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## **The annual report of the Winnebago State Hospital to the State Board of Public Welfare October 26, 1966. October 26, 1966**

[s.l.]: [s.n.], October 26, 1966

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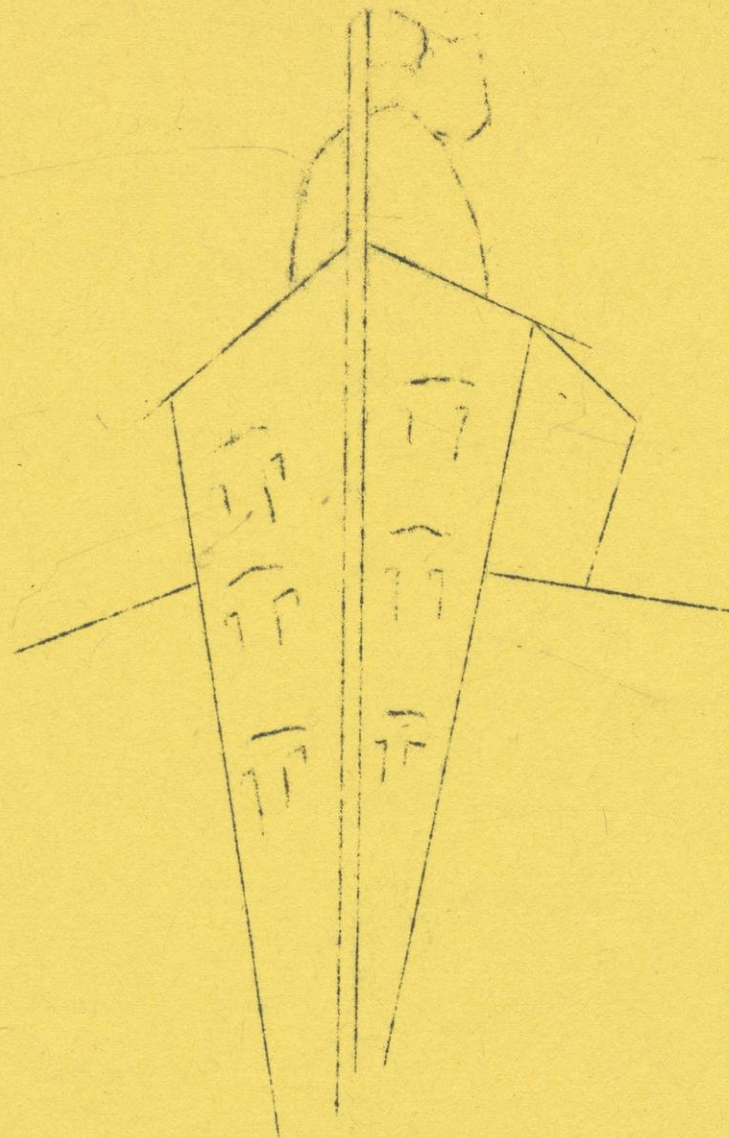
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J. Farrow



the annual report  
of the minnebago state  
hospital to the state  
board of public welfare  
october 26, 1966



Annual Report

of

WINNEBAGO STATE HOSPITAL

to

STATE BOARD OF PUBLIC WELFARE

*June 30 - July 1, '66*

October 26, 1966

Darold A. Treffert, M. D.  
Superintendent

"State Hospitals should continue as a total treatment facility for those communities which are now unable to develop facilities for their own patients, and should provide special services not provided realistically on the local level.

"State Hospitals should assume the responsibility for development of new techniques of care for specialized types of patients and should maintain a training program for personnel from other hospitals to utilize these techniques in their own institutions. These hospitals should develop a research program to effectively evaluate the usefulness of the various programs and therapeutic procedures. Through the development of an effective clinical research program the State Hospital should be better able to provide optimum care, service, therapy and rehabilitation for patients, remove obsolete and non-productive procedures and programs, better utilize all existing hospital resources and help provide an intellectually stimulating atmosphere for all staff concerned.

"State Hospitals should be available to county hospitals and others for short-term care of difficult patients, and easy means of transfer of patients from one institution to another should be effected." \*

\* Final Report  
Mental Health Steering Committee  
Wisconsin Comprehensive Mental Health and  
Mental Retardation Planning Program



## I. PURPOSE, PROGRAM AND POPULATION

Winnebago State Hospital needed first to evolve from a custodial institution to a treatment hospital; step two involves the evolution into a unit with a large commitment to training, education and research in addition to service function. The former has occurred; the latter is occurring.

