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SIXTH

BIENNIAL

REPORT

DEPARTMENT OF PUBLIC INSTITUTIONS

**STATE
OF
NEBRASKA**

For Period Ending June 30, 1973

186410



The Honorable J. James Exon, Governor of Nebraska

State of Nebraska

J. James Exon, Governor

DEPARTMENT OF PUBLIC INSTITUTIONS

Jack R. Anderson, M.D., Director

Alcoholism / Mental Health & Retardation / Veterans Homes / Visually Impaired

November 4, 1973

The Honorable J. James Exon
Governor of the State of Nebraska
State Capitol
Lincoln, Nebraska 68509

Dear Governor Exon:

The Sixth Biennial Report of the Department of Public Institutions, covering the period from July 1, 1971, through June 30, 1973, is submitted in accordance with section 83-110, R.R.S. of Nebraska.

The detailed reports of the separate programs of the Department of Public Institutions all serve to illustrate the major thrust of our various social service delivery systems: to establish, develop, and maintain the individual rights, personal responsibilities, self-worth, and human dignity of the Nebraska citizens we serve.

These human values are maximized in community-based programs.

With your continued astute and compassionate guidance and the considered support of an informed and thoughtful Nebraska Legislature, we will continue to shift the resources of the Department from centralized to community-based facilities and activities in order to optimally serve our fellow Nebraskans.

Yours very truly,

Jack R. Anderson, M.D.
Jack R. Anderson, M.D.
Director

JRA:ms

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SIXTH

BIENNIAL

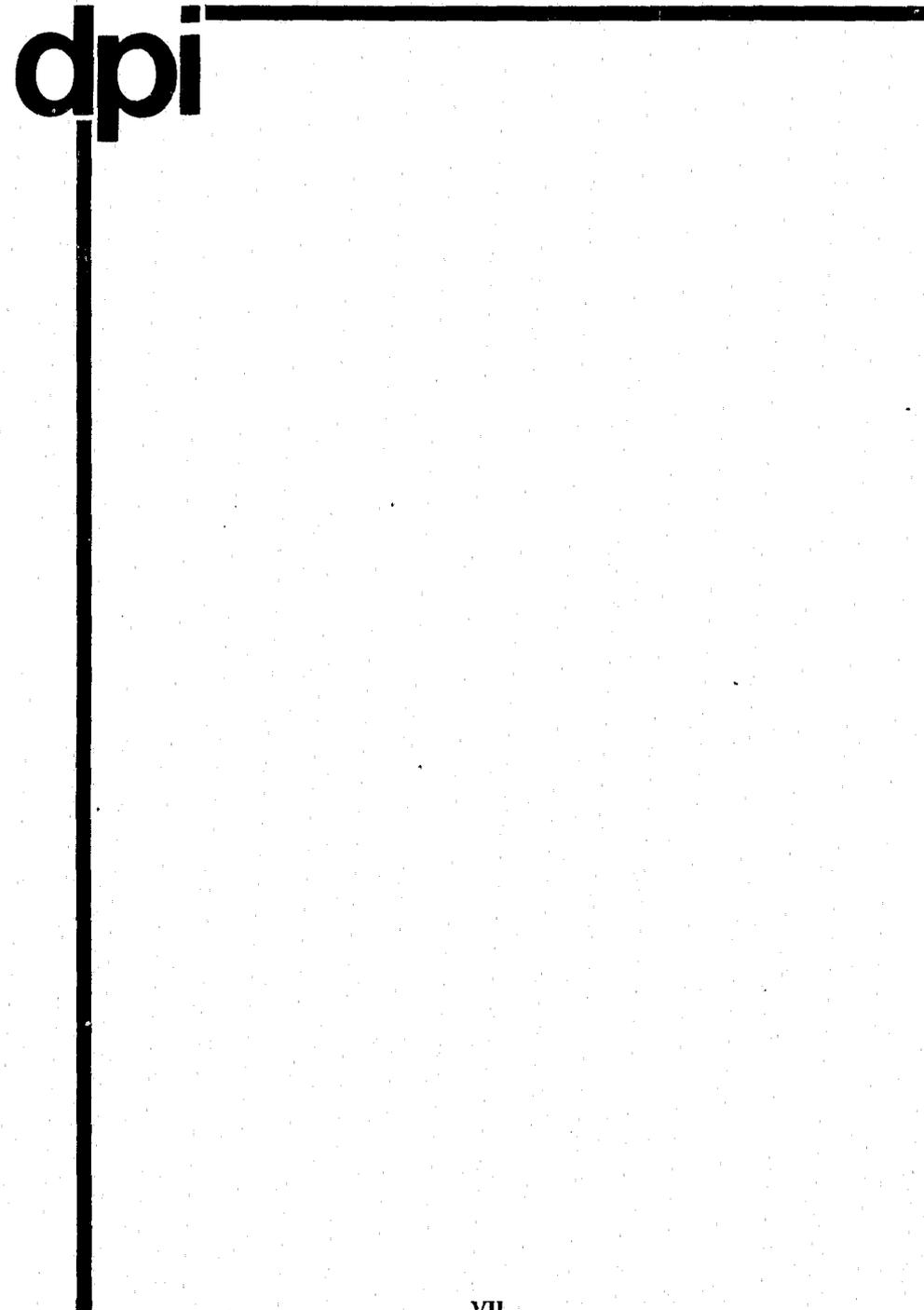
REPORT

DEPARTMENT OF PUBLIC INSTITUTIONS

**STATE
OF
NEBRASKA**

For Period Ending June 30, 1973

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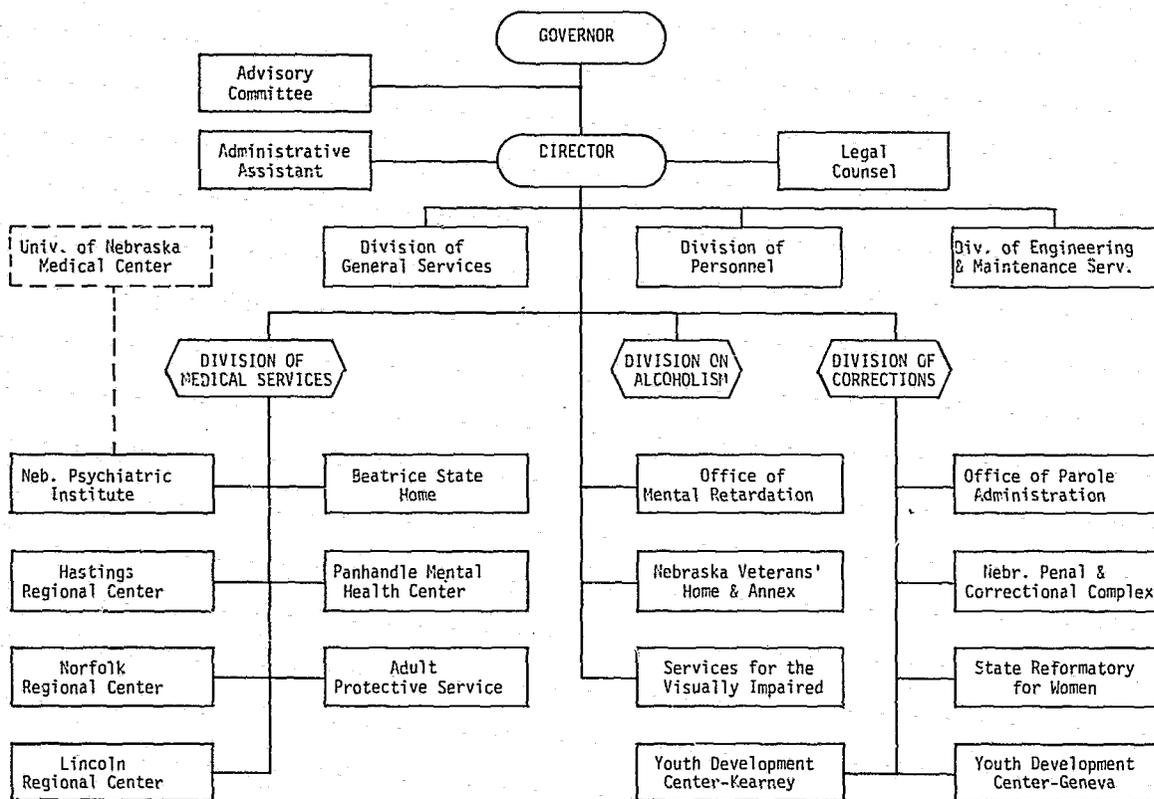
Department of Public Institutions

P.O. Box 94728

Lincoln, Nebraska 68509

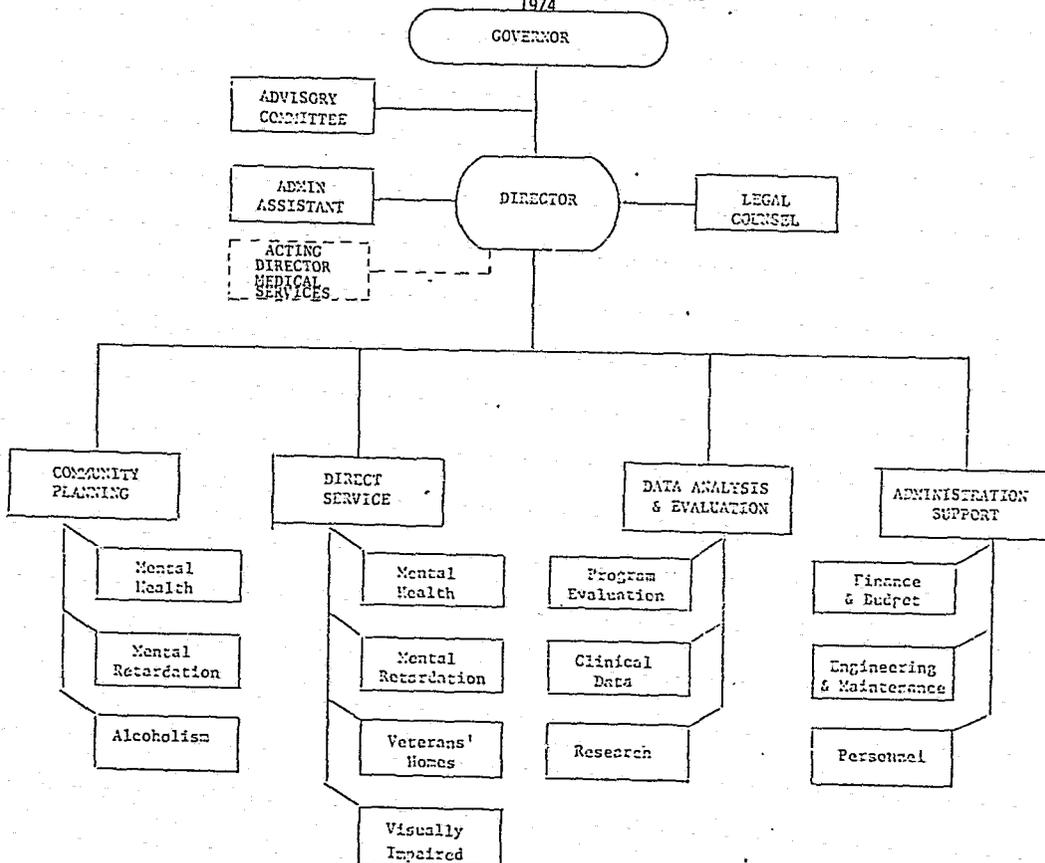
December, 1973

ORGANIZATION CHART
DEPARTMENT OF PUBLIC INSTITUTIONS
June 30, 1973



III

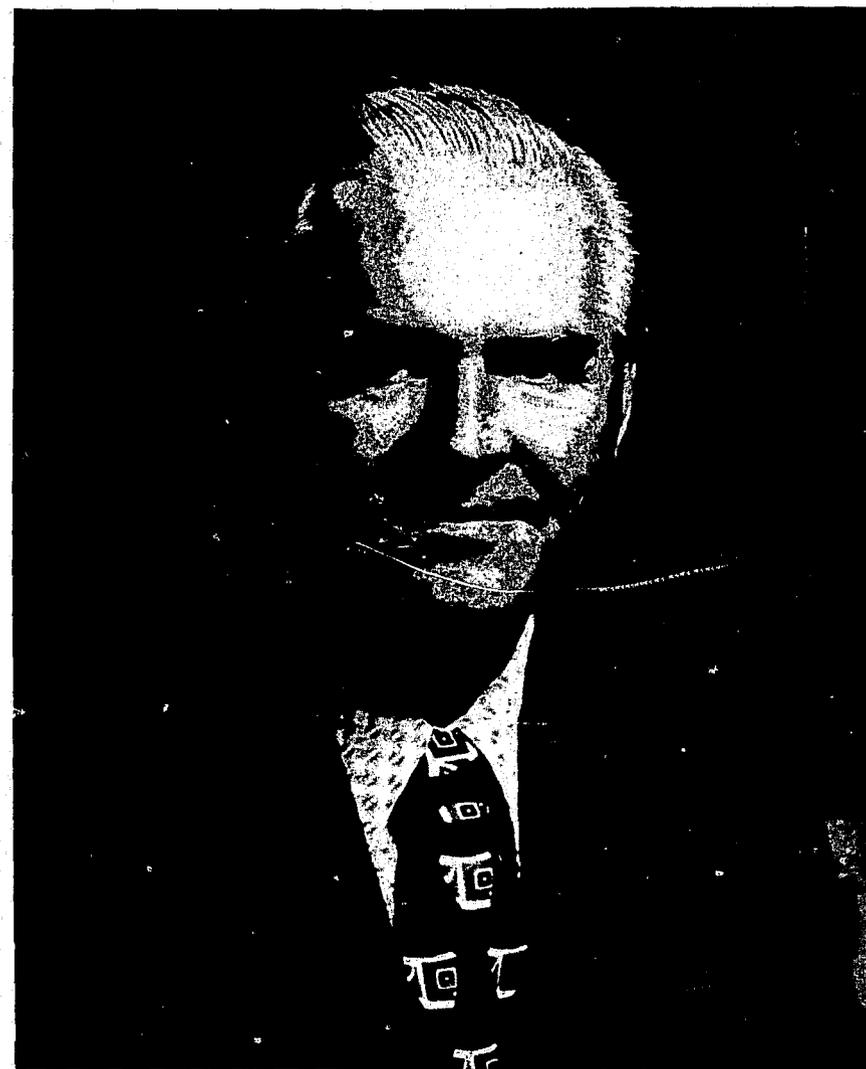
ORGANIZATION CHART
DEPARTMENT OF PUBLIC INSTITUTIONS
1974



XI



Michael D. LaMontia, Director
Department of Public Institutions
(May, 1971 – December, 1972)



Jack R. Anderson, M.D., Director
Department of Public Institutions
(December, 1972 –)

ADMINISTRATIVE STAFF
DEPARTMENT OF PUBLIC INSTITUTIONS
1971-1973

Michael D. LaMontia, Director (- December, 1972)

Jack R. Anderson, M.D., Director (December, 1972 -)

Director, Division of Medical Services — Robert G. Osborne, M.D. (- May, 1972)
— Jack R. Anderson, M.D. (May, 1972 -)

Director, Division of Corrections — Maurice H. Sigler (- July, 1971)
— Victor G. Walker (July 26, 1971 -
June 30, 1973)
(Mr. Walker became Director of the
Department of Correctional Services
on July 1, 1973.)

Jack M. Cleavenger, Director
Division of General Services Carl F. Botsford, Director
Division of Engineering and
Maintenance Services

C. P. Weidenthaler, Director
Division of Personnel Marjorie M. Smith
Administrative Assistant
Roger W. Hirsch
Legal Counsel

ADVISORY COMMITTEE

Members	Term Expires
George W. Burrows, Adams (Replaced Dale R. Rist, Lincoln, who resigned April 18, 1973)	January 1, 1974
Ed R. Crowley, Kearney (Replaced Jack Molsbee, McCook, who resigned July 21, 1971)	January 1, 1975
John E. Humpal, Omaha (Chairman)	January 1, 1976
Betty (Mrs. Robert) Matz, Cozad	January 1, 1976
Ray R. Young, Omaha	January 1, 1977

In 1961 the Nebraska State Legislature created an Advisory Committee to the Department of Public Institutions and the Department of Public Welfare, with appointments effective on January 1, 1962. By further action of the Legislature, on July 6, 1973, the Committee's services were extended to include the newly-created Department of Correctional Services.

