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WINNEBAGO

STATE

HOSPITAL

1968-1969



OLD DREAMS FULFILLED.....NEW GOALS UNCOVERED

OLD MAIN, OLD MEN AND MAN

Conceived of necessity more than choice, out of misery and uncaring
Born with fantastic labor, ridiculed now by a flippant steel marauder
Grew so big, so tall, to encompass 1000;
Matured protecting paternally its captives, its children
Aged in silent watchfulness over a century of progress and turmoil
Stood strong.

Then subtle evisceration and amputation
Contraction, abandonment, declination
Earth worms consuming, power and pushing
Tugging, pulling, crushing--rushing
A groan, toppled, stillness, death
Finally to dust, whence it rose.

Birth, youth, aging, death
Why bother, what for?
For being, for doing, for helping, for caring
For protecting, experiencing, nurturing, sharing
Walls crumble, so do men
But what they did, or tried, or were
Remains.

New buildings spawned, trim and new
Modern, conditioned, maintenance free
Carry a shadow, and a task
Indelibly.
So do we.



State of Wisconsin

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DIVISION OF MENTAL HYGIENE
WINNEBAGO STATE HOSPITAL
WINNEBAGO, WI-54985

VISITING HOURS
TUES. - THURS. - SAT. - SUN.
FROM 1 TO 4 P.M. AND
6:30 TO 8:30 P.M.

CHILDRENS UNIT
SAME, EXCEPT NO VISITING
TUES. AND THURS. AFTERNOON

Mr. Franklin Walsh
Chairman
Board of Health and Social Services
1 West Wilson Street
Madison, Wisconsin 53702

Dear Mr. Walsh:

I am pleased to present the 1968-69 Annual Report of Winnebago State Hospital.

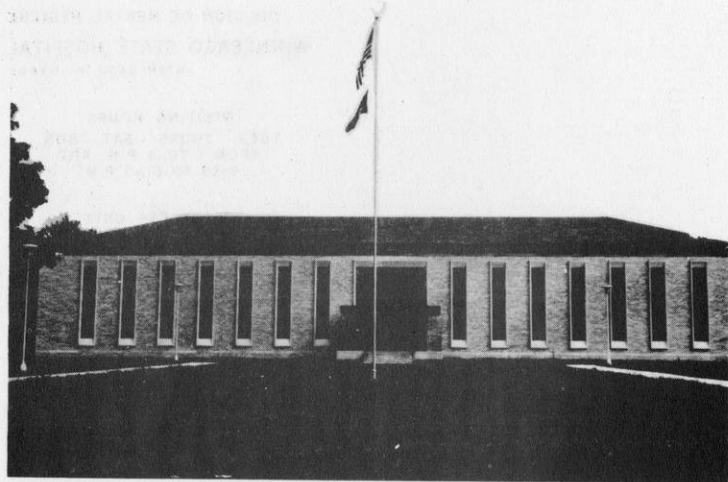
This was an important, a milestone, year. An old dream was fulfilled with the demolition of Old Main and the completion of the replacement building program. A new goal was implemented with the activation of a residency program. An old image erased; a new image begun.

It was a busy year. More patients were admitted in 1968-69 than in any of the prior 96 years that the hospital has existed. Yet, in spite of the record admission rate, because of active, quality, and admittedly expensive staff effort, average daily resident population dropped to 601. The last time this hospital had so few patients resident was a long time ago--1903.

What follows is a more complete description of this important year. We fully intend to do as well in the coming years. Yet to do so will require continued far-sighted support of dollars and resources; a support that realizes it costs money to mend people; a support that realizes that what is important is not how many stay in the hospital but rather how many come, are treated, and are released to live again with their families. With such support that is not willing to forfeit long-term gains for short-term economies, we hope in fact not only to match our success of this year in the years to come, but by even more effort, and by new inquiry, to improve it.

Sincerely,

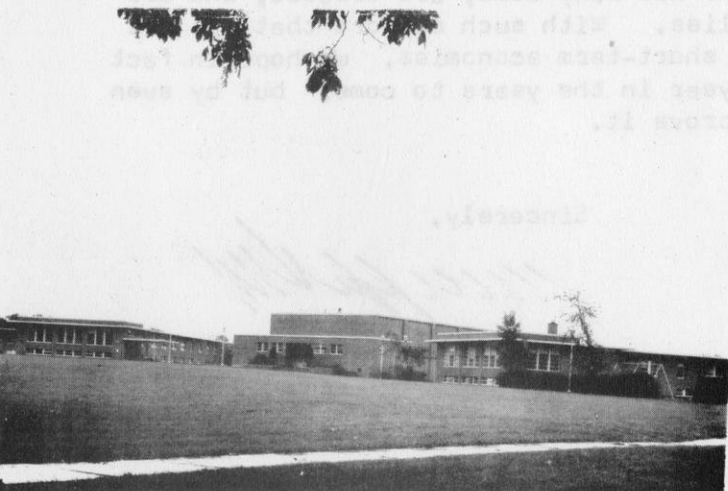
Darold A. Treffert, M. D.
Superintendent



The Administration Building, completed in December, 1968, contains numerous clinical and administrative offices, the research department, professional library, medical records room, personnel offices, personnel health clinic, communications center, and a 131-seat auditorium.

