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PRESERVATION PLANNING:
AN APPROACH TO LAND-USE MANAGEMENT

THE KINGS PARK PSYCHIATRIC CENTER
LONG ISLAND, NEW YORK

Joan Mary Brierton

A THESIS

in

The Graduate Program in Historic Preservation

Presented to the Faculties of the University of Pennsylvania in
Partial Fulfillment of the Requirements for the Degree of

MASTER OF SCIENCE

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CHAPTER I: INTRODUCTION

The hamlet of Kings Park, for the most part, can be characterized like any other small village. Incorporated within the Town of Smithtown in Suffolk County, New York, Kings Park is an independent community that offers its own central business district, post office, fire department, library, Chamber of Commerce, church, synagogue and school district. According to 1990 census data, the population of Kings Park is 15,700, with the median price of a home listed at approximately $145,000. The quality of life in Kings Park is considered to be quite good, as this small hamlet is bordered to the north by the Long Island Sound, and to the west by the expansive Sunken Meadow State Park. Though distinctly suburban, Kings Park is buffered by the water and a vast amount of open space and parkland. The opportunities for outdoor recreational activities are endless. In addition, Kings Park offers the amenities of both suburban and urban living, as New York City is easily accessible by car or train.

There is, however, a unique feature about Kings Park that sets it apart from many other small towns. In the heart of the village lies the Kings Park Psychiatric Center, a 630-acre site currently held in joint ownership by the New York State Office of General Services and the New York State Office of Mental Health. The Kings Park Psychiatric Center has operated as a hospital for the mentally disabled since 1885 and has been the nucleus of the surrounding community since that time. The hospital has been the largest employer in the town for generations, and the local economy is dependent upon its presence. Local residents take great pride in this institution and in the relationship that has existed between the townspeople and the patients.
As a child growing up in Kings Park, I remember the town busy with patients, many of whom were "free" for the day to visit local establishments. This was their community as much as it was ours. The interaction between patient and pedestrian was not questioned, nor was it ever seen as threatening. The patient population was a fact of life that the town worked to accommodate. The patients added character and personality to this small Long Island village. Their presence was a mere reflection of the history of the town, the institution, and the dedicated residents who cared for them.

The presence of the hospital community was never a deterrent to development or settlement in this area. The Kings Park Psychiatric Center offered opportunities for employment close to home and its campus-like environment was very inviting. As patient population grew and the hospital expanded, so did the surrounding community. Residential development continued along the perimeter of this site through the early 1980's. More importantly, the hospital was never viewed as a separate community, but as an integral part of the Kings Park hamlet.

The Psychiatric Center property offers areas rich with forest, open space parcels, expansive visual corridors and commanding views of the Long Island Sound. It is an area ideal for recreational activity, greenbelt trails, bicycling, nature walks and other outdoor pleasures. The Kings Park community has enjoyed these pleasures for years, often turning to this idyllic setting as an escape from the pressures of the day. It is interesting to note that the Town "bluff" where many local residents fish and moor their boats is accessible only by traveling through the hospital grounds. Accessibility through the campus to public beaches, parks, and private homes along the waterfront has never
been questioned. Kings Park residents, hospital patients and employees have worked together for over a century to establish this relationship and the close-knit community that exists today.

In 1966, 10,000 patients resided at the hospital, making Kings Park the largest mental health care facility in the nation. However, by 1985, the acceptance and administration of psychotropic drugs to treat mental illness reduced the patient population to 2300, with the majority of these individuals being over 65 years of age. Today, the hospital serves approximately 1300 patients, many of whom are treated on an “out-patient” basis or within newly developed community programs. The number of individuals institutionalized within this facility on a permanent basis decreases daily.

Reduced patient population has resulted in the closing and, in many cases, demolition of some of the finest late 19th and early 20th century residential buildings on the campus. This action has drastically altered the physical composition of the site, and poses a significant threat to the structures that remain. In 1975 there were seventy buildings on this campus. Since that time, six buildings have been demolished and fifteen others lie vacant and deteriorating. A majority of the forty-nine remaining buildings are underutilized and serving functions other than those for which they were originally intended. The fate of these structures has yet to be determined.

In addition to the loss of facilities, patient reduction has also resulted in a decreased need for services. The hospital staff continues to be cut as more and more patients are released, and local businesses are experiencing a loss in clientele. There has been a general sense for some time now that these steady cut-backs and reductions were an indicator of change -- a signal to the
surrounding community that the elimination of mental health care at this facility was imminent.

On January 29, 1992, the New York State Office of Mental Health announced that it will close four psychiatric centers and sharply reduce the number of patients at half of its 22 facilities.¹ The four sites to be closed include the Gowanda Psychiatric Center in Erie County, the Willard Psychiatric Center in Seneca County, the Harlem Valley Psychiatric Center in Dutchess County, and the Kings Park Psychiatric Center in Suffolk County. Moreover, the State plans to divest itself of the Kings Park site by the year 2000. Once Mental Health vacates the premises, the entire campus will be transferred to the Office of General Services, where it will be classified as "surplus land" available for purchase. This action poses an immediate threat to the campus, as the State stands to receive a significant amount of money from the sale of this property to developers. This 630-acre *coastal* property is prime real estate in an area currently experiencing tremendous development pressures. It is highly probable that this property has already been identified as a site with great development potential, including subdivision, building expansion and building replacement.²

The Local Waterfront Revitalization Plan for the Town of Smithtown, approved by New York State in 1989, identifies this site as an "historic resource" requiring special attention and protection from adverse development. Such recognition is based on several factors. The site, for the most part, is situated along the coast, with its northern boundary being the

Long Island Sound and its eastern boundary running along the Nissequogue River. This coastal property includes wetlands and other environmentally sensitive areas. In addition, the campus itself, with its wealth of historic buildings marking the growth and development of this institution, extensive open space parcels, visual corridors, public accessways and greenbelt trails, all must be conserved.

The Kings Park Psychiatric Center and all its amenities are central to the identity of the surrounding community. If this historic property is lost to unplanned, misguided development, the physical character and sense of place that define Kings Park today will be destroyed. Citizens and officials must work together to identify local assets that are not negotiable and prepare a plan and regulatory scheme that preserves those assets and promotes quality development.³

Anticipating that the property would be transferred from the public to the private sector, the local planning commission has established a conceptual master plan for this site. The plan was designed in an attempt to manage change, and provide the best alternative land-use scheme for the property. Though the municipal plan encourages the reuse of existing buildings and the conservation of open space, it does not include a preservation component to guide these land-use decisions. The planning commission must consider the historical significance of this site and promote preservation at the local level through community planning efforts.

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³ Williams, p.8.
Preservation is a design issue. It is an effort to preserve local character, while blending in new elements that emerge with future development and growth. Preservation issues are central to this notion of "community character", and it is here that they should be brought into the planning process.

At the present time, the local planning commission is unable to place any restrictions on the use of this property, as it is state owned and not subject to local land-use regulations. It is, however, within the commission's power to prepare a preservation plan for this site that can be enforced once the property is transferred to the private sector. The community must be prepared to face the challenges and the changes that lie ahead. A well-documented plan will provide the planning commission with a tool for directing change, managing growth and preserving local resources.

This thesis recommends that the local government establish a preservation program to protect the Kings Park Psychiatric Center from the potentially adverse impacts of development. This study documents the history of the site, identifies its natural and architectural resources, evaluates its physical composition and considers its potential for (re)development. An examination of preservation law within New York State is also presented, in an effort to define the state's responsibilities to its historic resources. The preservation program presents an approach to land-use management that must be considered when dealing with historic sites of this size and complexity.

Within the past ten years, the State of New York has razed six of the Psychiatric Center's most significant historic structures. This disregard for

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state and local history will continue as the property is vacated and eventually transferred from the public to the private sector, unless community members and local planners work together to save this cultural resource. The State must be encouraged and directed by a local preservation program to consider its responsibility to its historic properties and work with the local planning agency to preserve New York's institutional heritage.

The preservation program designed herein for the Kings Park Psychiatric Center presents a methodology for protecting a local cultural resource. Though this particular program uses Kings Park as its case study, the preservation process can be applied at any of the other three institutions the State plans to close. Constructed during the late 19th century, these properties represent the history of mental health care in New York State. The communities surrounding these facilities will be hard hit by changes in the economy, changes in the landscape, and changes in the overall function of their communities. The preservation program is intended to help each municipality preserve local character amidst the forces of change.
CHAPTER II: HISTORY

The Society of St. Johnland

The early history of the Kings Park Psychiatric Center and its surrounding village cannot be presented without first considering the Reverend William Augustus Muhlenberg and The Society of St. Johnland. The community now referred to as Kings Park was known from 1872 to 1891 as Saint Johnland. During this period, the “community” consisted of little more than a railway station and a few neighboring farms. The rail station, however, was key to the community’s identity. The growth and success of this stop on the Smithtown-Port Jefferson Railroad is directly attributable to the success of the Society of St. Johnland⁵, a small utopian community that flourished only a short carriage ride away from the station.

The Society of St. Johnland was founded by the Reverend William Augustus Muhlenberg in 1870, while he was serving as pastor and superintendent of St. Luke’s Hospital in New York City. An Episcopalian priest, Muhlenberg, for several years, had a vision of creating “a charitable institution” and “an industrial Christian colony” that would offer “relief to a large portion of the Protestant working population.”³ Interested in social projects, the Reverend sought to establish a “community made up of old men, old women, orphans, and crippled children, literally, the poor, the maimed, the halt and the blind.”⁷ The idea of creating this utopian community came from Muhlenberg’s desire to remove these individuals

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⁷ Booklet published by the Society of St. Johnland on the dedication of “The Church of the Testimony of Jesus”, 1920, Smithtown Historical Society Files.
from the harsh city environment in which they resided. The Society of St. Johnland would offer the opportunity for this special population to live together as a family, to learn, to pray, and to grow in a supportive, accepting community. Muhlenberg's vision soon became a reality.