The long-range goal of the Division of Mental Hygiene is to promote adequate general psychiatric care at the community level. As local programs develop, the state hospitals can focus more on specialized treatment, training, research and demonstration activities. This transition is neither sharp, quick nor smooth, for it is not simply a substitution of local resources for State resources wherein the needs and demands remain the same. Experience elsewhere with Mental Health Services has shown the need rises to meet the services available as these services become more accepted, accessible and up-graded. As Winnebago hurries to fill its role as a specialized treatment, demonstration and training resource, the previous service responsibility is not immediately relieved. For a time, then, Winnebago is providing services in addition to, not instead of, previous services. This transition reflects itself already in some population changes:

### (1) Admissions rise

Admissions rose 9.8% over 1964-65 to 2030. Of these, 1016 were first admissions, which is the largest number of first admissions since 1956. Particularly impressive was the rise in

inebriate admissions after the opening of the Alcoholic Unit on October 1, 1965. In the eleven months prior to the unit opening 202 inebriates (10.9% of admissions) were admitted; in the eleven months since the unit has been operative 363 (18.3% of admissions) have been admitted. Admissions of patients under 18 and those over 65 stayed relatively constant.

## (2) Resident Population Rises

Average daily population rose from 662 in 1964-65 to 690 in 1965-66. In-patient population on June 30, 1966 was 723, a rise of 100 patients from June 30, 1965. Obviously a rise of 10% in admissions, unless the length of stay were to shorten drastically, must result in an increased resident population.

Peak population at Winnebago was 1180 patients in July, 1956. In September, 1962 population still was at 1090. At that point a marked decline in resident population began which reached a low point of 634 in June, 1965. This reduction is even more dramatic when one considers admissions rose slightly. Several factors appeared largely responsible for this remarkable halving of resident population. First, there was a large increase in staff and budget granted in 1963-65; more personnel meant more treatment and as a result not only were more persons discharged but discharge came sooner. Secondly, there were changes in treatment philosophy to include more intensive treatment, use of parallel services, after-care planning, etc. Thirdly, the availability of community resources is a significant factor.



Had the hospital not added a new Child-Adolescent program, the population changes would have been even more impressive for reduction in adult population was offset to some degree by expansion of the under 18 age group. In October, 1965 still another new specialized program was begun--the Alcoholic Unit. (While treatment of the alcoholic had long been a responsibility of the hospital, for the first time a specific unit, staff and program were set up.) Admissions increased immediately, as noted above. Thus, the resident-reduction gains of the past could have been in large measure preserved if the hospital had chosen not to forge ahead with a new program; yet needs existed that could not be ignored.

*put in ok*

Another factor, in addition to increased admissions due to new programs, has contributed to the increase in resident population. Particularly, the young seriously disturbed child who requires long-term care may be hospitalized a number of years before he reaches age 18, in that generally patients under 18 years of age are not transferred to county hospitals because of the lack of suitable and appropriate programs at the present time for these patients in county facilities. Although under 18 and over 65 admission rates remained relatively constant in the past year, these are longer-stay patients. Therefore, even with this constant admission rate, longer than average stay of these patient groups must result in an ever-increasing resident population.

*nm*

Discharges, like admissions, increased---1915 (1965-66); 1875 (1964-65). Compared to 1964-65, in 1965-66 more patients were conditionally released or discharged, and fewer were transferred to

county hospitals. Especially prevalent this past year was the practice of sending patients home on trial visit followed by conditional release rather than releasing directly without benefit of trial home visit.

While an admirable practice therapeutically, it complicates paperwork immensely. Home visits scattered throughout the hospital period, which are used as a treatment barometer and device, continue to increase.

While not represented in Resident Population figures, home visit patients are still a direct responsibility of the hospital and require considerable staff time in after-care planning, correspondence, etc. There were 1512 such home visits, or an average of 4 such patients leaving and 4 returning on a given day throughout the year, with approximately 50-70 per day maintained on home visit status. m

Average length of stay of the hospitalized patient remained the same as the previous year--107 days. The mean length of stay of the discharged patient was 153 days, with the median length of stay of the discharged patient 57 days.



## II. PROGRESS AND PROBLEMS

### Psychiatric Residency

On 6-17-66 we were informed by the Residency Review Committee of the American Board of Psychiatry and Neurology and the American Medical Association Council on Medical Education that approval had been granted for a one-year Psychiatric Residency program at Winnebago State Hospital. This program will operate as an affiliate training program of the Department of Psychiatry of the University of Wisconsin Medical School. The establishment of this approved one-year Residency Program is certainly in keeping with our training and education objectives but equally as important is the impetus this can be for professional staff recruitment and growth. The immediate problem now is to recruit Residents and make the program operative.

### Medicare

After an inspection visit on 4-14-66, the hospital was certified as a participating hospital in the program of Health Insurance under Social Security. As such, within the limitations of coverage for mental illness, persons entitled to such benefits will have part of their hospitalization paid. The amount of paper-work, certifications, re-certifications, etc. is really staggering and has taken the equivalent in time of a full-time administrative secretary already. The exact impact on admissions, if any, is not discernible as yet.

