History of the Austin State Hospital Work Group Recommendations
ASH Brain Health System Redesign | August 2020

The Austin State Hospital (ASH) Redesign efforts reach beyond the opportunity to serve the mental health needs of Central Texas through the construction of a new hospital. The ASH Redesign also comprises several work groups examining the continuum of care, including a specific group working to share the stories of this historic campus. Over a period of several months, the History of ASH Work Group created and reviewed recommendations to preserve the history of the ASH campus, and share how the campus and treatment for mental illness have evolved since 1856.²

Formerly known as the Texas State Lunatic Asylum, Austin State Hospital is the oldest psychiatric facility in the state of Texas and the first known psychiatric hospital built west of the Mississippi River. It is one of the few remaining hospitals built using the Kirkbride design method of Moral Treatment,³ which was prevalent in the latter half of the nineteenth century. Despite Austin State Hospital’s historical significance, its artifacts and records are deteriorating due to improper storage in non-climate controlled environments, and are largely inaccessible to the greater Austin community and researchers. The Health and Human Services Commission (HHSC) has recently made strides to save ASH’s history by hiring a cultural consultant to develop plans for sharing the African American history of the campus. Stakeholder groups will provide input to the delivery of the plan through community outreach and engagement regarding current mental healthcare practices. A grant has been given to Dr. King Davis from the University of Texas’ School of Information to identify, organize, and produce high resolution digital copies of many of ASH’s historical documents, including admission, treatment, and discharge records. Additionally, archeologists are investigating the campus grounds in tandem with the construction of the hospital. However, much more can be done to unite and expand these efforts to protect, document, and provide access to the history of the ASH campus for former patients, their families, researchers, and the public at large—with the active participation of these constituencies.

The History of ASH Work Group focused on four recommendations to provide ways to manage the project, preserve collections, share ASH’s story through physical and digital interpretation, and develop funding opportunities to support these efforts. These recommendations are meant to be comprehensive of all historical preservation projects. Prioritizing the preservation and interpretation of Austin State Hospital’s history will significantly increase collective understanding of the mental health care landscape and its historical contexts by providing

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invaluable longitudinal information to social historians, epidemiologists, and genealogists, as well as personal connections for descendants and family members of people who have passed through the hospital over the last century. Identifying the health disparities and societal inequities of the past helps us to recognize and confront how our institutions handle care and recovery today. Furthermore, preserving these artifacts and records will close gaps in our historical memory of what life was like for people with mental illness over the last two centuries. Their stories are often forgotten, lost, untold, or hidden from the public, which ultimately promotes stigma and the dehumanization of people with mental illness. Placing value on preserving this history places value on the institution and the people connected with it, and it will hold Texas accountable for updating and improving current institutions.

The following are the History of ASH Work Group’s recommendations:

1. The first recommendation is to hire a project manager to oversee the implementation of the preservation, collection management, and interpretation of the historical artifacts. Having a professional oversee the project facilitates cost-efficient leveraging of partnerships with local funders and higher education institutions, as well as ensures that recommendations are implemented in an effective and meaningful manner. Below is a list of responsibilities for this recommended management. The project manager position is estimated to cost $50,000\(^4\) annually (base salary, not including benefits). We estimate it would take 3-5 years\(^5\) to complete a review of ASH’s extensive collections and their current environments, and to determine how best to preserve the items. We project that the interpretation would entail varying time lengths, depending on the scope of work.
   a. Identify additional team members (paid or volunteer) and their training needs.
      Paraprofessional assistants are estimated to cost $40,000 annually (base salary, not including benefits).
   b. Determine extent of work to be completed in-house or by contract.
   c. Establish a timeline with budget objectives and staffing numbers for the phased implementation of the recommendations and their ongoing operation and maintenance.
      a. Apply for funding through the options outlined in Recommendation Four to carry out all of the recommendations.

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\(^5\) This project could take less time to complete if additional team members are hired to assist in identifying grant funding and managing partnerships with local higher education institutions.
b. Conduct regular evaluation of team objectives and develop additional measurable management objectives for regular evaluation.
   i. Development of outcome objectives.
   ii. Development of impact objectives.

c. Identify project goals that call for the issuance of Requests for Proposal (RFP) or Memoranda of Understanding (MoU).

d. Engage with local communities and leadership to maximize access and support for ASH initiatives.

e. Establish and maintain partnerships with nearby colleges and universities as described throughout the recommendations and detailed in Appendix A.

f. Collaborate with the professionals already employed, including in the following roles:
   i. Cultural consultant HHSC hired to develop plans for sharing the African American history of the campus.
   ii. Archeological investigators working during the Redesign construction phase to identify buried artifacts and historical information.
   iii. Website developer at HHSC to formulate plans for the phased implementation of preservation, collections management, and interpretation features of the website.
   iv. Staff of the Texas Historical Commission to coordinate artifact display with overall preservation, collection management, and interpretation efforts.