The Committee consists of five members appointed by the Governor, subject to confirmation by a majority of members elected to the Legislature, with Committee members serving for a term of four years. At least one member shall be appointed from each congressional district, and no more than three members may be from the same political party.

The duty of the Advisory Committee is to provide useful information and counsel to the Governor and the Directors of the Departments of Public Institutions, Public Welfare, and Correctional Services. Specifically, the Committee (1) keeps itself informed of all major matters concerning the operations of the three departments; (2) conducts visits each ninety days by one or more of its members to each institution and the Department of Public Welfare; (3) assists in the correlation of operations among the three departments; (4) conducts specific studies pertaining to the departments which may be requested by the Governor; and (5) conducts not less than four meetings each year in the State Capitol.

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SECTION I

ADMINISTRATION

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SECTION I

ADMINISTRATION

DIVISION OF GENERAL SERVICES

Jack M. Cleavenger, Director

The Division of General Services herewith submits a Consolidated Statement of Expenditures of \$80,812,537.00 for the biennium ending June 30, 1973, Operating expenses for the Department were up over the 1969-71 Biennium by \$6,466,724.00. In addition, expenditures from other funds increased the total to \$9,406,890.00 over the 1969-71 Biennium.

With the closing of the Orthopedic Hospital and the Hospital for the Tuberculous, all funds plus capital equipment were accounted for and proper disposition was made of them. The building and the land of the Hospital for the Tuberculous were transferred to Kearney State College, while the building and the land of the Orthopedic Hospital were retained for use by the Division of Rehabilitation Services for the Visually Impaired and the Office of Mental Retardation.

DEPARTMENT OF PUBLIC INSTITUTIONS
Consolidated Statement of Expenditures
July 1, 1971, to June 30, 1973

	Mental Health	Mental Retardation	Parole Penal & Correctional	Orthopedic Hospital	Nebraska Veterans' Home	Hospital for the Tuberculous	Rehabilitation Services for the Visually Impaired	DPI Central Office	Total
OPERATING FUNDS									
General Funds	20,694,712	7,319,639	11,134,563	334,772	1,498,139	584,878	243,830	1,472,223	43,282,756
Institution Cash	11,277,732	6,223,541	773,375	12,842	2,854,893	28,045	21,394		21,191,822
Federal Fund	1,589,618	3,421,757	667,129	3,200			1,159,941	277,166	7,118,811
Sub Total	33,562,062	16,964,937	12,575,067	350,814	4,353,032	612,923	1,425,165	1,749,389	71,593,389
SPECIAL FUNDS									
Canteen Fund	375,211	213,316	465,898	476	222,898	7,075	79		1,284,953
Building Fund	2,090,949	864,009	659,149		929,323				4,543,430
Sub Total	2,466,160	1,077,325	1,125,047	476	1,152,221	7,075	79		5,828,383
REVOLVING FUNDS									
Correctional Industries Svs. for the Vis. Imp.			2,808,744				582,021		2,808,744
Sub Total			2,808,744				582,021		3,390,765
GRAND TOTAL	36,028,222	18,042,262	16,508,858	351,290	5,505,253	619,998	2,007,265	1,749,389	80,812,537

DEPARTMENT OF PUBLIC INSTITUTIONS
Central Office
Statement of Expenditures
Biennium Ending June 30, 1973

CLASS OF EXPENDITURES

Personal Services	\$1,096,508
General Operations	592,010
Capital Expenditures	60,871
Total Operating Expenditures	1,749,389

SOURCE OF FUNDS

Institutions Operations:	
General Fund	1,472,223
Institution Cash	
Federal Fund	227,166
Total Operating Expenditures	1,749,389
Other Funds:	
Canteen Fund	
Building Fund	
Total Other Funds	
GRAND TOTAL	\$1,749,389

DIVISION OF ENGINEERING AND MAINTENANCE SERVICES

Carl F. Botsford, Director

The Division of Engineering and Maintenance Services administers the Department of Public Institutions' capital improvements program from the budget planning phase through the construction phase. The Division is charged with responsibility for design of heating and power plants, water supply and distribution systems, waste water collection and treatment systems, and steam and electric distribution systems, and gives general supervision and advice as consultants to staff in the various institutions responsible for maintenance and repair of physical plants.

During the fiscal period of 1971-73, the Department had the following capital facilities improvements funds:

Carried over from 1969-71	\$2,073,027
Appropriated for 1971-72	1,540,020
Appropriated for 1972-73	1,296,000
Less estimated carry-over to 1973-74	-1,599,070

Net funds expended from capital construction funds:	\$4,279,497
From Veterans' Home Construction Fund:	
World War II 100-Bed Addition	538,713
Norfolk Annex for Veterans Building No. 23, Norfolk Annex	130,450
	26,610
Cigarette Tax funding for Beatrice State Home Activities Building	669,564
Total Expenditures for Major Construction:	\$5,644,834

Major projects of the biennium were:

Fire safety improvements at all institutions were designed to put buildings housing residents of institutions in condition to meet fully the requirements of the State Fire Marshal's Life Safety Code. Expenditures have been nearly \$800,000 for such improvements as fire alarm and detection systems, fire escapes and exits, and smoke screen construction.

Almost \$150,000 has been spent in roof repairs and replacements at the institutions. This is a continuation of a program begun several years ago to maintain roofs adequately and to make replacements as needed.

Major projects under construction are:

BEATRICE STATE HOME

Food Service Building (kitchen, warehouse and dining rooms) to replace the old facilities, with completion anticipated in fall of 1973
 Activities Building (gym, swimming pool, activities space, canteen) with anticipated completion in late summer of 1973

Rebuilding of Heating and Power Plant and installation of a third boiler

LINCOLN REGIONAL CENTER

50-bed Medical-Surgical and Acute Care Building to replace the old "RH" Building (Completed)

HASTINGS REGIONAL CENTER

Central maintenance repair shops

NORFOLK REGIONAL CENTER

Food Service Addition to the Main Building (to replace the old Food Service Building), with completion anticipated in fall of 1973

NEBRASKA VETERANS' HOME

Remodeling of the Veterans' Home Annex at the Norfolk Regional Center (Completed)

Remodeling of the Veterans' Home Annex Building No. 23 at the Norfolk Regional Center (Completed)

100-Bed Addition to the World War II Building (for skilled nursing care at Grand Island) with completion anticipated in fall of 1973

Installation of new low pressure steam boilers and auxiliaries at Grand Island

YOUTH DEVELOPMENT CENTER-GENEVA

Cottage (for 20 girls), with completion anticipated in fall of 1973

Food Service Building, with completion anticipated in fall of 1973

Removal of Sacajawea Building (which has been replaced by the Cottage and Food Service Building)

Paving of main driveway and parking lots

YOUTH DEVELOPMENT CENTER-KEARNEY

New gym and pool (completed)

Sanitary sewer line connecting the Youth Development Center-Kearney to the City of Kearney system for waste-water treatment

NEBRASKA PENAL AND CORRECTIONAL COMPLEX

Gym and Recreation Center at Penitentiary Unit (a metal building erected by institution forces)

DIVISION OF PERSONNEL
Clifford P. Weidenthaler, Director

The Division of Personnel in the Department of Public Institutions serves as a clearinghouse for the facilities, acting as intermediary for them with other State and Federal agencies concerned with Personnel Administration. This includes recruitment and retention of employees, Workmen's Compensation administration, unemployment compensation, and the Fair Labor Standards Act, as well as other pertinent State and Federal legislation. Technical supervision and assistance are provided by the Personnel Director to those designated staff members in the facilities.

By legislation enacted during the 1971 Session of the Nebraska State Legislature, employees of the hospitals in the Department were brought under coverage of the unemployment compensation feature of the Employment Security Act, effective January 1, 1972. Acting upon recommendation of the Governor, those employees in the balance of the facilities in the Department were brought under coverage of the Act, effective July 1, 1972. In actuality, this means that once their eligibility was established, the total employees in the Department, in excess of 4,000, were provided with assurance of unemployment insurance benefits in the event their employment with this Department was terminated and they continued to be unemployed.

As the result of strong efforts on the part of the Governor and other interested representatives of State Government, additional fringe benefits have been implemented during the biennium in the form of greater vacation and sick leave benefits to those career employees who attain five or more years of service. During this same period, considerable study and evaluation were given to proper classification of positions and the incumbents in preparation for the new Pay Plan which was adopted during the 1973 Session of the Legislature, for effective date of July 1, 1973. This represents the culmination of many years of study and preparation, and effort on the part of legislators and others to achieve a uniform Pay Plan where equal pay would be made to positions of equal responsibility.

With implementation of the uniform Pay Plan and Position Classification Schedule, it becomes necessary to recruit in a more selective manner and to attain an even higher degree of efficiency in all phases of Personnel Administration. With a declining population, close coordination must be maintained with other staff members for projected staffing and proper manpower utilization. In accordance with planning of the Director of Public Institutions, it is contemplated that employment with the Department will become increasingly attractive.

SECTION II

PENAL AND CORRECTIONAL PROGRAM

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SECTION II

**PENAL AND
CORRECTIONAL
PROGRAM**

DIVISION OF CORRECTIONS

Victor G. Walker, Director

Highlights of progress in the Division of Corrections are shown in the following facility reports. They reflect an accelerated rate of progress, especially in the area of programming.

By action of the Nebraska State Legislature, the Division of Corrections in the Department of Public Institutions became a separate Department of Correctional Services on July 1, 1973.

NEBRASKA PENAL AND CORRECTIONAL COMPLEX

Lincoln, Nebraska

1. Location: Penitentiary Unit - 14th Street and Pioneers Boulevard,
Lincoln, Lancaster County, Nebraska
(Situated on the south side of Lincoln
at the juncture of Highways 2 and 77)

Medium Security Unit (Formerly the State Reformatory) -
Hawthorne Drive, Lincoln, Lancaster
County, Nebraska (Situated four miles
west of Lincoln, just north of West
Van Dom Street)

2. Mailing Address: Nebraska Penal and Correctional Complex
P.O. Box 81248
Lincoln, Nebraska 68501
3. Telephone: Penitentiary Unit - (402) 477-3957
Medium Security Unit - (402) 477-4177
4. Administrative Staff: Charles L. Wolff, Jr., Warden
Robert F. Parratt, Deputy Warden
Robert Hubbell, Associate Warden, Industries
Eldon G. Lovell, Associate Warden, Administration
Edwin E. Miller, Associate Warden, Physical Plant Operation
Spencer S. Miller, Associate Warden, Medium Security Unit
James Shadduck, Associate Warden, Programming
5. Date Established: Nebraska State Penitentiary - 1869
Nebraska State Reformatory - 1921
Combined to form the Nebraska Penal
and Correctional Complex - 1963
6. Normal Capacity: Penitentiary Unit - 750
Medium Security Unit - 300
7. Offender Population, June 30, 1973: Penitentiary Unit - 643
Medium Security Unit - 273
8. Total Staff, June 30, 1973: 326, plus 26 in Correctional Industries
9. Types of Admission: Commitments from the court on felony convictions,
safekeepers for county and federal law enforcement
agencies, and 90-day evaluations from the court prior
to sentencing
10. Financial Responsibility: State of Nebraska
11. Transportation Routes: Airlines, railroads, and buses
12. Visitation Regulations: Penitentiary Unit
Trusty Dormitory Saturday or Sunday,
8:30 a.m. to 4:00 p.m.
Inside Penitentiary Unit - Monday through Friday,
12:00 noon to 4:00 p.m.
Medium Security Unit - Saturday or Sunday,
8:30 a.m. to 4:00 p.m.



Medium Security Unit
Nebraska Penal and Correctional Complex



Penitentiary Unit
Nebraska Penal and Correctional Complex

NEBRASKA PENAL AND CORRECTIONAL COMPLEX

Charles L. Wolff, Jr., Warden

PURPOSE AND GOALS

The primary purpose of the Nebraska Penal and Correctional Complex is to provide incarceration, treatment, resocialization, and rehabilitation for the legal offender who is committed by various district courts within the State of Nebraska. The basic function is to maintain an individual in a constructive environment, with specific concern for his safety, health, and welfare until he is released through due legal process; to provide opportunities for each individual to develop as far as his capabilities will permit; and to effect his social readjustment.

The goal of the Penal and Correctional Complex is to be a leader among correctional facilities in the United States in developing innovative approaches to programming, and in establishing practices to improve, on a daily basis, opportunities for the legal offender to prepare himself for ultimate release.

SUMMARY OF MAJOR ACCOMPLISHMENTS

During the 1971-73 Biennium a number of significant changes have occurred within our two correctional facilities. Most of the changes have raised the standards of supervision, treatment, and programming of the legal offender. Major emphasis has been placed upon the development of more humane and program-oriented treatment directed toward the ultimate goal of successful community living. Listed below are major areas of activity that have occurred during the biennium:

1. Expansion of the academic educational program has been made to include languages, cultural studies, and some identified college-level work. Among classes offered are Black History, Modern English, Modern Mathematics, chemistry, physics, and German. Black History, as well as other cultural courses and social studies, are taught by a black instructor with a Master's Degree.
2. A new gymnasium has been constructed at the Penitentiary Unit of the Penal Complex which, at the present time, is providing a full schedule of athletic and recreational activities. At the same time, renovation of a facility at the Medium Security Unit (Reformatory) for a gymnasium-activities building was undertaken. This will provide adequate facilities in both units for an ongoing athletic and recreational program.
3. The Vocational Rehabilitation Division, of the State Department of Education, has developed a separate unit at the Penitentiary which includes vocational training in dental prosthetics, industrial woodworking and cabinetmaking, graphic arts, metalworking and welding, television and radio repair, counselling and guidance, and post-care supervision of clients, as well as obtaining needed items such as tools, rent and food subsidies, and any other items contributing to the individual's success.
4. The establishment of the Skill Training Center at the Penitentiary Unit, under a sub-contract with Northern Systems, Incorporated, includes skill

- development on an intensified basis in the areas of automotive mechanics, building trades, and welding. Included, also, is Driver Education, which is taught on a supervised basis to all students enrolled in the Skill Training courses; and is part of normal course work required to complete the Skill Training experience.
5. Work Release Centers have been established in the Lincoln and Omaha areas under an accelerated program of job placement, training, and participation in the program. In addition, the trusty dormitory of the Penitentiary Unit has been utilized for some work-release activities and, at the present time, has a capacity for 75 men to participate in this program. Further plans are underway to establish a Work Release Program in the Grand Island area, as well as to increase the capacities of the Lincoln and Omaha programs.
 6. The Educational Release Program in the Lincoln area has been developed and expanded. At the present time we have enjoyed good success in placing legal offenders, capable of higher educational achievements, on programs in business college, technical college, and on campus at the University of Nebraska. All of these individuals have been involved in the institutional school programs prior to consideration for higher education on campus.
 7. A comprehensive furlough program has been made available to individuals in both institutions after meeting certain prerequisites. This program has proved to be extremely successful in developing family adjustment and community-based activities for the offender. It has cemented further family relationships and has permitted individuals to investigate areas of job placement, living accommodations, and other items that are essential immediately prior to release from the institutions.
 8. New classroom facilities were developed for training facilities in the institutions, with qualified, competent instruction that will be available to the students as they participate in various vocational activities.
 9. A full-time psychiatrist and his assistant have been transferred from the Lincoln Regional Center to become an effective part of the ongoing medical treatment program within the Complex. In addition, it is anticipated that a complete psychiatric team will be developed and made available to the population during 1973 through a transfer of position funding from the Lincoln Regional Center to the Nebraska Penal and Correctional Complex.
 10. The medical program in the two institutions has been increased in effectiveness. A full-time, competent technician has been employed, and new improvements continue to be made in this program, with the hope that a full-time physician will soon be employed to service the needs of the offenders. Close coordination with the two physicians presently employed and the local hospital has insured a high standard of medical treatment for the offender population.
 11. The establishment of a bakery, which includes a vocational school at the Lincoln Regional Center, has been utilized by both institutions. This has

been used to prepare necessary bakery products for the two institutions, and has proven to be a good area where skill development can be effected for placement in the community.