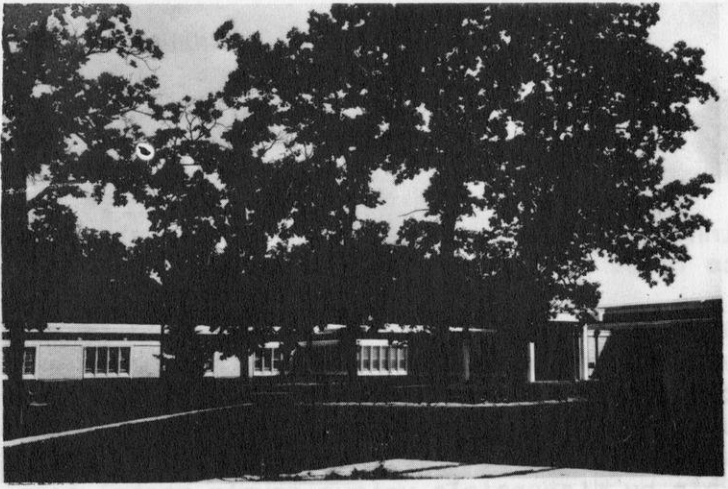


Kempster Hall, constructed in 1950, contains four 50-bed units for adult psychiatric patients, a 34-bed medical-surgical infirmary, an operating suite, x-ray unit, pharmacy, laboratory and EEG facilities. A specially equipped neuropsychology laboratory is housed on the ground floor.

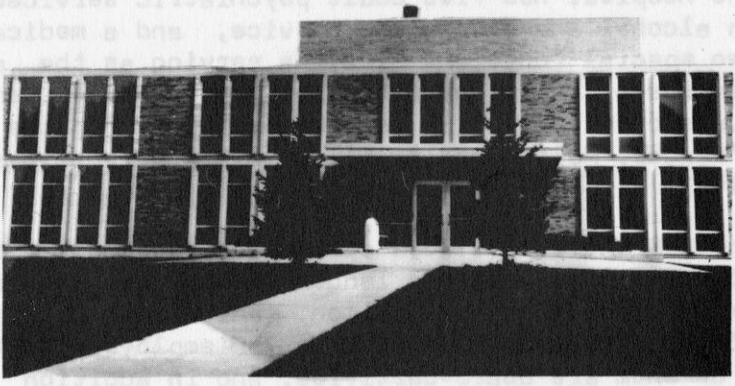


Hughes Hall, completed in 1955, houses the child-adolescent unit and school facilities (pre-school through grade 12), in-service education, music therapy, and nursing education departments. A fully equipped auditorium-gymnasium makes up the center section of the building. The Children's Consultation Service, established in 1967, has its offices in Hughes Hall also.

Gordon Hall, completed in 1964, houses geriatric patients in one-half of the building and inebriates in the other half. It has a capacity of 200 patients. A completely furnished dental department including an operating suite, as well as medical isolation areas are added facilities of this building. Psychology has its departmental offices in this building also.



Sherman Hall, completed in 1967, houses 194 adult psychiatric patients including those in the Winnebago County Comprehensive Mental Health Center. Like each of the other patient buildings, it has its own dining room, activity therapy areas, group therapy rooms, classrooms, and offices for professional staff. Volunteer Services has its headquarters in Sherman Hall.



The all-faiths Chapel was dedicated on 10-12-69. In addition to the nave, which seats 200 persons, there are two small side chapels available for private meditation. The basement contains rooms of various sizes for meetings. Like all buildings in the complex, the Chapel is tunnel connected.



WINNEBAGO STATE HOSPITAL

ANNUAL REPORT

July 1, 1968 - June 30, 1969

Winnebago State Hospital has a long history but a timely role. It received its first patients in April, 1873.

But Winnebago is unlike most State Hospitals. Rather than outdated facilities, overcrowding and understaffing, Winnebago has a new physical plant, a 74% occupancy rate, and a better than 1:1 staff-patient ratio. It has an admission rate four times its resident population, a short length of stay, and few long-term patients. Its role as an acute psychiatric treatment center is made possible by Wisconsin's unique county mental hospital system that takes responsibility for the long-term patients, freeing the two State Hospitals for their specialized, intensive treatment function. Consequently, while the hospital serves geographically one-half the State of Wisconsin, it has a resident population of less than 700 patients.

The hospital has five adult psychiatric services, a child-adolescent service, an alcohol and drug abuse service, and a medical-surgical-geriatric service. Two special functions include serving as the acute in-patient unit of the Winnebago County Comprehensive Mental Health Center, and serving the entire State of Wisconsin as the forensic unit for the female mentally ill criminal offender. Male mentally ill criminal offenders are served by Central State Hospital.