2. The second recommendation is to complete a review of the collections and their current environments, and determine how best to preserve the items. This includes steps to examine the available collections stored within the campus, including records, furnishings, equipment and more. Once there is an understanding of what historical items are onsite, the artifacts and records will need to be cataloged and preserved, according to professional best practices. Below is a detailed approach to this process:
   a. Conduct a preservation needs assessment\(^6\) of the artifacts and the buildings in which they reside:
      i. Partner with local higher education institutions to help conduct preservation needs assessments for the buildings, artifacts, and historical records located on campus. See Appendix A for examples of higher education partnership opportunities.

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ii. Identify where artifacts and records are located (artifacts in storage, artifacts on display, records in storage, etc.).

iii. Document where and how collections are stored to identify risks to their integrity, including storage furniture that compromises their preservation; proximity to risks (i.e. <4” from the floor, adjacent to windows, underneath water damaged ceilings); and the condition of artifact and archival housing (or lack thereof).

iv. Assess a season’s worth of environmental conditions (temperature, humidity, light, and pest activity) of the buildings where historical materials are currently stored, and buildings where they may be relocated. Supplies required:

1. Temperature, relative humidity, and light data logger and software.
2. Sticky traps for pest monitoring.

b. Develop a preservation plan\(^7\) based on the preservation needs assessment:

i. A long-range preservation plan delineates an institution’s collections and building preservation needs, and charts a course of action to meet these needs. The plan provides the framework for establishing and accomplishing goals according to professional best practices, and what is fiscally and logistically feasible for the institution. Moreover, a preservation plan validates the role and importance of preservation, and is critical for securing necessary resources like grant assistance.

ii. Partner with local higher education institutions (Appendix A) to help develop preservation plans based on their preservation needs assessments for the buildings, artifacts, and other historical records located on campus.

iii. Review the environmental conditions of buildings under consideration for displaying or storing artifacts, in addition to the preservation needs of artifacts based on material and condition.

iv. The preservation plan should include guidance on how to store the artifacts and records. Avoid storing or displaying artifacts that are in poor condition in environments that can cause further decay. Buildings that are outside of 59-77°F degree range or rapidly fluctuate in temperature; high humidity 45-55%, and high levels of UV light (<150 lux or 15 footcandles)\(^8\) should be avoided.

c. Procure Collections Management Software (CMS):

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\(^7\)“1.6 Priority Actions for Preservation,” Northeast Document Conservation Center, accessed July 20, 2020, [https://www.nedcc.org/free-resources/preservation-leaflets/1.-planning-and-prioritizing/1.6-priority-actions-for-preservation](https://www.nedcc.org/free-resources/preservation-leaflets/1.-planning-and-prioritizing/1.6-priority-actions-for-preservation).

\(^8\)“Recommended Light Levels For Museum Collections” (Texas Historical Commission), accessed August 5, 2020, [https://www.thc.texas.gov/public/upload/publications/Light%20Level%20Recommendations%202013.pdf](https://www.thc.texas.gov/public/upload/publications/Light%20Level%20Recommendations%202013.pdf).
i. Ideally, ASH will purchase, install, and strategize how to use CMS prior to creating an inventory of ASH artifacts and archives. Inventories can be created within Excel, and the information uploaded into a CMS. However, having a CMS from the beginning will result in more efficiency, and an infrastructure to support better documentation.

ii. When choosing software, consider your goals (long and short-term), cost, existing and projected IT infrastructure (including CMS used by connected institutions), staffing, and collection types.

d. Create a comprehensive inventory of all artifacts and archival collections under Austin State Hospital custodianship9:

i. Hire an archives consultant or partner with a local university (Appendix A) to triage the artifacts in storage to determine what is worth preserving and what can be deaccessioned for lack of historical value or relevance to the history of ASH.

ii. Inventoried materials should:

1. Have a unique identifying number (typically referred to as an “accession number”) that is visible on material culture artifacts and their storage containers—if applicable; or, located on the outside of boxes to identify archival collections; and included in the inventory record.10

2. Be named according to controlled vocabularies appropriate for each artifact’s scope and domain.11

3. Be assessed for its condition; this work should be conducted by someone who has experience with preservation or conservation of material culture or archival materials.12

4. Include documentation regarding provenance,13 if it exists, linked to its inventory record.

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10 There are various ways to create accession numbers, but often collecting institutions will use a tripartite format that comprises the year the artifact(s) or collection was donated, the order in which materials were donated or created, and a final unique identifying number for each item (i.e. 2020.01.005).

11 According to Getty, a controlled vocabulary is the “organized arrangement of words and phrases used to index content and/or to retrieve content through browsing or searching. It typically includes preferred and variant terms and has a defined scope or describes a specific domain.” See “2. What Are Controlled Vocabularies?” (Getty), accessed July 28, 2020, https://www.getty.edu/research/publications/electronic_publications/intro_controlled_vocab/what.pdf.