Muhlenberg's conception of St. Johnland grew out of his daily observation, as a clergyman and philanthropist, of the sore disadvantages of the city poor, in the tenement house abodes, and, concomitant to this, of his desire to present to the church a living exemplification of the principles of Evangelical Catholicism.

The Reverend spent a great deal of time searching for the ideal environment in which to establish this progressive society. Seeking a rural setting, Muhlenberg noted that the "land should be chosen with regard to comfort in winter as well as summer, nigh to woods and water, of some two or three hundred acres...and not a distant from a station on the railroad." In 1865, after securing over $14,000 in contributions from several benefactors, William Augustus Muhlenberg purchased "a farm of four-hundred acres on the Sound shore, about five miles east of Northport and four miles north of Head of the River, Smithtown." The site was to be known as "St. Johnland", a name inspired by Verse 23, Chapter III of the First Epistle of John:

And this is His commandment: that we should believe on the name of His Son Jesus Christ, and love one another, as he gave us commandment.

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10 Bayles, p.187.

11 B.L. Harris, p.6.
In 1868, Muhlenberg filed papers of incorporation and, in 1870, transferred title of the St. Johnland property to the Board of Trustees.\textsuperscript{12} This Board was responsible for supervising the "estate known as St. Johnland" and for ensuring that the farm on this property was "rightly used for purposes for which it had been created."\textsuperscript{13} Included in the incorporation papers was a charter written by Muhlenberg which outlined the mission of the Society of Saint Johnland:

First, to provide cheap and comfortable homes, with the means of social and moral improvement, for deserving families from among the working classes....

Second, to maintain a home for aged men in destitute circumstances.....to care for friendless children and youth, especially cripples, by giving them home, schooling, Christian training and some trade or occupation by which they can earn their future livelihood....

Third, to assist indigent boys and young men who desire literary education .....by affording them the opportunity for such education and at the same time means of self-support by some useful employment....

Lastly, and as embracing as the whole, to give form and practical application to the principles of brotherhood in Christ, in an organized congregation or parish constituted by settled residents of St. Johnland.\textsuperscript{14}

\textsuperscript{12} Joan Elizabeth Harris. \textit{The Progressive Era in Smithtown, New York: A Study of Five Charitable Institutions}. Research paper produced for the Smithtown Historical Society and funded by a grant from the New York State Council for the Arts, p. 10.


\textsuperscript{14} J.L. Smith, p.24.
It is noted in *The Early History of Kings Park*, by Brad Harris, that the "lofty goals" of the Society of St. Johnland were, for the most part, realized within the first few years of its operation. By the latter part of 1870, "over one hundred thousand dollars had been contributed and expended in fitting up and carrying on the various institutions of St. Johnland". Wealthy financiers and industrialists, including Cornelius Vanderbilt and William Alexander Smith, gave generously to the Society so that it could sustain its work with the industrial working class poor and unfortunate.\(^\text{15}\) This support allowed the community to develop at a rapid pace. Within the first year, three cottages were constructed and tenanted, and a small printing office established as the community's primary business. In 1872, a railroad station was completed only a mile and a half from the village, with *half* the cost borne by Muhlenberg and his new society. The station stop was known as St. Johnland.\(^\text{16}\)

With continued support from generous benefactors, the Society of Saint Johnland thrived, and by 1882 had added several "principal buildings" to the settlement. The new facilities included "the church, the schoolhouse, the stereotype foundry, gymnasium, village hall, library, the Spencer and Wolfe Home for Babies, 'Johnny's Memorial' or the boy's house, the Fabbri home for apprentices, 'Sunbeam Cottage' or the training school for orphan girls, and fourteen other residences."\(^\text{17}\) Within the same year, the Society was recognized as a flourishing "church colony" that cared for "worthy old men in destitute circumstances" and provided comfortable homes at low rents for decent working families. The industrial rural parish envisioned by the

\(^{15}\) B.L. Harris, p.8.  
\(^{16}\) J.E. Harris, p. 11.  
\(^{17}\) J.L. Smith, p.26.
The text is not visible in the image.
Reverend Muhlenberg had matched and exceeded his greatest expectations. The Society at St. Johnland was a resounding success.\textsuperscript{18}

The utopian society at St. Johnland continued to prosper after the death of Reverend Muhlenberg in 1877, and was well-established by the turn-of-the-century. As years passed, the settlement at St. Johnland was expanded and modernized. New facilities were constructed to house additional residents, and existing buildings were upgraded to meet the changing needs of this community. By 1935 the Society at St. Johnland had established a hospital on the premises, and, under new ownership, (management) began to redirect its mission. In 1939 the New York State Department of Social Welfare recommended that the Society of St. Johnland send its children to the neighboring Kings Park schools to be educated, rather than on St. Johnland premises. This action led to the eventual elimination of services for children at St. Johnland and, by 1955 the Society stopped accepting children into the community. The Society's efforts became focused on the care of the aged. Though somewhat altered, Reverend Muhlenberg's vision is still being realized today - within the same setting he selected over a century ago. The St. Johnland Nursing Home, as it is known today, carries on the tradition of caring for those in need, providing quality health-care and accommodations to the elderly.

\textit{The Kings County Farm}

The small community at St. Johnland changed dramatically in 1885 when the Board of Supervisors of Kings County, New York purchased land from the Society of St. Johnland for the establishment of the Kings County Farm. The Society of St. Johnland had established quite a reputation for itself

\textsuperscript{18} J.L. Smith, p.26.
by this time, caring for the poor, orphaned, handicapped and aged. This success attracted the Supervisors of Kings County who were planning to establish an institution that would “provide for the care custody, and relief of the poor and insane of Kings County.”\(^1\) The Farm was intended to serve as a rural branch of the Kings County Asylum in Brooklyn, New York. The tremendous influx of immigrants during this period had crowded city institutions and the wide open spaces of Long Island seem an ideal solution to the problem.

In 1884, the State Legislature authorized the Board of Supervisors of Kings County to purchase “a site at St. Johnland” for “the purpose of providing increased accommodations for paupers, the insane, and other county wards.”\(^2\) In addition to extending the services offered by the Kings County Asylum in Brooklyn, the Farm recognized the achievements of the Society of St. Johnland, and continued its tradition at a grander scale. Though the Farm’s main purpose was to care for the mentally ill, those individuals confined within the hospital did not necessarily suffer from this illness. Like the St. Johnland community, the hospital became a haven for the poor and homeless, especially immigrants who could not yet afford to live independently. The site chosen by the County consisted of 870 acres of rural/agricultural land. The Kings County Farm was established with the intention that patients would cultivate this land and derive therapeutic benefit from the labor.

\(^1\) B.L. Harris, p. 12.
\(^2\) The Eagle and Brooklyn, 1893, on file with the Smithtown Historical Society, Smithtown, New York.
The farm colony was successful, but the hope that it would relieve crowded conditions in the main asylum was soon forgotten. An increase in the population in both institutions was recognized as an inevitable accompaniment to the rapid growth of population in New York State....Cottages hastily erected at Kings Park were filled with new arrivals almost before the plaster had dried on the walls.21

The Kings County Farm was originally opposed by the residents of St. Johnland. Town records for the year 1885 indicate that this small community hired a lawyer in an attempt to prohibit the development of this property. This attitude soon changed, however, as it was revealed that the new facility would pay town, county, school and highway taxes to the emerging community. Construction of the hospital began in 1885. By the end of this same year there were 200 individuals living and working within the Kings County Farm, all accommodated in three buildings.

Acknowledging the great impact this institution would have on its community, the village of St. Johnland changed its name to Kings Park in 1891. Smithtown historian, Brad Harris, speculates that the name change was initiated by railway officials who “grew weary of directing people wishing to visit the Kings County Asylum to the station of St. Johnland.” Harris suggests that the “Park” may have been incorporated within the new name to represent the park-like setting of the hospital grounds.22

In 1892, as patient population increased, the institution expanded, building an additional therapy unit, 30 cottages, a laundry facility, cafeteria

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21 *Kings Park State Hospital*, A history of the Kings Park State Hospital, published in manuscript form by the State of New York, Department of Mental Hygiene, 1952.
22 B.L. Harris, p. 13.
and power station. The farm was well-established by this time and the institution was receiving and treating over 1,000 patients a year. Recognizing Reverend Muhlenberg's efforts and successes, the Kings County Farm placed an emphasis on providing a family-like environment for its residents. Therefore, cottages were built throughout the campus to house the patient population and to avoid the "great mistake of crowding these unfortunates into huge institutional buildings, all of which militates against their ultimate recovery or most humane treatment...."^23

Many of the best features of the cottage system have been used for some time in our Long Island State Hospitals. Visiting Kings Park almost any hour of a clear day, the patients may be seen working out in the fields at light occupations or walking about the grounds in groups, accompanied by keepers."^4

*The Long Island State Hospital at Kings Park*

By 1895, the property fell under State jurisdiction due to poor administration by county officials. Little attention had been paid to patient needs and the therapy-care program desperately needed to be improved. "For the nominal consideration of $1 the Kings Park asylum, estimated to have cost the county about $3 million, was incorporated into the state hospital system as a branch of the Long Island State Hospital."^25 Upon acquisition by the State, the hospital became officially known as the Long Island State Hospital at Kings Park.

^23 J.E. Harris, p.21. Excerpted from an article that appeared in *The Long Islander* on January 27, 1911.

^24 J.E. Harris, p.21. Excerpted from an article that appeared in *The Long Islander* on October 29, 1915.

