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East Mississippi State Hospital

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BIENNIAL REPORT

of

EAST MISSISSIPPI STATE HOSPITAL
Meridian, Mississippi

to the

LEGISLATURE OF MISSISSIPPI

July 1, 1965 to June 30, 1966
July 1, 1966 to June 30, 1967

B O A R D O F T R U S T E E S

Dr. James Grant Thompson, Chairman

Dr. Victor Landry

Mr. Theron Harden

Mr. Ray Smith

Mr. John G. Furr

Mr. Seth Hudspeth, Executive Secretary

P R O F E S S I O N A L S T A F F

Reginald P. White, M.D., Director

James T. Champion, M.D., Clinical Director

Percy T. Howell, M.D., Staff Physician

Wiley D. Lewis, M.D., Staff Psychiatrist

William F. Pohl, M.D., Staff Physician

C. C. Massey, DDS., Dentist

Brady A. Henry, Psychologist

Robert L. Williams, Pharmacist

Mrs. Ava Alford, ACSW, Social Worker

H. E. Buzhardt, M.D., Staff Physician (Part-time).

C O N S U L T I N G S T A F F

William L. Carter, M.D., Internal Medicine
William L. Thornton, M.D., General & Orthopedic Surgery
Richard F. Riley, M.D., General & Orthopedic Surgery

B U S I N E S S S T A F F

Mr. A. E. Reed, Business Manager

Mrs. Ann Kimbriel, Bookkeeper

C H A P L A I N

Rev. Silas B. Harrington

E A S T M I S S I S S I P P I S T A T E H O S P I T A L

R E P O R T O F T H E D I R E C T O R

T O

T H E B O A R D O F T R U S T E E S O F M E N T A L I N S T I T U T I O N S A N D T H E L E G I S L A T U R E
O F M I S S I S S I P P I

Gentlemen:

This will constitute the narrative introduction to the Forty-first Biennial Report of East Mississippi State Hospital. This report will cover the period July 1, 1965 through June 30, 1967.

In the interest of brevity and conciseness, I will limit my preliminary recognition of the multiple efforts of multiple employees of East Mississippi State Hospital in making this report, and the accomplishments thereof, possible. Most, if not all, of the administrative and professional employees of our hospital have "worn two (or more) hats" during the past biennium. They have done so willingly, and without complaint, in their efforts to achieve the greatest possible benefits for the patients of East Mississippi State Hospital, who are our responsibility.

I would also like to express special appreciation to the non-professional employees, all of whom have been working for grossly inadequate salaries, for their dedication to their responsibilities, and their genuine concern for their patient charges. This group deserves special commendation, due to the fact that they have experienced the very real disappointment of seeing their hoped-for-relief, in the form of a living wage, delayed, pending further court action, and have continued their high quality care to our patients, and their other responsibilities in this institution.

If much of what I have to say appears to be somewhat repetitious, when compared to my fortieth biennial report, it will be because many of our same problems and needs continue to exist, some in drastically intensified form. Together now, the East Mississippi State Hospital and the Legislature of the State of Mississippi have one final opportunity to correct some of the deficiencies and inadequacies of previous years. If we do not act on this occasion, two years hence may very well see aspects beyond reclamation.

At the very outset, let me assume that degree of responsibility which I bear for my previous failure in expressing, with sufficient force, the injury to the State of Mississippi, and its citizens, of operating the East Mississippi State Hospital as a custodial institution, and on a custodial budget. By so doing, we have rendered disappointment and disillusionment to the Mississippi citizens who came to us seeking good psychiatric treatment for emotional disorders, for either self or loved ones. We have provided adequate bed and board services to our patients

and certainly no patient of East Mississippi State Hospital has gone hungry during the past biennium. I refer to hunger for food and drink, since both our patients, as well as the patients of our sister mental institutions have hungered for adequate psychiatric treatment. In retrospect, the truly amazing aspect is that any treatment has been rendered by a professional staff over-burdened with custodial and nursing care responsibilities.

Up to the present time, the great mass of the Mississippi public has been unaware of what adequate or good psychiatric care really is. However, with the advent of the nation-wide community mental health program, these same people have now shown a most gratifying interest and demand to secure this benefit for themselves and their families. It is my sincere hope and belief that the Mississippi Legislature will heed the demand from constituents, and provide the mental institutions with the support, which will enable us to provide that most necessary base upon which the community mental health program can proceed and grow. To do so will require a considerable outlay of additional funds, but this increased amount must be considered in the light of knowledge that for so many years the mental institutions, especially East Mississippi State Hospital, have been grossly inadequately funded.

I would be less than candid if I insisted that all of our problems were fiscal, and that all could be corrected simply by increasing our budgetary appropriation. While this is a mandatory first step, there are other aspects to which I must afford equal weight. The first of these is the need for fully and adequately trained manpower, both at the professional and sub-professional levels. Instead of being able to attract trained professionals into the State of Mississippi and into our mental health programs, the trend has been, actually, for young Mississippians, who have become trained and proficient in mental health professions, to seek more adequate remuneration, and active programs, in other states. While this is not an exclusive problem with the mental institutions in Mississippi, it is one which is distressing to all of us concerned with the provision of adequate mental health care to the citizens of Mississippi. Further, money alone, even if secured, will not hold mental health professionals. There must be an associated spirit of commitment on the part of the Mississippi Legislature and the elected State-level officials which will provide a climate of optimism and support for the provision of active treatment services. We can truly say in Mississippi, with regard to mental health services, that "we already know how to do better than we are doing".

Another aspect is one which is not exclusively a problem for the mental institutions, but rather one which will be shared by all agencies whose non-professional employees will be covered under the new Federal minimum wage law. While immediate implementation of this act has been temporarily delayed by the action of the Attorney-General of the State of Mississippi joining with Maryland and the several other states which are contesting it, we already have a decision by the Federal Court of Appeals that the law is constitutional and enforceable. This, in turn, has been appealed to the United States Supreme Court, and action will probably be forthcoming during the early months of the regular 1968 Session of the Mississippi Legislature. The attached budgetary request of East Mississippi State Hospital anticipates that the decision of the

Supreme Court will be to uphold the law, and the lower court decision. It does not, however, anticipate whether the payment of the minimum wage will be made retroactive to the date that the law was supposed to go into effect. If such is the case, a supplementary appropriation will be necessary to pay the difference between that which we have been paying our low-salaried employees, and that amount which the law provided. The exact amount which would be necessary, will, of course, depend upon when a decision is reached.