13 “Provenance” refers to the record of ownership of artifacts or archival collections, and includes information about the materials’ creator(s).
3. The third recommendation is to share the ASH’s collections and campus history through a phased historic interpretation plan based on the Standards and Practices for Interpretive Planning of the National Association for Interpretation\textsuperscript{14} and other respected interpretation resources\textsuperscript{15} and guides. These phases and steps serve as approaches to organizing the project, but may of necessity overlap with previous recommendation:

a. Phase I: Identify themes, advocacy goals, and audience needs and preferences, and conduct civic engagement opportunities. These steps should be undertaken in parallel with each other.

i. Identify interpretive themes to guide the project, including but not limited to, the following:

1. The site’s history prior to the founding of ASH.
2. The founding and growth of ASH, including its history as a self-contained complex.
3. The history of mental health care in Texas within the context of broader historical trends.
4. Architecture as a healing element, given ASH’s historical significance as a Kirkbride institution.\textsuperscript{16}
5. The housing, care, and activities for temporary and lifetime patients at ASH.
6. The daily lives, challenges, and rewards of staff at ASH.
7. Inequity at ASH:
   a. Segregation at ASH.
   b. Differences in treatment based on gender, class, and level of disability.

ii. Identify advocacy goals in alignment with interpretive themes. Examples include, but are not limited to, the following:

1. Promote interest and engagement with the history of ASH in the context of its surroundings and the wider community.
   a. Consider recreational uses for the site, including park amenities, trails, and other activities as noted in Appendix

b. Consider artistic uses for the site to include performance and exhibit spaces.

2. Encourage interest in advocating for those experiencing mental illness.

3. Decrease the stigma associated with mental illness, particularly in communities of color.

4. Dispel the stereotype that institutions serving those experiencing mental illness are “haunted” or “spooky.”

5. Promote an understanding of historical inequities at ASH in order to inspire advocacy for societal change.

6. Ensure that content and language are sensitive to how communities currently self-identity.

7. Identify target audience needs and preferences through focus groups, surveys, civic engagement, and other methods.

8. Provide opportunities for key stakeholders and target audiences for input and review of the interpretation plan.

9. Provide access to the interpretation plan through varied means for accessibility, both online and in physical locations.

b. Phase II: Develop and implement a communication plan, marketing plan, messaging elements, and media descriptions.

i. Create communication plan:
   1. Determine fiscal and material resources needed for outreach to various communities.
   2. Identify community members and stakeholders to contact.
   3. Identify media resources and platforms for distribution of messaging.

ii. Create marketing plan:
   1. Segment current and potential audiences in ways relevant to the project.
   2. Identify complementary and competitive organizations (such as the museum at the Texas School for the Deaf [Texas School for the Deaf Museum]) to work in tandem, create efficiencies, and avoid overlap of initiatives.
   3. Consider promotional materials as interpretive media opportunities to begin delivery of messaging.
   4. Prepare budget for recommended media.

iii. Develop messaging elements/media descriptions:
   1. Convey ASH’s historical and current significance.
   2. Align with themes and goals identified in Phase I.
3. Suggest target audiences, thematic relationships within interpretative content, and ways to connect audiences with presented themes.
4. Provide sufficient detail for designers to follow in creation of construction documents.
5. Provide guidance for text writers and illustrators in preparing draft text and images.

c. Phase III: Develop and implement historic interpretation process.
   i. Evaluate expected and desired demand (“foot traffic”) for site and artifacts.
   ii. Develop a circulation pattern for the site.
   iii. Identify vehicle access requirements.
   iv. Identify physical boundaries or constraints on the project.
   v. Coordinate with existing and planned\textsuperscript{17} heritage goals of the community and society at large:
      1. Current and former ASH patients, their families, and ASH staff
      2. State of Texas
      3. Travis County
      4. City of Austin
      5. Surrounding neighborhoods
      6. As part of the continuum of presentation and interpretation of the history of mental health in the United States.
   vi. Determine scope and location of interpretation for material artifacts identified in comprehensive inventory:
      1. Partner with consultants, and public history and architectural preservation faculty and students as previously recommended, to decide on use of Building 540 and/or other onsite structure as the central display site and historical resource center.
      2. Identify additional on-site spaces for the potential expansion of interpretive options.
      3. Partner with consultants, public history, and architectural preservation faculty and students as previously recommended, to determine artifacts and records best suited for complete interpretation of the site using the comprehensive inventory from Recommendation Two.
   vii. Determine scope of interpretation for location, structures, and sites.
      1. Determine criteria for selection:
         a. Historical significance as determined by a cross-section of project partners.
         b. Archaeological significance of the following areas:

\textsuperscript{17}“Site Interpretation and Education” (New Jersey Historic Trust), accessed July 28, 2020, https://www.njht.org/dca/njht/applguid/Site%20Interpretation%20with%20Illustrations.pdf.
i. Archaeological sites
ii. ASH Cemetery
iii. Other sites discovered in the Redesign process
c. Rationale for preservation or demolition of existing structures.
d. Building features, including their material and technological significance.