^25 *Kings Park State Hospital* State of New York, Department of Mental Hygiene, 1952.
The document contains text that is not clearly visible in the image. It appears to be a page with paragraphs of text, likely discussing a topic or providing information. Due to the low visibility of the text, a detailed transcription is not possible. The text seems to be continuous paragraphs, possibly discussing a scientific or technical subject, but the specifics are not discernible from the image provided.
In order to improve the quality of care at the hospital, a training school was organized for hospital employees in 1897. By the following year, The Kings Park School of Nursing was established, offering classes in "anatomy, physiology, hygiene, dietetics, administration of medicines, massage, surgical nursing, care of the insane, etc." By 1900, "34 women and 13 men" had graduated from this school and had received their nursing certification from the State of New York. The nursing program continued until 1976 when a State mandate required that all registered nurses be college graduates. The Kings Park Nursing School encouraged the advancement of mental health care in New York State, and provided educational opportunities to local residents that would not otherwise have been possible.

In 1900, the state passed a law requiring all patients and employees to reside on campus grounds. At this time, there were 1,700 patients living at the state hospital, with a staff of 450 that included doctors, nurses and other trained attendants. This mandate prompted the development of a recreation hall, a bowling alley and several single family dwellings. Later legislation rescinded this ruling, allowing employees to build homes locally, outside the hospital grounds. "As young workers met and married, more housing near their place of employment was needed." The surrounding village began to develop as an outgrowth of the hospital community.

The majority of employees settling into the Kings Park area were immigrants who had moved to the hospital from New York City in search of employment and a place to live. Census records for 1900 reveal that the

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27 B.L. Harris, p. 15.
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majority of these immigrants were of Irish descent. In fact, 224 of the 450 members of the staff were born in Ireland. This distinct population established themselves within the emerging Kings Park community, and had such a profound influence on its development that the ethnic composition of the town today is still attributed to the early 20th century employment practices of the Long Island State Hospital. Recognizing the community as well-established and gaining its own identity, the State decided in 1905 to change the name of the institution to the Kings Park State Hospital. (Figure 1)

The Kings Park State Hospital

During World War I many of the medical personnel and other hospital employees joined the armed forces. Local records revealed that 105 out of the 253 Kings Park residents who served in the war were employed at the Kings Park State Hospital. Additional support was received from the hospital farm, which contributed wheat, corn, beans, carrots, and cabbage to the war effort. Though the activities and scope of the hospital had changed considerably by this time, the farm was still recognized as an indispensable part of the operation of the facility.  

Records for 1918 show that the hospital increased its land under cultivation by 30 acres. All available personnel were put to work, clearing and plowing land. As a result, the quantity of food production at Kings Park took a dramatic jump from a total value of $14,577 in 1916 to $40,554.

In addition to farming, patients were encouraged to participate in a variety of occupational and recreational “therapy” programs. Considered a unique form of treatment at this time, patients became skilled in carpentry, sewing, shoemaking, tailoring, pottery and other worthwhile activities. It was felt that by giving patients useful employment, that they could be re-trained to become helpful, productive members of society.

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29 B.L. Harris, p.21.
30 Cortelyou, p.3.
31 State mental health officials described this type of treatment as unique and useful in the Seventeenth Annual Report of the Kings Park State Hospital at Kings Park to the State Hospital Commission for the Year Ending September 30, 1913.
32 Bradley L. Harris. "Occupational Therapy at the Kings Park State Hospital, Circa 1912", Supplement to the Smithtown Messenger, January 1981.
In 1927, the Kings Park State Hospital became the first State facility to establish a medical program that concentrated solely on the care and treatment of mentally disabled veterans. The development of the Veterans Memorial Hospital became "one of the most important events in the history of the State Hospital system." This factor alone sets the Kings Park Psychiatric Center apart as a significant contributor to the history of mental health in New York State and the nation.

During the 1930's, 90% of the neighboring Kings Park community were employed at the hospital. With patient and staff population on the rise, new buildings were in demand and constructed throughout the site. Many of these facilities were created through the Work Projects Administration (WPA) under President Roosevelt, and are still present on the campus today.

One of the most critical turning points for the hospital occurred during the mid-1950's. Newly developed psychotropic drugs were found to be highly useful in the treatment of mental disorders. These new drugs could not eliminate an illness in its entirety, but could control outward symptoms of various disorders. The attitude toward mental health soon became one of rehabilitation and a return to society rather than one which considered permanent institutionalization.

In 1966, the Kings Park State Hospital was the largest mental health care facility in the nation, serving the needs of over 10,000 residents. A USGS map prepared and produced by the New York State Department of Transportation depicts the hospital campus at the height of its development. (Figure 2) The acceptance and administration of psychotropic drugs, however, would soon have a great affect on patient population. In 1985, the Kings Park

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33 Cortelyou, p.3.
Psychiatric Center, as it was known by this time, had reduced its number of institutionalized residents to 2,300, and today the hospital serves a mere 1,300 patients. This number will continue to drop as more and more patients are mainstreamed into society, transferred to private clinics, or referred to small community-based programs. Though the future is uncertain for many of these individuals, there is one thing the hospital community can be sure of -- New York State is getting out of the business of caring for the mentally disabled. The Kings Park Psychiatric Center will close its doors by the year 2000.
USGS Map of the “Northport Quadrangle”, which includes the Kings Park Psychiatric Center (in heavy border). Prepared and published by the U.S. Department of Transportation in 1975. Courtesy of the Suffolk County Regional Planning Board.
Long Island has grown significantly over the years, offering Kings Park residents the opportunity to work outside of the community, yet still remain close to home. An informal survey conducted in 1989 indicates that only 20 percent of the hospital’s employees currently live in Kings Park. Nonetheless, the community is preparing for change - hospital employees are concerned about losing their jobs, and local businesses are wondering what affect the hospital’s closing will have on their establishments, and what new development could mean to the local economy. Kings Park residents are considering the future of this site, recognizing that impending projects could substantially affect the character of their community and private residences.

The Director of Planning and Community Development for the Town of Smithtown, Frank DeRubies, is hoping that the state will work with the Town to develop a comprehensive plan for the hospital property. A preservation planning program must be implemented at this stage to encourage the local and state government to seek alternative uses for this site that will retain its character, natural landscape features, and history. The relationship between the Kings Park Psychiatric Center and its surrounding village must not be severed, as it was this land that helped raise, educate, and sustain an entire community.

CHAPTER III: GOVERNMENTAL CONTEXT

The State's Perspective

The decision to close the Kings Park Psychiatric Center comes at a time when New York State is struggling to restructure its mental health care system. Budget cuts proposed by Governor Mario Cuomo for the fiscal year 1992-93 have reduced funding for mental health care by $142 million. This substantial decrease follows a $143 million cut in the 1991-92 budget. In addition to financial constraints, the Office of Mental Health is faced with a rapidly decreasing patient population. In 1955 the State of New York housed 93,000 patients within its twenty-two psychiatric centers. As patients have been de-institutionalized and treatment methods have evolved, the hospitals' population has fallen drastically to 12,500, a number that is expected to further decrease by at least 6,000 patients within the next ten to fifteen years. This dramatic decline has prompted the state to develop a long-term plan that significantly scales back the services provided by the Office of Mental Health.

Initial phases of the plan will slash population, staff and services at all state hospitals, and completely shut down four institutions within the next decade. The majority of mentally ill patients currently cared for within state hospitals will be transferred to community-based treatment programs. Individuals with severe disabilities will be accommodated within smaller, regional psychiatric centers. According to mental health officials and patient advocates, the guiding philosophy behind this initiative is that community care is more conducive to recovery than is treatment within a large institutional setting. Essentially, New York State is changing its mental
health care policy, shifting the responsibility of caring for the mentally ill to its communities.

The Office of Mental Health has long maintained that its hospitals, "throwbacks to an earlier era of asylum-style mental health care, are archaic, falling down and too expensive to run." A report released by the state in January of 1992 indicates that approximately 70 percent of the mental health department's $2.4 billion budget, for the fiscal year ending March 31, was spent maintaining the twenty-two hospitals, which serve less than 10 percent of the estimated 185,000 New Yorkers who suffer from serious mental illnesses. Therefore, the state is spending more money on underutilized facilities and real estate maintenance than on patient care. The long-term plan suggests closing outdated hospitals and shifting the monies currently spent maintaining these facilities to community-based treatment programs. The state anticipates that it will save tens of millions of dollars in capital costs once four institutions have been completely shut down.

Though responsive to budget cuts, a decreasing patient population and the changing nature of mental health care, the plan does not indicate how the state will manage these sites after the hospitals are closed. In fact, the plan suggests that the state will abdicate its role as caretaker of these facilities once Mental Health vacates the premises. Abandonment of these properties will result in the neglect and deterioration of some of New York's finest cultural

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resources. Approximately 2/3 of the state's psychiatric centers have been listed, or are eligible for listing, on the National Register of Historic Places.\textsuperscript{38} This factor alone demands that the state take a more active role in the continued maintenance and preservation of these sites.

**Preservation Law in New York State**

The New York State Historic Preservation Act of 1980 defines the state's responsibilities to its historic resources, making it a public policy of the state to engage in a comprehensive program of historic preservation. The purpose of this program is to "promote the use, reuse, conservation, protection, enhancement, and perpetuation of properties significant in the history, archaeology, architecture and culture of New York."\textsuperscript{39} The Act recognizes New York's cultural heritage as one of the state's most important assets, and seeks to encourage municipal preservation programs, foster civic pride, and increase the state's attractiveness to visitors.

The state's preservation program is coordinated and carried out by the Commissioner for the Office of Parks, Recreation and Historic Preservation. The Commissioner is directed by the 1980 Act to prepare and maintain a State Register of Historic Places. The State Register is a listing of "sites, districts, structures, buildings, areas or objects...significant in the history, architecture, archeology or culture of the state, its communities or the nation."\textsuperscript{40}


\textsuperscript{39} New York Parks, Recreation and Historic Preservation Law, §14.01 (1)-14.01(5) (McKinney 1981).