12. A separate employee training unit has been developed in an older building located adjacent to the Reformatory Unit. Since it is felt that training is essential to the success of an employee, a Federal Grant has been requested to bring this area to an acceptable level, both for the new employee and to provide inservice training.
13. A Riot Control Squadron has been developed with personnel, equipment, and procedures which will be maintained on an ongoing basis to be utilized only at times of major disturbance where organized personnel are required to retain control and maintain order within the two institutions.
14. Recent funding has been developed in a cooperative agreement with the University of Nebraska College of Law for a legal assistance program to insure that due legal process is available to offenders, and that they may have access to the courts if desired.
15. A new program has been developed on drug control in terms of medications that are administered at the direction of medical personnel. This includes removal of the drug room from the main hospital area to a central area at the front entrance to the institution, as well as the implementation of a control program in administering drugs. In accomplishing this, a full-time pharmacist has been placed on the payroll to supervise activities of the drug room and the dispensing of drugs.
16. A new identification system has been developed for employees and visitors to the two institutions, which includes color pictures and contains specific information for identification. This provides greater security and control within the institutional area.
17. In the Maximum Security Unit (Adjustment Center) a new safety lever system and electronic identification light system have been installed for greater control of the various cells located in this unit, insuring the proper functioning of the mechanical system which, for the most part, is the security control.
18. The integration of the east cell house in May, of 1972, has been successful and has insured a uniform procedure throughout all areas of the Penal Complex for integration, i.e., living quarters, work locations, group activities, and self-betterment clubs.
19. The Nebraska Correctional Industries have expanded significantly the metalworking industry to include not only a full line of metal furniture, but also the mass production of all items of banding variety, as well as steel lockers and shelving. A complete training procedure is now incorporated and available for legal offenders who are assigned to the License Plate Factory, Metal Furniture and Road Sign Factories, which includes a comprehensive course of instruction in the various areas of welding.
20. The Garment Factory, no longer being a beneficial industry for male adult offenders, has been transferred to the State Reformatory for Women, at

York, Nebraska, in order to provide meaningful industry for that institution.

21. The Inmate Pay Plan has been revised, permitting higher levels of pay for inmate workers, as well as areas of extra pay for those individuals who develop specific skills.
22. A new procedure has been developed which permits longer and more frequent visits for offenders with family and friends, as well as providing new indoor and outdoor visiting areas for inmates housed at the trusty dormitory at the Penitentiary Unit, and for all offenders in the Medium Security Unit.
23. Law libraries in both institutions have been expanded substantially to insure that legal offenders have the necessary legal materials available while incarcerated.
24. A project is presently underway to request federal funds for the expansion of existing libraries, as well as providing mobile equipment to rotate the various libraries in the two institutions and the post-care areas, and to maximize the use of available reading materials.
25. Complete revision and modernization of the institution disciplinary policy and procedures includes investigations, Adjustment Committee actions, and the establishment of a Good Time Forfeiture Committee.
26. The broadening of mail regulations eliminates censorship and restrictions with regard to utilization of postage stamps, and increases the number of individuals authorized for correspondence.
27. A re-evaluation of the personal grooming requirements for employees and offenders permits longer hair, full sideburns, and full mustaches.
28. Community participation involves legal offenders in both institutional and post-care activities, and includes Alcoholics Anonymous, Checks Anonymous symposiums, Jaycee activities, and areas of athletic participation in City League and other areas such as basketball, flag football, softball, volley ball, and boxing. This is one of the most effective areas for introducing the individual back into the community.
29. Job placement in the community has been improved in a very effective manner through coordination of activities of the Complex, Skill Training personnel, Vocational Rehabilitation Division, and Parole Administration. At the present time all individuals leaving the Penal Complex are almost totally assured of having a job in a meaningful program at the time of release.
30. Individual offenders have been permitted to purchase personal television sets for their living quarters. This has proven to be an extremely effective treatment tool and has insured a more routine operation within the institution through provision of more entertainment during the hours when the individual is not actively engaged in work or other organized activities.
31. There has been a complete revision and broadening of newspapers, magazines, periodicals, and other publications that are permitted for legal offenders in the institution. This has assisted materially in providing

- individuals with desired reading materials.
32. A complete revision of all operating procedures and regulations has been completed within the Penal Complex to stabilize the daily operation of the two institutions.
 33. Renovation of the west cell house facilities has taken place with regard to stools, lavatories, beds, and other items located within the cells. This project is, for the most part, completed and has provided the maximum amount of comfort available within the present physical plant.
 34. The new security tower on the north side of the institution has been erected and, at this point, provides visual surveillance of the exterior portion of the north side of the institution which was not available at any prior time. Incorporated in this is the television monitoring system for the inside perimeter areas of the cell blocks.
 35. A Personnel Review Committee has been developed for use by employees and administration in the solving of employee problems.
 36. A Community Relations Committee with inmate members has been established for the review of inmate grievances that are submitted without intervention by the administration. A complete procedure has been developed in this area, and the procedure for grievances has become an integral part of the daily operation of the institution. It has alleviated a significant number of problems that heretofore existed between the administration and the inmate population of the two institutions. There is no question of the need to consider this operation as a full-time, rather than a part-time position in order to maximize the effectiveness of the grievance procedure.
 37. A teletype computer terminal has been established to report the change of status of legal offenders to the law enforcement agencies and to other interested persons throughout the State.
 38. A punch card system has been developed in the processing of specific information from offender records in order to establish daily status changes, as well as to develop meaningful statistics on an ongoing basis for reference and review. This has proven to be an effective part of daily operations.
 39. A position of Community Relations Coordinator has been approved, and effort is underway to secure a part-time person to work effectively with minority groups for participation in institutional activities, such as self-betterment clubs, thus permitting interaction of minority groups with legal offenders. It is hoped this type of program can be implemented on an ongoing basis, because it is imperative that we bring community-based people into the institution to maintain contact during the period of confinement.
 40. The Pre-Release Program has been removed from the inner portion of the institution and is conducted at an outside facility to insure that the experience is more meaningful to the individuals who are to be released.
 41. A revised procedure of feeding men in the Maximum Security Unit provides the same basic diet on the same basic schedule to all inmates,

- whether in discipline or in the general population.
42. Local Jaycees have developed a project called "Piece of the Action" which involves volunteers in sponsoring furloughs for legal offenders. This is the first step in a number of areas where we will be moving, establishing connections throughout the State with other organized volunteer programs. This will be facilitated through CONTACT, Incorporated, and other community-based agencies.

A number of other activities are planned, either for expansion of existing programs or as new areas of programming for the future, which will be implemented on the basis of available monies and priority needs. It should be recognized that, through court decisions and an elevation in the levels of treatment to the legal offenders, impact will be noted in the future.

Grants

In order to maximize effective programming, a number of Federal grants have been obtained to reinforce those that were in existence prior to proper funding on the State level. Without question, these grants have had a major impact on the treatment and resocialization of individuals committed to our charge. The following grants were received during the biennium:

- 1971:(1) "Skill Development and Placement of Legal Offenders" - \$292,800.00 - A discretionary grant from the United States Department of Justice's Law Enforcement Assistance Administration (L.E.A.A.), to develop skills, such as those needed in Building Trades and Automotive Mechanics, to prepare offenders for reintegration into society.
- (2) "Reintegration of Legal Offender" - \$118,333.16 - A block grant from the Nebraska Commission on Law Enforcement and Criminal Justice, to tie in with "Skill Development and Placement of Legal Offenders."
- (3) "Staff Development of Correctional Personnel" - \$42,204.00 - A block grant to finance management training for all correctional personnel.
- (4) A grant authorized by the Emergency Employment Act of 1971 - \$102,846.00 - This grant was to have expired in August, 1972; but, due to the fact that the Federal Government had not appropriated funds to support the grant, it was continued under a new bill which had been passed. The primary purpose of the Public Employment Program is to make financial assistance available to public employers for use in providing unemployed and under-employed persons with transitional jobs in public services during times of high unemployment.
- 1972:(5) "A Planning Grant for Institutional Study" - \$537.00 - The purpose of this grant was to determine the effectiveness and value of the data processing system in Columbia, South Carolina, with a view toward possible implementation in Nebraska corrections.
- (6) "Riot Control Plan" - \$13,465.74 - A block grant for the purpose of establishing policies, procedures, areas of responsibility, and the purchase of equipment for use in the event of a riotous situation at the Penal Complex.

- (7) "Skill Development and Reintegration of Legal Offenders" - \$437,182.00 - A block grant for an additional nine months of this program.
- (8) "Additional Personnel for State Corrections" - \$6,319.00 - A block grant to provide one full-time secretary so that parole counselors and correctional officers can devote full time to supervising inmates at the Penal Complex.
- (9) "Paper Hangers" - \$233.00 - A block grant for the purchase of a training film on bad checks for the Checks Anonymous Club, to help the merchant and banker through symposiums--to literally put bad check cashers out of business.
- (10) A block grant in the amount of \$2,705.00 was approved to employ a person in the Omaha area to encourage community minority groups to volunteer their services for work with the institution's self-betterment clubs.
- 1973:(11) A block grant in the amount of \$22,000.00 was awarded for Library Equipment--a Bookmobile and book carts for better circulation of books and library materials in the Nebraska Penal and Correctional Complex.
- (12) A block grant in the amount of \$63,553.00 was awarded for a Personnel Training Program to train correctional officers and other employees in specialized skills and knowledge of corrections in order to develop a professional approach to their roles.

Two additional grant applications were submitted late in the biennium to the Nebraska Commission on Law Enforcement and Criminal Justice for the following:

- (1) "Total Use of Facility" - \$30,000.00 - To provide a training facility to carry out the training program which is being developed to meet the new standards in corrections.
- (2) "Skill Development and Reintegration of Legal Offenders" - \$142,000.00 - A renewal grant.

PROGRAM DESCRIPTION

Distinct points within the overall program are as follows:

RECEPTION - ADMISSION

The total count of the Penal Complex as of June 28, 1971, was 1001, compared to a total count of 916 on May 30, 1973, showing a total decrease of 85. Each person received at the institution is placed in the Reception and Diagnostic Unit where the receptee is given an opportunity to learn about the institution, its policies and rules; and the administration has an opportunity to evaluate the man and to make the best possible placement for him within the institution. During this reception period the unit has multiple functions within the field of corrections for male adult offenders. More often than not, when a man is received at this institution, he is under emotional strain from the court proceedings, time spent in jail, family problems, and the apprehension of coming to this facility. Therefore, the initial phase of the program is to provide the receptees with a comprehensive adjustment period. To help them in

their adjustment they are given individual counseling, help in establishing communication with their family, and immediate information of the procedures, rules and regulations of the institution. Complete physical examinations are a part of this initial program.

As the adjustment progresses, the man enters the second phase of the program. Through lectures, visual aid programs, more individual counseling, and group discussions, he gains knowledge of the Complex. Included, also, in the second phase are vocational, academic, personality, and psychological testing.

After the conclusions of these two phases, the third phase is the evaluation of each inmate. A case study is made on each man from all the information received. Recommendations and tentative goals are established by those who have conducted the interviews. The case studies are then given to the Initial Classification Committee, which makes an individual evaluation and decides matters regarding custody, living quarters, and work assignments. Ninety days, at the Penitentiary Unit, and sixty days, at the Medium Security Unit, after the man has been placed in the general population, his placement and adjustment are reviewed. Review for possible reclassification of each man is held annually.

EDUCATIONAL PROGRAM

The Lancaster Academic and Vocational School consists of three units, one of which is located at the State Reformatory for Women in York, Nebraska, and the other two at the Complex. The educational program at each unit offers offenders the opportunity to complete academic work and to study for self-improvement.

Individuals not yet twenty-one years of age, if they do not have a high school education, are assigned to the school program on a compulsory basis. Those over twenty-one may volunteer to complete their education. The educational program has approximately 275 students enrolled. Those who cannot read or write can learn through Special Education classes. Others who have not completed the eighth grade may enter school at a lower level under direction of a professional instructor. A course of study is individually planned and conducted by a staff of professional teachers for inmates falling within the high school level. College correspondence or live instruction, as well as educational release, are available for those who meet the education department's academic requirements. During the biennium, forty students received high school diplomas. During this same time there have been thirty-six successful individual course completions from a total of four classes held in the Nebraska Wesleyan University's college-level program. This is the program which was initiated in November, 1967, with a private foundation providing funds, and with the ultimate goal that of an Associate Arts Degree from Nebraska Wesleyan University. Two students have been approved for the Associate Arts Degree, while one is still in the evaluation stage. Our college program is supplemented, also, through college-level correspondence courses from the Extension Division of the University of Nebraska. Thirteen students have been enrolled in correspondence courses. Six of the students have completed their courses, while seven are still working on theirs.

Television antennas have been installed in the education department, and portable television sets are on order. This will make it possible to begin some teaching

via Educational Television, hopefully, in the fall of 1973.

Over the year, the Cultural Studies Program has been modified and upgraded. Also, two semesters of German have been offered. Again, students from both the Penitentiary and Medium Security Units are involved. Instrumental music and music theory were both started this year, with the classes well developed and functioning. An Advisory Board for college-level students has been established and written policies have been adopted.

Six students are currently enrolled in the University of Nebraska: two in Construction Science; two in Business Administration; one in Computer Science, who has been paroled and still continues his studies; and one in Arts and Sciences. One of the six students has been accepted by the Environmental Sciences Honorary for scholastic achievement. Two students have been accepted at the University of Nebraska; one will begin his studies in the summer session, and the other in the fall.

Three students are enrolled in the Lincoln Technical College: one in Fire Prevention, who is the top student in his class; one in a two-year welding class for full certification; and one in two-year training in Electronics in order to receive certificates for management and servicing. Two students have completed successfully the computer program at the Lincoln School of Commerce and have been graduated from the School. One student is taking training in auto mechanics at the Lincoln Manpower Training Center.

VOCATIONAL REHABILITATION

During this biennium a continuation, as well as an expansion, of the Third Party Agreement with the Department of Education's Division of Vocational Rehabilitation has provided a number of additional courses, as well as an expansion into the areas of counseling, job placement educational release, etc. At the Penitentiary Unit, since the signing of the Agreement on February 1, 1972, there have been five vocational programs established: Graphic Arts; Electronics; Radio, TV Repair, and Welding in Metal Fabricating; Industrial Cabinetry and Woodworking; and Dental Prosthetics. The newest area, presently being implemented, is Food Services Technology.

In addition to the training programs which offer formal vocational training, vocational counseling and guidance, along with personal adjustment training, the Unit offers a multitude of services to the legal offender at the Penitentiary. Some of the services provided are: medical and psychological examinations; individual counseling and guidance; medical, surgical, psychiatric treatment and hospital care, and services that are not the responsibility of the Penal Complex; prosthetic appliances; financial assistance to help meet the cost of tools and licenses when offenders are ready for work; selective job placement; and other appropriate services determined to be essential to the rehabilitation of the public offender. There have been 317 individuals served since implementation of this program, plus approximately 50 cases transferred from other units to the counselors at this unit. At the present time 30 clients are assigned to the vocational training program within the confines of the Penitentiary Unit. Six clients are taking training, or have taken training at the University of

Nebraska or at the Lincoln Technical College through the sponsorship of Vocational Rehabilitation Services on the Educational Release Program. A number of clients have received training or are receiving training at area technical colleges, with funding coming from Vocational Rehabilitation, which is rapidly becoming an integral part of the Penal Complex and its overall program in correctional rehabilitation.

The Vocational Rehabilitation Unit within the Medium Security Unit has shown continuous growth and progress during this biennium. In addition to the six training areas initially established (Auto Mechanics, Carpentry, Electricity and Electronics, Graphic Arts, Refrigeration and Air Conditioning, and Welding) a Baking School was initiated in October, 1972, an Overhead Power Distribution Course was incorporated within the Electrical School, a heating curriculum was added to the Refrigeration School, and front-end alignment instruction will be in effect before the end of this fiscal year. During Fiscal Year 1971-72 services were provided to 364 individuals, and this number will exceed 400 during the present fiscal year. During the biennium 240 students were enrolled in the Unit's Vocational Training programs, with an additional 203 students receiving other services as indicated above. During this same period over 240 students will be closed as vocationally rehabilitated, as compared to 95 for the previous biennium. A major contributing factor has been the establishment of a branch office in Omaha, with a counselor and secretary providing placement and follow-up services to individuals released to that area.