viii. Partner with consultants, faculty, and students as previously recommended to inventory, plan, and implement site-appropriate interpretation methodologies in a phased approach, including but not limited to, the following:
   1. Provide online access to non-sensitive documents.
   2. Develop a user-friendly online portal for stories, photos, and documents to create a “living” accessible environment based on outreach to former patients, employees, neighbors, and other stakeholders.
   3. Support the conduction and preservation of oral histories provided through HHSC’s website.
   4. Offer virtual tours of historic buildings and grounds through HHSC’s website.
   5. Support the creation of podcasts provided via HHSC communications and other partners.
   6. Develop and support artistic events and displays. (See Appendix B for examples from other state psychiatric facilities.)
   7. Hold celebrations honoring significant dates and events, such as Mental Health Month, ASH’s anniversary, or desegregation.
   8. Develop displays throughout the campus (cases or stand-alone exhibits), and create interpretative signage with narratives in specified buildings and/or throughout campus.
   9. Create interactive kiosks.
   10. Develop campus guided walks (self-guided or with a tour guide).
   11. Consider additional ways to share the history of ASH that expand on those included in the state-by-state analysis (Appendix B), and the ASH Cultural Project.
   12. Consider historical research conducted by outside sources during the ASH Brain Health System Redesign, including, but not limited to, the Texas Historical Commission Report (DSHS’s New Location Options for Austin State Hospital and Austin State Supported Living Center, pp. 30-44), books, academic literature, and primary sources.

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13. Continue to inventory sources and methodologies of successful models, such as those included in Appendix B (State-by-State Analysis) and Appendix C (Notes on Individual State Institutions with Interpretation Initiatives).

14. Partner with local higher education institutions (Appendix A) and historical organizations to bring additional expertise to assist with historic interpretation.

4. The fourth recommendation from the History of ASH Work Group is to gather potential funding options to support sharing the history of the ASH campus with the greater public. The care for individuals at ASH is HHSC’s foremost priority, and preserving the unique history of ASH is a critical part of understanding how patient care has evolved. In order to supplement the budget for preserving and interpreting ASH’s history, diverse funding strategies need to be identified.

   a. Partner with local higher education institutions (Appendix A) to help carry out many of the recommendations as a component of undergraduate and graduate coursework. Leverage student capstone projects to help write grants and find funding for the preservation and interpretation recommendations.

   b. Consult with the Texas Grants Resource Center (https://diversity.utexas.edu/tgrc/) for guidance on how to identify funding and complete grant applications.

   c. Monitor the grant application guidelines and timelines for the organizations listed in Appendix D.

   d. Partner with local, regional, and national historical preservation entities, including but not limited to the following:
      i. Preservation Austin: https://www.preservationaustin.org/grants
      ii. Preservation Texas: http://www.preservationtexas.org/
      iii. Texas Historical Commission: https://www.thc.texas.gov/

   e. Seek partnerships with local businesses and corporations.

   f. Partner with complementary organizations, such as the museum at the Texas School for the Deaf.

   g. Organize fundraising events and meetings with local community leaders and philanthropists.

   h. Partner with community arts organizations to develop creative projects to engage the community while raising necessary funds.
These recommendations present a historic and impactful opportunity for the Austin State Hospital and Texas Health and Human Services. Operating mental health institutions are primarily concerned with immediate challenges, and rarely get a chance to examine their pasts to understand how they have arrived at the present. Historical social movements, national and state legislation, and individuals in our community all have played roles in the storied history of ASH. Through enacting these recommendations, ASH can connect to the community within and around the campus by discovering and revealing the individuals who have served, lived, and been a part of the hospital over the years. ASH can celebrate the progress made in mental health care in the last century, and generate interest and commitment from our community leaders to make a better future. Most importantly, these recommendations present opportunities for reflection of how diverse historical influences worked together to create the institution we know today.
# Appendix A: List of Higher Education Partners

<table>
<thead>
<tr>
<th>Institution</th>
<th>Curriculum opportunity</th>
<th>Contact name</th>
<th>Contact website</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Texas at Austin</td>
<td>Coursework on conducting preservation assessments, creating preservation plans, and writing grants for funding these projects</td>
<td>Rebecca Elder, School of Information, also Cultural Heritage Preservation Consultant</td>
<td>About Rebecca</td>
</tr>
<tr>
<td>University of Texas at Austin</td>
<td>iSchool graduate capstone projects</td>
<td>iSchool Career Development Office</td>
<td>Recruiting Capstone Students</td>
</tr>
<tr>
<td>Texas State University</td>
<td>Internship requirement for graduate students, other collaboration opportunities</td>
<td>Dr. Nancy Berlage, Center for Texas Public History</td>
<td>Nancy K. Berlage: Department of History</td>
</tr>
</tbody>
</table>
| Huston-Tillotson University          | Internship requirement in archives/collections and museums/cultural centers            | Dr. Theodore Francis, Dr. Alaine Hutson, Department of History | Dr. Theodore Francis « Huston-Tillotson  
Dr. Alaine Hutson « Huston-Tillotson |
| St. Edward’s University              | Internship program                                                                      | Professor Jena Heath, Journalism and Digital Media Program | Jena Heath      |
| Concordia University                 | Internship option                                                                       | Dr. Matthew Bloom, Department of History               | Dr. Matthew Bloom |
| Austin Community College             | Academic Cooperative option                                                             | Dr. Al Purcell                                         | History Department |
## Appendix B: State-by-State Analysis: The Presence of Museums or Repurposing Initiatives on Sites of State Institutions for Those Experiencing Mental Illness