\textsuperscript{40} Ibid., §14.07(1).
The procedures and criteria established by the Commissioner for listing on the State Register must be consistent with those established for the National Register. And all places listed on, or nominated by the Commissioner for inclusion on the National Register, will be deemed to be listed on the State Register.41

The State Register, like the National Register, is intended to be used as a planning tool to identify historic resources - not as a basis for regulation of private action. "Any regulation of private action concerning historic resources will remain within the jurisdiction of local government."42

The Commissioner is also responsible for maintaining a statewide inventory of all publicly and privately owned properties which may qualify for listing on the national and/or state register. This inventory is prepared with assistance from the agency preservation officers of all state departments, agencies, boards, commissions, public benefit corporations and public authorities.43 The Commissioner is required to review this inventory on a regular basis and, "with the advice of the board, select sites for listing on the state register and for nomination to the national register."44

Any property listed or eligible for listing on the State (or National) Register is subject to §14.09 of New York's Parks, Recreation, and Historic Preservation Law. Patterned after Section 106 of the National Historic Preservation Act.

41 Ibid., §14.07(1)(a) and §14.07(1)(b).


Preservation Act, Section 14.09 requires that the Commissioner review any state action that may have an impact on a recognized property. This review process is activated whenever a state agency is planning a project which may "cause a change, beneficial or adverse, in the quality of any historic property that is listed", or eligible for listing, on the State Register or the National Register of Historic Places. The state review process is also initiated whenever a state agency is planning to transfer any property under its jurisdiction that is listed on the statewide inventory.

Section 14.09 indicates that "adverse impacts" generally occur under conditions which include: (a) destruction or alteration of all or part of a property; (b) isolation or alteration of its surrounding environment; (c) introduction of visual, audible, or atmospheric elements that are out of character with the property, or alter its setting; or (d) neglect of property resulting in its deterioration or destruction. If the Commissioner determines that a state-sponsored project will have an adverse impact on an historic property, then the agency proposing the project "shall fully explore all feasible and prudent alternatives and give due consideration to plans which avoid or mitigate adverse impacts on such property." Subsequent plans must be reviewed and approved by the Commissioner before any action can be undertaken. The review process is designed to ensure that each state agency

45 The National Historic Preservation Act of 1966 authorizes the Secretary of the Interior to expand and maintain a National Register of "districts, sites, buildings, structures, and objects significant in American history, architecture, archeology and culture. Properties listed on or eligible for the National Register are afforded procedural protection from direct or indirect federal "undertakings" that may have an adverse effect upon them.

46 New York Parks, Recreation and Historic Preservation Law, §14.09(1).


49 Ibid.
provide for the maintenance of historic resources under its jurisdiction. The success of this process, however, depends on aggressive implementation of the 1980 Act by the Commissioner and on a municipality committed to preserving its threatened historic resources.⁵⁰

In 1990, the Kings Park Psychiatric Center was deemed eligible for listing on both the State and National Register of Historic Places.⁵¹ Eligibility was determined after a survey of the property was conducted by Ms. Barbara Van Liew, Preservation Consultant for the Society for the Preservation of Long Island Antiquities.⁵² The report produced by Ms. Van Liew indicated that the majority of buildings on the campus were in excellent condition, but threatened by several factors. First, and foremost, the hospital was in a state of “transition”, and many of these buildings had recently been vacated. The survey identified vandalism as the greatest threat to these vacant structures. It is difficult to believe that, in actuality, the greatest threat to this campus would be the State of New York.

The current architectural inventory of the hospital’s campus, produced for this thesis, (Chapter IV) illustrates that the state has failed to care for this historic property. A review of the building inventory compiled by Ms. Van Liew revealed that buildings throughout the campus have been seriously neglected. Buildings that were in excellent condition in 1983 are today in a

⁵⁰ Marsh & Simon, p.423.
⁵¹ Confirmed through phone interview with Mr. John Bonafide, Agent for the New York State Office of Parks, Recreation and Historic Preservation, on May 6, 1992. Property was designated “eligible” within the past two years. Exact date of decision unknown.
⁵² The New York State Office of Parks, Recreation and Historic Preservation hired Ms. Van Liew, as a consultant, to prepare a “Building-Structure Inventory” for each of the state’s three psychiatric centers on Long Island. Ms. Van Liew surveyed The Kings Park Psychiatric Center, The Central Islip Psychiatric Center and The Pilgrim State Psychiatric Center. Survey forms produced by this study were sent to the state and included in the statewide inventory of historic properties. Confirmed through phone interview with Ms. Barbara Van Liew on May 3, 1992.
state of ruin. The Office of Mental Health has clearly violated §14.09 of the New York State Historic Preservation Act. Buildings vacated by the agency have been left unattended - vulnerable to the elements, vandalism, and the natural forces of deterioration that occur when a building is not maintained. The state has demolished buildings on this site time and time again, despite their historical significance and contribution to the site as a whole. The future of the Kings Park Psychiatric Center is threatened by the state’s inability to manage its historic resources and effectively carry out its comprehensive program of historic preservation.

The Office of Mental Health will close the Kings Park Psychiatric Center by the year 2000. As mentioned earlier, the property will be transferred to the Office of General Services once the the mental health agency ceases its operations. The entire 630-acre waterfront site will be classified as “surplus” land available for purchase. The state is anxious to sell this property to avoid having to allocate monies for the continued maintenance of a site it no longer occupies. Many hospital employees and local residents believe that the state decided to close this particular institution because of the economic advantages of transferring and/or selling this prime real estate to the private sector.\(^\text{53}\) Great concern has arisen, therefore, as to whether or not the transfer of this property will take into consideration the preservation of natural and historic resources present at this site.

The New York State Historic Preservation Act specifies that all state agencies must, “to the fullest extent practicable”, secure by preservation restriction any state-owned historic resource sold or transferred to the private

sector. The term "preservation restriction" is not defined by the statute, but apparently refers to placing restrictive covenants in the deeds that require the buildings to be preserved. The covenant defines, in detail, the maintenance and restoration requirements that must be met by the new owner. State agencies are also requested to cooperate with the purchasers and/or transferees in developing "viable plans to use such property in a manner compatible with preservation objectives."

It is critical to mention at this point that the state, when developing master plans for its historic properties, will respect and refer to the objectives set forth within a local preservation program. The state recognizes that the local government will be responsible for regulating any action affecting public property once it is sold to the private sector, and therefore seeks to encourage the design and implementation of municipal preservation programs to guide this process. Powers delegated to local governments to preserve historic resources are outlined within the New York State Historic Preservation Act of 1980 and the New York General Municipal Law:

Local governments are invited to prepare a local historic preservation report and submit it to the Commissioner of the Office of Parks, Recreation and Historic Preservation. The report may include a statement of the municipality’s preservation and land use regulations, proposals for the preservation and use of its historic

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55 On November 14, 1991, Karen Nicholson, Agency Preservation Officer for the New York State Office of Mental Health, explained in a telephone interview the purpose and process of placing restrictive covenants in deeds for historic properties owned by the state. Ms. Nicholson indicated that this technique was currently being considered for the Rochester Psychiatric Center in Rochester, New York. Covenants restrict future use and set standards for development.


cultural properties, and an analysis of problems or issues relating to the effectiveness of local development or administration of historic preservation plans.\textsuperscript{58}

Regulation of the Kings Park Psychiatric Center property will be the sole responsibility of the Smithtown Planning Commission. Though the County is interested in what happens to this site, power of authority has been delegated to the local government.\textsuperscript{59} Both the state and the county recognize that the local municipality has a long-term interest in this site, as they will be most affected by any changes to this community resource.


\textsuperscript{59} Confirmed through phone interview with David Flynn, Assistant Planning Director, Smithtown Planning Commission, Smithtown, New York, March 1992.
Establishing a Preservation Program

In *Preservation and Community: New Directions in the Law of Historic Preservation*, author Carol M. Rose discusses two elements of critical importance in historic preservation law. The first is the idea that preservation can, in fact, have the political purpose of fostering a sense of community. The second involves understanding that a place can convey this sense of community, or more generally, that visual surroundings work a political effect on our consciousness. This section will examine the major techniques which should be considered when creating an historic preservation program to meet these very goals in the Town of Smithtown. Essentially, the program involves enacting a local historic preservation ordinance; creating an historic district and/or conferring local landmark status for individual buildings and open space within the hospital grounds; surveying resources; listing the property on the National and State registers; identifying adaptive re-use alternatives and establishing a local historical commission to manage the town’s resources, as well as this particular site.

Creating an Historic Preservation Ordinance

The aim of an historic preservation ordinance is to manage and control impacts affecting historic resources. Ordinances suggest methods for designating structures or "districts" as historic and prescribe a review process for applications which propose alterations to properties within an historic area. Standards for identifying properties as significant vary greatly but most local ordinances follow the criteria of the National Register of Historic Places. Consent of property owners is not generally required before a designation is

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In drafting an ordinance, care should be taken to have it conform to criteria "which will achieve the purpose of preserving and rehabilitating buildings of historic significance." Most preservation ordinances with New York State are similarly organized:

1. A body is named to administer the ordinance.
2. A survey and inventory of historic resources undertaken.
3. A mechanism for designating historic districts is created.
4. Certain controls are placed on owners' actions concerning the appearance and maintenance of the properties.