In 1968 there were 2061 admissions, and 2057 discharges. Average daily population was 601. Average length of stay was approximately 54 days. Total budget expenditure was \$7.1 million, which gave an average daily per capita cost of \$33.90. Present staff totals 750 employees including 16 full-time psychiatrists, 9 of whom are board-certified, and in addition 8 full-time general physicians and specialists.

In addition to its service function the hospital has a large commitment to research, training and education. Programs are in operation for the training of psychiatrists, psychologists, social workers, professional and practical nurses, teachers, occupational therapists, chaplains and dietitians. Extensive in-service training programs run continuously for psychiatric aides, nurses and activity therapy personnel. Research and activities have been carried out in many of the clinical areas but have been particularly focused in the areas of disturbed children and alcoholism.

The hospital is accredited by the Joint Commission on Accreditation of Hospitals and is certified as a participating hospital for Health Insurance under Social Security. It has a Psychiatric Residency program approved by the American Medical Association Educational Council in conjunction with the University of Wisconsin Medical School Department of Psychiatry.

CLINICAL SERVICES

In the hospital overall admissions reached an all-time high of 2061 in 1968-69. At the same time resident population dropped to 601. Average length of stay of the 2057 patients discharged in 1968-69 was 54 days. There continues to be a significant change in the population mix. Increasing numbers of patients age 18 and younger continue to be admitted, and there has been a drastic increase in inebriate admissions - a total of 669 this year, compared to 195 in 1964-65 for example. In terms of current resident population, 10% are inebriates and 33% are under 21 years of age.

The Adult Units

Over 90% of the 2061 admissions in 1968-69 were first admitted to one of the adult services, which includes two male units, two female units, the Winnebago County Comprehensive Mental Health Center, and the specialized Alcoholic Treatment Unit. Some of these patients were later transferred to the Medical-Surgical Unit in the case of the geriatric, and some to the Child-Adolescent Unit in the case of the 16-18 age group, but the majority remained on the adult services throughout their hospital stay.

The proliferation of community resources has seemingly affected our admission rate very little quantitatively; in fact, 1968-69 was the busiest in the hospital's history. Qualitatively, however, there has been an impact in that those patients coming here now are usually difficult and complex, whose treatment needs exceed community resources and require specialized services. What we have gained in having fewer patients resident on any given day is far overshadowed by the complexity of the patients who are here.



Specialized problems require specialized services and these have begun to emerge on the adult units. One such program is directed toward the 16-21 year-old adolescent, all of whom are first admitted to the Adult Services. There were 168 such admissions in 1968-69. While some were transferred to the Child-Adolescent Unit, many remained on the Adult wards and "commuted" to school, whether our own school, the local high school, Wisconsin State University, or the Oshkosh Technical Institute. In addition to these special education arrangements, this group received specially programmed group and individual psychotherapy and specially tailored recreation programs.

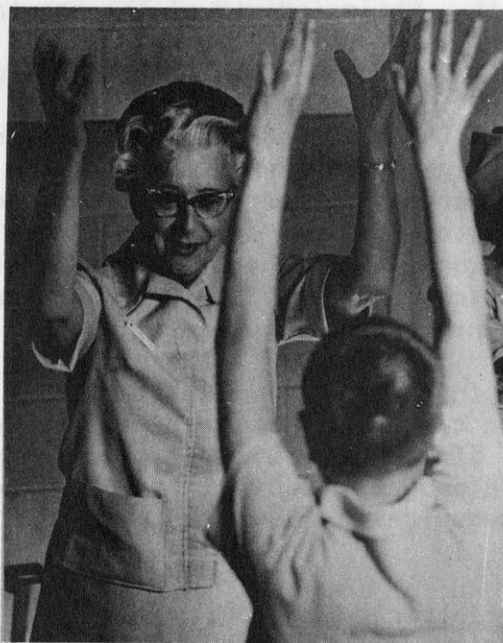
Another specialized program is for the severely mentally ill individual who requires more than community treatment resources can provide. Behavior modification techniques are used with these often chronic patients to improve their level of functioning so that they can be cared for ultimately by local resources. Lithium Carbonate has been available to those patients both in our hospital and in the County Hospitals through our Federal Drug Administration approved Lithium study.

Our Forensic program is being used increasingly by the courts. In 1967-68 we had 8 patients sent to this hospital for criminal Observation, and in 1968-69 we had 28 such patients, and this level of referral seems to be increasing. The thrust of these increasing admissions are with male criminal observations. In addition to criminal observation cases, about 15 women are here on any given day on continuing commitments, having been found not guilty by reason of insanity. Because of the increasing utilization and complexity of this specialized service, we hope in the coming year to devote a psychiatrist nearly full-time to this special caseload.

Another specialized function is that of treating the alcoholic. Inebriates are admitted directly to a coeducational separate unit, and the number of inebriates admitted to this unit has increased from 400 in 1966-67 to 558 in 1967-68, and 669 in 1968-69. Our focus here has been on detoxification and rehabilitation through psychosocial types of treatment in a short-term sense. The ATU uses an eclectic approach applying all the known methods for the treatment of alcoholism. Such modalities as tranquilizers, Antabuse, group psychotherapy, family therapy and education are used along with Alcoholics Anonymous. Obviously, Vocational Rehabilitation also plays an important role in this particular unit.