<table>
<thead>
<tr>
<th>State:City</th>
<th>State or Local Website</th>
<th>Asylum Projects Link</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL: Tuscaloosa</td>
<td>Bryce Hospital</td>
<td>Bryce Hospital: <a href="https://www.asylumprojects.org/index.php/Bryce_Hospital">https://www.asylumprojects.org/index.php/Bryce_Hospital</a></td>
<td>Bryce Hospital is part of a $121 million project that includes a new performing arts center on the property. The old hospital buildings will be used as a university welcome center, a museum of mental health, a museum of the university's history, event space, and classrooms for performing arts students.</td>
</tr>
<tr>
<td>AL: Mt. Vernon</td>
<td></td>
<td>Mt. Vernon Insane Hospital</td>
<td>In 1988, the Mount Vernon Arsenal/Searcy Hospital Complex was added to the National Register of Historic Places as a Historic District. The current site is made up of 25 buildings over 360 acres.</td>
</tr>
<tr>
<td>AZ: Phoenix</td>
<td>Arizona State Hospital</td>
<td>Arizona State Hospital</td>
<td>An online historical timeline has been created to tell the history of mental health care in Arizona.</td>
</tr>
<tr>
<td>CA: Santa Clara</td>
<td>Agnews Insane Asylum (US National Park Service)</td>
<td>Agnews State Hospital</td>
<td>Sun Microsystems invested $10 million in the restoration of key historic buildings on the property where it built its corporate headquarters and research and development space for more than 3,000 employees. This project was a first of its kind, in which a city, community and corporation share, in an interactive way, a work environment and a public environment. Two of the restored historic buildings, the auditorium and the mansion, are available for cultural and social events by community groups on evenings and weekends.</td>
</tr>
<tr>
<td>CA: Camarillo</td>
<td>Camarillo State Hospital</td>
<td>Originally it was planned to convert Camarillo into a prison, but community opposition and interest from the Cal State Universities led to its conversion into a university - California State University, Channel Islands (CSUCI). Most of the buildings of Camarillo have been preserved and revitalized, including all the original 1930s mission-style buildings.</td>
<td></td>
</tr>
<tr>
<td>CA: Norwalk</td>
<td>Metropolitan State Hospital Museum</td>
<td>Norwalk State Hospital</td>
<td>The facility celebrated its 100th anniversary on February 15, 2016. To commemorate the occasion, the facility opened a Mental Health Museum, unveiled a ceramic tiled Centennial Wall, sponsored an all day mental health conference, provided a retiree/alumni tea and social, and facilitated multiple patient events.</td>
</tr>
<tr>
<td>CA: Highland</td>
<td>California Department of State Hospitals - Patton</td>
<td>Patton State Hospital</td>
<td>Patton opened the first museum in the California state hospital system in 2015. A second state hospital museum was established in 2016 at Metropolitan State Hospital in Norwalk, CA, as part of their centennial celebration. The Patton State Hospital Museum examines the history of psychiatry and treatment of mental illness in California state-run facilities and a glimpse of the evolution of the treatment of mental illness during the last 125 years.</td>
</tr>
<tr>
<td>CO: Pueblo</td>
<td>CMHIPueblo Museum</td>
<td>Colorado State Hospital</td>
<td>Colorado Mental Health Institute at Pueblo Museum is located in the former Superintendent's Residence at 13th and Francisco Streets in Pueblo, Colorado. CMHIP Museum is open on a regular basis for tours and research purposes, or by appointment.</td>
</tr>
<tr>
<td>State</td>
<td>Location</td>
<td>Description</td>
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</tbody>
</table>
| CO: Fort Logan | [Wikipedia: Fort Logan](https://en.wikipedia.org/wiki/Fort_Logan) | Fort Logan Mental Health Center
Currently the old buildings of the fort are being restored as a historical landmark. The fort had a parade ground and quarters, including the 1888 building for Field Officer's Quarters, which still stands today and was restored in 2009. |
| CT: Newtown | [Fairfield Hills State Hospital, Newtown](https://en.wikipedia.org/wiki/Fairfield_Hills_State_Hospital) | Fairfield State Hospital
A major portion of the land on the 185-acre Fairfield Hills campus has been reserved for municipal and cultural use. Hiking trails and playing fields are available for public use. A number of commercial uses, including retail, offices, restaurants, banks, sports, cultural activities and business services, will provide the community with a vibrant multipurpose campus. |
| FL: Chattahoochee | [Wikipedia: Florida State Hospital](https://en.wikipedia.org/wiki/Florida_State_Hospital) | Florida State Hospital
Florida State Hospital was originally a Federal Arsenal, built by the U.S. Army to be used as an arms depot during the second Seminole Indian War. It was used by the Freedman's Bureau from 1865 to 1868, and then served as the state's first penitentiary. Two of the original buildings still remain: the Officer's Quarters, which now serves as the Florida State Hospital Administration Building, and a Powder Magazine, which is currently being restored for eventual use as a museum and conference center. |
| GA: Milledgeville | [Central State Hospital Museum](https://www.centralstatehospital.org/museum) | Central State Hospital
Tours of the site and museum are available. |
| HI: Oahu (Kaneohe) | [Hawaii State Hospital](https://www.hawaii.gov/hspd) | Hawaii State Hospital
Some of the older original buildings are now used by the Windward Community School. |
<table>
<thead>
<tr>
<th>Location</th>
<th>Website/Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>IL: general</td>
<td><a href="#">Photos: Exploring Illinois' Abandoned Psychiatric Hospitals, Illinois State Mental Hospitals and State Institutions</a></td>
</tr>
<tr>
<td>IL: Peoria</td>
<td><a href="#">Bartonville State Hospital</a></td>
</tr>
<tr>
<td>IL: Chicago</td>
<td><a href="#">Chicago Home for Incurables</a></td>
</tr>
<tr>
<td>IN: Indianapolis</td>
<td><a href="#">Indiana Medical History Museum - Home</a></td>
</tr>
<tr>
<td>IN: Logansport</td>
<td><a href="#">FSSA DMHA: Museum and Tour</a></td>
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<tr>
<td>State</td>
<td>Location</td>
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<tr>
<td>IN: Richmond</td>
<td>FSSA DMHA: Campus tours / museum Richmond State Hospital</td>
</tr>
<tr>
<td>IA: Clarinda</td>
<td>Clarinda State Hospital</td>
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<tr>
<td>IA: Independence</td>
<td>Mental Health Institute Independence Mental Health Institute</td>
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<tr>
<td>KY:</td>
<td><a href="https://fraziermuseum.org/virtualmuseum">https://fraziermuseum.org/virtualmuseum</a></td>
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<tr>
<td>LA: Jackson</td>
<td>Wikipedia: East Louisiana State Hospital East Louisiana State Hospital</td>
</tr>
<tr>
<td>ME: Augusta</td>
<td>Wikipedia: Maine Insane Hospital Augusta State Hospital</td>
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<td>State</td>
<td>Location</td>
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<tr>
<td>MD: Crownsville</td>
<td>Wikipedia: Crownsville Hospital Center</td>