An analysis of New York State law reveals that within New York there is enough range of experience for any local government, with confidence, to create an historic preservation ordinance. One of the great advantages of a preservation ordinance is the opportunity to enact a temporary moratorium on the issuance of building permits for properties being considered for designation. This provision prevents present owners from altering or demolishing these sites until designation review has been completed by the local historic commission. In order to preserve the cultural significance of the Psychiatric Center, the Kings Park community, in conjunction with local officials, must adopt an historic preservation ordinance. "Indeed, many preservation ordinances provide at least informally for resident initiation of the historic district designation."
Establishing an Historic District

Once an historic preservation ordinance has been enacted within the municipality, an historic district can be designated and managed in accordance with regulations. In the case of the Kings Park Psychiatric Center, the historic district, identified within the borders of the state owned property, would act as a "landmark to the larger community." State historic preservation laws authorize historic districts and historic commissions. Establishing an historic district within the hospital's boundaries will enable the Planning Commission to regulate the use of open space within the campus, as well as the use of existing buildings. The hospital has a very strong agricultural history and a special effort must be made to ensure that prime agricultural lands, once cultivated by patients, be preserved. There are several parcels throughout the campus that remain undeveloped, relatively unchanged since the time in which they were farmed. These unique areas must be conserved as open space.

A "district" is defined in the National Register Bulletin as an area "possessing a significant concentration, linkage or continuity of sites, buildings, structures, or objects united historically or aesthetically by plan or physical development. Examples include college campuses; central business districts; residential area; collections of limited activity site; large estates or farms; and landscaped parks."

Despite the fact that the State of New York may encourage and provide for the enactment of preservation regulations within municipalities, state-

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owned properties are often exempt from such legislation. Before proceeding with this program proposal, the New York State Office of Parks, Recreation and Historic Preservation was contacted regarding this issue. Mr. John Bonafide, an agent for the state, was familiar with the site, its history and potential for landmark designation. It was confirmed in this “interview” that this particular property would be subject to local preservation regulation. According to Mr. Bonafide, the cultural, educational, and historical significance of this site has been recognized in previous state evaluations.\textsuperscript{68}

This “approval” from the state encourages the development of a preservation program for the Kings Park community.

In Icons and Aliens, author John Costonis discusses the concern that historic districting laws are often implemented for purposes other than the protection of landmarks. For example, Costonis quotes Beverly Moss Spatt, former chair of the New York City Landmarks Commission:

\begin{quote}
\ldots\ldots\text{people are requesting and gaining designation for a whole array of \ldots\ldots improper reasons: to maintain the status quo, to prevent development, to revitalize an area, to gentrify, or gain tax benefits.}\textsuperscript{69}
\end{quote}

The primary intent of this legislation will be to landmark the Psychiatric Center as historically significant, on a local and national level, as a result of its contribution to the advancement of mental health care, education, culture, and the social history of the neighboring community. These being the main criteria for designation, the property, can, in turn, benefit from other strategies

\textsuperscript{68} Phone interview conducted with Mr. John Bonafide, Agent for the New York State Office of Parks, Recreation and Historic Preservation, Albany, New York, April 1991, (518) 474.0479.

afforded (revitalization, adaptive re-use, tax benefits and protection from adverse development) under such legislation. The following elements identify the purpose of this municipal law:

(1) Define the particular historic nature of the given community.
(2) Assemble a Commission comprised of persons with experience or skills appropriate to apply the historic criteria to individual structures.
(3) Prepare an inventory of the historic structures, sites or districts.
(4) Compile facts and evaluations for each potential landmark or district.
(5) Give public notice of, and convene a public hearing to designate the landmark or district.
(6) Appeal board may be provided to review designation decisions before judicial review is available.
(7) Designation should specifically detail the identity of the landmark and boundaries of the district.
(8) An application for certificate of appropriateness must be filed before a given landmark may be altered.
(9) Any demolition of a building over thirty years old must first be reviewed by the historic landmark board or commission to determine if historic sites not yet designated may be involved or affected.
(10) An obligation may be imposed on an owner of a designated landmark to affirmatively maintain the site to preserve historic values.70

The historic district ordinance is viewed in New York as a land-use technique. It generally requires that before plans to demolish, move or alter a building(s) in such a way that would affect its character or that of the surrounding community are implemented, the present owner must obtain a permit (certificate of appropriateness) from the local historic commission authorizing such adjustments.

70 Robinson, p. 20.
The Historic Preservation Commission

The preservation ordinance authorizes the establishment of a committee to apply historic criteria within a given community. The historical commission is most often comprised of professional persons with experience or skills appropriate to the field. Often a preexisting body, such as a local planning board, is assigned this responsibility. The advantage of having a separate commission administer the ordinance is that "it will have more time and energy to devote to effectuating the goals of the preservation ordinance."71

State enabling law requires that commission members be selected in consideration of community representation and qualifications based on professional experience. Typical members include architects, planners, historians and lawyers. A place on the commission is often reserved for a resident of the historic district with knowledge of local history and issues of preservation. Appointments are generally made by the municipal legislative body within the town. Commission members generally serve without compensation and are not permitted to take part in a pending matter of personal interest.

It is the responsibility of the commission to survey and identify buildings or sites listed or eligible for listing on the State and National Register of Historic Places. This organization is also empowered to make recommendations to both the municipality and local residents regarding the alteration of property. Commissioners help to guide development while maintaining the historical character of a community. Cooperation between the preservation commission and other municipal offices is essential, as

71 Marsh & Simon, p. 429.
"legal tools, such as transfer of development rights, and adaptive re-use, may be provided for in a municipality’s comprehensive plan."

Though there is an historical society within Smithtown, the town has yet to establish an historical commission. The Kings Park Psychiatric Center is not the only site within the area that needs to be surveyed. The Kings Park hamlet, as well as the entire Town of Smithtown, contain numerous historic sites that must be afforded additional recognition and protection through a municipal preservation program. The local government must take a more active role in preserving these properties before they are lost to misguided, uncontrolled development. The organization of a select group of professionals and interested community members must be initiated to protect the Town’s valued resources.

Preservation programs and support organizations have been successfully developed throughout New York State. In 1982 the community that surrounds the Buffalo Psychiatric Center, designed by Henry Hobson Richardson, established themselves in an effort to preserve this complex from demolition. Through intense organization this dedicated group of local residents, architects, planners and scholars saved this National Landmark from further deterioration. In 1984, Governor Mario Cuomo appointed a Special Task Force, "The Richardson Complex, Buffalo Psychiatric Center Advisory Council", headed by John T. Egan, Commissioner of New York State’s Office of General Services, to address the issues presented by these individuals. With State assistance this group was invited to explore alternative use programs for existing buildings on the site. Cannon Design, a Buffalo-based architecture firm, was commissioned in 1987 and designed a

\[\text{[72 Marsh & Simon, p. 432.]}\]
plan that adapted the vacant Richardson buildings to offices for the still-functioning Buffalo Psychiatric Center. This project is very similar in scope and scale to the Kings Park project and can be used to set the precedent for institutional rehabilitation. Ms. Barbara Campagna, a Preservation Architect who worked on the project, stated that the community is to be given credit for the preservation of the site.\textsuperscript{73} Due to an outcry from local residents, who established themselves as a professional group of individuals dedicated to protecting the Richardson complex from adverse alteration, the campus has been maintained.

The Rochester Psychiatric Center is another example. As a result of community interest, the complex has been saved from further destruction and listed on the National Register of Historic Places. Prospective tenants have been invited to the complex to survey the buildings for potential occupancy. Interest has been shown by local architects, a school for the learning disabled, senior citizen housing groups and real estate developers hoping to convert certain buildings to residential units. Again, intense community support, strengthened by an existing preservation ordinance, prohibited deterioration of existing structures, proposing adaptive re-use alternatives. An historic preservation ordinance and historical commission must be established for the Town of Smithtown to initiate community interest and manage the proposed preservation program. This select group would assist the local planning commission by providing expertise in the field of historic preservation.

\textsuperscript{73}Phone interview with Ms. Barbara Campagna, Preservation Architect for Perkins Geddes Eastman Architects in New York City, Fall 1991.
CHAPTER IV: ARCHITECTURAL INVENTORY

An architectural inventory of the Kings Park Psychiatric Center was prepared in order to document the site as it exists today. An extensive photographic survey was conducted to identify all of the buildings that comprise this campus, their current use, condition, and potential for re-use. Each property included in the inventory is described according to the same criteria: Building Name/Number; Location; Date of Construction; Architect; Condition; Original Use; Current Use; Significance and Adaptability. This survey is meant to serve as a preliminary step toward the comprehensive inventory that must be prepared before designating this site as an historic district. A more thorough examination of this property would evaluate the interiors of buildings and present a full landscape assessment.

It must be understood that the inventory presented within this thesis was prepared through a “windshield” survey of the hospital grounds, and that the condition of each building was determined by the appearance of its exterior only. Suggestions for the adaptive re-use of each building are presented, allowing the Commission and local residents to begin considering appropriate uses for each building. These recommendations are in no way intended to be interpreted as the only options for these structures, but simply serve as an example of how these properties can be approached from a preservation/adaptive re-use standpoint. The preservation plan for the Kings Park Psychiatric Center, at this juncture, focuses on the preservation of the exterior of each building, leaving plenty of opportunity for private investors to be creative with the buildings’ interior. The attempt at flexibility is offered in an attempt to encourage adaptive re-use that respects the
architectural significance of this campus.

The most historically significant buildings within this complex were constructed between 1890 and 1930. These buildings exhibit a variety of architectural styles, which together, reflect the Eclectic movement that characterized much of America's architectural design from 1880-1940. The Eclectic movement drew upon an array of traditional styles, from the Medieval period to the Renaissance, elements of which all can be seen among the Kings Park Psychiatric Center's historical buildings. For example, the twin dorms constructed in 1912 and 1915 for nurse's housing, (Buildings 122 and 124) exhibit English Medieval precedents as incorporated in the Tudor style, with their diamond-pattemed transoms above wood cased, double-hung, sash windows grouped into strings of four.