To proceed on to other aspects of our hospital, I would wish to stress again the necessity for a positive approach to the nursing care needs of the elderly Mississippians who have, in the past, been presented to East Mississippi State Hospital for such care. For most of this past biennium, East Mississippi State Hospital has more than met its responsibility to the elderly citizen who does have symptoms of mental illness which would require psychiatric hospitalization and treatment. In contrast, we have not admitted, knowingly, any elderly person whose only need has been for nursing home care. We have made every effort to cooperate with the families and the county welfare departments of such persons, in order to assist them in the knowledge of where appropriate financial assistance for such care might be available and forthcoming.

Even so, the percentage of elderly admissions to East Mississippi State Hospital has continued to be one-in-four to one-in-five of our total admission rate. Intensive efforts have been made to evaluate the requirements for treatment and supervision of those elderly patients presently residing in our hospital and, for those who have been found to need, and be receiving, no psychiatric treatment, preliminary efforts have been instituted to return them to their families and communities, for more appropriate care. As might be anticipated, this effort on our part has resulted in equally as many complaints and consultations with elected officials by family members as does our holding to the principle that only those elderly persons with mental disturbances be admitted in the first place.

In that reference, I can only make this promise to the Legislature of the State of Mississippi: As long as I remain Director of East Mississippi State Hospital, it will be operated as the highest quality institution for the treatment of mental illness that the budgetary appropriation permits. The legal test of eligibility of admission to my hospital will be neither the condition of the pocketbook nor the age of the person involved, but the condition of the mind.

I would be less than human if I did not succumb to the temptation to point with pride to the several very real accomplishments of East Mississippi State Hospital, and of its staff. First, our increasing reputation as a treatment facility, and gradual decreasing image as a state-subsidized nursing home has been reflected in a significant increase in the admission of persons with treatable mental disorders. This is especially shown in the number of young and middle-aged adults, as well as a fair number of adolescents, who have been sent to us because there is practically nothing else available in the State. So, also, in the area of treatment programs for our alcoholic patients, we have made significant strides in organizing a program which would go

beyond the minimum detoxification procedure, with its multiple readmissions and returns. The program is still in its early, rough stages, but we have high hopes that it will become a model program for the State.

The East Mississippi State Hospital has been designated as the resource for inpatient and partial hospitalization for the regional complex of Region Ten, which will be made up of a seven-county area surrounding the Meridian center. The Lauderdale County Board of Supervisors has highly honored the undersigned, by appointing him as Commissioner representing Lauderdale County on the Regional Commission now in process of being formed. It is our intent and sincere hope that the next biennial report will be able to list, as an accomplished fact, the formation and beginning operation of a community mental health center for this area, with East Mississippi State Hospital serving an integral and important role. This further underlines the necessity and urgency of movement of the East Mississippi State Hospital away from a custodial and nursing care function, to free those beds necessary for the increased demands which will be placed upon us as a community mental health center.

The involvement during the past two years of East Mississippi State Hospital in the field of education and training has been most encouraging. We have provided the psychiatric training resource for two schools of nursing in the area, and would have been chosen for a third more distant school, had dormitory space been available. Students who have completed our training, and have taken the state examinations, have achieved results which have been most gratifying.

With the Meridian Junior College we have also entered into a pioneering relationship of basic adult education for our employees, which has had the ultimate effect of greatly enhancing the level of communication ability, and thereby, the quality of care afforded to our patients. We anticipate a continuing close and cooperative relationship with the college in the future.

We have inaugurated also a program of training in pastoral counseling, which has been well-received and utilized by the ministers in the area. Acceptance of the hospital by the Meridian community, and the involvement of the community through volunteer activities and assistance has been most gratifying. The support of the Lauderdale County Mental Health Association has been one of the most valuable assets in the past two years. Cooperation of the local hospitals in assisting us with our acute and serious medical and surgical emergencies has been most helpful and has greatly enhanced the quality of care of our patients in these areas. Support and acceptance of the members of the medical profession in our area has been consistent and encouraging.

Following this narrative report will come the individual reports from the various department heads of our hospital. This represents their individual interest and involvement in the welfare of the patients of East Mississippi State Hospital. I am honored to serve as their Administrator.

The foregoing represents the hopes and challenges of the East Mississippi State Hospital, not only for the next two years, but for years in the future. Responsibility for the provision of the fiscal and moral support of our program rests with the recipients of this report, the Mississippi Legislature and all other State-level officials. It is my plea to them that our needs, along with those of the other mental institutions of the State be heeded, funded, and supported.

Respectfully submitted,

Reginald P. White, M.D., Director

ADMISSIONS AND MEDICAL RECORDS

Admissions and Medical Records are still combined under the supervision of the Medical Records Librarian. Due to the increase in the number of admissions and discharges, the volume of clerical work has increased to such an extent that there are now three clerical workers in the Medical Record and Admission office assisting the Record Librarian, as well as three secretaries who work under the supervision of this department, but have their offices set up on the ward near the doctors office so that they may also serve as secretaries to the ward physicians. This is also due to limited space in the record department.

Before a patient is admitted to the State mental hospital, the admission papers are checked to determine whether they are the correct type, and if they are in proper order. Since patients over the age of 65 are not admitted for custodial care, but only for acute psychiatric or mental disorders, they must have a Chancery Court order, and the okay of the Director after the Sheriff of their county of residence has verified that the patient had become so dangerous to self and/or others that they required the protection of the law enforcement officers. As soon as the patient has been sent to the receiving ward and relatives accompanying them are directed to the Social Service Department for interview as to patient's history and background, the record chart is assembled, which contains admission papers and information data concerning the patient, to which clinical notes, psychological tests, social histories, laboratory reports, et cetera concerning the patients period of hospitalization and treatment. This material is added to the chart as it comes to the record department from other departments. Copies of all correspondence regarding the patient is also filed in the same chart.

According to the State law, record books are kept of all admissions in numerical order, and also contains vital information on each patient. A card index of 3 x 5 cards has been set up for a patient index file card system instead of continuing the old alphabetical book used since the establishment of the institution, and has proved to be much faster for locating case numbers of the patients. Duplicate copies of clinical notes, psychological reports, and staff summaries are made of the case records so that the ward physician will have access readily to current

information on the patients, and the original case record containing the admission papers and other important data may remain in the record room, and are accessible to other departments needing to secure information on a patient.

In this office all telephone calls for the Director are screened, and calls regarding patients are routed to the physician in charge of the ward on which the patient is housed. This department also serves as a clearing house as to what information is given concerning the patient and their families, to interested and cooperating agencies.

Due to the increase of admissions and the tremendous volume of records, and the extremely small space for filing of medical records, several sections of shelf-files have been purchased and installed in the record room. These files provide more space for filing records as well as more floor space, which will enable us to install more shelves and afford more than twice the space for filing records than the old style four drawer file cabinets.