### Campsite

The Winnebago County Mental Health Association began a project to finance the construction of an on-grounds permanent campsite in the

Picnic Point area. As of 9-1-66 approximately \$10,000 had been raised and hopefully a contract can be let in early October, 1966. The building design is most striking and attractive. With the completion of the camp, patients whose severe illness precludes their going to a distant camp can now also benefit from a therapeutic camping experience by virtue of the on-grounds facility. Many community groups of the mentally handicapped plan also to avail themselves of this unique facility. Particularly gratifying is the community-hospital cooperation this project exemplified; the community was sensitive to the need and opportunity this project presented and by sizable financial investment made available to the mentally handicapped a new treatment facility without expenditure of state monies.

#### Federal Grants

An In-service training grant, in the amount of \$23,067 per year for seven years, for a total of \$161,907, was awarded the hospital by NIMH, to begin 7-1-66. The project is directed at giving specific management skills in addition to core psychiatric skills particularly to the "middle management" group of registered nurses. It is to run over a seven-year period. Because of careful planning and work even prior to the grant having been actually awarded, the In-service Department is ready to begin the project immediately.

Application was made in February, 1966 for a Demonstration Mental Health Project Grant. The proposal is to hook together in a closed circuit television network the Winnebago County Hospital, Winnebago County Guidance Clinic, Outagamie County Hospital and Brown County Hospital. In so doing,



consultation of a highly specialized sort can be made instantly available to participating centers without dislocation of staff; communications both of a clinical and administrative nature can occur easily among and between centers; and training of both professional and non-professional personnel can be enhanced without unnecessary duplication of effort. This system also could be used for patient-relative visitation during certain hours. Because of the size of the grant (\$187,000 the first year and \$80,000 annually thereafter), the National Advisory Mental Health Council in a June meeting decided to have a site visit, which visit will be held on 10-12-66.

#### Administration

On 2-10-66 Mr. Bruce Schneider began as Administrative Analyst attached directly to the Superintendent's Office. As an institution-based administrative analyst he can study and make recommendations concerning procedural and organizational problems unique at this hospital. Already useful studies have been completed on such diverse problems, for example, as Child-Adolescent and Geriatric population movement, comparative costs on the different services, and special food service requisitions.

#### Medical-Dental Staff

Staffing again has improved over the previous year but not without considerable and constant effort. The licensure problem which puts Wisconsin at a competitive disadvantage with other states unfortunately still exists and the legislative change required is no further along than it was two years ago.

The psychiatric staff added Dr. Richard Stafford in July, 1965, Dr. Milton Kuhs in March, 1966, and Dr. Ralph Baker and Dr. John McAndrew on July 1, 1966. Dr. Delano Zimmerman and Dr. Erich Schmidt joined the full-time staff on the medical service on July 1, 1966, and Dr. Carol Young, a pediatrician, joined the Child-Adolescent service on that date also. Dr. Rene Warmington joined the staff in 2/3's time capacity in May, 1966.

#### The Parallel Treatment Services

Dr. Kelley continues to give excellent, able leadership in the treatment services as Clinical Director. Under his direction new specialized programs are being developed only when this can be done without jeopardizing or shorting already established, functioning services. Within this past year a seventh service--the Alcoholic Unit--was added to the six established units.

#### (1) Adult Psychiatric Services

The adult psychiatric services continue to handle a large volume of admissions. Even though some special services are established and others are being established, all patients, except those 15 years of age or younger and direct medical-surgical transfers from county hospitals, are still first admitted to the adult units. If the need for special services is then established after evaluation on the adult unit, a transfer may be made to the appropriate special unit. It should be remembered that not only have admissions risen, but as community programs do begin to take care of the more routine, less complex cases, proportionately more patients who present serious diagnostic treatment or management problems will be admitted. While hard to quantify, this is already



occurring. This past year noted, in addition to a quantitative rise in numbers of patients, a qualitative rise in complexity of cases admitted. This latter change, important as it is, cannot be seen in admission or resident population figures.

## (2) Child-Adolescent Unit

The Child-Adolescent Program has been operative four years and over 250 children have been admitted, about 150 discharged, and approximately 100 remain in residence. A recent study brings to light some interesting data as summarized on page 12. In that the child-adolescent patient stays relatively long (average 10.6 months), and in that the admission rate has risen over the past four years, the number of patients in residence continues to grow. As a result, by January, 1967 the unit will occupy 3/4 of Hughes Hall (150 beds) instead of the present 1/2 (100 beds). At some point consideration should be given to providing more adequate cottage-type housing for the very young patients.

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Two full-time psychiatrists now are assigned to the Unit. In addition, a full-time pediatrician was added to the staff. The program is an intensive, active one working with really deserving, yet difficult, patients.

*no*

The school program reaches nearly 100% of the Child-Adolescent patients. With an increasing enrollment and faculty, space is a problem which will partially be alleviated when In-Service Education can move into a renovated basement wing of Hughes Hall. The school staff and

*no*

pupils developed independently as a project a rather impressive 1/8 mile oval track complete with equipment. They currently are constructing an ice shanty.