NEBRASKA CORRECTIONAL INDUSTRIES

In the areas of correctional industries, a number of major changes have occurred in the development of more effective areas of skill training for the individuals assigned to these programs, as well as the installation of the Vocational Rehabilitation Division's cooperative project and the establishment of a centralized media learning center within the industrial program, which has proven to be an effective tool in the overall development of the individual's potential. Listed below are the various industries that are operated under Nebraska Correctional Industries:

Dental Prosthetic Laboratory	Soap and Detergent Factory
Road Sign Factory	Printing Plant
License Plate Factory	Engraved Signs
Mattress Factory	New Wood Furniture
Reconditioned Furniture Factory	Garment Factory (York)
Dairy Process	Metal Furniture and Metal Fabrication Factory

The new machinery for manufacturing metal lockers and metal shelving in production, and products are coming off the line. The Garment Factory was moved from the Penal Complex to the State Reformatory for Women at York. However, this is still a Correctional Industries operation.

One of the major changes occurring in the Correctional Industries program has been the discontinuation of service to other institutions from our centralized laundry. Each institution is now either providing its own service or contracting for it through private industry.

RELIGIOUS PROGRAM

Worship services, education, and inmate and family pastoral counseling comprise the religious program at the Penal Complex. Two chaplains (a Catholic Priest and a Protestant Minister) provide full-time pastoral services to the Complex. Worship services are provided weekly and on church holidays. A major portion of the chaplains' time is given to religious counseling. Voluntary assistants are enlisted as necessary for specific acts, such as private denominational communion, etc., or have brief meetings with interested citizen or church committees.

RECREATIONAL PROGRAMS

The music program offers another constructive outlet for legal offenders. Country-western and rock-and-roll groups, as well as several bands, practice on regular schedules and occasionally play at institutional functions and at the State Reformatory for Women at York. Currently, one offender is assigned as music coordinator, and groups are practicing at the trusty dormitory and at the Medium Security Unit, as well as inside the walls.

Hobbies provide a means for both relaxation and profit. Approximately fifteen percent of the institution population participates in the program. All types of leather goods, paintings, textiles, and costume jewelry are made and offered for sale. All participants must purchase their own tools, and completed items are inspected before being offered for sale. A five percent charge is levied on all hobby items, and this amount is placed in the Inmate Welfare Fund.

Athletics offer a wide selection of sports activities. Younger men are encouraged to participate in the more strenuous sports, such as basketball, baseball, football, weight-lifting, boxing, and track. Less strenuous activities include table tennis, badminton, volleyball, miniature golf, and horseshoes, as well as chess, bridge, and table tennis. Competition is keen in the institution's intramural leagues. Varsity groups compete with teams from outside the institution. Track and field meets are held annually, as are tournaments in chess, bridge, pinochle, and table tennis. Athletic and recreational committees, composed of offenders, work with administration personnel in coordinating all athletic programs.

At the Medium Security Unit, a year-round program of development with the outside leagues of the City of Lincoln Recreation Department has begun. These include softball, baseball, flag football, basketball, volleyball, and Golden Gloves. In addition, an Annual Athletic and Recreation Banquet for recognition of in physical recreation has been established.

Outside entertainment, also, is brought for the legal offenders' enjoyment. This complements programs now provided for recreation.

During the period of time from February 1, 1972, until the present, the revised furlough program has proven to be extremely successful. In approximately 1800 cases the percentage of success has been 99.9%, which indicates that home visit and family adjustment-type furloughs can be a vital tool in transitional release for those individuals who have proven capable and trustworthy.

SELF-IMPROVEMENT ACTIVITIES

Group activities include the Gavel Club, Checks Anonymous, Alcoholics Anonymous, and Junior Chamber of Commerce, as well as Stamp Club, Art Club, and Drug Awareness. The Gavel Club, affiliated with Toastmasters' International, is a voluntary organization directed toward developing speaking skills and self-confidence. Checks Anonymous aims toward restitution, rehabilitation, and recovery for habitual fraudulent checkwriters. In connection with this, Checks Anonymous' "Project Cash" (Check Anonymous Supplies Help) was instituted in July, 1970. Its purpose was to make merchants and potential bad check-writers aware of the consequences of getting caught writing fraudulent or insufficient-fund checks. We have been promoting this program in every institution in the country and in every county in Nebraska. Also, Checks Anonymous has been conducting symposiums with bankers and merchants throughout central and eastern Nebraska.

Alcoholics Anonymous is a group of men within the Complex who discuss their problems in group meetings. Their program is much the same as AA programs on the outside.

Drug Awareness is a group of men who have had hard-drug experience. Their meetings are group discussions telling what the drug problem is, not what it is supposed to be.

The "111 Jaycees," a chapter of the Junior Chamber of Commerce, has proven worthwhile for members. A new chapter was started recently at the Medium Security Unit and is proving to be very popular. Offender Jaycees are working with Lincoln Jaycees and the institutions in the furlough program by providing sponsors through "A Piece of the Action" for those men who are eligible for furlough, but who do not have a suitable sponsor. Volunteers are screened and trained prior to taking an offender on furlough.

In December, 1970, a Stamp Club was started to provide another opportunity for participants interested in this area. Outside collectors have assisted in providing stamps, albums, and materials.

An Art Club has been developed to provide an opportunity for those who wish to develop skills in pencil, chalk, pastels, water colors, or oil. Numerous art shows and displays have been presented to the public, including a showing at the Governor's Mansion.

At the Medium Security Unit, Explorers' Posts, related to the National Boy Scout program, have been started. There are currently posts for Explorers International, Arts and Crafts, Graphic Arts, Automotive, Welding, Carpentry, and Electrical which research each field in depth, take outside field trips to increase their knowledge of the subject, and arrange for outside speakers for the groups. A big advantage of this program is that when a man is released, he can still be helped in his community by the persons connected with Explorers. The Medium Security Unit promotes, also, as separate chapters, the various groups listed for the Penitentiary Unit. The Medium Security Unit's drug group is known as D.A.R.E. and functions in connection with outside groups and the Urban League.

HEALTH SERVICES

The medical service has progressed into a highly functional and well-organized unit during this reporting period. The Penitentiary Unit provides a 15-bed facility, whereas the Medium Security Unit as a 2-bed infirmary limited to overnight types of treatment. These health services are staffed with a part-time physician, a full-time medical technician, and four inmate attendants who provide daily care. Recently, basic medical laboratory procedures have been incorporated to assist in the diagnosis and treatment of disease; thus, another service has been provided to update partially the medical facilities. Referrals to consulting physicians are made for special care. Statistics reveal approximately 1200 patients per month are seen by this facility. This includes 259 scheduled patients, 68 emergencies, 322 X rays, 197 laboratory procedures, 5 surgery patients, 223 treatments, and 167 injectable medications.

Optometrical services are provided on a part-time basis for eye examinations, refractions, and issuance of eye glasses on a one-day-per-week schedule.

The Penitentiary Unit maintains complete dental services, and the Medium Security Unit provides part-time dental coverage, all of which is under the direction of the assigned dentist. The health services for the past biennium cost nearly \$300,000.00 as of April 30, 1973. The breakdown is as follows:

Medicinals (special shoes, glasses, etc.)	\$ 2,245.00
Drugs	59,243.00
Medical Services	142,476.00
Medical Salaries and Wages	88,976.00
Inmate Wages	3,370.00
TOTAL	\$296,310.00

Psychiatric and psychological services are provided by one full-time psychiatrist, one 3/4-time psychologist, two part-time acting psychologists, and one psychiatric technician. In addition, consulting services are provided one day a month by a psychiatrist and a resident in psychiatry from the Nebraska Psychiatric Institute.

The psychiatrists' duties include individual therapy, consultation with the medical and education departments, certification of Vocational Rehabilitation clients, working with new offenders withdrawing from drugs, and serving on institutional committees, i.e., furlough, work release, skill training and staffing, as well as the Initial Classification Committee.

The psychologist's time is divided equally between vocational rehabilitation and institutional services. These duties include the development of vocational training curricula, consultation to vocational rehabilitation staff and institutional staff, selection of vocational rehabilitation clients, individual and group counseling, staff training, and serving on the Staffing Committee. The acting psychologists perform the testing, diagnostic, and evaluation services. The psychiatric technician assists the psychiatrist.

Reception and Diagnostic Center Services: In November, 1971, the Staffing Committee—consisting of the psychiatrist, psychologist, Director of the Reception Center, Reception and Diagnostic Center counselors, and two Vocational Rehabilitation counselors—was formed. Each receptee is evaluated through testing and

interview procedures to ascertain psychological, educational, and vocational status and needs. The use of computerized interpretations of the Minnesota Multiphasic Personality Inventory have been introduced into this process. The Staffing Committee reviews the reports on each receptee and makes recommendations concerning total programming for each offender. Since November, 1971, diagnostic evaluations were conducted for 689 men committed to the institutions, excluding parole violators. In addition, 68 men, placed in the institution by the courts for a period of ninety days prior to sentencing, were evaluated and recommendations sent to the courts.

Counseling and Therapy: Individual counseling provided by the psychologist included 251 men in the Penitentiary Unit and 90 men in the Medium Security Unit. In 1971, 30 men received group therapy in the Penitentiary Unit. During the latter part of 1972 to the present, 24 men in vocational training received weekly group counseling. In addition, the Penal Complex developed full-time psychiatric services for offenders for the first time during the past biennium. This service has been provided by one psychiatrist and one psychiatric technician. These services are utilized to identify mentally ill offenders within the population and upon admission to the Complex. Such offenders are then treated in weekly clinics. More severely disturbed patients are hospitalized in the Complex hospital or are transferred to the Lincoln Regional Center. Psychiatric consultations are provided, also, for Initial Classification, staffing, work release, furlough committee, educational department, sub-classification, skill training, vocational rehabilitation, and Board of Parole. At the present time over 120 offenders are provided direct and indirect services each week. Approximately 20% of all new admissions are mentally ill individuals who are receiving, or have recently received, psychiatric treatment; approximately two-thirds of all offenders committed to the Complex have drug- or alcohol-related problems. It is apparent from the above statistics that the population's psychiatric needs are being met only in part. Further improvements are needed.

Institution Counselors: Weekly therapy groups were conducted under the direction of parole counselors in both the Penitentiary and Medium Security Units. In the Medium Security Unit 148 men received group therapy under the direction of one counselor. Approximately nine men were in a group for eight to ten weeks at a time. Forty men have received group therapy from the other counselor. Group therapy will be expanded at the Medium Security Unit, with one counselor and increasing to three groups per week. Through this program of comprehensive treatment of alcoholic and drug-related offenders, the counselor assigned to this program at the Nebraska Penal and Correctional Complex, through a cooperative effort with the Hastings Regional Center, has developed a procedure where individuals suffering from these problems may participate on campus during the last weeks of confinement. At the present time five individuals have completed the course successfully. It is felt that this is a very valuable tool in the effective reduction of recidivism of individuals suffering from alcoholic problems, prepares them for return to community life.

SAFETY PROGRAM

The Safety Program has been in operation since 1962. This is a continuing program of safety in all areas of the Penal Complex. Monthly safety inspections are

held by the Safety Committee which consists of six selected inmates. The reports of these inspections are digested and discussed at a monthly safety meeting. These reports and any recommendations from the Safety Committee are then submitted to the Warden's Staff Meetings for further discussion and action to correct safety deficiencies. We feel that this program is paying dividends, both in less loss of time due to accidents, and in making all people who work at the Penal Complex more safety conscious—inmates as well as employees.

WORK PROGRAM

During the biennium a major re-evaluation has occurred in the priority levels of the work program. Since a significant number of skill development areas have been established in the Complex—the Skill Training Center at the Penitentiary Unit, expanded vocational training within the industrial program, additional emphasis on skill training and development through vocational shops at the Medium Security Unit, as well as our expanded work release programs—outside details and agriculturally-related activities utilizing inmate labor have been reduced significantly. Each area of the agricultural program has been evaluated and, as a result, the poultry operation has been discontinued. At the present time serious consideration has been given to discontinuing the dairy herd operation, because it is believed that neither of these areas contributes significantly to the programmatic approach of resocialization of the legal offender.

At the present time in the Agricultural Department we are farming approximately 1600 acres of State-owned land. The principal crops are corn, milo, silage, and alfalfa hay. All crops are utilized in the feeding program.

The beef herd, located at the West Farm Unit, is supplemented by bull calves from the dairy herd. An average of 160 head a year are raised and finished for use in our own institutions. The dairy herd is rated as one of the best in the State. A total dairy inventory of 475 head is maintained, with a rolling herd of 225 head presently milking. The butterfat test averages 3.6, with an average of 530 pounds per cow, and a total average of approximately 15,000 pounds of milk.

The swine department, located at the Medium Security Unit, is on a continuous farrowing program. Approximately 900 head of butcher hogs are finished each year. All hogs and beef cattle are slaughtered and processed at the institutional slaughterhouse.

WORK RELEASE

There is little question that the passing of Legislative Bill 569 in 1967 was one of the most innovative and vital tools in the field of corrections, permitting individuals to work at paid employment during their period of incarceration. This program has proven to be one of the most needed areas for transitional release to community living by the legal offender. The program has continued to expand on a progressive basis, maintaining a well-structured level of supervision and insuring that each individual receives ample opportunity to succeed in his reentry into society. At present there are approximately 80 employers taking part in this program.

In June, a new 54-man unit will be completed in Lincoln. One of the two present 12-man units will be eliminated, leaving a capacity in the Lincoln Center for 66 men. This will make it possible to move all men on Work Release from the trusty dormitory, which presently averages approximately 15 men, to the Lincoln Center. The present average in Lincoln has been approximately 39 men on the Program. With the new capacity of 66 bed spaces available it will be possible to expand the program by 27 men in the Lincoln area.

One woman is on the Educational Release Program and is living at St. Monica's Home in Lincoln. The program is supervised by Penal Complex personnel and is expected to be expanded to five or six women in the near future. In conjunction with the YWCA, a release center for women will be opened in Omaha, hopefully, within the next fiscal year, housing a maximum of ten women.

In Omaha the Salvation Army is expanding its bed space to include ten more men on the work release program there, making a total of 40 men on the program in the Omaha area.

In the near future a work release center is being planned for outstate Nebraska. Possible sites for this center are Grand Island, Hastings, or another suitable community. Preparations are in progress at the present time.

Listed below are statistics of the current program as of March 30, 1973:

449 inmates have participated in the program to date.
 229 inmates have completed the program successfully.
 105 inmates did not complete the program.

65 inmates are working on the program at the present time.

Amounts earned by the participants on the program as of March 30, 1973, are as follows:

\$528,818.28	Gross Salary
8,164.79	State Income Tax
26,171.00	Social Security
58,204.08	Federal Income Tax
5,756.83	Miscellaneous (Special Purchases)
178,235.41	Maintenance Charges
430,522.28	Aid to Dependents and Accumulated Savings

PRE-RELEASE PROGRAM

The Pre-Release Program is directed toward helping the inmate make a successful transition from institution life to everyday life in society. Beginning about a month prior to the release date, the offender is required to participate in a series of 16 group meetings. Each meeting consists of discussion of the problems the men will have to face upon their release. The series covers the following categories:

Job Opportunities	Employment Aids
Unions	Keeping Your Job
Social Security	The Law - purpose, function,
Budgeting	and legal problems
Wardrobe Tips	Borrowing
Personal Health	Human Relations

Religious Activities
Personal Assistance
7th Step Foundation

First Aid
Veterans' Benefits
Insurance

Vocational Rehabilitation Programs

One of the most important roles played in the Pre-Release Program is the actual person-to-person communication that an offender has with the persons conducting the classes, all outside volunteers in their fields. In the relaxed atmosphere that prevails during these meetings, the offender is able to relate to the instructor, and feels less compunction about asking questions that need answers. Pre-Release is conducted at a location outside the walls of the institution. Men who are not on minimum custody prior to the beginning of these sessions are brought to the sub-classification committee for custody change and transfer to the trusty dormitory so they may participate in the program.