During the past year and half the Medical Record Librarian has been engaged in a correspondence course in Medical Record procedures, sponsored by the American Association of Medical Record Librarians.

On separate sheets are reports on the Movement of Patient Population for the fiscal years ending June 30, 1966 and June 30, 1967 as is reported to the Department of Health, Education, and Welfare, Public Health Service National Institute. This report is a breakdown of the patient population showing the number of males and females admitted, readmitted, returning from leave status; also, those going out on leave, discharges and deaths. Also, the number of patients in the institution, the number on leave status, and the number carried on the rolls are included in this report.

MOVEMENT OF PATIENT POPULATION
REPORT FOR YEAR ENDING JUNE 30, 1966

Item	Movement Category	Total	Male	Female
PATIENTS ON BOOKS AT BEGINNING OF YEAR				
1.	Resident in hospital at beginning of year	898	402	496
2.	Total on Leave at beginning of year	217	129	88
3.	TOTAL ON BOOKS AT BEGINNING OF YEAR (Items 1 ± 2)	1,115	531	584
ADDITIONS DURING YEAR				
4.	Admissions with no record of prior admissions to any inpatient psychiatric facility	366	224	142
5.	Admissions with prior admission to hospitals in same State system	229	164	65
6.	All other admissions			
7.	TOTAL ADMISSIONS (Items 4 ± 5 ± 6)	595	388	207
8.	Transfers in from other public mental hospitals in same State system	5	4	1
9.	TOTAL ADDITIONS (Items 7 ± 8)	600	392	208
SEPARATIONS DURING YEAR				
10.	Discharges direct from hospital	172	116	56
11.	Discharges from leave	309	227	82
12.	TOTAL Discharges (Items 10 ± 11)	481	343	138
13.	Transfer out to other public mental hospitals in same State system	1	1	0
14.	Deaths in hospital	113	45	68
15.	Deaths on leave			
16.	Total Deaths (Items 14 ± 15)	113	45	68
17.	TOTAL SEPARATIONS (Items 12 ± 13 ± 16)	595	389	206
PATIENTS ON BOOKS AT END OF YEAR				
18.	RESIDENT IN HOSPITAL AT END OF YEAR	859	390	469
19.	Total on trial visit at end of year	248	135	113
20.	Total on family care at end of year			
21.	Total on otherwise absent at end of year			
22.	Total on unauthorized absence at end of year	13	8	5
23.	Total on Leave at end of year (Items 19±20±21±22)	261	143	118
24.	TOTAL ON BOOKS AT END OF YEAR (Items 18 ± 23)	1,120	533	587
CHECK LINES				
25.	Items 3 ± 9 should equal Item 26	1,715	923	792
26.	Items 17 ± 24 should equal Item 25	1,715	912	793
27.	Average daily resident patient population during year	873		

MOVEMENT OF PATIENT POPULATION
REPORT FOR YEAR ENDING JUNE 30, 1967

Item	Movement Category	Total	Male	Female
PATIENTS ON BOOKS AT BEGINNING OF YEAR				
1.	Resident in hospital at beginning of year	859	390	469
2.	Total on leave at beginning of year	261	143	118
3.	TOTAL ON BOOKS AT BEGINNING OF YEAR (Items 1±2)	1,120	533	587
ADDITIONS DURING YEAR				
4.	Admissions with no record of prior admissions to any inpatient psychiatric facility	415	227	188
5.	Admissions with prior admission to hospitals in same State system	277	203	74
6.	All other admissions			
7.	TOTAL ADMISSIONS (Items 4 ± 5 ± 6)	692	430	262
8.	Transfers in from other public mental hospitals in same State system	6	3	3
9.	TOTAL ADDITIONS (Item 7 ± 8)	698	433	265
SEPARATIONS DURING YEAR				
10.	Discharges direct from hospital	255	188	67
11.	Discharged from leave	353	225	128
12.	TOTAL DISCHARGES (Items 10 ± 11)	508	413	195
13.	Transfers out to other public mental hospitals in same State system	3	2	1
14.	Deaths in hospital	104	58	46
15.	Deaths on leave	8	4	4
16.	Total Deaths (Items 14 ± 15)	112	62	50
17.	TOTAL SEPARATIONS (Items 12 ± 13 ± 16)	723	477	246
PATIENTS ON BOOKS AT END OF YEAR				
18.	Resident in hospital at end of year	865	390	475
19.	Total on trial visit at end of year	227	100	127
20.	Total on family care at end of year			
21.	Total on otherwise absent at end of year			
22.	Total on unauthorized absence at end of year	3	1	2
23.	TOTAL ON LEAVE AT END OF YEAR (Items 19±20±21±22)	230	101	129
24.	TOTAL ON BOOKS AT BEGINNING OF YEAR (Items 18 ± 23)	1,095	491	604
CHECK LINES				
25.	Items 3 ± 9 should equal Item 26	1,818	966	852
26.	Items 17 ± 24 should equal Item 25	1,818	968	850
27.	Average daily resident patient population during year	841		

Report furnished by Medical Records Department.

SOCIAL SERVICE DEPARTMENT

During this biennium the duties assigned to this department have increased. The closing of the hospital surgery necessitated use of community hospitals and the University Hospital for surgical procedures and some special treatment. It became obvious at once that aid was needed in the mechanics of admission to other hospitals. The first female patient was admitted to a local private hospital was 73 years old and admitted on Medicare. When that hospital's admission officer attempted to get identifying information and asked her age she responded that she was 18. When asked for a more accurate age she looked him in the eye and said, 'Young man, don't you try to tell me how old I am; I am 18!' It was arranged that the admission forms of other hospitals would be completed by the Social Service Department and would accompany the patient to the outside hospital. Since August 1966 more than 50 patients have had surgery and treatment in other hospitals. On request of the Ward Physician, appointments for services off the hospital grounds for eye and ear examinations, special laboratory tests or X-ray treatment are made by the Social Service Department and transportation arranged.

The past two summers there were three students in the Social Service Department each year for summer work experience. Plans for the orientation period for these students and summer students in other departments (nursing, psychology, medical students) were made and supervised by the Social Service Department. This has been a most interesting and rewarding experience but would not be possible without the excellent cooperation and help of the staff of all Departments of this hospital and the help of both public and private, community and state agencies that were visited on planned tours.

These students make us keenly aware that we need more contact with the community outside the hospital to enable better understanding by the public of current programs and hospital practices. This is done when possible by Social Work personnel in individual contacts with community leaders, in talks to groups at schools and in civic organizations.

Letters are written for patients and their packages are wrapped for mailing. Many inquiries of relatives are answered and personal property of patients that they are not allowed to keep on the ward is cared for or returned to responsible relatives.