There is increasing activity between the State University-Oshkosh and the school. Approximately 30 college students spend 12 hours in the school fulfilling class requirements in Psychology. A graduate student-teacher program with the University of Wisconsin-Milwaukee was begun also. Work-study students are particularly interested in working in the school area and a number of these have been so influenced by their experiences to head into areas of social work, psychology and special education. Speech correction programs and a special movigenic motor skills program were added to the curriculum.

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# Some Interesting Facts About the Children's Unit

Since its establishment in July, 1962 there have been 149 discharges

- ....Average length of stay of the discharged patient was 10.6 months
- ....92 of 149 discharges returned to their own home; remainder to foster home, residential treatment center, or family care
- ....14 of 149 have had to return to the hospital

Currently there are 105 patients in the Children's Unit

- ....17 of these have been hospitalized over 3 years
- ....51 have been hospitalized less than 1 year
- ....23 carry a diagnosis of psychosis
- ....19 carry a diagnosis of chronic brain syndrome
- ....42 carry a diagnosis of adjustment reaction, character disorder or neurosis
- ....Average age at admission was 11.9 years
- ....63 entered the hospital on a Voluntary basis
- ....42 on a Commitment basis
- ....34 of these patients were seen in pre-admission evaluation prior to admission
- ....72 came from their own homes
- .... 9 came from residential treatment centers
- ....13 from foster home
- .... 1 from other institution

### (3) The Medical-Surgical-Geriatric Unit

This service encompasses the intensive care unit or infirmary on third floor Kempster, a male and female geriatric service, the X-ray department, pharmacy, laboratory and the dental clinic. The combination of these units, under the direction of Dr. Edward Loftus, makes possible the rendering of top-notch skilled medical care for the psychiatric patient and for selected patients from the county hospitals. This past year this service was a busy one. There were 442 admissions to the medical-surgical-geriatric unit--160 to the intensive care unit from the psychiatric services; 120 directly to the intensive care unit from county hospitals; 162 from psychiatric services to the Geriatric Unit. 174 major surgical procedures were completed including major abdominal, thoracic, urologic, orthopedic and neuro-surgical operations. Minor operations this past year numbered 217. There has been an approximately 2% per year increase in the number of patients admitted to the medical-surgical service from county hospitals for definitive medical-surgical or diagnostic procedures. It is in the area of direct admissions from county hospitals to the medical-surgical service that we exercise a controlled intake so that this unit can work at peak efficiency and yet continually meet the unpredictable demands for medical and surgical services from our own active psychiatric population.

Admissions of geriatric patients did not significantly increase, yet because of the longer stay of this patient, resident number of geriatric patients will probably continue to climb. This will necessitate all of Gordon Hall being used for geriatric patients rather than having part of



it used for an open ward psychiatric unit and an alcoholic unit as has been the case until the present time. With the alcoholic program having been established, probably the next special program to be developed within this hospital is with the geriatric population.

The Personnel Health Program is also a responsibility of this department. With recent changes in Departmental Policy, it appears that expansion of services to personnel will be necessary. While this is admirable and certainly is in the interests of the hospital, it does take more time of the physicians and other personnel.

The X-ray and Laboratory departments have continued to give reliable service to the Medical-Surgical Unit. Our drug costs dropped this past year to 30.7 cents per day per patient--a 4-cent drop over the figure of last year. New requirements of the Drug Abuse Law increase the complexity of paper work within the Pharmacy Department.

With a change in the by-laws of the Medical Staff, the Dental department now becomes an integral part of the Medical-Dental Staff. The Dental department now provides an initial dental examination on every patient admitted in addition to traditional dental treatment procedures when necessary. Beyond that, prosthetic and oral surgery services are provided where useful in the over-all rehabilitation of the patient. A large effort also is expended in preventative services with dental education for patients and assistance to the nursing staff in establishing good dental hygiene practices on the wards.

#### (4) The Alcoholic Service

On 10-1-65 the Alcoholic Unit was opened offering a specific, tailor-made program for the inebriate. As noted elsewhere, admissions climbed almost immediately and inebriates continue to be admitted at a heavy rate. Heavy emphasis in the program was put upon not only the medical and psychiatric care available to the patient while hospitalized, but considerable effort was expended in after-care planning for the individual patient. Even beyond that an attempt was made to bring to the awareness of the community their need to participate in planning and in making available facilities for the alcoholic. Admittedly, alcoholism is a difficult problem to treat either in the hospital or in the community. It is too early to assess our figures with respect to success but within the coming months, some time can be spent in evaluating the results. We will continue to modify this program as needs dictate and as experience teaches. Planning and implementation will be done in conjunction with the section of alcoholic services of the Division of Mental Hygiene. The scope of our interest in alcoholism goes beyond service to the alcoholic patient himself, but we hope to be of help to the community in establishing and supplementing their local services.