On the other hand, the architect of the 1925 Veteran's Memorial Hospital, (Building 125) drew upon Renaissance sources, as seen in the contemporaneous styles of the Italian Renaissance and Georgian/Adam-inspired Colonial Revival, both so popular at the time. The hospital exhibits a mixture of common decorative details from these styles, which include the triple-arched entry porch, the Corinthian pilasters, the broken segmental pediment above the front entrance, keystone lintels, inset panels, a belt course, a solid roof parapet and a hipped roof surmounted by a tall cupola.

The Colonial Revival style was chosen for the design of a group of doctor' residences - seven 1 1/2 story, red-brick houses which encompass Building 18, built in 1939. They are typical of domestic building during the 1920's and 1930's, which was dominated by the Colonial Revival, an adaption

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of European and Colonial American housing styles. Characteristic of the Colonial Revival, the houses incorporate a side-gabled roof, a facade with symmetrically balanced windows and center door, keystoned circular side windows, windows with double-hung sashes bound by shutters, gabled dormers and a trellised entry porch.

Aspects of the Georgian period were also incorporated in the large, 4-story, multi-winged building for patient housing. Labeled as Buildings 41, 42, and 43 (commonly known as "Group 4"), the complex has a tall, white "Wren-like" cupola surmounting an octagonal center, a broken segmental pediment over the east elevation entrance, with leaded glass transoms, a circular window centered in each gable, and pairs of 4-story, octagonal and half-octagonal towers throughout. These elements give at least some visual appeal to an otherwise typically designed, straightforward institutional building.

The architectural inventory was compiled with the assistance of several critical sources. In addition to walking the site and observing each building, interviews were conducted with hospital employees, local residents, preservation professionals, government officials and local historians. The "New York State Office of Mental Health, Letter & List of Buildings", dated June 17, 1980 was a great reference, identifying the date of construction and architect for each building. This list also defined the buildings intended use and corresponding building number. All photographs courtesy of Maureen J. Brierton.

\[^{75}\text{Ibid.}\]
**Building Name/Number:** Residence By The Sound - Building 1

**Location:** East 3rd Street

**Date of Construction:** 1930

**Architect:** State Architect

**Condition:** Excellent

**Original Use:** Patient residence

**Current Use:** Patient residence

**Significance:** Contributing

**Adaptability:** Building 1 has been used as a residence for patients since 1930. This two-story building would be ideal for senior citizen housing. The building may also function well as an apartment complex or office space. A large parking lot, offering space for 30-50 cars is directly across from this facility.

Figure 4.
Building Name/Number: Building 3
Location: East 3rd Street, across from Building 1
Date of Construction: 1934
Architect: State Architect
Condition: Excellent
Original Use: Staff housing
Current Use: Administration
Significance: Contributing
Adaptability: Building currently houses administrative offices for the hospital. Any adaptive-reuse of this facility should consider using this space for the same function.

Figure 5.
Building Name/Number: Power House - Building 5
Location: Industrial Road - south of Old Dock Road
Date of Construction: 1909
Architect: State Architect
Condition: Good
Original Use: Power House
Current Use: Building houses the Engineering and Maintenance Dept.
Significance: Contributing
Adaptability: Industrial
Building Name/Number: Building 7
Location: East 1st Street and Roundtree Road
Date of Construction: 1957
Architect: Harry M. Price, FAIA
Condition: Good
Original Use: Medical building/patient residence
Current Use: Patient residence
Significance: Non-contributing
Adaptability: Before closing this facility in its entirety, the Office of Mental Health will concentrate all its services within buildings' 7, 21, & 22. After the psychiatric center is closed, there may be no need to retain these institutional buildings. The buildings do not contribute, historically or aesthetically, to the campus.

Figure 7.
Building Name/Number: Wisteria House - Building 15
Location: Kings Park Boulevard
Date of Construction: 1939
Architect: State Architect
Condition: Good
Original Use: Patient residence
Current Use: Patient residence
Significance: Contributing
Adaptability: Continue residential theme. Renovate as apartments. Complex easily accessible off the main Boulevard and ample parking available behind building.

Figure 8
Building Name/Number: Building 18
Location: East 4th Street, south side
Date of Construction: 1939
Architect: State Architect
Condition: Good
Original Use: Staff housing
Current Use: Staff housing
Significance: Contributing
Adaptability: Single-family housing units

Figure 9
Building Name/Number: Building 19 (Grouping of 5 residences)
Location: Complex located on a small side street off Student Road
Date of Construction: 1939
Architect: State Architect
Condition: Fair
Original Use: Staff housing
Current Use: Staff housing
Significance: Contributing
**Building Name/Number:** Building 22 (Twin to Building 21)  
**Location:** Roundtree Road (Between East 1st and East 2nd Streets)  
**Date of Construction:** 1955  
**Architect:** State Architect  
**Condition:** Good  
**Original Use:** Patient residence  
**Current Use:** Patient residence  
**Significance:** Non-contributing  

**Adaptability:** Before closing this facility in its entirety, the Office of Mental Health will concentrate all its services within buildings’ 7, 21, & 22. After the psychiatric center is closed, there may be no need to retain these institutional buildings. The buildings do not contribute, historically or aesthetically, to the campus.

Figure 11
**Building Name/Number:** Buildings 35 & 36  
**Location:** East 3rd Street (obscured by woods - behind Building 3)  
**Date of Construction:** 1931  
**Architect:** State Architect  
**Condition:** Deteriorated  
**Original Use:** Nursing School  
**Current Use:** Vacant  
**Significance:** Contributing  

**Adaptability:** Buildings' 35 & 36 are twin structures built in 1931 to house the hospital’s nursing school and staff. Despite their deteriorated condition, the buildings would be ideal for educational and/or residential use. The historical use of these buildings as an educational center, coupled with the buildings unique architectural detailing, make these structures two of the most significant buildings on the campus.

Figure 12
Building Name/Number: Building 37
Location: East 4th Street
Date of Construction: 1931
Architect: State Architect
Condition: Fair
Original Use: Staff housing
Current Use: Staff housing
Significance: Contributing
Adaptability: Primarily residential. Facility could accommodate both residential and commercial uses. Complex offers magnificent views of Smithtown Bay and The Long Island Sound.

Figure 13
Building Name/Number: Building 40

Location: Kings Park Boulevard, between St. Johnland Road and Canal Road
(Circular drive off of Boulevard leads to Building 40)

Date of Construction: 1932

Architect: State Architect

Condition: Excellent

Original Use: Mental Retardation Unit - Patient residence

Current Use: Daycare facility

Significance: Contributing

Adaptability: Current function ideal for this facility. Any new development on this property should consider providing such services within existing buildings.
Building Name/Number: Buildings 41, 42, 43 ("Group 4")
Location: Maple Hill Road and Old Dock Road
Date of Construction: 1932-34
Architect: State Architect
Condition: Good
Original Use: Patient residence
Current Use: Patient residence
Significance: Contributing
Adaptability: This immense complex, designed for residential use, could be converted to luxury apartment buildings, offering commanding views of the Long Island Sound.

Figure 15
Detail, central bay of Group 4, looking west.

Figure 16
Building Name/Number: Storage Facility - Building 44
   (red brick building in background)
Location: Orchard Road, south of Old Dock Road (near coal plant)
Date of Construction: 1933
Architect: State Architect
Condition: Good
Original Use: Loading Dock/Storage
Current Use: Storage facility
Significance: Non-contributing
Adaptability: Building designed specifically for loading and storage of supplies.

Figure 17
<table>
<thead>
<tr>
<th><strong>Building Name/Number:</strong></th>
<th>Building 48</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Location:</strong></td>
<td>Maple-Hill Road and Old Dock Road</td>
</tr>
<tr>
<td><strong>Date of Construction:</strong></td>
<td>1942</td>
</tr>
<tr>
<td><strong>Architect:</strong></td>
<td>State Architect</td>
</tr>
<tr>
<td><strong>Condition:</strong></td>
<td>Deteriorated</td>
</tr>
<tr>
<td><strong>Original Use:</strong></td>
<td>Agricultural</td>
</tr>
<tr>
<td><strong>Current Use:</strong></td>
<td>Grounds Department (possibly vacant)</td>
</tr>
<tr>
<td><strong>Significance:</strong></td>
<td>Contributing</td>
</tr>
</tbody>
</table>

**Adaptability:** Building adjacent to two other agricultural buildings. Complex of buildings could be used as an interpretive center to educate public about the history of the hospital and the extensive farming practices undertaken at this facility.

Figure 18
Figure 19:
Agricultural building adjacent to Building 48 not identified by number. Wood clapboard, 2-story structure with long, low gabled roof. Farm building believed to have been used as the hospital's "piggery".76

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76 Building identified as the "piggery" by Dr. George Tieman, a long-time resident of Kings Park, and former employee of the Kings Park Psychiatric Center. Dr. Tieman remembers driving through the hospital grounds and seeing pigs and cows grazing in the fields adjacent to Old Dock Road.
Building Name/Number: Building 49
Location: Corner of East 4th Street and St. Johnland Road
Date of Construction: 1890
Architect: State Architect
Condition: Deteriorated
Original Use: Superintendent's House
Current Use: Vacant
Significance: Contributing
Adaptability: Single-family housing
Building Name/Number: Café 56 - Building 56
Location: Kings Park Boulevard
Date of Construction: 1972
Architect: State Architect
Condition: Excellent
Original Use: General store
Current Use: Café and general store for patients.
Significance: Non-contributing
Adaptability: Pre-fab structure can be easily dismantled and removed from its location on the Boulevard if small grocery store/café no longer desired. Currently an intrusion on the historic landscape.
Building Name/Number: Building 59
Location: Kings Park Boulevard
Date of Construction: 1915
Architect: State Architect
Condition: Fair
Original Use: Recreational Center
Current Use: Medical Records Department
Significance: Contributing
Adaptability: Building has already undergone several transformations. The 1983 survey of the hospital identifies this building as a recreational center. Today, the facility is used to house medical records. Structure is one of the earlier buildings on the campus and every attempt should be made to re-use this unique resource.