This Department also plans with relatives for transfer of patients to Nursing Homes when this is recommended by the medical staff. During this biennium, additional financial resources for aid in the cost of nursing home care, which has been made available through the legislative appropriation for this purpose and administered by the Department of Public Welfare, has greatly aided in the removal of some patients from this hospital who need only custodial or nursing care. The limitations placed by the Welfare Department on the amount of financial assistance through this program for the individual patient, however, limits the use of that resource to patients with income or relatives financially able to supplement the amount available to meet the total cost of care. It is little help to the poor who need it the most.

Personnel in this Department also keep informed of trends in Social Work practice and in medical settings by attending professional meetings and workshops and by membership in professional organizations. We also participate in the program for Matty Hersee Hospital School of Nursing by planned interpretation and consultation.

REIMBURSEMENT DEPARTMENT

The Reimbursement Department has a director, clerk and part-time secretary. It is estimated that at least twenty-five percent of the patients admitted to this hospital secure income or other types of monetary benefits as a direct result of the efforts of this office. It is believed that some ninety percent of the patient monies deposited in the personal accounts are the direct results of these efforts. During the last biennium, \$90,000.00 were deposited to the patient hospital accounts in the Business Office after recorded and receipted in Reimbursement. The welfare of the patient is placed ahead of all else even though we are interested in securing payment of hospital bills. Revenue has been increased, not lessened, because of it. Many a patient or his relative has been observed to enter the Reimbursement Office in a high state of tension, and subsequently to leave a short time later in a calmed mood after discussing his or his family's financial problems.

In over four hundred cases a year, it is observed that the relatives of patients are not aware of their entitlement to benefits from various sources. This department has been instrumental in processing claims on behalf of patients for Social Security benefits, Veterans Administration benefits, Railroad Retirement benefits, Civil Service annuities, etc. After entitlement benefits are attained, probably in the majority of cases, only a small part or no part of this money is used to pay the patient's hospitalization, but rather is used for the maintenance of the patients family while he or she is hospitalized and to assure his swift return to the home and community.

Approximately three hundred and fifty patients over age seventy-two are receiving monthly benefits from Social Security Administration because lead forms were submitted by this office since October, 1966, when the Prouty Amendment special age seventy-two Social Security benefits began. Representative payee annual reports, statements of receipts and disbursement and patient movement are filed.

Suspension of billing has been so that sufficient funds may accrue in patient's account that would allow him to leave the hospital after arrangements are made by the Social Worker.

Routine checks are made of personal accounts and if funds are available, steps may be taken to have the funds directed to the responsible person who may be supervising the patient during his stay in the community or funds are directed to the estate upon expiration of the patient. Death report forms with complete financial and pertinent information as far as patient hospital record shows for reimbursement are completed for the Mississippi Hospital Reimbursement Commission.

In the last biennium 4,407 requisitions for disbursement of patient's needs - clothing, canteen incidentals, burial premiums, closing estates, etc., were issued.

The average number of patients seeking aid in Reimbursement monthly are five hundred.

This office is instructed to cooperate with the hospital staff to the fullest extent consonant with protection of the patient's right to privacy concerning his financial affairs. This cooperation is utilized by hospital personnel and advantage is taken of this source of help in dealing with the patient, his family problems, or in getting medical and surgical treatment for the patient in a general hospital, or placing the patient out of the hospital on leave or by discharge. There are no statistics to indicate exactly how many patients have been enabled to leave the hospital either temporarily or permanently as a direct result of financial aid developed through the efforts of Reimbursement or providing information, but we believe that the number has been substantial.

Total medical receipts collected from July 1, 1965, through June 30, 1967 were \$289,271.17, an increase of \$93,139.82 over the previous biennium. The 1967 seminannual report - January through June - showed a \$35,00 increase over 1966 for the same period.

The Mississippi Hospital reimbursement law permits the institutions to supplement the Legislative appropriation by a specific amount, which is regulated by the Budget Commission and is related to the total amount of reimbursement collected by the institution, thus more money is available for total patient care improving quality and scope.

Proposed legislation is being framed to create a state guardian to handle legal matters to the best interest of the patients who have no responsible person.

In the past two years, 1,966 medically indigent outpatients visited and received free drugs at a cost to the hospital of \$27,171.26. Medical staff related these patients would have been on the wards at a much greater cost to the state had this hospital not furnished medication. Biennial collections on drug sales for those financially able to pay are \$40,010.59.

By attendance at the National Association of Reimbursement Officers and other selected meetings, current information on the reimbursement program is made available. Periodicals, publications, and laws are studied to increase knowledge and skill.

Additions of a calculator, dry photo-copier and posting machine have greatly augmented the Reimbursement Department's efficiency.

PSYCHOLOGY DEPARTMENT

Our department has made considerable strides in the last biennium, but primarily in 1967, advancing from a one-man department to one fairly adequately staffed. Improvements in the form of personnel additions, more adequate and more rapid services given, personal professional advancement, and the extension of psychology services in the form of consultations to agencies in the community were all a part of the last two years.

The primary contribution of Psychology to the hospital consists of diagnostic testing - interpretation, psychotherapy, and research. The activity in these areas have improved and new approaches have been tried. We are now able to assist in diagnosis of virtually each entering patient if so needed, although our method continues to be that of referral from ward physicians. We have expanded the scope of individual psychotherapy so that now we attempt this treatment with each referred patient, and with any other patients suggested by our physicians. Efforts at research into mental and emotional disturbances have been expanded, especially in summer months.

The pronoun 'we' can for the first time be applied to the Psychology Department because of the addition of two staff members, a psychology technician and a secretary. Prior to this time, Psychology was a one-man affair, or even part-time work. In February of 1967, Mr. Terrence Crowley joined our department as Psychology Technician, having had considerable psychometric experience in U. S. Army hospitals in Germany. His coming frees us to engage in long-desired activities which were prevented by the one-man department set-up.

The long-needed department secretary was finally obtained with the employment of Miss Sandra Wood as full-time secretary - typist in June 1967. This staff member enables us to handle paper work much more efficiently and rapidly.

A personnel addition with which we are particularly pleased is the employment of a summer psychology clerk, a college student at the junior or senior level who gains experience and teaching in the clinical psychology field while serving us in numerous ways. Miss Kay Killam from Mississippi Southern was the first of such students. We hope to increase the number of these students to two or three by next summer. These new people enable us to keep up with all referrals and to render reports and diagnostic indications rapidly and efficiently.

From September, 1965, to June, 1966, the department was placed on a part-time basis with a leave of absence granted the chief psychologist for graduate study at L.S.U. This leave of absence, in the form of a contract to pay back in service and time for partial financing of this training, was most appreciated by the Psychologist and he benefited greatly thereby in professional improvement. During the leave of absence, psychology services were rendered on a once-a-week basis by a doctoral graduate student from USM.