#### Nursing Service

Mrs. Gertrude Bengtson, who had been away from the hospital on a training stipend to obtain her Master's Degree, assumed the position of Director of Nursing Service on 8-19-66. Mrs. Julaine Farrow, who had worked most willingly and conscientiously as Acting Director of Nursing, then returned to her position as Assistant Director of the department.



The In-Service Training Grant mentioned earlier should have a significant impact on management skills of registered nurses.

We continue to experience a significant number of vacancies in the professional nurse category and also in the aide category. Particularly alarming is our inability to recruit male institution aides because of the recent high draft quotas and also the availability of higher paying jobs in industry. Some of the pay and promotion proposals now before the Bureau of Personnel may help this matter but these probably will be many months before becoming a reality and in the meantime we have been experiencing serious shortage in the male aide category. *no*

We were pleased that our School of Nursing received Notice of Re-accreditation by the Wisconsin State Board of Nursing on 7-14-65. A total of 117 professional nursing students completed their psychiatric affiliation during the year. In addition, 135 practical nurse students completed an affiliation. Again, mention must be made of the necessity to provide a better housing facility for affiliate students as indicated to us by the State Board of Nursing during their accreditation visit. It appears that several other nursing schools who will be issuing degrees rather than diplomas, will want to affiliate their students here. Specifically, this involves Marion College of Fond du Lac and Wisconsin State University-Oshkosh.

#### Psychology

In addition to the usual psychological testing procedures, Psychology has done considerable in the area of training. A number of local clergymen *no*

were involved in 23 therapeutic-didactic group sessions led jointly by Dr. Gordon Filmer-Bennett and Rev. Dayton VanDeusen. Two Psychology trainees were again present during the summer. This department was active in consultation in conjunction with the in-service training grant proposal and acted as a consultant to research studies being carried out by members of the Medical-Dental staff. The immediate goal for the coming year is to establish a Neuropsychology Testing Laboratory which has both service as well as research potential. We continue to experience a shortage of full-time staff and have been attempting to implement innovations which will provide added inducement to recruitment efforts. no

#### Social Service

Recruitment of graduate social workers remains a pressing problem. Retention of those graduate social workers on our staff was enhanced when reclassification of these persons was done in an expeditious manner promoting them to a higher level more in keeping with the manner in which they were functioning. The Social Work Trainee program has grown to where currently there are nine such trainees on the staff. All of these trainees have demonstrated a considerable amount of enthusiasm for their work and all have indicated an interest in attending graduate school at some time in the future. There has been considerable emphasis during the past year on after-care programming for patients and with the establishment of a uniform admission, treatment and after-care planning service, each patient should receive the benefit of carefully considered planning. There has been little receptivity locally to the establishment of primary mental health agencies in communities wherein one person serves as the knowledgeable no



resource for pre-admission, and after-care coordination and implementation. In general, working relationships with community agencies has steadily increased and improved and it appears that at the present time we have reached a new high in these relationships. The hospital programs are better understood by most community agency personnel and there appears to be an increased interest shown by the agency personnel in visiting and learning about our programs. The Family Care program remains an active part of the hospital, and Social Service activities, and Family Care has been extended now to include adolescent patients who need this type of a living arrangement prior to integration into the community.

#### Activity Therapy

Again in this area recruitment of professional personnel remains the pressing problem. Yet within the limitations of staff, the Activity Therapy department was able to present a varied and active schedule of activities. In addition to the programs on the previously established psychiatric services, this year a program for the Alcoholic Unit was developed. This offered daily gross group activity through recreation, an open craft group twice a week, and a discussion group three times a week. Considerable effort has been expended by this department in the past year in more clearly delineating roles and goals and in improving communications between that department and the other disciplines.

This past year four students from various county programs were assigned to this hospital for a one-month clinical experience in Activity Therapy. This proved to be valuable both to those persons involved in this affiliation as well as to our own staff as an opportunity to understand

the responsibility involved with student training. We anticipate that as programs expand at the county level that we will be called upon more and more to supply clinical training experience in the activity therapies.

#### Chaplaincy Service

A 2-day institute for clergy on "Understanding the Adolescent" was held with gratifying results. The annual summer clinical pastoral education course was provided for six clergymen on a three-months basis. A weekly dynamic group session for eight clergymen from adjoining areas which was held over a six-months period was very well received and it will be repeated with a new group of eight clergymen. Father Andrew Nelson re-joined the department after a one-year psychiatric chaplaincy residency at St. Elizabeths Hospital in Washington, D. C. The demolition of the Main Building will necessitate housing the chapel in temporary quarters until a suitable chapel can be constructed.