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<tr>
<td>MD: Baltimore</td>
<td>Montebello State Hospital</td>
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<tr>
<td>MD: Mount Wilson</td>
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<tr>
<td>MD: Sykesville</td>
<td>Springfield Hospital Historical Museum</td>
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<tr>
<td>MA: Tewskbury</td>
<td>Public Health Museum in Massachusetts</td>
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<tr>
<td>MA: Foxborough</td>
<td>Wikipedia: Foxborough State Hospital</td>
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<tr>
<td>MA: Gardner</td>
<td></td>
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<tr>
<td>MI: Kalamazoo</td>
<td>MDHHS - Kalamazoo Psychiatric Hospital</td>
</tr>
<tr>
<td>MI: Traverse City</td>
<td>The water tower on site is a local landmark.</td>
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<tr>
<td><strong>State Hospital Museum To Open</strong></td>
<td>Traverse City State Hospital</td>
</tr>
<tr>
<td>MN: St. Peter</td>
<td>Museum tours at St. Peter State Hospital</td>
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<tr>
<td>**St. Peter State Hospital Museum</td>
<td>United States</td>
</tr>
<tr>
<td>MN: Willmar</td>
<td>Willmar State Hospital</td>
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<tr>
<td>MO: St. Joseph</td>
<td>Glore Psychiatric Museum</td>
</tr>
<tr>
<td>NE: Genoa (formerly for assimilating Native Americans into white society)</td>
<td>Genoa Indian Industrial School</td>
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<tr>
<td>NH: Concord</td>
<td>History of NHH</td>
</tr>
<tr>
<td>NJ: Hammonton</td>
<td>Exploring The Unknown History of Ancora Hospital</td>
</tr>
<tr>
<td>NY: Binghamton</td>
<td>Wikipedia: New York State Inebriate Asylum</td>
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<tr>
<td>NY: Flatbush, Brooklyn</td>
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<tr>
<td>NY: Buffalo</td>
<td>From hospital to hotel, Buffalo's formerly-abandoned asylum once again welcomes overnight visitors</td>
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<tr>
<td>Location</td>
<td>Facility Name</td>
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<tr>
<td>NY: West Brentwood, Long Island</td>
<td>New York government facilities</td>
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<tr>
<td>NY: Jamaica, Queens</td>
<td>Creedmoor State Hospital</td>
</tr>
<tr>
<td>NY: Dover</td>
<td>Harlem Valley Psychiatric Center – Wingdale, New York</td>
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<tr>
<td>NY: Utica</td>
<td>Utica State Hospital</td>
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<tr>
<td>ND: Jamestown</td>
<td>Chronicles of an Institution</td>
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<tr>
<td>OH: Massillon</td>
<td>Massillon History: State Hospital</td>
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<tr>
<td>OR: Salem</td>
<td>OSH Museum</td>
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<tr>
<td>PA: Wernersville</td>
<td>Wernersville State Hospital Museum</td>
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<tr>
<td>RI: Home - Rhode Island - Dept of Behavioral Healthcare, Developmental Disabilities and Hospitals</td>
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<tr>
<td>SC</td>
<td>Bull Street Campus</td>
</tr>
<tr>
<td>TX: Austin</td>
<td>Austin State Hospital</td>
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<tr>
<td>UT: Provo</td>
<td>Utah State Hospital</td>
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<tr>
<td>Location</td>
<td>Institution</td>
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| VA: Williamsburg
Eastern State Hospital | Seeking Asylum: Mental Health, Race, and Reconstruction - Clara Barton Museum | The original Eastern State Hospital in Williamsburg was founded in 1773 and is considered the nation’s first facility. It offers virtual tours and has a small museum. The hospital itself was relocated outside of Williamsburg and is still in operation. The Virginia Central Lunatic Asylum for Colored Insane is believed to be the world’s first institution for African-Americans. After opening as a Confederate hospital in 1862, it became a Freedman's Bureau facility in 1865. Prior to that time, African-Americans had been housed at the Eastern State Hospital in the basement. In 1885 a new facility was built based on the Kirkbride Plan and the name changed to the Central State Hospital. This hospital remained segregated until 1964 and is still active. A museum for this hospital is the Clara Barton Missing Soldiers Museum in Washington DC. |
<p>| Washington, D.C. Video of history: St. Elizabeths Mental Institution... Historical Documentary. | St. Elizabeths Hospital | The creation of the hospital was due largely to the activity of reformer Dorothea L. Dix. The western campus of St. Elizabeth’s contains many historical buildings, including the original 1850s Kirkbride style center building, which was designated a National Historic Landmark in 1990. There is also a Civil War cemetery where |</p>
<table>
<thead>
<tr>
<th>Location</th>
<th>Institution</th>
<th>Description</th>
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<tbody>
<tr>
<td>WA: near Spokane</td>
<td>Washington State Hospital</td>
<td>Eastern Washington State Hospital near Spokane was erected in 1890 and built to the Kirkbride plan. It is still in operation. It is unclear but there is possibly a museum, according to the Asylum Projects website.</td>
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<tr>
<td>WA: Tacoma</td>
<td>Tacoma State Hospital</td>
<td>The Western State Hospital near Tacoma has a museum in the basement of the main building that is open by appointment only. It contains artifacts and equipment. A large cemetery (approx. 3000 burials) is on the grounds.</td>
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<tr>
<td>WV: Weston</td>
<td>Trans-Allegheny Lunatic Asylum</td>
<td>The Trans-Allegheny Lunatic Asylum was constructed between 1858 and 1881 and is considered the largest hand-cut stone building in North America. It was designed by architect Richard Andrews following the Kirkbride plan. It housed patients from 1864 to 1994, when it closed due to physical deterioration. It is currently open for both historic and haunting tours. Tours have access to the original building, treatment centers and doctors/nurses quarters.</td>
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<tr>
<td>WI: close to Oshkosh</td>
<td>WMHI: Julaine Farrow Museum</td>
<td>The Julaine Farrow Museum is in the building that once housed the superintendent and is on the grounds of the Wisconsin Mental Health Institute. There are 10 rooms of exhibits on 2 floors with artifacts and medical/treatment objects along with drawings,</td>
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</table>
furniture and photographs that trace the history of the facility since 1873. The museum was conceived in the 1950’s but did not become a reality until the 1970’s and was originally located in a blacksmith shop on the premises. It moved to its present location in 1989 and is free to the public.
Appendix C: Notes on Individual State Institutions with Interpretation Initiatives