PROJECT YOUTH

The Project Youth Panel is a team of inmates who make appearances upon request to service clubs, schools, churches, and other agencies interested in the problems of crime, in order to tell their story of how they became involved in difficulty with the law, their early home life, mistakes they have made, and what they find in prison. The members of the panel compose their own speeches and are not censored; however, they are required to be honest and objective in their presentations. The panel has traveled extensively within the State of Nebraska and, on rare occasions, has crossed into neighboring states with the approval of the Governors of both states.

RECORDS

An addition has been made this year to the duties of the Records Office of the Complex, which is now connected with the Law Enforcement Teletype System (LETS) for which a terminal is located in the Complex. This makes it possible to maintain contact with more than 40 law enforcement agencies within the State, as well as the NCIS at the State Capitol in Lincoln, and the NCIC in Washington, D.C. It is possible, also, to send messages anywhere in the continental United States. All legal offenders leaving the Complex on furlough, as well as those placed on work release, are entered into the NCIS to make them readily identifiable to law enforcement agencies.

SKILL TRAINING CENTER

The Skill Training Center was established through an L.E.A.A. grant and sub-contract with Northern Systems Corporation, and became operative in January, 1972. This is an area of intensified skill development and training in the areas of building trades and auto mechanics. In the overall training program this was established for the purpose of developing the potential in individuals on short-term confinement, as well as those with only a short time remaining on their sentences before conditional release or parole. In addition, an effective program of job placement in the community was effected, and the overall effectiveness of this Skill

Training Center and placement capability has filled a very noticeable gap that existed in the past with relationship to transitional release. Listed below are statistics that have been accumulated regarding this area of skill development:

Number of trainees entered since 1/17/72	199
Completed training	120
Dropped from training	23
Currently on training line	56

CORRECTIONAL DEPARTMENT

The Correctional Department has the largest number of employees of any department within the Penal Complex, and is responsible primarily for the security, custody, and control of the legal offender while in confinement. The major emphasis has been placed on the continued training and proper supervision of individuals incarcerated. This department has suffered significantly from the percentage of turnover of employees on an ongoing basis. This is a problem that has been prevalent for many years in correctional systems throughout the country, although constant efforts are made to attempt to reduce the excessive turnover of employees through improved training, job supervision, individual counseling, and increased salary with fringe benefits. It is expected that more emphasis will be placed upon this job classification, since these individuals have a significant impact on offenders while in confinement, based on the number of hours of exposure to the population on a day-to-day basis. A great deal of the program's effectiveness can be attributed to a properly trained, cooperative correctional officer. The key staff have been taken out of uniform. Their basic orientation has been aimed toward the treatment concept of the correctional process, with emphasis on more effective handling of offenders and their ability to cope properly with emergency conditions.

PERSONNEL

This most important area of administrative management has received continued emphasis in the proper hiring and employment practices that are maintained. It has been expanded from the basic program to a direct support area for the newly expanded comprehensive employee training program. Full-time, professionally-trained employees are being developed to establish a meaningful personnel situation and a professionalized approach to employing individuals in the field of corrections.

Staffing Needs: On a continuing basis, the turnover of personnel reflects essentially the same picture as it has continued to do within the field of corrections. During the past biennium 334 persons were hired and 270 were terminated, with only 64 retained of the number hired. There can be no doubt that inadequate salary has played an important part in this type of turnover. Although raises are anticipated for the custodial department for the coming year (where the major number of terminations occurred), it is not anticipated that this alone will reduce significantly the number of terminations. There are other factors that cause turnover in personnel, such as lack of proper training prior to job assignment. Personnel not properly oriented or not understanding the need for correctional change, as well as those individuals who

are not properly suited for working with legal offenders, contribute to turnover. Without question, this is a problem that has several elements and can be solved only through a progressive plan of monetary payment for services rendered, job orientation, and other benefits normally desired by employees.

PHYSICAL FACILITIES

The physical facilities of the two male adult facilities continue to be in a deteriorating condition due to the extended life demanded and the ever-increasing percentage of maintenance that is required to insure serviceability. The time has arrived when we are forced to make some major physical improvements to these two institutions. The Medium Security Unit (Reformatory) without question must be listed as one of the poorest physical plants still in use for the younger legal offender in the United States. All surveys and studies made of this facility strongly recommend replacement on an immediate basis. The Penitentiary Unit of the Penal Complex has restricted living quarters in the cell blocks, in the Reception Center, in the hospital, kitchen, chapel, and administrative areas. All efforts have been made to maintain an acceptable standard of living, but with limited success, since we are working with facilities that in some areas are in excess of one hundred years of age. Until primary emphasis is made on a progressive program of replacement or establishment of new facilities, it will be extremely difficult to predict significant improvements in the overall program. Physical plant limitations today are at the point that they physically restrict any expansion of effective programming, and totally restrict any attempts to establish an atmosphere of constructive thinking and learning on an ongoing basis. Much of our physical plant problem is that it works counterprogressively to any effective treatment-oriented program. A comprehensive look should be made immediately into actual correctional needs to prevent a major restriction on progress, as well as to eliminate unnecessary internal inmate problems that could well occur if needed changes are not given priority.

TABLE I
NEBRASKA PENAL AND CORRECTIONAL COMPLEX
Statement of Expenditures
Biennium Ending June 30, 1973

Class of Expenditures	
Personal Services	\$4,931,529
General Operations	2,560,011
Capital Expenditures	105,917
Total Operating Expenditures	7,597,457
Source of Funds	
Institutions Operations:	
General Fund	6,949,183
Institution Cash	647,165
Federal Fund	1,109
Total Operating Expenditures	7,597,457
Other Funds:	
Canteen Fund	425,959
Building Fund	381,800
Total Other Funds	807,759
GRAND TOTAL	\$8,405,216

TABLE 2

NEBRASKA PENAL AND CORRECTIONAL COMPLEX
 Correctional Industries
 Statement of Expenditures
 Biennium Ending June 30, 1973

Class of Expenditures		
Personal Services		\$ 494,742
General Operations		2,231,315
Capital Expenditures		212,687
Total Operating Expenditures		2,938,744
Source of Funds		
Institutions Operations:		
General Fund		
Institution Cash		
Federal Fund		130,000
Revolving Fund		2,808,744
Total Operating Expenditures		2,938,744
Other Funds:		
Canteen Fund		
Building Fund		
Total Other Funds		
GRAND TOTAL		\$2,938,744

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TABLE 3
 NEBRASKA PENAL AND CORRECTIONAL COMPLEX

Population Report
 July 1, 1971 - June 30, 1973

	1971	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	1972	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	1973	JAN.	FEB.	MAR.	APR.	MAY	JUNE	TOTALS
Committed	21	17	16	22	33	22	26	24	26	20	16	25	9	18	29	22	32	27	26	30	33	30	32	21	577			
Recommitted	13	10	11	23	33	18	26	16	25	16	18	17	10	10	19	13	22	13	19	15	16	14	17	26	420			
Returned Parolees	3	10	9	9	11	18	8	5	7	9	12	16	5	7	9	4	10	8	3	8	13	15	11	19	229			
Returned Furloughed	0	3	3	3	1	2	0	5	11	4	0	3	0	3	2	2	6	5	6	4	4	1	4	6	78			
Returned Transfers (Med.)	9	10	5	6	8	6	6	4	3	7	13	6	5	7	4	7	9	3	6	12	12	9	4	8	169			
Returned Escapees	1	1	1	1	0	2	4	0	4	0	5	0	2	12	0	6	2	0	5	2	0	0	3	2	53			
Returned Remanded	6	2	0	2	2	6	3	5	2	4	6	4	5	3	3	0	5	2	3	1	6	8	13	7	98			
Safekeepers	3	2	7	7	3	13	5	9	6	7	11	12	6	9	5	6	7	6	8	9	8	3	11	4	167			
TOTAL	56	55	52	73	91	87	78	68	84	67	81	83	42	69	71	60	93	64	76	81	92	80	95	93	1,791			
Paroled	23	23	30	31	32	28	21	30	20	29	23	31	28	31	32	28	24	33	38	22	23	28	23	35	666			
Furloughed	2	2	3	2	1	2	2	5	9	4	3	1	0	4	1	3	5	5	6	4	4	2	7	2	79			
Escapes	0	0	2	1	1	3	3	0	5	0	8	0	1	15	2	7	1	3	1	0	0	0	2	9	64			
Transfers (Med.)	9	6	6	8	7	7	5	2	4	7	8	8	8	4	8	6	7	3	8	10	11	7	9	8	166			
Disch. by Expiration	8	12	13	8	9	16	13	11	7	7	13	5	8	9	8	10	6	7	7	2	9	7	0	9	204			
Disch. by Conditional	10	14	10	8	11	20	16	20	11	14	16	16	23	19	17	19	19	16	12	16	10	26	18	14	375			
Discharged by Court Order	0	0	0	2	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	0	0	0	5			
Disch. by Mandatory	4	2	0	2	0	2	3	1	4	1	1	1	0	5	2	2	3	1	4	2	2	0	1	0	43			
Remanded	5	0	0	2	4	6	4	4	3	2	0	5	3	3	3	1	5	0	0	2	5	12	7	6	82			
Safekeepers	3	0	2	4	4	13	4	3	11	11	0	11	6	11	5	8	7	10	8	4	13	5	7	12	162			
Died	0	1	0	1	0	0	0	0	1	0	1	0	0	0	0	1	0	0	0	0	1	2	0	2	10			
Out on Bond	1	2	0	1	2	0	2	3	2	0	1	2	0	0	0	2	1	1	0	0	1	0	0	1	22			
TOTAL	65	62	66	70	71	97	73	79	77	75	74	80	77	101	79	88	78	79	84	62	80	89	74	98	1878			

*Transfers: 1 to Lanc. Co. Jail - 4/73, 1 to Lanc. Co. Jail - 6/73
 1 from Lanc. Co. Jail - 4/73, 1 from Lanc. Co. Jail - 6/73

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TABLE 4
NEBRASKA PENAL AND CORRECTIONAL COMPLEX
Crime by County
July 1, 1971 - June 30, 1973

COUNTY			
	19	Jefferson	3
Adams	1	Johnson	1
Antelope	1	Kearney	7
Arthur	0	Keith	6
Banner	0	Keya Paha	0
Blaine	1	Kimball	2
Boone	1	Knox	4
Box Butte	10	Lancaster	218
Boyd	0	Lincoln	22
Brown	4	Logan	0
Buffalo	22	Loup	0
Burt	2	McPherson	0
Butler	2	Madison	15
Cass	3	Merrick	1
Cedar	0	Morrill	0
Chase	2	Nance	0
Cherry	4	Nemaha	5
Cheyenne	5	Nuckolls	1
Clay	1	Otoe	4
Colfax	1	Pawnee	0
Cuming	0	Perkins	2
Custer	3	Phelps	5
Dakota	1	Pierce	1
Dawes	12	Platte	3
Deuel	6	Polk	0
Dixon	0	Polk	4
Dodge	12	Red Willow	4
Douglas	404	Richardson	6
Dundy	2	Polk	0
Fillmore	1	Saline	3
Franklin	1	Sarpy	23
Frontier	0	Saunders	10
Furnas	7	Scotts Bluff	29
Gage	12	Seward	3
Garden	1	Sheridan	9
Garfield	0	Sherman	1
Gosper	0	Sioux	0
Grant	0	Stanton	1
Greeley	0	Thayer	1
Hall	38	Thomas	0
Hamilton	7	Thurston	5
Harlan	8	Valley	12
Hayes	0	Washington	7
Hitchcock	3	Wayne	2
Holt	0	Webster	0
Hooker	0	Wheeler	0
Howard	1	York	3

TABLE 5
NEBRASKA PENAL AND CORRECTIONAL COMPLEX
Crime Report
July 1, 1971 - June 30, 1973

OFFENSE			
Abandonment of wife & children	1	Hog stealing	1
Accessory to the crime	2	Horse stealing	0
Accessory after the fact	0	Incest	3
Arson	5	Impersonation	0
Assault	1	Indecent exposure	2
Felonious assault	0	Inmate threatening another	2
Assault & battery by Inmate	6	Kidnapping	6
Assault w/i to commit murder	0	Killing a cow	0
Assault & resist law officer	6	Larceny by bailee	2
Assault w/i to commit rape	15	Larceny from person	21
Assault w/i to commit sodomy	0	Leaving scene of accident	1
Assault w/i to do great bodily injury	28	Leaving state as parolee	1
Assault w/i to rob	12	Manslaughter	13
Attempt escape from custody	1	Motorcycle theft	0
Attempt to escape from prison	0	Motor vehicle homicide	2
Bigamy	0	Murder-1st degree	3
Blackmail	0	Murder-2nd degree	11
Breaking & entering	47	Non-support	3
Breaking & entering auto	12	Obt. credit card by false pretense	0
Breaking & entering w/i to rape	0	Obt. signature by false pretense	6
Burglary	199	Obt. merchandise by false pretense	1
Carrying a concealed weapon	13	Obt. money by false pretense	4
Cattle stealing	1	Obt. property under false pretense	2
Insufficient fund checks	21	Perjury	4
Iss. check w/i to defraud	0	Petit larceny	11
No. acct. check	7	Poss. of burglary tools	5
No fund checks	12	Poss. of explosive substance	0
Child stealing	0	Poss. of firearm by felony	10
Conspiracy	8	Poss. of forged instrument	2
Conspiracy to commit a felony	2	Poss. of forged license plate	0
Contempt of court	0	Poss. of cannibals	13
Conversion by bailee	1	Rape	19
Conversion	2	Rec. stolen draft	0
Conveying articles to prisoner	0	Rec. stolen property	32
Debauching a minor	6	Reckless driving	1
Defrauding	2	Removal of mortgaged property	0
Defrauding an inkeeper	0	Resisting an officer	2
Destruction of property	0	Assault on a police officer	0
Driving while under suspension	11	Robbery	77
Drunk driving-3rd offense	0	Armed robbery	0
Embezzlement	20	Sale of branded livestock w/o power of attorney bill of sale	0
Entering motor vehicle w/o breaking	6	Stealing	0
Entering motor vehicle w/i to steal	0	Stealing auto	48
Entering w/o breaking	1	Stealing motorcycle	1
Escape from custody	27	Threatening an inmate	0
Escape from prison	18	Shooting w/i to kill, wound, maim	14
Failure to return leased vehicle	4	Sodomy	7
Felonious entry of building	7	Stabbing w/i wound, kill or maim	5
Fleeing to avoid arrest while license suspended	0	Statutory rape	2
Fondling a minor	5	Unlawful Poss. of narcotic drugs	74
Forgery	32	Unlawful sale of cannabis, dep. stim. or hall'genic drugs	29
Foeticide	0	Use of firearm in commission of felony	5
Forgery of endorsement	0	Uttering forged instrument	8
Grand larceny	26	Unlawful use of credit card	3
Harboring a thief	0	Violation of blue sky laws	0
Hit & run driving	0	Violation of motor vehicle title	0

STATE REFORMATORY FOR WOMEN
York, Nebraska

1. Location: 2 miles west of the City of York,
York County, Nebraska
2. Address: State Reformatory for Women
Route No. 1, Box 33
York, Nebraska 68467
3. Telephone: (402) 362-3317
4. Administrative Staff: Mrs. Barbara L. Bashore, Superintendent
(March 1 - September 28, 1971)
Mrs. Jacqueline Crawford, Superintendent
(September 28, 1971, to present)
Mrs. Lucille Splinter, Assistant
Superintendent
5. Date Established: 1920
6. Normal Capacity: 72
7. Offender Population, June 30, 1973: 57
8. Total Staff, June 30, 1973: 30
9. Types of Admission: Commitments from the court on
misdemeanor and felony convictions,
and 90-day evaluations from the
court prior to sentencing
10. Financial Responsibility: State of Nebraska (or States of
Montana, North Dakota, and Wyoming
for women prisoners from those
states confined at York)
11. Transportation Routes: Interstate 80, U.S. 34 and 81, and
State 2; and Bus Lines
12. Visitation Regulations: 8:30 A.M. - 4:00 P.M., weekdays,
excluding holidays; and first Saturday
of every month between the hours of
10:00 A.M. and 4:00 P.M. (Visitors
must be on the girls' approved visiting
lists, all items brought in by a

visitor are checked, visiting is supervised, and there is a limitation of 10 hours per month.)