While these specialized services have developed and continue to be refined we still do receive many acute first admission mentally ill individuals from our particular catchment area of the state. There are still many counties and many areas that do not have facilities to treat the mentally ill adequately and for those we are the total treatment resource. Thus, while we have been able to concentrate on specialized programs, we at the same time must maintain an adequate and quality full-range comprehensive service to help those counties who do not have any local resources. The Winnebago County Comprehensive Mental Health Center is functioning very well in its third year of operation. The lines of communication that have developed through the Center's emphasis on comprehensiveness and continuity of service have served as models to other communities in the state, as to how the hospital can work more closely and cooperatively with them as well as how they might learn to cooperate with other agencies within their own community.



The Child-Adolescent Units

During the year there were 107 patients admitted to the Child-Adolescent Unit (CAS), and 53 patients admitted to the hospital through the Children's Consultation Service (CCS). Peak population on the service was 140 in May, 1969. The Children's Consultation Service has been very effective in screening out inappropriate admissions. Of 145 patients seen by CCS, only 51 of these needed to be brought into the hospital for inpatient evaluation. Probably most of these formerly would have actually been admitted for an evaluation had there not been available a full team who can devote their full and specific effort toward outpatient evaluation.

While space itself is not a problem in Hughes Hall, it is our continued conviction that cottages are needed for the very young, severely ill child. Hughes Hall lends itself well, with its dormitory atmosphere, to the adolescent, but it is not a good environment for family-type living for children, some of whom will need to be in the hospital for a long period of time. We intend to renew our request for cottages for this group of children.

Within the past year we have had more than the usual number of very young, very disturbed children entering the hospital. This is partly because we have developed a special treatment program for this handicap but is also because while some communities have developed short-term crisis intervention resources for children, these seriously disturbed psychotic children have treatment needs that exceed the resources of any community. These admissions, increasing in number, are especially significant because they stay in the hospital for several years. While our unique treatment program has produced significant behavioral changes, progress is painfully slow. Thus, with the relatively long length of stay, this population will necessarily grow.

During the past year there has been more individual work with children than in the past. Part of this has been accomplished by using full-time staff, but also an increased number of college students, under close supervision, have been used as therapists also. Thus, those patients for whom individual psychotherapy is appropriate can receive it. While individual therapy in our opinion is not the most crucial treatment tool with children, we now have resources with which we can individualize treatment programs more than in the past.

The school draws from CAS, CCS and the adult services in the 18-21 years of age group. An all-time high student enrollment of 169 was reached in June, 1969. That month also the largest number of graduates completed their course of study. Twelve seniors graduated from our Waterwood School either through Oshkosh High School or their own local high school. Overall of those students who left the hospital during the school year, 70% either entered regular education classrooms or received regular high school diplomas.

Approximately \$7000 in equipment and instructional materials were purchased with Title I funds during the year. 2½ positions are federally funded along with 3 active assistants. Since budget requests for new positions in the vocational areas were denied, a program need continues for the patients who are vocationally rather than academically directed.

Medical-Surgical-Geriatric Units

There were 89 admissions from county hospitals for specific medical or surgical evaluations, an increase over the previous year. 77 of these admissions were direct admissions to 3 Kempster from county hospitals and 12 were admissions through our psychiatric wards. There was concurrently an increase in the number of admissions to this service from the psychiatric service. There was a decrease in the number of individuals seen in specialty clinics, particularly medicine and surgery, and a significant decrease in the number of individuals seen at gynecology. This reflects an increase in the medically-oriented staff attached to psychiatric units. Minor problems formerly sent to the clinics are now being handled by support physicians on the various psychiatric units.

During the past two years, there has been a gradual decrease in the admissions to the Geriatric Unit and at the same time there has been an increase in the administrative disposition of individuals in this age group. Because of this decreasing population it has become feasible to consolidate the male and female geriatric services in one wing of Gordon Hall. A nurse geriatric specialist, Miss Elizabeth Wyalowski, was hired during the year and has contributed significantly to nursing procedures relating to the management of the geriatric patient especially those in the infirmary category. Contemporary treatment techniques such as reality orientation, use of daily living skills and rehabilitation, and modified conditioning therapy programs have been incorporated into the treatment regime.



During the past years there has been a declining need for tuberculosis hospitals for the mentally ill. This has resulted in the closing of Muirdale Sanatorium in Milwaukee and the planning by Douglas County Hospital for discontinuing their tuberculosis program. When this happens, our hospital will assume the responsibility for treatment of active pulmonary tuberculosis. Plans necessary to provide this service are now being made.