Figure 22

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"Building Structure Inventory Form" completed by Ms. Barbara Van Liew in 1983. Ms. Van Liew is a preservation consultant for the Society for the Preservation of Long Island Antiquities. Survey of the property was conducted at the request of the New York State Office of Mental Health.
Building Name/Number: Old Power House - Building 60
Location: Kings Park Boulevard & Mariner Road
Date of Construction: 1892
Architect: State Architect
Condition: Deteriorated
Original Use: Power House
Current Use: Vacant
Significance: Contributing

Adaptability: Power Plant should be restored as it is one of the most architecturally significant buildings on the campus. Additionally, this structure is the oldest building on the hospital grounds. Proximity to the water suggests that the Old Power House be used as a restaurant/shop to accommodate boaters. Though deteriorating due to lack of maintenance, the structure appears physically sound and the Greek Revival decorative detailing of brick remains intact.

Figure 23
View of boat launch from Old Power House.
Figure 24
Building Name/Number: Garage - Building 62
Location: Garage Road
Date of Construction: 1939
Architect: State Architect
Condition: Excellent
Original Use: Garage
Current Use: Garage for transportation and maintenance vehicles.
Significance: Non-contributing
Adaptability: Garage.

Figure 25
Building Name/Number: Greenhouse - Building 65
Location: Garage Road, south side (set back in wooded area)
Date of Construction: 1939
Architect: State Architect
Condition: Excellent
Original Use: Greenhouse
Current Use: Greenhouse
Significance: Contributing
Adaptability: Building continues to function as a greenhouse and small florist where patients spend their time making floral arrangements and caring for plants. Current use should continue.
Building Name/Number: Lower Greenhouse - Building 69
Location: East of St. Johnland Road (adjacent to Sewage Disposal)
Date of Construction: 1922
Architect: State Architect
Condition: Deteriorated
Original Use: Greenhouse
Current Use: None - vacant
Significance: Contributing
Adaptability: Buildings design and construction dictates that it be used as a greenhouse.

Figure 27
Building Name/Number: Building 74
Location: 10 Upper Dock Road
Date of Construction: Circa 1890
Architect: State Architect
Condition: Deteriorated
Original Use: Staff housing
Current Use: Vacant
Significance: Contributing
Building Name/Number: Building 77
Location: 12 Upper Dock Road
Date of Construction: Circa 1890
Architect: State Architect
Condition: Deteriorated
Original Use: Staff housing
Current Use: Vacant
Significance: Contributing

Figure 29
Building Name/Number: York Assembly Hall - Building 80
Location: Northeast corner of St. Johnland Road and Kings Park Boulevard
Date of Construction: 1930
Architect: State Architect
Condition: Good
Original Use: Auditorium/Assembly Hall
Current Use: General Store
Significance: Contributing
Adaptability: Any adaptive re-use plans should first consider using this building for the purpose for which it was originally intended - a recreation center for the surrounding community. A second option would be to house within this structure a museum dedicated to the history of the Kings Park Psychiatric Center and its surrounding community.

Figure 30
Building Name/Number: Morgue - Building 82
Location: Student Drive (located behind Firehouse)
Date of Construction: 1928
Architect: State Architect
Condition: Deteriorated
Original Use: Morgue
Current Use: Vacant
Significance: Contributing
Adaptability: This 2-story Georgian Revival building would be ideal for a small office and/or business, particularly a medical establishment.

Figure 31
Building Name/Number: Firehouse - Building 83
Location: Kings Park Boulevard (between Student Road and East 4th Street)
Date of Construction: 1925
Architect: State Architect
Condition: Excellent
Original Use: Firehouse
Current Use: Firehouse / Police Station
Significance: Contributing
Adaptability: Current use should continue in order to protect existing buildings and support any new community that may develop on this property.

Figure 32
Building Name/Number: Personnel Department - Building 90
Location: Kings Park Boulevard at East 4th Street
Date of Construction: 1925
Architect: State Architect
Condition: Excellent
Original Use: Admissions/Administration
Current Use: Offices for Personnel Department
Significance: Contributing
Adaptability: Residential/Commercial

Figure 33
Building Name/Number: Building 93
Location: Kings Park Boulevard at West Fourth Street
Date of Construction: 1939
Architect: State Architect
Condition: Good
Original Use: Patient residence
Current Use: Vacant
Significance: Contributing
Adaptability: High-rise residential - townhouses. Building offers spectacular views of Long Island, the Long Island Sound and Connecticut.
Building Name/Number: Laundry - Building 94
Location: West 4th Street (behind Building 93)
Date of Construction: 1950's (exact date unknown)
Architect: Hart, Jerman & Associates
Condition: Excellent
Original Use: Laundry facility
Current Use: Laundry facility
Significance: Contributing
Adaptability: Building designed specifically as laundry facility, making any adaptive re-use potentially difficult. Further examination necessary to determine adaptability and/or desirability for re-use.
Building Name/Number: Building 98
Location: East 4th Street
Date of Construction: 1924
Architect: State Architect
Condition: Good
Original Use: Staff Housing
Current Use: Staff Housing
Significance: Contributing
Adaptability: Single-family housing. Block entirely residential, comprised of six single-family housing units.

Figure 36
Building Name/Number: Building 122 and Building 124, respectively.

Location: Kings Park Boulevard, between St. Johnland Road and Canal Road (Circular drive off of Boulevard leads to Buildings 122 & 124)

Date of Construction: 1912 & 1915

Architect: State Architect

Condition: Deteriorated

Original Use: Staff Housing

Current Use: Vacant

Significance: Contributing

Adaptability: Building 122 & its twin, Building 124, were designed to house both hospital patients and nursing staff. Ideally, both of these buildings would be restored as housing units. However, parking space is limited and other alternatives should also be considered. A senior citizen complex, offering shuttle bus services for its residents is suggested. Significant photo documentation exists for both buildings to guide any restoration. Buildings situated on one of the highest points on the hospital grounds, offering spectacular views of the Nissequogue River, Smithtown Bay and The Long Island Sound.

Figure 37

78 Historic photographs on file at the Smithtown Historical Society, North Country Road (Route 25A), Smithtown, New York 11787.
Building 124, South Elevation
Figure 38
Building 124, Main Elevation
Figure 39
Building Name/Number: Building 123

Location: Kings Park Boulevard, between St. Johnland Road and Canal Road
(Circular drive off of Boulevard leads to Buildings 123)

Date of Construction: 1915

Architect: State Architect

Condition: Deteriorated

Original Use: Dining Hall

Current Use: Vacant

Significant: Contributing

Adaptability: Commercial use. Building would be appropriate for a small business or office complex. Building 123 is directly across from Building 40, which currently functions as a daycare facility. The daycare program could be expanded and housed within Building 40 and Building 123. Alternatively, the building could be used for adult/senior activities as well.

Figure 40
Building 123, North Elevation
Figure 41
Building Name/Number: Building 125
Location: Intersection of Kings Park Boulevard and Canal Road
Date of Construction: 1925
Architect: State Architect
Condition: Excellent (excluding cupola, which is in need of immediate repair)
Original Use: Veteran’s Memorial Hospital
Current Use: Administration Building
Significance: Contributing
Adaptability: Building 125 is one of the most significant buildings on the hospital grounds. As mentioned within the history section of this document, Building 125 was the Veteran’s Memorial Hospital, the first state psychiatric facility that offered medical services to mentally disabled veterans. The building stands as a symbol of the extent of care offered at the Kings Park Psychiatric Center. Ideal for offices and/or as a hospital museum.

Figure 42
**Building Name/Number:** Buildings 126, 127, 128 and 129 (duplicate design)

**Location:** Sound View Road and Grand View Circle

**Date of Construction:** 1925

**Architect:** State Architect

**Condition:** Good

**Original Use:** Staff housing

**Current Use:** Staff housing

**Significance:** Contributing

**Adaptability:** Multi-family housing units

Building 127, Main Facade

Figure 43
Building 127, Rear Facade
Figure 44
Building Name/Number: Buildings 130, 131, 132, 133 and 134 (duplicates)
Location: Seaview Court
Date of Construction: 1925
Architect: State Architect
Condition: Fair
Original Use: Staff housing
Current Use: Staff housing
Significance: Contributing
Adaptability: Single-family housing units
**Building Name/Number:** Building 135  
**Location:** East end of Sound View Road (at bluff)  
**Date of Construction:** 1925  
**Architect:** State Architect  
**Condition:** Good  
**Original Use:** Patient residence  
**Current Use:** Vacant  
**Significance:** Contributing  
**Adaptability:** Ideal for senior citizen housing as this complex is immediately adjacent to Building 142, which currently functions as an elderly "daycare" facility.

Building 135, West Wing  
Figure 46
Building 135, East Wing
Figure 47
Building Name/Number: Building 136
Location: Intersection of Sound View Road and Canal Road
Date of Construction: 1925
Architect: State Architect
Condition: Good
Original Use: Medical Building/Patient Residence
Current Use: Vacant
Significance: Contributing
Adaptability: It is suggested that this complex be adapted as a mixed-used facility, offering housing and medical care to senior citizens who can no longer live independently - perhaps an extension of the St. Johnland Nursing Home located within a mile of this facility.