East Hall Dining Room
State Reformatory for Women

STATE REFORMATORY FOR WOMEN
Mrs. Jacqueline Crawford, Superintendent

PURPOSE AND GOALS

The purpose of the Nebraska State Reformatory for Women is to keep safe and secure those women committed to the Nebraska Division of Corrections, to provide for them adequate custodial care and, insofar as possible, to provide those social services needed to enable individual women to return to the community as responsible citizens.

Social services provided include needed education (basic education, high school, jobs at the Reformatory, they may apply for a work-release position in York. Supervision on the job is continued in the work-release position so that the woman may gain the maximum value from her experience. She earns not only a salary, but a good recommendation which will be of help to her on release.

MAJOR ACCOMPLISHMENTS

1. Services in classification and orientation have been improved with use of videotape filming by Reformatory and parole officials to encourage women, from the time of commitment, to consider the planning needed to assure their successful adjustment to responsible living on release.
2. Development of a furlough program allowed 53 women to have furloughs this past year. Women were permitted home visits for emergencies, to seek work, for holidays, and furloughs to visit with their own families in downtown York.
3. The school has increased in flexibility with the addition of college courses taught on the grounds of the Reformatory.
4. A Vocational Rehabilitation Unit was established at the Reformatory, and the food service department was revised to include a food service training course. One woman is on educational release in Lincoln through Vocational Rehabilitation.
5. The work release program has been expanded with eighteen women now holding jobs in York, and a program of team supervision and training toward good work habits established with community employers.
6. A start on equipment needed for active and creative recreation has been provided this biennium with the purchase of exercise machines, pool tables, and musical instruments.
7. Personal development has been emphasized for both staff and residents through a course in interpersonal relations and a human relations seminar offered on the grounds.
8. Public relations have been advanced this biennium through publication of a brochure; through 167 tour groups on the grounds, including opportunities for college classes to share discussion with the residents; through a speaking panel, through a program written and taped by the residents for use by the National Conference of Church Women United, and through a feature filmed by the National Broadcasting Company.

PROGRAMMATIC SERVICES

Services given to the women as of June 30, 1973, include custodial, educational, vocational, recreational, and indirect.

Residents are housed in single sleeping rooms in three buildings described below under "Physical Facilities." Custodial care provided includes adequate diet, ventilation, room, sanitary facilities, and exercise as needed for optimum health. Women wear their own clothing and are encouraged to make their rooms as homelike as possible.

The school, approved by the Nebraska State Department of Education, offers basic education and high school courses to those women wishing to complete their high school education. One college-level course per semester is offered on the grounds by York College. Women wishing to extend their college work may do so through correspondence courses from the University of Nebraska.

Vocational training consists of courses in job getting and holding, and a food service course offered through Vocational Rehabilitation; and training and experience in a commercial sewing factory operated through Correctional Industries. Women, whether on garden, cleaning, yard detail, or on assignment in the offices of the Reformatory, practice good work habits. As they demonstrate responsibility on their jobs at the Reformatory, they may apply for a work-release position in York. Supervision on the job is continual in the work-release position so that the woman may gain the maximum value from her experience. She earns not only a salary, but a good recommendation which will be of help to her on release.

Many recreational activities at the Reformatory are based in York, including swimming, bowling, skating, movies, attendance at illustrated lectures, plays, and other special features of York's cultural emphasis. On the grounds the women have pool, ping pong, and exercise equipment. Through Y.O.U., a resident self-help group related to Urban League, the women have organized baseball games and have played teams from Urban League in Omaha. Visiting combos occasionally provide music for dancing. An arts and crafts program is curtailed by lack of space, but needlework, beadwork, and crochet are popular. Evening leisure hours are often filled with cards or watching television. A trusty may have her own television set and meet in small groups in another trusty's room until 10:00 o'clock each evening.

Religious activities available to the women include the privilege of worshipping on Sunday in the churches of York, participating in small Bible study groups; and, on request, pastoral counseling is provided through the York Ministerial Alliance.

INDIRECT SERVICES

Indirect services are those social services that give a personal push toward rehabilitation. Mentioned above is the opportunity to learn and practice good work habits under supervision. Through the classification program of the Reformatory, women may use their time in the institution to learn self-discipline; how to cope with those in authority; how to set and attain realistic personal goals, good personal habits, and various techniques for solving problems; and how to gain an understanding of problems. Many of these benefits are inherent in the system of community living, coupled with counseling that exists at the Reformatory. Activities such as Drug Rap, Alcoholics Anonymous, and courses in personal development and money management (under Vocational Rehabilitation), allow a resident to be involved in group discussion at the point of her particular need. Some of the women find an outlet for, and a chance to develop their concern for others through volunteer work in the churches of York. Some women with few social experiences are benefitted by serving on the speaking panel, "Operaton Outlet." These women receive training in meeting the public, in writing and presenting a talk based on the program of the Reformatory, and they have opportunities to discuss with audiences the philosophies on which the Reformatory is based. More than twenty women have been active on the panel or as tour guides. The program has proved of value as a means of developing leadership.

STAFF DEVELOPMENT

Because team work is the mainstay of the Reformatory program, staff

development is a major emphasis. Inservice training, through the Division of Corrections, is conducted twice monthly, with regular staff meetings in interim weeks. During February through May, 1973, sixteen staff members and eight residents participated in a 30-hour, college-level course in inter-personal communications, conducted by Concordia College, Seward, Nebraska. Paralleling this course was a seminar in Human Relations conducted with the remainder of the residents at the Reformatory by Concordia College. Services of the two psychologists from Concordia were contracted through the Division of Corrections.

PHYSICAL FACILITIES

Physical facilities, as of June 30, 1973, consisted of three main buildings: North Hall, completed in 1968, and housing 24 women; and West and East Halls, each nearly fifty years old and housing 15 to 20 women in each building. Food service facilities are in the basement of East Hall, and administrative offices are in West Hall. The school occupies a new wing of West Hall. Classrooms for vocational training; space for arts, crafts, and indoor exercise; adequate food service areas; office facilities; and housing for residents so arranged as to be administered efficiently are all lacking as of June 30, 1973. Funds have been allocated to construct a Vocational Rehabilitation Classroom Building; a cottage housing 24 women in single sleeping rooms arranged in reception, adjustment, and hospital wings; and an Activities Building containing a new food service department and an activities center with room for arts, crafts, music, exercise, and games.

FORECAST

In addition to the projected new buildings listed above, the forecast for the Reformatory for the coming biennium includes an expanded program permitted by the new facilities, a new emphasis on work release, and the addition to the staff of a social service department with a resultant improvement in services.

Specifically, through Vocational Rehabilitation, job training courses will be made available in nurses' aide, child care and development, and in secretarial skills. The present food service course will be continued, using the new classroom building as well as the new food service facilities. Women enrolled in nurses' aide will serve as nurses' aides in the hospital wing of the new reception-adjustment building.

The more efficient and modern food service department will be planned so as to allow experience in all phases of food service, including catering; baking; and preparation for service as waitresses, hostesses, cashiers, salad girls, bus girls, stock clerks and first and second cooks.

The social services department to be added to the administrative staff will include a psychologist, a social worker, and a counselor who will bring professional testing and evaluative skills to the program, along with individual counseling, group therapy, staff guidance, and professional skills in compiling and maintaining case files.

Programming for the activities center will be set up with community volunteers through a volunteer program to be developed. Included will be individual music lessons, group vocal music and instrumental combos, arts and crafts, a program of

indoor sports, drama (utilizing the gymnasium area of the activities center), and an expanded program for Alcoholics Anonymous and drug education. Volunteers will receive orientation and supervision to assure that the activities program will be of benefit to both the residents and the volunteers.

An important phase of the forecast is the expected expansion of the work release program to include work release centers in Omaha, and an educational release center in Lincoln. Utilized in Lincoln when women indicate readiness for the opportunity, will be St. Monica's halfway house to house women who are attending Lincoln Community Technical College or other educational facilities. The Omaha work release center will utilize one floor of the Y.W.C.A. Residents will live at the center under supervision and will work in Omaha.

TABLE 1
STATE REFORMATORY FOR WOMEN
Statement of Expenditures
Biennium Ending June 30, 1973

Class of Expenditures	
Personal Services	\$349,099
General Operations	105,806
Capital Expenditures	33,431
Total Operating Expenditures	488,336
Source of Funds	
Institutions Operations:	
General Fund	440,846
Institution Cash	47,490
Federal Fund	
Total Operating Expenditures	488,336
Other Funds:	
Canteen Fund	23,491
Building Fund	23,940
Total Other Funds	47,431
GRAND TOTAL	\$535,767

**TABLE 2
STATE REFORMATORY FOR WOMEN**

**Movement of Population
For Biennium Ending June 30, 1973**

Total in Institution at Beginning of Period		40
Total Admissions		262
First Admissions	121	
Readmissions	7	
Return from parole	2	
Return from Furlough	55	
Return from temporary transfer	32	
County boarders	34	
Total on Book During Period		302
Total Separations for Period		246
Discharges from Institution	44	
Paroled	70	
Furlough	55	
County Boarders	34	
Temporary transfer	31	
Permanent transfer	7	
Educational Release	1	
Escape	4	
Total in Institution at End of Period		56
On Parole at End of Period		40
On Educational Release		1
Otherwise Absent		5
Total on Book at End of Period		102

**TABLE 3
STATE REFORMATORY FOR WOMEN
County Residence
Biennium Ending June 30, 1973**

County	Admissions	County	Admissions
Adams	2	Jefferson	0
Antelope	0	Johnson	0
Arthur	0	Kearney	0
Banner	0	Keith	0
Blaine	0	Keya Paha	0
Boone	0	Kimball	0
Box Butte	1	Knox	0
Boyd	0	Lancaster	21
Brown	0	Lincoln	5
Buffalo	1	Logan	0
Burt	1	Loup	0
Butler	0	Madison	0
Cass	0	McPherson	0
Cedar	0	Merrick	0
Chase	0	Morrill	0
Cherry	0	Nance	0
Cheyenne	0	Nuckolls	0
Clay	0	Otoe	0
Colfax	0	Pawnee	0
Cuming	0	Perkins	0
Custer	0	Phelps	0
Dakota	0	Pierce	0
Dawes	1	Platte	0
Dawson	0	Polk	0
Deuel	0	Red Willow	0
Dixon	0	Richardson	0
Dodge	1	Rock	0
Douglas	37	Saline	0
Dundy	0	Sarpy	1
Fillmore	0	Saunders	0
Franklin	0	Scotts Bluff	5
Frontier	0	Seward	0
Furnas	0	Sheridan	0
Gage	1	Sherman	0
Garden	0	Sioux	0
Garfield	0	Stanton	0
Gosper	0	Thayer	0
Grant	0	Thomas	0
Greeley	0	Thurston	0
Hall	8	Valley	0
Hamilton	1	Washington	0
Harlan	0	Wayne	0
Hayes	0	Webster	1
Hitchcock	0	Wheeler	0
Holt	0	York	2
Hooker	0		
Howard	0		
		TOTAL	89

TABLE 4
STATE REFORMATORY FOR WOMEN
 Maximum Sentence of Those Admitted and Readmitted Classified
 With Reference to Offense

Offense	Total	Less than 6 months	14 months	15 months	18 months	1 yr.	2 yr.	3 yr.	4 yr.	5 yr.	10 yr.	Life
A. Against Chastity												
Incest	0	0	0	0	0	0	0	0	0	0	0	0
Receiving Earnings of Prostitute	0	0	0	0	0	0	0	0	0	0	0	0
Contributing To A Minor	1	1	0	0	0	0	0	0	0	0	0	0
All Others in This Class	0	0	0	0	0	0	0	0	0	0	0	0
B. Against Person												
Shooting W/Intent to Kill	2	0	0	0	0	0	0	0	1	1	0	0
Manslaughter	3	0	0	0	0	0	0	0	0	1	2	0
Murder	1	0	0	0	0	0	0	0	0	0	0	0
Drug Abuse	10	1	0	0	0	1	0	2	0	0	0	0
Robbery	3	0	0	0	0	1	2	0	0	0	0	0
Assault	3	0	0	0	0	0	0	1	0	0	0	0
Child Stealing	1	0	0	0	0	0	1	0	0	0	0	0
Carrying A Concealed Weapon	2	0	0	0	0	1	0	0	0	0	0	0
Resisting A Law Officer	1	0	0	0	0	0	0	0	0	0	0	0
All Others in This Class	0	0	0	0	0	0	0	0	0	0	0	0
C. Against Property												
Burglary	1	0	0	0	0	0	1	0	0	0	0	0
Larceny	14	1	0	0	0	5	3	4	1	0	0	0
Forgery	31	1	1	1	2	13	7	6	0	0	0	0
Auto Theft	2	1	0	0	0	1	0	0	0	0	0	0
Accessory After The Fact	0	0	0	0	0	0	0	0	0	0	0	0
Breaking & Entering	0	0	0	0	0	0	0	0	0	0	0	0
Escape	3	0	0	0	2	1	0	0	0	0	0	0
All Others in This Class (Insufficient & No Fund Checks)	11	5	0	0	1	3	0	2	0	0	0	0
TOTALS	89	10	1	1	6	28	21	15	2	2	2	1

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TABLE 5
STATE REFORMATORY FOR WOMEN
 Ages of Those Admitted and Readmitted Classified
 With Reference to Offense
 Biennium Ending June 30, 1973

Offense	TOTAL	Under 20 Years	20-24 Years	25-29 Years	30-34 Years	35-59 Years	40-44 Years	45-49 Years	50-59 Years
A. Against Chastity									
Incest	0	0	0	0	0	0	0	0	0
Receiving Earnings of Prostitute	0	0	0	0	0	0	0	0	0
Contributing To A Minor	1	0	1	0	0	0	0	0	0
All Others in This Class	0	0	0	0	0	0	0	0	0
B. Against Person									
Shooting W/Intent to Kill	2	0	1	1	0	0	0	0	0
Manslaughter	3	1	0	1	0	1	0	0	0
Murder	1	0	1	0	0	0	0	0	0
Drug Abuse	10	0	5	2	0	0	2	1	0
Robbery	3	2	1	0	0	0	0	0	0
Assault	3	0	0	2	0	1	0	0	0
Child Stealing	1	0	1	0	0	0	0	0	0
Carrying A Concealed Weapon	2	0	1	0	0	0	1	0	0
Resisting A Law Officer	1	0	1	0	0	0	0	0	0
All Others in This Class	0	0	0	0	0	0	0	0	0
C. Against Property									
Burglary	1	0	0	1	0	0	0	0	0
Larceny	14	4	4	3	1	1	0	1	0
Forgery	31	5	14	7	2	1	1	1	0
Auto Theft	2	0	1	1	0	0	0	0	0
Accessory After The Fact	0	0	0	0	0	0	0	0	0
Breaking & Entering	0	0	0	0	0	0	0	0	0
Escape	3	0	1	2	0	0	0	0	0
All Others in This Class	11	2	6	1	0	0	1	1	0
TOTAL	89	14	38	21	3	4	5	4	0

47

YOUTH DEVELOPMENT CENTER-KEARNEY
(Known as the Boys' Training School until July 1, 1972)
Kearney, Nebraska

1. Location: West edge of Kearney, Buffalo County, Nebraska
2. Address: Kearney, Nebraska 68847
3. Telephone: (308) 237-3181
4. Administrative Staff: John S. McCarty, Superintendent
Robert B. Petersen, Assistant Superintendent
Brad W. Bigelow, Ed.D., Program Director
Al Kulhanek, Principal
Lawrence Beckman, Business Manager
5. Date Established: The Nebraska Legislature of 1879 passed a law establishing "The Nebraska State Reform School for Juvenile Offenders."
Date of First Admission: July 12, 1881
6. Normal Capacity: 200
7. Population (June 30, 1973): 145
8. Total Staff (June 30, 1973): 114 F.T.E.
9. Admission: Boys under 18 years of age, who have been adjudged delinquent or a child in need of special supervision, may be committed by any court in the State of Nebraska.
10. Financial Responsibility: The State of Nebraska assumes full financial responsibility unless a child is committed for evaluation purposes only, in which case the committing county must pay a per diem charge.
11. Transportation Routes: West Highway 30, adjacent to the western limits of the City of Kearney.
The Interstate 80 access to Kearney provides a direct route to Highway 30.