In all the above programs the community continues to show an increasingly high level of interest and involvement. The attitude has changed from one of a simple curiosity to "What can we do to help?" They do much. Over 17,000 hours of time were donated on the part of Volunteers. Two faithful Volunteers, Mrs. Irene Balliet and Mrs. Ann Hedges, reached milestones with 5000 hours of activity each. Aside from this invaluable human investment, there is a monetary value of nearly \$2500.00 per month in donated cash and items.

TRAINING, EDUCATION AND RESEARCH SERVICES

Chapter 46 of the Wisconsin Statutes authorizes the Department of Health and Social Services "to establish . . . a program of research designed to determine the effectiveness of treatment, curative and rehabilitative programs of the various institutions and divisions of the department . . . to study causes and methods of prevention and treatment of juvenile delinquency, mental illness, mental deficiency, mental infirmity and related social problems, including establishment of demonstration projects to apply and evaluate such methods in actual cases".

From its inception and beginning Winnebago State Hospital has had a research vision and potential. Dr. Walter Kempster in his first annual report of Winnebago State Hospital (1874) stated the following: "This institution will have done a great work if it shall succeed in sending to their homes, 'clothed and in their right minds', a liberal portion of those who came to it sick and in trouble, but it will have done a much greater service to humanity if it shall have brought out new and more direct paths to the prevention of insanity". Through the years the hospital and its staff have been so busy, however, fulfilling the treatment obligation of the hospital that it has had little time, and indeed little funds, for research. Now as community programs begin to do some of the work formerly done by the State Hospital, and as the State Hospital specializes in the more difficult, complex cases, it becomes even more possible, necessary and appropriate for the State Hospital to be involved in research. It has been evident all along that the answer to the massive problem of mental illness is not in more beds or bigger and better treatment facilities, but rather, in knowledge. This knowledge in the main will not emanate from an isolated university laboratory but rather, as it has elsewhere in medicine, from where the patients are-- in clinical treatment facilities. Yet of the total expenditure of \$7.0 million, only about \$40,000, or less than .006%, is directed toward research as opposed to services.

But in spite of a rather feeble research support, a good deal has been accomplished. A partial listing of studies completed during the year and those currently under way give some idea of the range of interest:

- "Emergent and Convergent Schizophrenia"
- "Semantic Categories and Hierarchy of Systems in the Concept of Chronic Alcoholism and its Treatment" - (Yearbook of Society for General Systems)
- "Biogenetics and Schizophrenia" - (Journal of Schizophrenia)
- "Adolescent Elopements from Mental Health Institutions"
- "An Epidemiologic Analysis of Infantile Autism" - (Archives of General Psychiatry)
- "Statistical Incidence of Suicides in Mental Hospitals"
- "The Children's Unit--Five Years Later" - (Archives of General Psychiatry)
- "Phenothiazine Therapy in Hospitalized Children"
- "Further Report on the Use of Metronidazole in Alcoholism"
- "Birth Order and the Incidence of Schizophrenia"
- "Correlation Study of MMPI and Rudio Scores"
- "First-day Impact in Relation to Total Treatment Outcome"
- "Investigation of a New Drug--Lithium"
- "The Alcoholic Population and Normal Population - Driving Habits"
- "College Students as Volunteer Indigenous Therapists"
- "Specific Treatment in Sub-groups of Alcoholics"
- "The Viral Theory of Schizophrenia"
- "Follow-up Study on Reinforcement Therapy Patients"
- "Predicting the Post-hospital Adjustment of Alcoholic Patients"
- "Dichotomous Sub-grouping in the Criteria of Alcoholism"
- "A Comparative Study in Clinical Follow-up Methodology"
- "Development of an Adjustment Scale for Alcoholism"
- "Cardiac Abnormalities and Lithium"

In education of course our efforts continue to grow annually. The prime accomplishment this past year was the activation of our residency training program with the beginning of three residents in our approved one-year training program. On 10-15-69 we were examined by the American Medical Association Educational Council for approval of our three-year training program. On 1-11-69 Wisconsin State University-Oshkosh began an affiliation of their degree students at Winnebago State Hospital for their psychiatric exposure. Eleven students and two instructors began the program. Our efforts in the training of other degree and diploma nurses continues along with the therapists, social workers, music therapists, dietitians, special education teachers, and a number of other categories of workers in the mental health fields. Other kinds of education were carried out, including our Clergy Day program which attracted 319 clergymen and stressed "The Initial Interview". Our annual symposium for General Practitioners throughout the state was held on 10-23-68 and was attended by over 60 General Practitioners. Throughout the year, of course, many groups and classes visit the hospital, and in addition to a formal Career Day which attracted over 700 high school students to the hospital to hear about careers in the mental health fields, a total of 3062 people toured the institution at some time during the year.

ADMINISTRATIVE AND SUPPORT SERVICES

From 1873 to 1951 one building, Old Main, essentially was Winnebago State Hospital, and at one time the building alone housed nearly 1000 patients. In 1949 a replacement building program was begun and now with that building program complete, and with the hospital's 600 patients all housed in relatively new buildings, Old Main, having outlived its usefulness is gone. As mentioned previously, yet very much needed are children's cottages particularly for the severely disturbed, very young child. While a proposal was submitted for these buildings, it was not approved.