#### Volunteer Services

During this past year, Mr. James O'Reilly was appointed Volunteer Coordinator. He brings to the position considerable experience first in the capacity of an aide and later as an instructor in In-Service Education and has a clear understanding of the needs of the hospital and the resources of the community. Since January, 1966, there has been a steady increase in the number of volunteers and in hours donated. This past year there were a total of over 12,000 hours of time devoted by Volunteers, with an average of 43 Volunteers coming in per month. The most successful new project for the year has been the establishment of a "Fashion Korner" which is a clothing shop where dress clothing is made available to



patients who have a need for it. Thus, patients who otherwise would not be able to afford such clothing now are suitably dressed to attend various functions in the community and are suitably dressed if they go seeking employment, etc.

This year instead of having Open House on only one day as was traditional in the past, there was an Open House Week during which time we invited groups, students, relatives, etc. to come to the hospital at a time that suited their convenience. We had over 1,000 people visit the hospital and with this arrangement they were able to get a much more in-depth look than previously.

Again the Volunteer program was operative during the summer and it is remarkable how often this experience has touched these young people in such a manner that they do ultimately consider careers in the mental health areas.

A special goal of the Volunteer Department during the coming year is to hopefully establish a hospital auxiliary.

#### Vocational Rehabilitation

Services of Vocational Rehabilitation had to be curtailed to some degree because of a staff shortage in that during the majority of the year there was only one counselor assigned to this hospital. In spite of that, however, a remarkable number of clients were enrolled and received services from Vocational Rehabilitation. Within the hospital itself, Vocational Rehabilitation sponsors a counselling program, but also this past year provided a typing and bookkeeping class and supported a speech

correctionist on a part-time basis. With the anticipated addition of another counselor these services can be expanded even further. Vocational Rehabilitation involves many of our hospital patients in numerous community rehabilitative efforts including several sheltered work-shops, a half-way house, and Work Adjustment Services. Also they have been very active in job placement directly from the hospital and have sought to set up continuing relationships with employers in the community who will accept our patients willingly. The great deal of commuting to and from community rehabilitative services has posed some problems from the standpoint of time and money but this is being worked out. A bus service from the community to the hospital would be a tremendous asset not only for Vocational Rehabilitation programming but for hospital-community involvement generally. We have had some conversations with the bus companies but they seem disinterested in providing services here.

#### Out-Patient Department

There has been little change in the functioning of the Out-Patient Department. Where possible we try to have the community pick up on after-care unless it is clearly in the patient's interests to return to his physician here or unless there are no facilities available to the patient in his community. We have tried to put more of our out-patient time into pre-admission evaluations and have tried to encourage communities to consider a formal pre-admission evaluation here before initiating or completing commitment. This has been most successful in the Children's Unit but we hope to be able to expand this ultimately to the adult services. Were there a primary referral agency in each county, this



kind of goal could be reached more quickly. The Division has given consideration to a change in the out-patient fee schedule and hopefully this will become operative within the next several months.

#### Business Administration and Personnel

For nearly a third of this past year the hospital functioned without a Personnel Officer, after the untimely death of Mr. Benjamin Wallis, until Mr. David Goers, Personnel Technician, was promoted to Personnel Officer. With his appointment there is again continuity and direction in this important position.

Difficulties in recruitment of various professional disciplines have been commented on above. As noted also, recent high draft quotas and an expanding and prosperous economy have produced difficulties in attracting qualified male candidates for positions both as institution aides and as cooks and domestic helpers. We have had less difficulty in filling these positions with women but there are some positions which simply require male candidates. Partly in response to this shortage, we have put into effect a program of utilizing approximately ten domestic service helper II's on a 50% basis which resulted in a more effective utilization of staff and reduced labor costs. The Work Study Program which hopefully would supply us with students has been operative; however, we find that students are interested in employment only in program areas and are not interested in positions in the general labor areas. It is our hope that with the completion of the Housekeeping Standards Report from the Division of Mental Hygiene, of which Mr. J. J. Schober was a member, there will be some uniformity both with respect to number of positions required in

institutions as well as uniformity with respect to classification and salary. In order to retain our laundry workers, it was necessary to reclassify ten of these from I positions to II positions and also upgrade the laundry II positions to III.

Several members of the Business Administration staff have been involved in seminars related to "Project Impact". It appears that the effective use of advanced computer processing in our hospital would be two or three years from now at which time it apparently would be used primarily in the accounting and statistical area and not in the clinical area. This is obviously, however, a situation we are most interested in.

Throughout the year Food Service was coping constantly with erratic increases in the cost of various food items. This wide variation required constant substitution of less expensive items and in general made it difficult to maintain a well balanced diet; however, Mr. J. R. Schober, Chief of Food Service, did a commendable job in staying within the budget in view of the steady upward trend in food prices. In that we have been given approval for slight increase in the average cost per meal, there will now be greater flexibility in menu preparation. The per capita purchased food cost was 22 cents per meal.