Indiana Medical History Museum: Indianapolis, IN
“Voices from Central State”
https://www.imhm.org/

Physical Location:
- On grounds of former Central State Hospital.
- Housed in large Old Pathology Building (on National Register).

Mission and Goals:
- Tell history through lens of technological changes in medicine.
- Tell the stories of former mental health patients through large collection of pathology specimens from 1898-1948 (“re-humanizes” the specimens).

Main Features:
- Guided tour that profiles patients.
- Interactive tour that demonstrates how patients interacted with the grounds.
- Prototype under way for online memory and discussion forum:
  - Partnered with student at Indiana University–Purdue University Indianapolis. No funds required.
  - Informal side with a place to upload photos, share stories, and ask questions. Moderated respectfully to balance appreciation and openness with accuracy.
  - Academic side featuring internal publications, formal oral histories, published articles, etc.
- Traveling play called “Leaving Home” based on patient newsletters and performed by Nanny Vonnegut, daughter of Kurt Vonnegut and granddaughter of a former patient.
- Online archives.
- Community garden space.

Strengths and Successes:
- Neighborhood connection and interest.
- Supportive local leadership, including at City level.
- Interested college student population.
- Significant (35+) volunteer presence:
  - Docents or cataloguers.
  - Volunteers dedicated to the community garden.
  - Many retired doctors and nurses.
- COVID presenting an opportunity:
  - Time for conducting inventory and completing other tasks.
  - Social distancing requirements making work easier.
  - Learning how to conduct online events and recordings.