WINNEBAGO STATE HOSPITAL

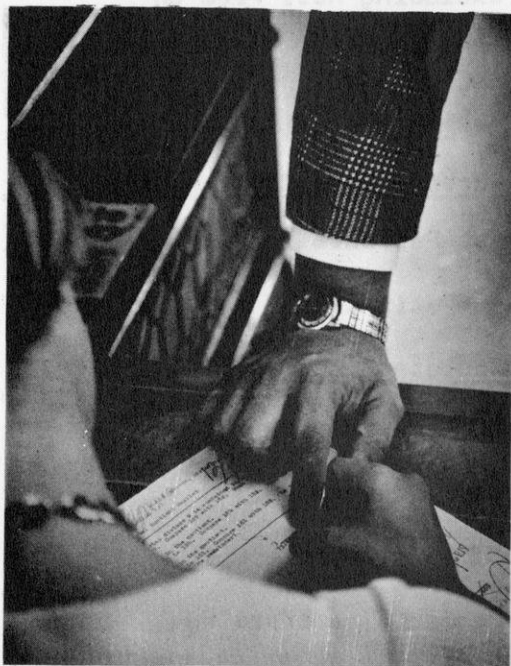
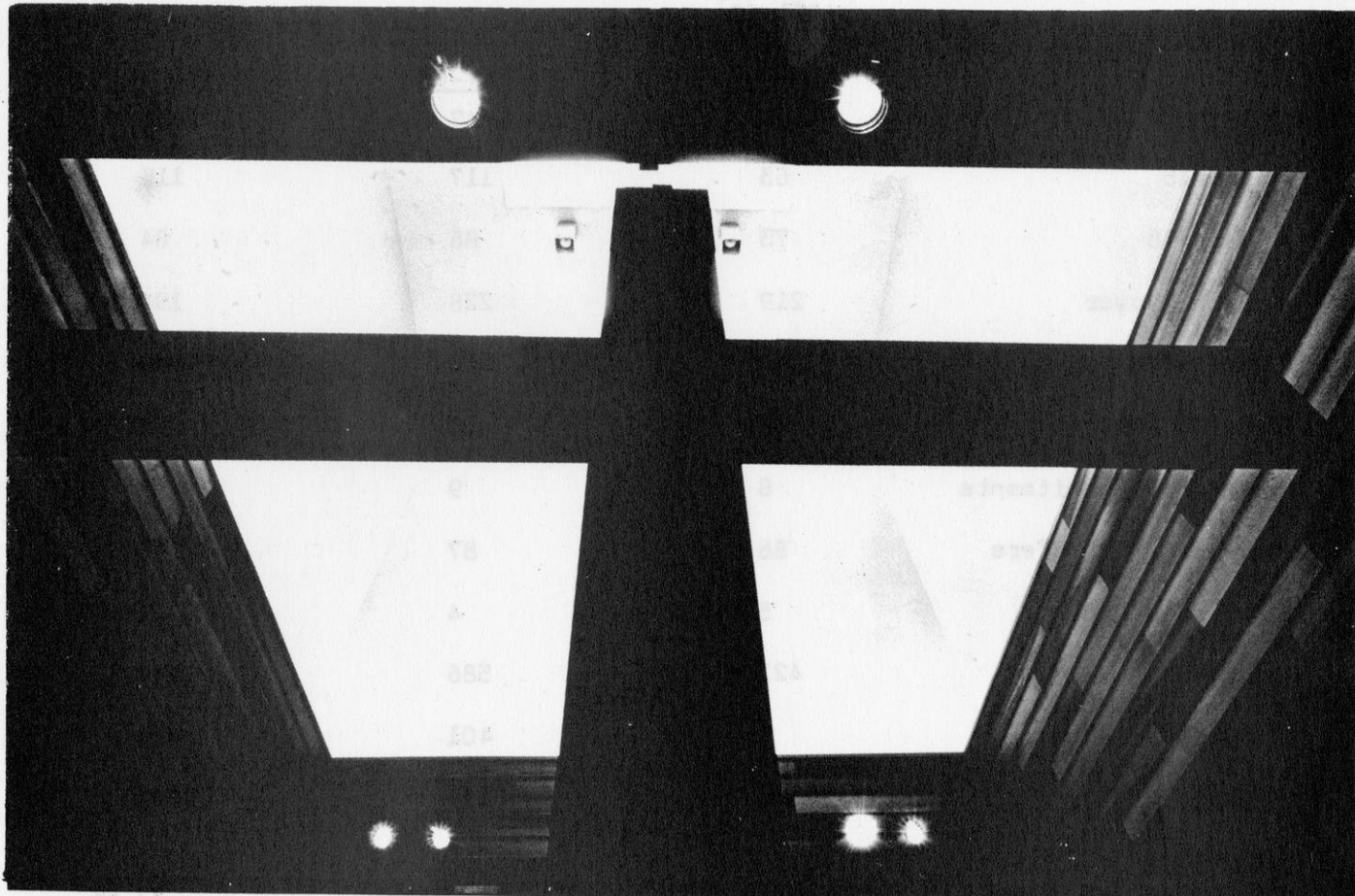
Population Movement