Decision has been made to effect the transfer of the creamery operation to the Prison no later than 7-1-67. This will be done in such a manner as to permit transferring of those employees not required by the Prison to positions here in the hospital and utilization of one of the laborer positions as an additional grounds laborer.



Probably one of the most pressing issues in Business Administration is the necessity for cost accounting for patients' stay rather than the per capita cost method. This is being made more imminent by Medicare, and while such a system would increase our administrative costs without question, in the long run it would seem to be a more equitable and fair manner in which to bill patients and would be more acceptable to insurance companies. Several cost analysis studies done within the various hospital population groups demonstrated a wide variation in costs of the various services even though the charge back to all patients is made at the same per capita rate.

#### Physical Plant

Construction on the 200-bed patient building--Sherman Hall--has proceeded remarkably on schedule. We anticipate being able to occupy that structure probably by 1-1-67. Monies have been released for planning and construction of an Administration Building which will replace the present Old Building and hopefully such construction can begin in the Spring of 1967. With the transfer of patients now in the Main Building to Sherman Hall, we will at long last have accomplished the goal of not needing to house patients in the out-dated Main Building. Other buildings envisioned as being necessary at the present time are a Chapel, a facility for housing nursing students, and cottages specifically designed for housing and treatment of some of the younger children in the hospital.

There was some further remodeling in the Children's Unit which included placing accoustical ceiling and tile floors in some of the basement areas of Hughes Hall. Completed was the additional insulation

of walls in Gordon Hall to prevent freezing of walls in wintertime as had been the case in periods of particularly low temperatures. [We were able to purchase four bowling allies at a very reasonable price and two of these will be installed in Hughes Hall and the other two will be installed in Sherman Hall, these funds being provided from Canteen profits.] During the year we began to experience leaks in the Hughes Hall roof of the gymnasium and also a new ceiling had to be installed in the Hughes Hall gymnasium.

### Education and Research

There have been continued and growing education efforts in the areas of Nursing, Occupational Therapy, Chaplaincy, Social Work, Psychology, Food Service, Activity Therapy, and now, finally, a program will begin of training for psychiatric residents. There are several tentative proposals currently with the State University-Oshkosh for even further training at both the under-graduate and graduate levels. Thus, education and training becomes a larger and larger task and commitment of this hospital, in addition to the traditional service function.

The purposes of research programs at this hospital are to evaluate treatment programs, to modify them in the direction of greater usefulness and effectiveness, to devise and try new promising diagnostic and treatment approaches, to use opportunities for research to attract and train staff, to demonstrate and make available to students in training some exposure to research methodology, and to make available to authorized research investigators our diverse patient population. Dr. Celina Dachtera of our staff has been involved in the past year in a research project with a long-acting repository Phenothiazine which holds considerable promise.

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This drug when injected lasts approximately 30 days and is comparable in cost to one oral pill of the same medication which lasts for less than 24 hours. More important than the cost, however, is the fact that this provides a method by which one can be sure that the patient is taking his medication consistently; already several patients in the project have been able to be released from the hospital which would not have been possible, because of resistance to taking medication, had this drug not been available. *no*

Considerable groundwork has been laid for the establishment of an adaptive ability testing laboratory in the Department of Psychology. This will provide a service function in testing organic impairment of patients very discretely and finitely, and will also have research potential. A study on the follow-up of patients who have been treated in the Child-Adolescent Unit of the State Hospital has begun and hopefully can be expanded during the coming year. A faculty member of the State University at Stevens Point used our patient population for a research project of his design. We have included research design in federal grant applications, specifically the In-Service Training Grant and the Television Demonstration Grant. Other studies are under way or in the formative stages. *no*

#### Public Information

There has been considerable expenditure of staff time in informing the public about this hospital specifically and about the fields of mental illness and mental health generally. Particularly successful and useful was "Legal Day" this year which was attended by numerous attorneys, judges *yes*

and psychiatrists from throughout the state. A joint effort of the staff of Central State Hospital and Winnebago State Hospital, it attracted three nationally known speakers who discussed very practical issues with respect to ability to stand trial under Wisconsin Statutes. The hospital was host to the Winnebago County Medical Society for a scientific meeting and also to the Wisconsin Psychiatric Association for a scientific meeting. The chaplaincy teaching programs for the clergy of the area were continued and expanded. The Open House was commented on above. Many of our staff members have been involved frequently in public speaking to numerous lay and professional groups on a variety of subjects through the Speakers Bureau. The hospital was featured in a television program and was the subject of a considerable number of newspaper articles. Intensified and better coordinated efforts in Public Information are planned and already underway.

. . . . .

This brief report can only focus on progress and problem areas; it is not a documentary of all that has occurred in the past year in what is a large, complex operation. As such, some departments and persons, while not named or highlighted in the report, continue to give conscientious, meaningful service to the hospital and their service cannot be left unacknowledged.