Airlines and bus lines

12. Visitation Regulations: 8:00 a.m. - 4:15 p.m., weekdays; and
9:30 a.m. - 4:15 p.m., Sunday

**Morton Cottage and
Washington and Lincoln Cottage**

Youth Development Center-Kearney



YOUTH DEVELOPMENT CENTER-KEARNEY
John S. McCarty, Superintendent

PURPOSE AND GOALS

The purpose of the Youth Development Center-Kearney, according to law, is the retention, education, discipline, industrial training, and reformation of male juvenile offenders. Such offenders are to be of sane mind, under the age of eighteen years, and found guilty of any crime, except murder or manslaughter, in any court of record in the State of Nebraska. The Statutes of Nebraska, section 83-463 through 83-474, clearly define this responsibility.

It is the endeavor of the Youth Development Center-Kearney to provide a specialized service program for children who must be in custody to be treated. Basically, the program is a preparation and trial period for the end goal of returning a boy to his home and community. We must provide a program which will enable each boy to reach his potential, whether it is in the academic school or in vocational training.

The philosophy of our program is to interpret and work on the personal reasons for delinquency, as well as individual treatment through varying degrees of restraint and supervision. We assume the responsibility of helping a child to look honestly at his

own attitudes, behavior, and circumstances so as to determine to what degree they create difficulties. Acceptance of responsibility, rather than shallow conformity, must be our goal if our training program is to produce lasting change. We feel that an individual who is able to gain self-respect and confidence through achievement will accept responsibility.

MAJOR ACCOMPLISHMENTS

Since the retirement of the Licensed Practical Nurse, the position has been filled by a Registered Nurse. While we felt our services had been more than adequate under an L.P.N., we feel more comfortable with a Registered Nurse on the staff—particularly, because of the current restrictions in the handling of medications.

Our full-time dentist, with the aid of a dental assistant, has been able to provide excellent dental service to both the Youth Development Center-Kearney and the State Reformatory for Women at York. Only in the case of major dental surgery must we consult a dentist outside our own facility.

The boys are now being served buffet style for their noon and evening meals. While the volume of food consumed has not increased noticeably, the boys are much happier in being able to make their own food selection.

Both dining rooms have taken on a completely new appearance with the addition of wall paneling. The furniture has been completely replaced, and we now have round, family-sized, formica tables in a brown finish, and the chairs are finished in black and burgundy naugehyde.

Our institution warehouse has received improvements in the form of a new roof and a complete paint job. The interior was reorganized so that supplies are now stored in locations approved by the State Health Department. We were given permission to dispose of surplus property through public auction after it had been determined that it could not be utilized by other State agencies.

An inspector from the Department of Agriculture examined our Commodity Program and was most impressed with our method of handling commodities; in fact, he considered it one of the most efficient operations he had observed.

We have added two staff members to the position of Cottage Life Supervisor, who serves as officers-of-the-day. This allows for complete coverage, and has produced a major impact on the continuity of the entire program.

Due to a decrease in population, it became necessary to change the established hours of the Barber Shop. The barber now fills this position in conjunction with a custodial position in the school and gymnasium. This has been a terrific boost to our custodial program, and has not endangered our barber program in any way.

A contract was approved with Kearney State College to utilize students in their Work-Study Program on our campus. In the agreement they were to provide eight part-time students. Since eighty percent of the cost was to be federally funded, our only cost was the balance, or twenty percent. It was stipulated that the students were to be used in such a manner as not to replace regular employees. Also, we have a cooperative agreement with Kearney State College to provide their students with an opportunity to fulfill their practice teaching requirements in our academic program.

Our Sunday Morning Worship Services have been changed in order to create

more appeal to the boys and to bring forth more response. The boys are joining with more spirit as representatives from the Youth for Christ Program in Kearney, and are providing guitar music along with drums, etc. A special invitation is extended to parents to join with the boys whenever they are on campus.

PROGRAMMATIC SERVICES

During the past year a volunteer counselor from the Kearney Drug and Health Education Committee has met with students identified as having drug-related backgrounds. Emphasis was focused upon ways in which the group could provide mutual support and direction in modifying the pattern of drug usage. Other resource personnel in the community were utilized in meeting with the students. The year was highlighted by a tour of drug treatment and education programs in Omaha. Attempts will be made to secure a grant through the State Drug Commission to provide an ongoing program that can reach an increasing number of students with drug-related problems.

The institution has developed a cooperative agreement with Mid-Nebraska Vocational Services to place students with intellectual limitations in sheltered workshop programs. Six students have been enrolled since the beginning of the biennium. Other students will be enrolled as they are identified.

The G.E.D. (General Educational Development) Program has been added to supplement the curriculum provided in the West Kearney Schools. Students identified as meeting the age and achievement criteria, who would not otherwise complete a traditional academic program, are given the opportunity to work toward a high school equivalency certificate. Five students met graduation requirements through the G.E.D. Program during the biennium.

Pre-vocational programs in woodworking and metals are a part of the formal curriculum in the academic program. Funding through the State Department of Vocational Education has assisted in the development of vocational programs in food service, carpentry, plumbing, painting, auto mechanics, and service station management. The State Department of Education has assisted, also, in the development of curricula and certification of vocational instructors. Other programs have been developed in horticulture and maintenance.

Title I funding has enabled the Youth Development Center-Kearney to provide enrichment and special remediation to students who are deficient in reading and math skills. One of the most recent innovations in programming through Title I has been the development of interest modules that can be incorporated into the regular curriculum. These modules are developed around specific student interests, and designed to motivate them toward improving basic academic skills as a supplement to regular course offerings.

A recently-approved exemplary project in vocational education has allowed for the addition of a field service coordinator who serves as liaison between the institutional vocational training programs and the community. The coordinator assists in further vocational training when appropriate, finding employment, insuring consistent work habits, and aiding in the student's personal adjustment.

The Vocational Rehabilitation Program continues to provide services to eligible

clients which are not available to them in the normal institutional program, as well as assisting in aftercare training or planning. In order to expand their assistance in aftercare training, and to provide better service to clients in eastern Nebraska, they have established an extension office in Omaha.

The behavior modification program in the Intensive Care Unit continues to meet the needs of students unable to function in a more open setting. A daily check list of expected behavior and performance allows the student to gain various privileges and earn the opportunity for release from that unit. A total of thirty-three students were placed in the program during the biennium.

INDIRECT SERVICES

A major step has been the organization of a Drum and Bugle Corps or Parade Group. We have seen this group develop into a fine representative force for the institution; and, of course, the boys who are involved enjoy fine experiences, which is the major intent of the program. Their many trophy awards are an indication of their success.

The Young Nebraskans were active throughout the biennium. Their reputation as a singing group brought them acclaim throughout the State and resulted in numerous invitations to entertain.

The Leo Club continues active in community betterment programs. They are working with the local Lions Clubs; and, with the election of new officers, there is renewed interest and enthusiasm that parallels that of the original membership.

Scuba Diving Classes were organized in February, 1972. Both the boys and their instructors are required to pass physical examinations prior to participation. They have become quite adept in this endeavor and have given public demonstrations.

We have three Explorer Scout Groups active on campus; namely, the Scuba Divers, the Drum and Bugle Corps, and the Camping Unit.

Boys from the Youth Development Center were invited to participate in the Kearney Legion Baseball Program during the summer of 1973. They have received excellent acceptance from both the team and the community.

Kearney Centennial Activities included the boys from the Youth Development Center. They were included in community projects and parades, and contributed their share to the success of the program by constructing a sod house on the grounds of the institution. This proved to be a big attraction and was high-lighted by a ribbon-cutting ceremony involving a number of State and local dignitaries.

STAFF DEVELOPMENT

The quality of the students' treatment is related directly to the quality of the staff who must perform their duties properly. Staff development is being accomplished through a continuous and cumulative Inservice Training Program. This program provides staff members with the knowledge, skills, and attitudes they need in order to function effectively. Staff development provides an orientation program for each new employee, as well as regularly-scheduled, weekly inservice meetings which are two hours in length. These sessions are specialized courses in the areas of drugs, minority

racism, juvenile delinquency, and behavior. Cottage Life Supervisors I and II, Correctional Rehabilitation Counselors, Activity Aides, Cottage Life Aides, Maintenance Staff, and Administrators are included in each training session.

The Professional Library has been increased for the use of all personnel, as well as a specialized course from the Federal Bureau of Prisons on Jail Operations and Management.

The First Aid Course was offered as part of the Inservice Training Program; and, as a result, twenty-five staff members received Pre-Standard Certificates in First Aid.

The faculty, consisting of twelve, has participated in pre-school workshops and in monthly inservice training sessions. They, also, have been involved in weekly cottage visitations where they have met with cottage counselors, caseworkers, and work supervisors to discuss the boys with whom they have been mutually involved. This has not only promoted greater continuity in a boy's program, but it has opened lines of communication among staff members.

PHYSICAL FACILITIES

In August, 1971, a contract was let for the demolition and removal of the old Administration Building, tunnels, and drives. Following the demolition project, arrangements were made to have this area sodded. The removal of this old landmark has enhanced the appearance of the entire campus.

The carpeting of the administration offices probably has done more to improve staff morale than we can begin to measure. This was considered a necessity to make the temporary administrative offices in Dodge Cottage compatible with good production.

Contractual arrangements were made for a landfill of the old "Indian Grounds" adjacent to Highway 30. This enabled us to gain two acres of irrigated farmland, and the area from which this fill was taken has provided us with a fish pond.

In October, 1972, a contract was let for the replacement of a hot water tank in the Boiler Room. It covered, also, the replacement of the main water supply valve and the repair of the steam and water line leaks in the tunnel system. A soft water system was installed for the entire campus.

When the Hospital for the Tuberculous ceased operations on June 30, 1972, Kearney State College took over the facility and assumed the responsibility of continuing water service to the Youth Development Center-Kearney. They made a number of improvements in their pumps and control systems, and we have noted an improvement in our water pressure. We do, however, continue to have sand in the water lines. This creates valve problems, and the laundry seems to be the main problem area.

We have an ongoing paint program. Dickson Hall has been refinished completely, and some of the areas receiving the most soil have been repainted with enamel. We have improved the outside appearance of the buildings on campus by painting the window casings black. This tends to hide the windows and takes away the impression of bars.

The school library was relocated and established as a library/media center. The furniture was refinished and new shelving was added. In addition, the area was

completely carpeted. The carpeting was provided through federal funding arranged by the Nebraska Library Commission. We were then able to provide drapes to complete the decor.

Considerable work was required in the vocational building to provide classroom areas for vocational classes. This was true especially of the portion of the building to be devoted to auto mechanics. This expansion of the vocational trades has made a great impact on the entire program. We have now removed a dividing wall in the school shop area which permits a greater expansion of shop projects.

FORECAST

Hopefully, we will receive favorable consideration for a new Administration Office Facility. This could quite possibly be in the form of an addition to the East Wing of Dodge Cottage. Such an addition would provide centralization of various offices throughout the campus; and would eliminate duplication of personnel, filing systems, and some office equipment. Adequate visiting accommodations should be included in this facility.

While a contract was let for "Drives and Parking Lots" during this biennium, actual work has not yet begun. This is scheduled for completion this fall before inclement weather again deprives staff and visitors of a suitable parking area.

While much of the groundwork for a year-around school program was finalized during the present biennium, the program will become an actuality in the coming biennium. The program will be based upon a curriculum that stresses an individualized and personalized approach to education. Each student will be allowed to progress at his own rate by meeting predetermined performance objectives. The traditional semester concept will be eliminated, which places greater responsibility on the student in terms of overall adjustment and eligibility for release.

One of the top priorities will be the further development and retention of trained personnel. This calls for careful selection of new employees and continuous, cumulative, and specialized training. Staff development will be undergoing many changes, such as smaller group work, specialized courses in behavior, medical self-help, first aid security, custody and control, discipline, and specific courses which will deal with adolescent behavior and juvenile delinquency.

We anticipate being able to complete a contract with the City of Kearney to tie our water system into the city's system. The City of Kearney has made application for federal funds for the expansion of its water system. If funds are granted, we should be able to finalize such a contract. Then we will need to provide our own irrigation system for the campus. Consequently, we can anticipate a major expenditure for an underground irrigation system from the canal to the campus.

Because laundry equipment is outdated and inadequate, we must either make major equipment purchases or arrange for contractual services.

The school air conditioning system is no longer functional, and it has been determined that it would be too costly to repair the present obsolete system. Air conditioning in this area is vital, since we are planning a year-around school program. We feel that air conditioning should be installed in the Food Service Building to improve conditions for the staff and boys involved in the program and for the comfort

of the entire population during meals. Vocational programs in cooking and baking will be emphasized in the coming biennium and will benefit, also, from the proposed air conditioning. Our intensive care unit, Dickson Hall, should be fully air conditioned in order to provide comfortable quarters for boys who are confined to this unit.

Permission will be sought for the removal of buildings not adaptable to present and future campus needs. This will include agricultural buildings that are beyond repair.

We anticipate a need for an increase in staff in areas of household maintenance and food services, as the availability of student assistance will diminish with increased academic programming and expanded vocational educational programming.

Future population trends will determine cottage staffing needs. If the present rate of commitment remains stationary, we will be able to function with one cottage closed; but should an increase occur, we will need three additional positions to provide for increased employee benefits—vacation, sick leave, etc.

TABLE 1
YOUTH DEVELOPMENT CENTER — KEARNEY
Statement of Expenditures
Biennium Ending June 30, 1973

Class of Expenditures	
Personal Services	\$1,549,750
General Operations	629,364
Capital Expenditures	61,738
Total Operating Expenditures	2,240,852
Source of Funds	
Institutions Operations:	
General Fund	1,990,187
Institution Cash	74,349
Federal Fund	176,316
Total Operating Expenditures	2,240,852
Other Funds:	
Canteen Fund	15,025
Building Fund	38,397
Total Other Funds	53,422
GRAND TOTAL	\$2,294,274

TABLE 2
YOUTH DEVELOPMENT CENTER - KEARNEY
Movement of Population
Biennium Ending June 30, 1973

Total in Institution at Beginning of Period		155
Total Admissions		599
First Admissions	336	
Readmissions	12	
Return from Parole	167	
Return from Temp. Trans.	84	
Total on Book During Period		754
Total Separations for Period		609
Discharges from Institution	99	
Paroled	453	
Temporary Transfers	57	
Total in Institution at End of Period		145
On Parole at End of Period		175
On Temporary Transfer at End of Period		6
Total on Book at End of Period		326

TABLE 3
County of Commitment of Admissions and Boys in Institution
Biennium Ending June 30, 1973

COUNTY	Admitted during Biennium	In Institution June 30, 1973	COUNTY	Admitted during Biennium	In Institution June 30, 1973
Adams	8	3	Jefferson	3	3
Antelope	2	2	Johnson	1	0
Arthur	0	0	Kearney	1	0
Banner	0	0	Keith	4	0
Blaine	0	0	Keya Paha	0	0
Boone	1	0	Kimball	1	0
Box Butte	3	2	Knox	3	2
Boyd	0	0	Lancaster	29	20
Brown	0	0	Lincoln	6	5
Buffalo	17	6	Logan	0	0
Burt	2	0	Loup	0	0
Butler	4	1	Madison	6	2
Cass	2	1	McPherson	0	0
Cedar	3	0	Merrick	3	0
Chase	2	0	Morrill	0	0
Cherry	0	0	Nance	2	0
Cheyenne	0	0	Nemaha	4	1
Clay	4	1	Nuckolls	1	0
Colfax	0	0	Otoe	3	1
Cuming	2	0	Pawnee	0	0
Custer	0	0	Perkins	0	0
Dakota	8	0	Phelps	2	1
Dawes	1	0	Pierce	0	0
Dawson	3	3	Platte	7	1
Deuel	0	0	Polk	1	0
Dixon	0	0	Red Willow	3	1
Dodge	15	5	Richardson	0	0
Douglas	83	41	Rock	0	0
Dundy	0	0	Saline	2	2
Fillmore	1	0	Sarpy	22	10
Franklin	0	0	Saunders	4	3
Frontier	1	1	Scotts Bluff	15	4
Furnas	0	0	Seward	0	0
Gage	9	2	Sheridan	6	3
Garden	0	0	Sherman	0	0
Garfield	0	0	Sioux	0	0
Gosper	0	0	Stanton	2	0
Grant	0	0	Thayer	0	0
Greeley	0	0	Thomas	0	0
Hall	26	7	Thurston	2	2
Hamilton	2	0	Valley	1	1
Harlan	2	2	Washington	2	2
Hayes	0	0	Wayne	2	0
Hitchcock	1	0	Webster	0	0
Holt	3	0	Wheeler	0	0
Hooker	0	0	York	2	1
Howard	2	2	Federal	1	0
TOTALS	348	145			