One of our primary problems is that of dealing with alcoholics and problem drinkers. While more and more of these people are brought to us instead of the jail or admit themselves for treatment, still our approach with its ten day limit is merely similar to the detoxification center being tried in St. Louis. Psychology has attempted through films and group therapy to improve our efforts, but all here agree that much was lacking.

In the fall of 1966 the Director requested the Chief Psychologist and the Chaplain to formulate some tentative plans for an efficient alcoholic treatment and rehabilitation program. Following considerable study and visits to North Carolina hospitals and clinics, the plan was formulated and presented to the hospital staff in March 1967. We are now in the process of trying to begin such a program, but we face the problems of state hospital inertia, shortages of help, and negative attitude toward alcoholism, and administrative problems.

Such is the magnitude of alcoholism that if we earnestly and seriously addressed ourselves to this problem, even in this area of the state, it would take almost one-half of psychology's time, as well as all of the responsible physician's time. Our hope is that we can become so efficient and successful in this area that EMSH will be Mississippi's best alcoholic treatment center. In fact, alcoholic treatment could well be our distinguishing feature among the state's three mental institutions.

Another area demanding attention is that of aging. Our main effort now is to discourage the image of EMSH as a state-owned rest home, to carefully evaluate all elderlies as to their mental disorders, and to arrange to transfer them as soon as possible to homes of relatives or to rest homes. In this regard Psychology is called upon for evaluation and screening, for our purpose is to treat mental disorders and not to nurse the aging. To improve our services, attendance was made to the 18th annual conference on gerontology, at the University of Michigan, July of 1965.

A new area of service to the hospital was assistance in the attempted raising of our employee's educational achievement level. In cooperation with Meridian Junior College, classes were held for all employees in basic academic subjects. Psychology's part was in the pre and post-school screening to determine at which level to start our people and then, after the schooling, to determine the extent of improvement in achievement. While this academic effort was naturally rather painful for our long-out-of-school employees at the beginning, we feel that it was most beneficial and many themselves so testified after it was completed.

Research activities are our slowest moving area of service because of the nature of such work, the shortage heretofore of help, and the demands for diagnostic work. However, with the coming of summer student help we are able, in the three summer months, to accelerate our efforts. Our present efforts are in the area of alcoholism where an attempt is being made to determine characteristic personality traits of alcoholics and in exploring the extent of depression in these cases. Future studies will involve aging, chronic schizophrenics, and adolescent emotional disturbances. The latter has been pressed upon us because of several cases, and the realization that little or no help exists in the state for these people. We also feel the growing need to become acquainted with Mississippi Negro culture and to standardize some of our tests on this population because of the recent integration of our hospital and the growing number of colored patients.

Activities of the Psychology Department also extend beyond the bounds of our hospital. For example, in the fall of 1966 we began serving as consultants for both the Matty Hersee and Meridian Junior College Schools of Nursing and also served as instructors in abnormal psychology during their weeks of training at EMSH.

Again, in cooperation with the Chaplain, our department has served as a resource facility in the hospital-sponsored training of local pastors in elementary counseling techniques. A short training course was attended at the Bradley Clinic in Columbus, Georgia, in June of 1966 where the techniques were demonstrated. At FMSH the Chaplain held periodic schools in counseling while the Psychologist served as consultant and at times a lecturer. This hospital-sponsored counseling course is to be a permanent feature, presented twice a year.

For some time the Chief Psychologist has been invited to teach evening introductory psychology courses at our nearby Meridian Junior College and an excellent spirit of cooperation is maintained between the two institutions. He is also frequently called on to lecture in different classes at MJC and is consulted at times on psychological problems. In addition to taking doctoral studies in 1965-66, the Chief Psychologist in June of 1967 was among the first in the state to be licensed to practice as a psychologist under the newly-constituted Mississippi State Board of Psychological Examiners.

As we contemplate the future with the anticipation of FMSH's considerable expansion as a treatment center in the areas mentioned above and others, it is clear that Psychology must also grow and expand to offer adequate services. The financial needs of the department for the next biennium have been itemized in detail and are a part of the record elsewhere. But in general we will need:

1. Maintenance of the position of psychology technician and the addition of one other person at this level.
2. Considerable outlay for new psychological tests.
3. One to two summer psychology clerks.
4. Funds for more research.
5. More physical facilities--one other office and a group therapy room.
6. New office equipment.

Psychology is a new department at FMSH, and its contributions are of great value, as all will admit. But we must have adequate funds to operate and to render efficient service. In many ways our department, as well as the hospital, is merely maintaining itself and in order to attempt new treatment approaches and to find answers to questions about mental disorders by research, far more funds must be given us unless the Legislature wishes us to provide 1930 service in the 1960's. We appeal to the Legislature to give us funds to operate a mental hospital treatment center and to stop seeing us only as a storage place for the aged.

NURSING DEPARTMENT

The Nursing Department provides nursing care for the patients on 21 wards. Presently employed are as follows:

Director of Nursing	1
Registered Nurses	17
Licensed Practical Nurses	9
Attendants - female	131
Attendants - male	78
Total	<u>236</u>

The Nursing Department has been actively participating in the improvements and activities of this hospital. Only the major items are included in this report.

The students of two Schools of Nursing in Meridian, the Matty Hersee and the Meridian Junior College Department of Nursing, received their Psychiatric Nursing experience at East Mississippi State Hospital. This is the first time our facilities have been used for student affiliation. The grades of these students who wrote the State Board Examination in June, 1967, show that one student from the Meridian Junior College received the highest score in the State in Psychiatric Nursing.

The Manpower Center of the Meridian Junior College has used the Hospital and Hospital Annex for clinical experience for three groups of their students enrolled in the "Home Health Attendant" course.

Three classes in basic education, through the Adult Education Department of the Meridian Junior College, have been completed for attendants employed in the Nursing Department. These classes were organized to meet the individual needs of the approximately fifty attendants employed who scored lowest on Psychological testing. These classes raised the score level to an average of 1 - 1½ grades for those who were enrolled.

The Nursing Department has cooperated with the N.Y.C. in providing work assignments for their enrollees. There are at present from the N.Y.C. twelve regular workers and three summer workers in this department.

Monthly In-service programs have been held for the Registered Nursing staff members. Programs have included films, visiting doctors, and out-of-town speakers.

A majority of the Registered Nurse staff have attended several workshops, professional conferences, state nurses convention, and served as hostess for District #16 Nurses Association.