Figure 48
Building Name/Number: Building 137
Location: Building located behind Building 136 (off of Sound View Road)
Date of Construction: 1912
Architect: State Architect
Condition: Deteriorated
Original Use: Kitchen/General Store
Current Use: Kitchen
Significance: Contributing
Adaptability: Facility once operated as a Grocery Store for patients. This type of use should be encouraged to support and new resident population that will locate in this area.

Building 137, East Facade
Figure 49
Building 137, looking southwest
Figure 50
Building Name/Number: Building 138
Location: Sound View Road
Date of Construction: 1925
Architect: State Architect
Condition: Fair
Original Use: Patient residence
Current Use: Patient residence
Significance: Contributing
Adaptability: Building 138 is attached to Building 139 and Building 39. This massive complex is interconnected by a series of ground-floor passageways, and Building 138 is capped by a rooftop "pavilion". The buildings are handicap-accessible and may be suitable as an elderly-care facility. The center building, #139, is a kitchen/dining room, a use that could continue to serve elderly residents house within Buildings 39 & 138.

Figure 51
Building Name/Number:  Building 139
Location:  Sound View Road
Date of Construction:  Unknown
Architect:  State Architect
Condition:  Fair
Original Use:  Kitchen
Current Use:  Vacant
Significance:  Non-Contributing

Adaptability:  Building should remain only if used to support either of the two residential units adjacent to this facility.
Building Name/Number: Building 142  
Location: Sound View Road at Grandview Circle  
Date of Construction: 1925  
Architect: State Architect  
Condition: Good  
Original Use: Unknown  
Current Use: Elderly Care Facility  
Significance: Contributing  
Adaptability: Current use should continue as the elderly-care program serves the large senior population living within the Kings Park community.

Figure 53
Building Name/Number: Building 144 (Home "T")
Location: Sound View Road (between Canal Road and Grandview Circle)
Date of Construction: 1928
Architect: State Architect
Condition: Deteriorating
Original Use: Staff housing - for employees of the Veteran's Hospital
Current Use: Staff housing
Significance: Contributing
Adaptability: Multi-family residential. (Apartment complex)

Figure 54
Building Name/Number: SOC R Facility (Two identical structures)
State Operated Community Residences

Location: Route 25A and Kings Park Boulevard

Date of Construction: Circa 1988

Architect: Unknown

Condition: Excellent

Original Use: Out-patient services/Halfway House

Current Use: Same

Adaptability: Current use to continue. Buildings, though inappropriately placed along the main Boulevard, are attractive, well-maintained, and mimic earlier cottages that existed on the hospital campus.

Figure 55
CHAPTER V: CONCLUSION

In New York, a state abundant with historically significant resources, local governments are beginning to ensure the survival of such resources with the enactment of preservation ordinances. Effective local preservation ordinances, coupled with federal and state statutes designed to encourage preservation, should guarantee that the best examples of New York State's rich cultural heritage will endure for generations to come.79

The preservation program defined in this thesis is the preliminary step toward protection of one of New York's finest cultural resources. The Kings Park Psychiatric Center represents a century of mental health care in the state and nation. It is a vast complex comprised of mid-19th and early 20th century structures, many of which have fallen into a state of disrepair and neglect. When the hospital was first constructed in 1885, the landscape was quite rural with little development in the surrounding area. An influx of immigrants, patients and employees prompted the growth of this facility as well as the neighboring community.

Today, the hospital grounds and the buildings that exist throughout the campus are threatened by development. Though the institution still functions as a mental health care facility, many historically significant structures have been demolished, while others remain vacant and deteriorating. As patient population continues to decrease, alternative uses are being sought for this land. In an attempt to protect this property from intrusive suburban sprawl, a comprehensive preservation program must be implemented.

79 Marsh & Simon, p. 440.
The New York State Office of Parks, Recreation and Historic Preservation recognizes this site as significant on historic, cultural, economic and educational grounds. With the state in agreement, the local community must begin a grassroots movement to protect this local resource. Special action must be taken by community members, as a significant aspect of this project involves the social history of Kings Park. A community awareness program must be established to inform residents of the potential pressures threatening the hospital grounds. Many residents are unaware of impending projects that could substantially affect the character of their community and private residences.

According to Robert MacKay, the Director at the Society for the Preservation of Long Island Antiquities, Long Island is almost a quarter-of-a-century behind in enacting local legislation to protect historic sites. New York State Law provides for such regulation within its local governments. In fact, the state is required to reserve a certain amount of state funds to assist in the development of such programs statewide. Research grants may also be received through the State by an individual or municipal group seeking to designate an historic site or district. Section 96-a of the General Municipal Law for New York State empowers any county, city, town or village to provide regulations, special conditions and restrictions for the protection, enhancement, perpetuation and use of places, districts and buildings having a special character or special historical value.

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81 Robinson, p.22.
It is therefore suggested that the Town of Smithtown establish an historic preservation ordinance to protect its valued resources. Once an ordinance has been enacted, the Kings Park Psychiatric Center can be designated an historic district and eventually listed on the National Register of Historic Places. The property can also be protected from adverse impact through a review process administered by a local historical commission that regulates any alterations to those properties listed or eligible for listing on historic registers. The local government is encouraged to begin this project immediately, as it often takes a great deal of time and effort to establish an historic preservation ordinance.

Cooperation between state officials and local residents can ensure the protection of this historic site. Community groups working in conjunction with municipal leaders can create a program for this property that attends to preservation concerns while considering growth management alternatives. Vacant buildings can be converted or adaptively re-used in response to community needs. Senior citizen housing, a college campus, and private office space all can be considered.

The Town of Smithtown and the community of Kings Park have a rare opportunity to preserve one of the area's most treasured resources. The state has acknowledged that it will divest itself of the Kings Park Psychiatric Center by the year 2000, leaving the municipality 5-10 years to plan for the future of this site. The local government must use this time wisely, and prepare a preservation program to which the state can refer when developing a master plan for this property. As indicated previously, a preservation program involves creating an historic preservation ordinance, an historical
commission and an historic district within the hospital grounds. The ordinance requires that a thorough survey and inventory of historic properties be undertaken before a district is created. Chapter IV of this thesis begins the architectural inventory for the Kings Park Psychiatric Center. It is now up to the local government to design and implement a comprehensive program aimed at preserving this entire site.

It is important to note that the survey of this property should not be limited to an inventory of architectural resources. Although not a part of this thesis, an extensive landscape assessment for this campus must be undertaken to identify those parcels throughout the site that should be preserved. Visual corridors and public accessways must also be identified on detailed maps that indicate points of interest and natural land features that must not be disturbed by new development. A soil survey of this property should be conducted to identify environmentally sensitive areas, as well as areas throughout the site most suitable for new construction. A complete photographic survey of this property should also be undertaken to fully document this cultural resource and its designed landscape. The following is an additional list of tasks that need to be accomplished/addressed within the local preservation plan:

- Prioritize buildings according to historical significance and adaptability, noting those that contribute historically and aesthetically to the site verses those that can be demolished

- Identify those parcels throughout the site that were once used for agricultural purposes. If land remains undisturbed, the local government should make every attempt to preserve these areas as open space
• Local government must consider rezoning this property from its current R1(1 acre, single-family zoning) to include various residential zones, office, commercial, shopping and open space. The local government can then prepare a conceptual plan for this property based on its new zoning. It is intended that the zoning be changed in order to cluster development in particular areas, least intrusive to the landscape and other natural features.

• New York State Office of Mental Health should conduct an Environmental Impact Statement to determine the affects of development on this property.

• An Historic Structures Report must also be prepared for the Kings Park Psychiatric Center.

• The Kings Park community must be educated about the purpose and benefits of historic preservation.

• Interviews should be conducted with residents of Kings Park who worked at the hospitals years ago. Oral histories often provide the most useful information regarding building location, use, appearance, etc....

• A local preservation organization, comprised of community members and local officials must be established to coordinate a strong interest group that will work with the state to meet the needs of the Kings Park community.
As a permanent resident of Kings Park, I have taken a personal interest in evaluating this property in an effort to protect it from further destruction. A decrease in patient population and services have forced the hospital community to retreat from its surrounding village. The town of Kings Park is slowly, but surely, losing its history as it loses its prime cultural resource - the Kings Park Psychiatric Center. When I first decided to use the Kings Park hospital as the topic for my thesis, I intended to complete an architectural inventory of the buildings on this campus and prepare a preliminary preservation plan for these architectural resources.

Preliminary investigations revealed that the history of this site was extremely significant, beginning with the Reverend William Augustus Muhlenberg and the Society of St. Johnland. Further exploration into the town’s history and the development of the Psychiatric Center revealed that the site was very well documented and that a preservation plan for the Kings Park Psychiatric Center would have to extend far beyond the restoration and/or rehabilitation of its buildings.

A comprehensive preservation program for the site must be developed by the Smithtown Planning Commission in order to protect this property from adverse development. The preservation plan is not intended to replace the township’s conceptual plan for the Kings Park Psychiatric Center, but, instead, introduce a preservation component that uses the historical significance of the property to substantiate the local government’s claims that buildings be restored, open space be conserved and public access be maintained. The Commission is encouraged to allow preservation objectives to guide land-use decisions for this site.
New York State has a short-term interest in the Kings Park Psychiatric Center, and will be anxious to dispose of it as soon as possible. The character and quality of life within the hamlet of Kings Park depends on the future of this site. Local residents and government officials must make every effort to work with the State of New York in developing a land-use scheme appropriate for this historic property. At this point in time, local residents have organized themselves in an effort to prevent the closing of the hospital. This constituency must realize that the state has made its decision and that they should now be concerned with preparing for change, and make every attempt to preserve this local landmark. Though preservation concerns often arise on a personal level, with a site being of particular interest to an individual, the benefits are often reaped by many, with the designation of a property as “historic” being an exercise in planning for the general welfare of an entire community.
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