<u>Additions</u>	<u>1967-68</u>	<u>1968-69</u>
1st Admissions	1102	1123
Re-admissions	637	639
Ret. from Conditional Release	127	108
Ret. from Family Care	11	17
Ret. from Court	10	18
Transfers In	<u>160</u>	<u>159</u>
	2047	2061

<u>Separations</u>	<u>1967-68</u>	<u>1968-69</u>
Discharges	1113	1175
Conditional Release	411	324
Deaths	74	59
Transfers Out	488	414
Ret. to Court	22	52
Family Care	16	23
Deportations	<u>14</u>	<u>10</u>
	2138	2057

Unauthorized Absence	203	190
Home Visit	4509	4840

	Average 1961-62 to <u>1966-67</u>	<u>1967-68</u>	<u>1968-69</u>
<u>Admissions</u>	1857	2047	2061
Age 0-15	63	117	115
Age 16-18	73	86	84
Age 65 & over	219	228	194
Inebriates	291	558	669
Drug Addicts	10	10	6
Sect. 957 Commitments	8	9	28
Med-Surg. Transfers	86	87	77
WHW Transfers	5	4	4
Voluntary	423	586	549
Vol. Inebriates		401	459
<u>Discharges</u>	1832	2139	2057
<u>Readmissions</u>			
Including Ret. from CR		34.5%	33.6%
Excluding Ret. from CR	32.1%	28.7%	28.8%
<u>Deaths</u>	62	72	56
Autopsies	26	19	28
<u>Children's Consultation Service</u>			
Out-Patients		83 84	91 153
In-Patients		68 62	54 53
<u>Interstate Transfers</u>			
Deportations In		0	0
Deportations Out	22	11	5
Compact Transfers In		2	6
Compact Transfers Out	1	3	5
<u>Average Daily Population</u>	770	654	601
<u>Median Length of Stay (Days)</u> for discharged patients	72.3	52	54



We are pleased to have the new administration building and the new chapel. We point with pride also to the addition of four bunkhouses to the Picnic Point lodge and campsite. The campsite, developed entirely with donated monies through a fund drive of the Winnebago County Mental Health Association, received rather heavy use not only by hospital patients but community groups as well. The camp was in operation for the first full year, serving groups from both private and governmental help-giving organizations. Included were county and state hospitals, schools for the retarded, residential treatment centers, sheltered workshops and groups of physically handicapped and economically deprived individuals. The camp was open from March through November and provided 98 days of camping in 60 different camping sessions.

This was the first year in which we had experience under a labor contract and in general have enjoyed admirable labor relations. There was an average of 822 employees per month and because of salary increases the average monthly salary per employee rose from \$512.42 in 1967-68 to \$551.70 in 1968-69. This difference per employee represented an increase in our operating cost of over \$40,000 per month, or nearly \$500,000 for the year 1968-69. Escalating salary costs are of course not unique to this setting, yet when they are coupled with a decrease in resident population as outlined above, per capita costs rise steeply. Daily per capita cost at Winnebago State Hospital for 1968-69 was \$26.75.

Another significant advance in the area of personnel was the establishment of a computerized payroll as part of Project Impact. While initially it has caused us a great deal more work than previously, hopefully it will in the long run be time-saving.

In the area of Food Service a pilot study is under way for the Meal Pattern approach to purchasing and menu planning and its success is contingent on adequate budget support as well as the capability of the Food Service staff to interpret and carry out the plan. From our observations to this date it would appear to be a successful approach.

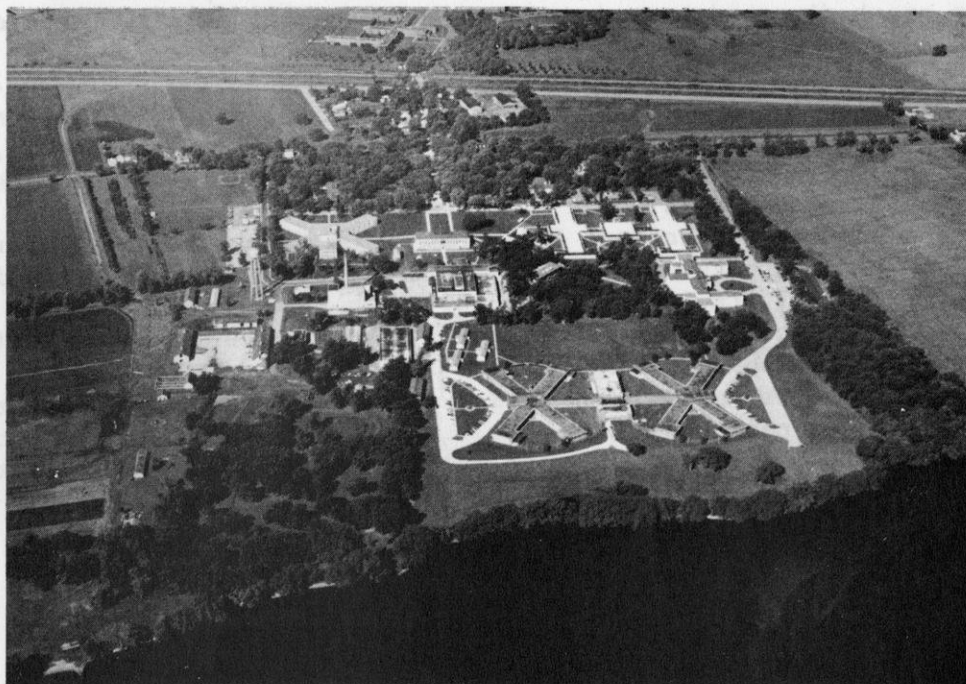
This past year we received Federal grants in the amounts of \$16,000 under Title I appropriations, and approximately \$25,000 were spent in the Federal in-service grant directed toward continuing management skills for middle management nursing personnel.