The annual "Psychiatric Aide Award" for the year is part of encouraging the attendants in their work, as well as giving recognition to their services. The state awards luncheon in Jackson was attended both years by the Director of Nursing and the recipient of the award from this hospital.

We have appreciated the visits of Miss Shirley Middleton, Psychiatric Nurse Consultant, Department of HEW, Region 4, Atlanta; Miss Annie Margaret Tucker, Representative from the Institutions of Higher Learning; Miss Fannie Bell Young, from the Nurses' Board of Examination and Registration of Mississippi.

The Nursing Department has been pleased with the summer student employees. This group of young people have been anxious to learn, and demonstrated above average ability in their work. They applied themselves better than the average attendant.

This department as well as other departments are now on a 40-hour week.

Nursing service has participated in the opening of the Alcoholic Rehabilitation Program ward for male patients.

The Hospital facilities have been used by Vocational Rehabilitation for on-the-job training for clients.

VOLUNTEER SERVICES

The hospital is grateful for the interest shown by church groups, civic groups, clubs, community organizations, as well as individuals, for their activities contributed for the benefit of patients in this hospital. The biennial report of these activities is as follows:

Ward Parties	98
Birthday Parties	16
Clothing Donations	6
Fruit Donations	3
Record Playing	10 hours
Letter writing	14 hours
Christmas Parties on Wards	29

The CHRISTMAS PARTY for all ambulatory patients is an annual event sponsored by the Lauderdale County Mental Health Association, including Christmas gifts for each patient in the hospital.

PHARMACY

The Pharmacy is operated by a Registered Pharmacist who is available for emergency call 24 hours a day for the Institution.

I started to work here the last week in February 1966, and have filled since March 1, 1966 for the hospital wards 2,097 requisitions that represent 18,191 prescriptions; and 5,820 prescriptions for out-patients plus 3,191 prescriptions for medically indigent patients.

All tablets and capsules are counted except when dispensed in the original container. The stock average turnover is about every three months.

The Pharmacy maintains an adequate supply of dependable pharmaceuticals, and those products that needs to be refrigerated are maintained in that way.

We have instituted a program where each ward's drug room is reviewed every three months to verify the proper care, labeling, and recalling of all excess products not being used. These products are dispensed to other wards that have a demand for them, thereby eliminating waste and overstocking of these products.

After careful research, we feel that in order to be able to take care of the increase in demand of drugs and to carry out the desired treatments, we would need at least a 25% increase in our budget for the coming year.

LABORATORY AND X-RAY DEPARTMENTS

The Laboratory and X-ray Department is operated by one technician, whose job is to take care of all routine laboratory and x-ray examinations. Every new employee is given a thorough physician examination, as well as a chest x-ray and laboratory work. All new patients receive the same examination when they enter the hospital. Each new patient undergoes a complete physical examination, a chest x-ray, a blood serology and urinalysis. The laboratory takes care of all routine laboratory procedure used in general hospital work.

The following is a breakdown of the work done in the laboratory and x-ray department during the past two years: CBC 2,560; Urinalysis 2,800; VDRL 280; Blood Sugar 2,100; Sed. Rate 22, NPN 12; Ictertus Index 15; EKG 310; BUN 125 and X-rays 2,920.

DENTAL DEPARTMENT

The Dental Department during this past biennium has been kept in adequate working condition, such as supplies, equipment, etc.

All new patients admitted, after a waiting period are referred to the Dental Department for routine check-up. If dental work is needed, it is suggested, but the patient at no time is forced to have work done.

Patients that have been in the institution for a long period of time are referred to the Dental office by the doctors in charge of the building where the patient is housed, and are rechecked from time to time.

Patients in need of dentures are told, then go through the procedure of informing their closest of kin. If they so desire to purchase dentures for the patient, the money is sent only for the cost of materials. Then the process of extracting teeth, impressions, et cetera, are followed through on.

The following services were provided for patients visiting the Dental office, during the biennial:

Patients examined	1,289	Patients resusing work	17
Extractions	667	Treatments:	
Roots removed	57	Gums	30
Fillings	50	Ulcers	5
Cleaning	29	Pyorrhoea	30
New Dentures	42	Dry Sockets	4
Denture Adjustments	75	Abseess Lanced	11
Denture repairs	30	Tartar removed	14
Gold inlays	3		

CHAPLAIN'S REPORT

The dedication of the Chapel in June of this year was the brightest spot covered by this report. It was the fulfillment of many days of praying, dreaming and planning. The building is beautiful on the inside and outside, it is adequate and serviceable. Though we completed the building without sufficient funds to furnish the auditorium, it seems that when the tides of providence began to rise in our favor, we could not be denied. The Lauderdale County Ministerial Association came to our rescue. In a smooth cooperative effort, which included the churches and individuals of the county, the association supplied the auditorium with a set of lovely pews, the seating capacity being approximately two hundred forty.

This new facility necessitated a change in our service schedules. The Chapel is used on Sunday morning for a general service for all of the ambulatory patients; leaving the patients free the remaining hours for visitors. During the week, services are conducted on the wards and devotionals to bedridden patients. This schedule calls for twelve to fifteen serices, and involves about eithy percent of the population.

This department is priviledged to participate in the Alcoholic Treatment Program of the hospital. This includes psychotherapy sessions, personal guidance counseling as well as religious counseling. Because the alcohol problem includes the family, it is necessary for the deaprtment to work many hours with spouses of the alcoholics.

Some two years ago the hospital was honored, through the interest and cooperation of the Director, by the Bradley Center, Columbus, Georgia in extending to the hospital the authority of supervising the teaching of their approved course in counseling. The Bradley Center is a privately endowed, nonprofit, outpatient psychiatric clinic concerned with the study investigation, and the amelioration of emotional and social problems of living. Because more ministers would normally be involved in the problems mentioned above, than other professional people, it was decided to channel the teaching of the course through the Chaplain's department. We have completed two schools with twenty-four enrolled, and are ready to begin the third school. The beneficial results of these courses within the area are evident and most gratifying.

The Chaplain has been called upon to represent the hospital at civic clubs, churches, schools, and various kinds of committees. These activities have not only contributed to better public relations, but we feel, that they have crystallized a more favorable public attitude toward the purposes and objectives of the hospital as a treatment facility.

The Department is badly in need of the following:

1. The auditorium of the Chapel needs pulpit furniture. We are now using very unsatisfactory mismatched second-hand pulpit and chairs.
2. A new typewriter
3. We are also in need of a slide projector. This machine would be useful both for the department and the Alcoholic Treatment Program. There are many more constructive slides available on appropriate subjects for our purpose than films, and they are cheaper in price. And, too, slides can be adapted to discussion and lecture group sessions more beneficially.

