the need for hospitalization. Then, as the county develops resources, these partial hospitalization services would be withdrawn.

We realize that though this report is somewhat cumbersome and lengthy, it still lacks considerable depth and detail to do justice to the subject. Hopefully it will be of some value in developing budgetary plans for the 1967-69 legislature and planning for the mental health needs of our region as well as for the State of Minnesota.

Sincerely,



JOHN R. MALBAN  
Administrator



LEO GRIEBEN, M.D.  
Medical Director