Total budget expenditure for Winnebago State Hospital was \$7.1 million. Total Winnebago State Hospital collections for the past fiscal year were \$1,579,754.96 which includes Medicare, Medicaid, and all other sources. It should be remembered that the parents of patients under 21 years of age are billed only at \$60 per month so consequently collections from that group do not begin to approximate the actual cost. The total cost of operation of Winnebago State Hospital rose from 4.5 million to 7.1 million in 1968-69, or a rise of 55.8%. This compares to a rise of 58.4% for the same period of time for all American Hospital Association registered hospitals, and a rise of 69.6% for all non-federal short-term general and other special hospitals. Per capita costs at Winnebago rose 20%. Certainly per capita cost as a sole measure of hospital cost and effectiveness is indeed imperfect since per capita cost ignores the dynamic costs of admitting, treating and discharge--turnover--and treats static and dynamic population as if they were equal.

PLANS AND GOALS

Overall the hospital seeks to provide full-range, comprehensive psychiatric services where necessary; supportive back-up services where desirable; educational and research services where possible. Specifically it is hoped to follow and can be accomplished in the coming year:

1. Introduction of a three-year residency training program in psychiatry in addition to the current one-year program.
2. Approval for the construction of two children's treatment cottages.
3. Development of a specialized forensic program which, while not housing all patients in one area, would be the direct responsibility of a single psychiatrist.
4. Adopt and use a responsibility reporting system both for fiscal control as well as for administrative organization.
5. Assume responsibility for the tuberculous mentally ill program for the entire state of Wisconsin both from the inpatient responsibility standpoint as well as evaluation and follow-up.
6. Seek to change the name of the hospital to more accurately reflect its function as a specialized service, training and research center.
7. Activate the federal demonstration grant, "Communication by Television in Mental Health Centers", now approved by NIMH but awaiting funding; and also activate a Library Resources grant, also approved by NIMH but awaiting funding.
8. Increase research activities.



WINNEBAGO STATE HOSPITAL

Darold A. Treffert, M. D.	Superintendent
Thomas J. Kelley, M. D.	Clinical Director
Paul H. Thies	Business Administrator

Directors

Edward R. Loftus, M. D.	Medical-Surgical-Geriatric
George O. Lysloff, M. D.	Training and Research
Ralph K. Baker, M. D.	Adult Services
Richard Stafford, M. D.	Child-Adolescent Services

Department Heads

Burton S. Menzel	Business Office
H. David Goers	Personnel
Richard W. Krajeck	Registrar
Miss Alice Sloman	Medical Records Librarian
Mrs. Margaret Ernst	Professional Librarian
Mrs. Gertrude Bengtson, R.N.	Nursing
Gordon Filmer-Bennett, Ph.D.	Psychology
Clifford Frey, D.D.S.	Dentist
Gerald Stein, M.S.W.	Social Service
Mrs. Erna Payton	Laboratory
Mrs. Geraldine Behm, R.T., R.E.T.	X-ray
George Gerhardt	Pharmacy
James O'Reilly	Volunteer Services
Miss Nancy Norgord, O.T.R.	Activity Therapy
John W. Logue	Special Activities
Paul Dreifuerst, M.S.	Child-Adolescent Education
Larry Nichols	Management Analyst
Richard Oberts	Food Service
Thomas Vienola	Housekeeping and Laundry
Karl Knudsen, P.E.	Engineering
Ira Carlson	Greenhouse and Grounds
Rev. Dayton Van Deusen	Protestant Chaplain
Rev. Andrew Nelson	Catholic Chaplain

Photo acknowledgements:

The Paper for Central Wisconsin
Page 5, 6, 7 (right side), 14

Oshkosh Daily Northwestern
Page 7 (center), 11

Appleton Post Crescent
Page 16

Department of Health & Social Services - C. A. Keller
Cover, Page 2, 3, 7 (left side), 9