## III. PLANS AND GOALS

Over all the hospital will seek to provide full-range comprehensive psychiatric services where necessary; supportive, back-up resources where desirable; and education and research services where possible. Specifically, we hope to accomplish the following in the coming year:

- A. Make the one-year Psychiatric Residency Program operative.
- B. Continue development of specialized programs without disruption of established resources. Geriatrics is the most logical area of emphasis.
- C. Make the on-grounds Campsite functional.
- D. Continue efforts to obtain the Demonstration Grant and begin efforts to obtain a Hospital Improvement Grant.
- E. Participate with other Winnebago County units in the development of a Comprehensive Mental Health Center. Preliminary discussion surrounding this has been in progress.
- F. Continue a heavy emphasis on community agency involvement and development as well as on public information services.
- G. Continue to analyze our operations generally both clinical and administrative with even more scrutiny, discarding the ineffective and redundant, preserving the demonstrated and useful, developing the possible and potential.

## IV. A CONCERN

If I may, at the end of this report, voice a concern. This hospital has made great strides and progress in the last six years. Now more emphasis and concern and support can be given to local programs in the hopes that they too can develop valuable and acceptable services. This means county mental hospitals--timely in their concept because of closeness to community--can begin to be more than facilities for the care of the long-term patient as has been traditional. However, in the seductive goal of becoming open, therapeutic, modern facilities county hospitals cannot abdicate their responsibility for the care of the long-term patient. If acute treatment can be made available locally, and if it can be done in addition to, not instead of, responsibility for the long-term patient, then that is progress. Some county hospitals have voiced the desire to be open units, no locked doors, with responsibility only for the care of the easily managed patient who requires little or nothing in the way of security measures. Difficult, long-term patients would be transferred to and cared for at the State Hospital. If a county psychiatric hospital is to be a hospital, not a home, then at the present stage of our knowledge in psychiatry, there will still be difficult patients, some locked doors, and some patients who require long-term care. Hopefully the county hospitals will continue to see the long-term patient, even though difficult, as their responsibility. If this type of patient became sole responsibility of the State Hospital, much of the progress of the past years in the State Hospital would be negated.



Winnebago State Hospital

## Population Movement

Additions

	<u>1964-65</u>	<u>1965-66</u>
1st Admissions	904	1016
Re-admissions	483	556
Return from Conditional Release	176	195
Return from Family Care	6	9
Return from General Hospital	0	1
Return from Court	12	9
Transfers In	<u>198</u>	<u>169</u>
	1779	1955
Return from Unauthorized Absence	<u>79</u>	<u>75</u>
	1858	2030
Return from Home Visit	1015	1055

Separations

	<u>1964-65</u>				<u>1965-66</u>					
			<u>HV*</u>				<u>HV*</u>			
Releases	555	+	90	=	645	481	+	197	=	678
Conditional Releases	347	+	186	=	533	335	+	236	=	571
Deaths	56	+	1	=	57	61	+	1	=	62
Transfers Out	477	+	1	=	478	421	+	1	=	422
Return to Court	26	+	0	=	26	37	+	0	=	37
Family Care	15	+	2	=	17	13	+	2	=	15
Deportations	24	+	0	=	24	22	+	0	=	22
General Hospital	<u>0</u>	+	<u>0</u>	=	<u>0</u>	<u>1</u>	+	<u>0</u>	=	<u>1</u>
	1500	+	280	=	1780	1371	+	437	=	1808
Unauthorized Absence	<u>89</u>	+	<u>6</u>	=	<u>95</u>	<u>101</u>	+	<u>6</u>	=	<u>107</u>
	1589	+	286	=	1875	1472	+	443	=	1915
Home Visits					1313					1512

\*Released while on home visit

Winnebago State Hospital

	<u>Rated Bed Capacity</u>	<u>Population June 30, 1965</u>	<u>Population June 30, 1966</u>
Main Building	140	94	133
North Cottage	43	27	36
Kempster Hall	230	165	181
Hughes Hall	196	176	205
Gordon Hall	<u>206</u>	<u>160</u>	<u>168</u>
	815	622	723

	<u>1964-65</u>	<u>1965-66</u>
Average daily population	662	690
Change in average population	Decreased 6.2%	Increased 4.2%
Percentage of re-admissions (excludes returns)	25.9%	27.3%
(includes RCR)	35.4%	36.9%
Change in admissions over previous year	Decreased 1.6%	Increased 9.8%
Medical-Surgical Transfers in	99	95
Transfers from Wisconsin Home for Women	13	3
Section 957 Commitments	14	9
Number of Deaths	56	61
Number of Autopsies	29	21
Percentage of Autopsies	51.7%	34.4%
Admissions 18 years old and younger	144	144
Admissions 65 years old and older	238	232
Drug Addicts Admitted	8	7
Inebriates Admitted	(10.79%) 192	(18.3%) 359
Voluntary Admissions	(22.5%) 400	(27%) 527
In-patient days for year	241,619	251,710