Obstacles or Weaknesses:
- Resistance to telling stories of former patients.
- Ethical challenges.
- Funding:
  - Effects of COVID are significant.
  - Still in process of acquiring technology.
- Where to store equipment in office, i.e. space concerns.
• Waiting for volunteers to seek them out, rather than actively reaching out.
• Lack of diversity in volunteer pool. (Most are white and female.)

Funding:
• Obtained 501(c)(3) status.
• Community partners.
• Held capital campaign for building preservation.
• Private donors.
• Individual donors for scanners and interns.
• Indiana Humanities funds.
• Indiana Historical Society (leveraging funds from Lilly Pharmaceuticals).
• National Endowment for the Humanities (NEH) grant.
• Indiana Department of Natural Resources federal grant for plumbing repair.
• Website development tied to existing internship program funds.
• Became a library branch to obtain access to funds and equipment shared across library system.
• Identify crowdsourcing opportunities.
• Be creative.

Other Reuse Initiatives and Possibilities:
• Restored WPA (Works Progress Administration) building.
• Old laundry building used as art space.
• Storage building from late 1950s.
• Bomb shelter from Cold War.
• Brewery housed in one of the old structures.
Oregon State Hospital Museum of Mental Health: Salem, OR
https://oshmuseum.org/

Physical Location:
- Built in 1883 on the Kirkbride Plan. Originally the Oregon State Insane Asylum.
- 2012 museum opened in old main building.

Main Features:
- Campus open for Frisbee golf, tennis, walking tours, and open spaces to draw public.
- Artifacts consisting of medical equipment and personal effects found in tunnels connecting main building with other structures.
- Book/video developed (“Library of Dust”) to tell stories based on vault of cremains found.
- Exhibit based on “One Flew Over the Cuckoo’s Nest,” which was filmed here.
- Website:
  - Section on artifacts and stories of previous residents and staff.
  - Section for people to include their own voices in the conversation.
- Sketch of museum on floor of original Kirkbride structure and permanent exhibits:

Strengths and Successes:
- Website “a big draw.”
Funding:
  • Obtain National Register status for main building and supporting buildings to lay foundation for preservation and future fund raising.
Patton State Hospital Museum: Patton, CA (San Bernardino County)
https://www.dsh.ca.gov/Patton/Museum.html

Physical Location:
- On grounds of the hospital in 1920s cottage home once inhabited by hospital staff and their families. (Kirkbride structure did not survive.)

Mission and Goals:
- Capture history of psychiatry.
- Capture the historical significance.
- Educating the public on:
  - The lives of the people who lived here.
  - The history of treatment for mental illness, although treatment is NOT the focal point of the museum (only one room dedicated to treatment).

Main Features:
- Organized tours by invitation.
- Features more than 140 items, including original medical and surgical equipment, firefighting equipment from the early part of the last century, and nursing uniforms from the 1950s.

Strengths and Successes:
- Grew organically from interest of hospital historian and others.
- Positive educational and other effects on staff and visitors.
- Staff feels connected to its history.
- Strong support (6000 visitors in two years).
- Relatively short process (seven years to collect artifacts, one year to build).
- Significant artifacts (clothing, medical equipment, etc.) scattered around the old buildings in “time capsules” contributing to large and interesting collection.
- Outreach to historians of psychiatry generated interest in other academics and led to paid student internship position.
- Students on internship brought valuable expertise to displaying artifacts.
- Interest from local media, publications, authors, past staff, and prominent people in field of history of psychiatry.
- Streamlined bureaucracy (just hospital historian and five students) who built it after working hours.
- Ability to be transparent.
- No volunteer liability issues because do not use volunteers.

Obstacles or Weaknesses:
- Initial difficulties given the hospital’s current status and use as the largest forensic hospital in the country.
- Challenging at first to convey importance of building a museum.
- As a state agency, they are not allowed to apply for funding.
- Currently closed due to COVID.

Funding:
- Self-sustaining in use of in-house carpenter, painter, and other labor.
- Hospital historian wrote text panels and trained others on history.
- Relatively inexpensive materials and supplies.
- Used money designated for site’s conversion to office space for conversion to museum.
- Small budget (<$75,000).
- Student internship (paid position).
Appendix D: Grant Application Opportunities

Preservation Austin matching grants: https://www.preservationaustin.org/grants


National Park Service African American Civil Rights Grants: https://www.nps.gov/preservation-grants/civil-rights/

Summerlee Foundation (Texas foundation): http://summerlee.org/texas-history-program/grant-guidelines/

Austin Community Foundation (Austin foundation): https://www.austincf.org/apply-for-a-grant/

The Effie and Wofford Cain Foundation (Austin foundation - no website - find information through Texas Grants Resource Center)

The Nannette C. Wickham Charitable Foundation (Austin foundation - no website - 990 shows that they give primarily to Austin organizations - find information through Texas Grants Resource Center)

Lola Wright Foundation (Austin foundation): http://fdnweb.org/lolawright/guidelines/

Shield-Ayres Foundation (Austin foundation): https://www.shield-ayresfoundation.org/grant-making/grant-guidelines/