OCCUPATIONAL THERAPY DEPARTMENT

The Occupational Therapy Department consists of a Director, ten teachers, three patient employees, and a secretary. We have classes in three buildings for different types of therapy. We have added an Art Class recently. We have a Sewing Room, a Mending Room, and an Upholstery Room. All hospital furniture is repaired and upholstered in the Occupational Therapy Department

The monthly hospital paper is published. The annual hospital float is designed and decorated each year. At the Christmas Season, the decorating for the parties and of the grounds is done in and by this department.

We have a daily average of 192 patients. There were 9,186 garments made, and 7,710 garments were mended.

Anticipated needs for the Occupational Therapy Department are as follows:

- | | |
|------------------------------|-------------------------------|
| 2 - Additional Personnel | 2 - Steam Irons |
| 1 - Large air conditioner | 2 - Ironing Boards |
| 1 - Large Kiln | 1 - New Electric Refrigerator |
| 3 - Electric Sewing Machines | with Deep Freeze section |
| 1 - Typewriter | |

Different kind of material, leather, thread, reed, and raffia are needed for Art Classes. The Economic Division needs cooking utensils and electric mixer. Such items as a ten inch bench saw, a six inch adjustable wrench, a pair of six inch cutting pliers, a five inch bench vise, and a hand saw are needed for patients on Building B.

RECREATIONAL THERAPY DEPARTMENT

Recreational Therapy is an adjunctive service at East Mississippi State Hospital. It is a method used to help the patient towards better mental health and emotional adjustment through recreational activities. It is a service that contributes to the total treatment program. The department's main consideration is the specific therapeutic value to the patient in areas of social growth, emotional well-being, learning and re-learning.

The department's staff consists of five members; a director and four therapists. There is an immediate need for at least two more workers in order to reach more patients, especially with the increasing amount of patients prescribed in physio-therapy.

The duties of Recreational Therapy are concentrated in four areas: Mass activities, ward activities, special interest groups, and physical therapy classes. The physical therapy division involves all age groups with daily assignments to the aged and convalescent.

During the year, holiday events and various celebrations are held. Some of these activities are assisted by the local Mental Health Organization. In addition to scheduled daily programs, there are church groups, civic organizations, and individuals that contribute to the patients entertainment. Large groups of patients annually attend the fair, and calf scramble. They also attend variety shows at the highschools.

The following activities are offered in Recreational Therapy throughout the year:

Movies	Music Programs	Parlor Games
Bingo	Softball	Kick Ball
Ward Parties	Basketball	Motor Trips
Dances	Volleyball	Television
Picnics	Shuffleboard	Checkers
Watermelon Cuttings	Table Tennis	Dominoes
Portable Billiards Game	Badminton	Card Games
Horseshoe Pitching	Nature Study	Puzzles
Washer Pitching	Croquet	Painting
Walks	Whiffleball	Library
Group Singing	Literary Club	Crafts
Social Hours	Music Club	Sketching.

Since the last biennial report, a portable whirl-pool unit has been bought for physical therapy; also, a Chevrolet van was purchased to transport equipment, and for miscellaneous uses in recreation. For the next biennium, new equipment needs will consist of a slide projector and screen, 16 MM movie projector and screen, supplies for the physical therapy room, library shelves, and television sets.

From July 1, 1965 to June 30, 1967, Recreational Therapy has presented 3,130 activities with a total of 98,822 patients participating. A total of 129 patients have been administered physical therapy, and have been discharged from the general hospital during this time.

REHABILITATION DEPARTMENT

The full-time Vocational Rehabilitation program has completed its eighth successful year of services provided by the Vocational Rehabilitation Division of the State Department of Education. The work of the office is coordinated with the hospital program by a member of the Academy of Certified Social Workers who also has had extensive experience in the Field of general rehabilitation. She is assisted by a full-time office Secretary.

Appropriate rehabilitation services are available to all patients at the hospital. Medical approval is obtained in each individual situation before any decision is made about a possible rehabilitation plan. During the biennium, there were more than 100 patients considered for rehabilitation services. Of these, 22 did not meet the eligibility criteria for services. However, 38 persons were found to be eligible, making a total active caseload of 82 clients. After completion of planned rehabilitation services, 32 clients entered gainful employment.

Case records on only three clients had to be closed showing that they were not employed. Various occupations included in the kinds of employment entered were work in hospitals, food service, auto parts supply manager, farming, horticulture, furniture refinisher, stock clerk, motel work, printing, and secretarial.

Due to the intensified active treatment program at the hospital, and the continuing increase in cooperation from community agencies, it is anticipated that the Rehabilitation Program will need additional office space and equipment, and additional personnel to meet the needs of the increasing numbers of patients who can use vocational rehabilitation services successfully.

PROPERTY DEPARTMENT

The property Office is under the supervision of a Property Clerk and a secretary. This department maintains a complete inventory of all expendable and unexpendable items and equipment in the institution. This department is responsible for taking inventory once a year. This inventory is then checked by the State Auditing Department, and the Property Office is responsible for each item to be in its designated place. Also, the Property Clerk is responsible for issuing: Rooms, keys, and designates parking spaces for all employees. Inspects building for quality of floor services and maintenance.

This department is in need of the following items:

Rocking Chairs	Refrigerators
Baumanometers	Bedside Rails
Stethoscopes	Typewriters
Calculating Machine	Wheelchairs

DIETARY DEPARTMENT

The Dietary Department is staffed with 31 employees, with four being assigned to the bakery department, which fills all bread and dessert orders. Ten employees are assigned as cooks to prepare meats, vegetables and salads. We have three truck drivers who deliver food to the patients' and employees' dining rooms where we have one dining room manager to supervise the serving with about ten patient-helpers assigned to work in the dining room. One man is assigned as a meat cutter, and he also takes care of the cold storage.

The Dietary Department is understaffed and in need of at least six more workers in order to take care of the department and maintain sanitary standards. We will need much new equipment in the next two years to improve and to maintain the department. The dishwashers in both A and B Buildings are in need of replacement. Building A needs an Ice Maker, the Hospital unit needs Ice Makers on the first and second floors. We need heated food carts for the hospital unit to deliver the food hot to the patients.

BUSINESS MANAGER'S REPORT

Date of opening as a Hospital for Mental DiseasesJanuary, 1885
Type of Hospital State

HOSPITAL PLANT:

Value of hospital property, real estate and buildings,-	\$4,088,463.20
Equipment, furniture, livestock, etc.	337,000.00
Total	\$4,245,463.20

Total acreage of hospital property	1,074 Acres
Average number of patients, fiscal year ending June 30, 1967	1,090
Average cost per patient per day	\$3.53

The Business Office consists of the following departments:

A Purchasing Office, a Personnel Office, and a Bookkeeping Office with secretaries. The Business Manager makes or supervises all emergency purchases for the hospital; also, makes up monthly requirements, with the cooperation of all department heads, which are submitted to the Executive Secretary, Board of Trustees of Mental Institutions Office in Jackson to be advertised for, and awarded there. The Business Office has a bookkeeper-secretary who maintains a complete accounting of purchase commitments and accounts payable, and submits same to the chief accountant at the close of each month's business. The Personnel Secretary maintains records of employment, changes, terminations, and retirement; all information is sent to the State Retirement System in Jackson monthly, also maintains time card system on all employees showing deductions, vacation, sick leave, etc., as submitted by department heads. All applicants for employment are investigated and references checked thoroughly, and required to undergo a physical examination, chest x-ray, blood serology, and urinalysis before employment.

The Bookkeeping Department, consisting of a Bookkeeper and Payroll Clerk, keeps all financial records of the institution. This includes payment of all outstanding accounts, and receiving and recording of various collections. This Department collects all monies for drug sales to out-patients upon prescription from Staff Physicians, which averages more than \$1,700.00 per month. Receipts are issued in triplicate for this money, one for the out-patient, one for the Pharmacist so he can fill the prescription, and one remains in the Chief Accountant's office. The hospital payroll at present includes 420 employees for a total of more than \$78,000.00 per month. This department is also entrusted with the operation of the Patients' Trustee Account. All funds received from the Reimbursement Department are receipted and individually posted to each account, as are all withdrawals. At present this account totals \$48,059.65. The State Auditing Department has commended this department for the efficient and orderly manner in which the books and records are kept.

FINANCIAL STATEMENT
Year ending June 30, 1966

CASH RECEIPTS:

State Appropriation	\$1,034,766.27		
Inmate Fees	117,977.42		
Other Revenue	31,446.06		
			\$1,184,189.75
Cash on hand beginning of period			96,622.35
Total to account for			\$1,280,812.10

DISBURSEMENTS:

Salaries	\$ 669,470.36		
Social Security & Retirement	46,625.08		
Food	182,743.38		
Fuel, Water, Power	66,610.69		
Equipment	13,459.82		
All other maintenance items	229,133.05		
			\$1,208,042.38
Cash on hand end of period			72,769.72
			\$1,280,812.10

FINANCIAL STATEMENT
Year Ending June 30, 1967

CASH RECEIPTS:

State Appropriation	\$1,232,894.12		
Inmate Fees	168,095.01		
Other Sources	31,280.16		
			\$1,432,269.29
Cash on hand beginning of period			72,769.72
Total to account for			\$1,505,039.01

DISBURSEMENT:

Salaries	\$ 819,049.17		
Social Security & Retirement	63,418.68		
Food	178,388.69		
Fuel, Water, Power	64,692.32		
Equipment	15,306.73		
All other maintenance items	248,060.51		
			\$1,388,916.10
Cash on hand end of period			116,122.91
			\$1,505,039.01

DISBURSEMENT BY DEPARTMENTS
Years Ending June 30, 1966 & 1967

	June 30, 1966	June 30, 1967
Administration	\$ 96,741.17	\$ 107,509.70
Dietary	225,279.53	231,324.36
Laundry	35,221.28	43,579.46
Housekeeping	54,805.69	55,433.98
Plant Operation	81,563.64	80,434.80
Buildings and Grounds	53,777.49	46,097.61
Horticulture	5,794.08	5,777.22
Motor Service	14,350.70	12,985.94
Medical and Surgical	67,676.11	98,023.77
Nursing Service	314,890.21	385,607.81
Medical Records	9,098.06	13,813.03
Social Service	11,054.34	13,629.53
Barber and Beauty Shops	8,892.27	9,811.21
Laboratory and X-ray	7,613.56	9,361.82
Pharmacy	86,062.19	111,110.75
Occupational Therapy	18,579.05	21,310.33
Recreation	14,095.18	15,959.58
Farm	21,778.01	18,604.54
Dairy	23,124.31	31,589.09
Hog Farm	4,526.43	5,985.40
Reimbursement	6,494.00	7,547.49
Non-Operating	46,625.08	63,418.68
	\$ 1,208,042.38	\$ 1,388,916.10

STAFF CAR OPERATING EXPENSES

July 1, 1965, to June 30, 1967

1964 Ford Custom Car

Operating Expenses

Repairs, Parts, Tires	\$ 254.40
Grease, Oil, Gasoline	877.95
Total Cash Expense	\$ 1,132.35
Depreciation	1,600.00
Total Operating Cost	\$ 2,732.35
Miles Driven	33,363
Average Cost per mile	8.1

MAINTENANCE DEPARTMENT

The Maintenance Department consists of a Maintenance Superintendent, a carpenter crew, paint crew, plumbing crew, two electricians, and shop mechanics.

A new motor shop building was completed for use in January, 1967, equipped with overhead rail and hoist, hydraulic lift, air compressors, electric and acetylene welding equipment, work benches, tools, storage and office. This first new shop which cost approximately \$40,000.00 is a great asset to the progress of the institution because of the fact that, heretofore, all automotive and other equipment were repaired in the main power plant building where there were seven large steam pumps in operation. Several patients are given work therapy training in the shop, and in other maintenance crafts.

In order to maintain a sufficient maintenance operation we need five new one-half ton trucks, one three-quarter ton, and three one and one-half ton trucks. The laundry needs one new extractor and two new pressers.

HOSPITAL FARMS

The Farm, Hog Farm, and Dairy produced:

3,768 bushels of assorted vegetables and other produce, valued by the Dietary Department at\$ 12,753.02
137,030 gallons pasteurized milk, valued at 80¢ and 90¢ per gallon	114,865.00
18,758 lbs. dressed beef at 30¢ and 40¢ per lb.	6,118.95
146,947 lbs. dressed pork at 30¢ and 40¢ per lb.	<u>50,375.75</u>
Total Biennial Production	\$ 184,112.72
Total Biennial Expenditures	<u>105,506.88</u>
Net	\$ 78,605.84

We are asking for an increase in our appropriation for the following reasons: We believe that most of the employees who come in close contact with the patients, namely the attendants, who spend their entire time attending to the patients, are underpaid. We lose many employees to other institutions after they are trained and become proficient in our therapy training program.

In addition to raising the salary scale on our lower group attendants and employees, it is imperative that we have more money to meet the competitive scale in the registered nursing service. We have had difficulty in keeping enough nurses to barely meet our requirements.

In our budget request for the 1968-70 biennium, we based our minimum salary scale at an average of \$225.00, which is in conformity with the Federal Wage and Hour Law through June 30, 1970

Respectfully submitted,
A. E. Reed, Business Manager