TABLE 4
 YOUTH DEVELOPMENT CENTER - KEARNEY
 Intelligence Quotient of Boys Admitted
 Biennium Ending June 30, 1973

INTELLIGENCE QUOTIENT	NUMBER OF BOYS
40 - 49	0
50 - 59	0
60 - 69	2
70 - 79	17
80 - 89	66
90 - 99	102
100 - 109	92
110 - 119	57
120 - 129	10
120 - 139	2
140 - 149	0
TOTAL	348

TABLE 5
 YOUTH DEVELOPMENT CENTER - KEARNEY
 Boys Admitted by Principal Delinquency and Age
 Biennium Ending June 30, 1973

DELINQUENCY		AGE IN YEARS									
		9	10	11	12	13	14	15	16	17	18
TOTAL	348	1	1	0	4	8	36	70	102	97	32
Assault	35	0	0	0	0	1	7	8	9	8	2
Robbery	7	0	0	0	0	0	0	0	4	3	2
Burglary	102	0	0	0	1	3	14	20	29	28	7
Car Theft	70	0	0	0	1	0	2	19	25	19	4
Other Theft	42	0	0	0	2	1	6	8	10	10	5
Forgery	4	0	0	0	0	0	0	1	0	1	2
Arson	2	0	1	0	0	0	0	0	0	0	1
Dest. of Property	8	0	0	0	0	0	0	2	1	3	3
Sex Offense	3	0	0	0	0	0	0	0	1	2	0
Truancy	7	0	0	0	0	1	0	2	2	1	1
Running Away	20	0	0	0	0	1	4	7	6	2	0
Other	23	1	0	0	0	1	3	2	4	7	5
Drugs	25	0	0	0	0	0	0	1	11	10	3

TABLE 6
 YOUTH DEVELOPMENT CENTER — KEARNEY
 Boys Admitted by Age and Grade in School
 Biennium Ending June 30, 1973

GRADE IN SCHOOL	AGE IN YEARS																			
	9	10	11	12	13	14	15	16	17	18	9	10	11	12	13	14	15	16	17	18
TOTAL	348	1	1	4	8	36	70	102	94	32	348	1	1	4	8	36	70	102	94	32
Ungraded	9	1	0	0	0	1	0	3	3	1	9	1	0	0	0	1	0	3	3	1
3rd Grade	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4th Grade	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
5th Grade	2	0	0	2	0	0	0	0	0	0	2	0	0	2	0	0	0	0	0	0
6th Grade	4	0	0	1	2	1	0	0	0	0	4	0	0	1	2	1	0	0	0	0
7th Grade	17	0	0	1	4	10	2	0	0	0	17	0	0	1	4	10	2	0	0	0
8th Grade	55	0	0	0	2	16	22	8	5	2	55	0	0	0	2	16	22	8	5	2
9th Grade	95	0	0	0	0	8	36	33	13	5	95	0	0	0	0	8	36	33	13	5
10th Grade	99	0	0	0	0	0	10	45	38	6	99	0	0	0	0	0	10	45	38	6
11th Grade	50	0	0	0	0	0	0	13	29	8	50	0	0	0	0	0	0	13	29	8
12th Grade	16	0	0	0	0	0	0	0	5	10	16	0	0	0	0	0	0	0	5	10

TABLE 7
 YOUTH DEVELOPMENT CENTER — KEARNEY
 Boys Released on Institutional Discharge by Length of Care
 in Institution and Reason for Commitment
 Biennium Ending June 30, 1973

DELINQUENCY		LENGTH OF CARE IN MONTHS				
		1-5	6-11	12-17	18-23	Over 24
TOTAL	99	44	26	19	6	4
Assault	4	3	0	0	1	0
Robbery	2	1	0	0	0	1
Burglary	28	11	9	4	2	2
Car Theft	25	11	7	6	1	0
Other Theft	10	3	3	3	1	0
Forgery	4	3	0	1	0	0
Arson	0	0	0	0	0	0
Dest. of Property	3	1	1	1	0	0
Sex Offense	1	0	1	0	0	0
Truancy	2	0	1	1	0	0
Running Away	3	1	0	1	1	0
Other Delinq.	25	10	2	2	0	1
Drugs	2	0	2	0	0	0

TABLE 8

YOUTH DEVELOPMENT CENTER - KEARNEY
Boys Released on Parole by Length of Care in Institution and
Reason for Commitment
Biennium Ending June 30, 1973

DELINQUENCY	Length of Care in Months					
	1-5	6-11	12-17	18-23	Over 24	
TOTAL	448	121	246	62	15	4
Assault	31	9	18	4	0	0
Robbery	7	1	3	2	1	0
Burglary	122	35	69	16	2	0
Car Theft	101	24	53	16	5	3
Other Theft	69	15	42	11	1	0
Forgery	8	3	4	1	0	0
Arson	8	3	3	2	0	0
Dest. of Property	12	5	5	1	1	0
Sex Offense	2	1	1	0	0	0
Truancy	17	3	12	2	0	0
Running Away	32	9	14	4	4	1
Other Delinq.	30	11	15	3	1	0
Drugs	9	2	7	0	0	0

Average Length of Care in Institution = 0-8-1

TABLE 9

YOUTH DEVELOPMENT CENTER - KEARNEY
Discharges by Offense and Length of Stay on Parole
Biennium Ending June 30, 1973

DELINQUENCY:	Length of Care in Months					
	1-5	6-11	12-17	18-23	Over 24	
TOTAL	361	59	120	126	42	14
Assault	18	6	5	5	2	0
Robbery	7	0	1	3	2	1
Burglary	107	12	31	41	19	4
Car Theft	74	18	24	21	8	3
Other Theft	52	9	16	20	5	2
Forgery	12	3	4	3	1	1
Arson	2	0	2	0	0	0
Dest. of Property	12	1	8	1	2	0
Sex Offense	7	0	3	3	0	1
Truancy	16	1	5	8	1	1
Running Away	21	2	8	10	1	0
Other Delinq.	29	5	12	10	1	1
Drugs	4	2	1	1	0	0

YOUTH DEVELOPMENT CENTER-GENEVA
(Known as the Girls' Training School until July 6, 1972)
Geneva, Nebraska

1. Location: Northwest edge of Geneva, Fillmore County, Nebraska
2. Address: P. O. Box 273
Geneva, Nebraska 68361
3. Telephone: (402) 759-3164
4. Administrative Staff: Donald F. Best, Superintendent
Maurice C. Crowley, Assistant Superintendent
Richard Wehland, Principal
Earl Sherman, Purchasing Agent
5. Date Established: 1892
6. Normal Capacity: 120
7. Population (June 30, 1973): (a) In Residence: 68 girls, 2 boys
(b) On Parole, Placement, Transfer: 72 girls, 24 boys
8. Total Staff (June 30, 1973): 68.87 F.T.E.
9. Admission: Committed by District Courts, County Courts, or Juvenile Courts in Nebraska as juvenile delinquents or children in need of special supervision, for an indeterminate period. Must be under age 18 at time of original commitment, and must be released on or before 20th birthday.
10. Average stay: Girls - 9 months; Boys - 7 months
11. Financial Responsibility: State of Nebraska, unless a child is committed for evaluation purposes only, in which case the committing county must pay a per diem charge
12. Transportation Route: Highways - U.S. 81 and State 41; Bus Lines
13. Visitation Regulations: Only immediate relatives for a 3-hour period each week. Visiting Hours: 8:30 - 11:30 a.m., 1:30 - 4:30 p.m., Monday through Friday; 8:30 - 11:30 a.m., Saturday. No visitation on Saturday afternoon, Sunday, or on official holidays, except by special permission

Sandoz Cottage

Youth Development Center-Geneva



YOUTH DEVELOPMENT CENTER-GENEVA

Donald F. Best, Superintendent

PURPOSE AND GOALS

Our basic purpose is to accept those students under the age of eighteen who have been found by the courts to be in need of special services, including close supervision, guidance, and protection. Then it becomes our duty to provide a program, within a proper atmosphere, to provide instruction in self-discipline, self-responsibility, and self-morality in order that reasonable and attainable goals may be set for each student.

We have continued to develop and refine our program in order to establish goals for each of our students and, because each student is unique in his/her own individual way, continued program flexibility is a necessity. Our total program continues to focus on each student, and decisions affecting each student must be made on the individual needs of that student. This type of program, of necessity, must have total staff involvement, and we believe that this part of our goal, basically, has been achieved. Our primary goal is to develop each student's potential of individual ability and to increase each student's self-concepts within a societal structure that demands self-discipline and responsibility to himself and to others within his community.

Due to a continued reduction in the recidivism rate, we believe that the changes in our program over the past two years have given our students better preparation for the challenges they must face at the time they leave the institution.

MAJOR ACCOMPLISHMENTS

1. Improved staff communication and understanding of student needs.
2. Expansion of the furlough system for re-entering the student to community living.
3. Additional clothing code changes in order to keep our students in line with clothing fashions.
4. Permission for students to have personal items in their own living area in order to have some personal identity.
5. Permission for students to have individual radios within their rooms.
6. Permission for students to receive hometown newspapers, if they so desire.
7. Revision of the Personnel Manual for employees, Student Handbooks, and Information Handbook.
8. Continuance of the Concordia College Program, including the acceptance of interns on campus for observation and training experiences.
9. Provision for some on-campus psychiatric counseling on a continuing basis.
10. Continued staff development through use of Title I Funds and Department of Public Institutions' Inservice Training Program.
11. Completion of plans and construction for a new food service building and a new cottage for girls.
12. Establishment of a Vocational Rehabilitation Program on a full-time basis.
13. Provision of remodeled and new furniture for the Dunbar and Crosby Cottages.
14. Establishment of a Chapel Board of interested citizens, and development of plans to secure funds for the erection of a Chapel.
15. Passage of a Legislative Bill to implement a name change to "Youth Development Center - Geneva," which became effective on July 1, 1972.
16. Discontinuance of Nurse Aide Program at the Hospital for the Tuberculous in Kearney. (The Hospital is no longer in existence.)
17. Establishment of a Big Sister Program with a local club of young married women.
18. Active participation of the local Jaycee Chapter of Geneva in recreational programming and a Big Brother Program for boys.
19. Construction of additional recreational areas on campus, including a fishing pond.
20. Establishment of a new Classification System for all students.

PROGRAMMATIC SERVICES

During this past biennium we have admitted a total of 158 new students—135 girls and 23 boys. In addition, we readmitted a total of 70 students as parole returns and relocations—10 boys and 60 girls. During the year we released to parole a total of 170 girls and 37 boys; and 13 girls and 2 boys were relocated.

Our basic program has been designed to meet more readily the needs of each student—and each is unique; also, to enable that student to spend as short a time as possible within the institutional setting while learning self-discipline,

self-responsibility, and establishing of individual goals. We believe that a proper atmosphere and total staff concentration for each student is a necessity, and we continuously strive to see that these needs are met. Individual one-to-one contact, close coordination of a continuous evaluation procedure, and the placement of individual responsibility brings about confidence in personal ability and recognition that discipline is a necessity of everyday living, along with the knowledge that respect and reputation are earned, and that each is capable of living in a responsible manner.

Immediate orientation is a necessary part of the program, and this is provided by casework and cottage counselors who are in close contact with each student. Basic early instruction is provided in grooming, personal hygiene, care of clothing, food preparation, dining services, laundry service, self-improvement projects, education, future job potentials, religious affiliations and activities. Corrections are made, but made with the impression that each student is capable of individual self-improvement. A well-rounded program includes good medical and dental care, a complete recreational program, and a daily work program for each student. These are provided.

Much of our program revolves around a basic educational program. Our school is well equipped, and our teachers have been selected carefully to provide this service. Nearly all of our students are of junior and senior high school age, and over ninety-eight percent are involved continuously in a full-day program of educational instruction.

A built-in program of self-government is provided, whereby the student is able to be in contact with previous family members, including picnics, off-campus shopping trips, and many other off-campus activities. Each student has the opportunity to earn monthly furloughs after a ninety-day residence in order to reintegrate into community living. Contact with other people is a necessity, and this is provided by weekly visitations to nursing homes in our area, as well as competitive sports, music and speech programs, Big Sister Programs, and a volunteer program provided by students from Concordia College.

EDUCATIONAL PROGRAM

During the past biennium we have had a total of 362 students enrolled, including 123 students during the summer sessions of 1972 and 1973, and a total of 239 students during the regular 71-72 and 72-73 terms. Twenty-five students were graduated from the Eighth Grade. There were no graduating seniors during the 71-72 year, but there were six senior graduates in 72-73.

A Special Education teacher was secured during the past biennium, and we have found this addition very beneficial to our students and total program. Our curriculum continues to be built on the required subjects during the regular session, with elective-type subjects offered during the summer session. Materials in our library have been expanded to include ethnic groups, and planning was completed to include ethnic groups in our curriculum during the 1972-73 school year. Our Cosmetology Department curriculum is undergoing a revision in order to improve on the Feminine Development Course. Our instructor was selected by the Jessie Stone Foundation to attend a workshop in New York City. During the past year a school newspaper was started, and our students were involved in athletic and music activities with other

schools in the area. Plays and talent shows were held at various times throughout the school year. The school program is certified by the State Department of Education.

VOCATIONAL PROGRAM

During the past biennium the vocational program for Nurse Aide Training at the Hospital for the Tuberculous in Kearney was curtailed. It appeared at the time that the program at the Hospital would be phased out, which eventually did come about. We have continued our program in the Secretarial Arts. Plans were completed to start a program with the Vocational Rehabilitation Division of the State Department of Education, and this was started in Fiscal Year 1972-73. This program has provided new avenues of opportunity for many of our students for additional education and training.

RECREATIONAL AND ACTIVITIES PROGRAM

Each student is required to participate in a scheduled recreation program each week. A full program is provided, including a program for any handicapped students that may be on campus. We have continued our participation with other schools in basketball, volleyball, and track, as well as our Midget Legion Baseball Program and Girls' Softball Program during the summer months.

RELIGIOUS PROGRAM

Our religious program is provided by area ministers on a regular basis. Special counseling is provided on an individual and group basis, and regular Sunday School and Chapel are held each Sunday. A special effort is being made by the Chapel of Hope Committee to secure funds for the erection of a Chapel on campus. At the time of the completion of the Chapel we believe a full-time chaplain should become a part of our total staff. Eligible students are permitted to attend church off campus. Normally, we will have from fifteen to twenty students attending local churches each Sunday, with transportation provided by local citizens.

CLINICAL PROGRAM

Medical services are provided by a full-time registered nurse. A local doctor and a local dentist provide weekly clinical sessions and are on call for any emergency. We continue to have our students examined by an ophthalmologist in York, and glasses are provided as needed. The majority of our hospital services are provided by our local Geneva Hospital.

Psychological services are provided by an educational psychologist under a contractual arrangement. Tests are administered for screening purposes. Funds have been appropriated for a half-time psychologist, commencing with Fiscal Year 1973.

Psychiatric services were provided by the Lincoln Regional Center. An addition to this program was provided by a psychiatrist from the Lincoln Regional Center who visited the institution on a half-day basis once a month. We found this very valuable

and wish that it could be resumed and expanded to at least an every-other-week basis. During the past biennium a total of 666 students were seen at the clinic by the school doctor. In addition, 192 physical exams were given, and 84 students received additional services at the doctor's office in Geneva. Appointments for dental services numbered 602, with an additional 15 students seen at the dentist's office in Geneva. A total of 236 students were examined by the ophthalmologist, with 100 students fitted with glasses or new lens. An additional 94 pairs of glasses were repaired. Six students were admitted to the University Hospital in Omaha—three for treatment, and three for surgery. Twenty students were admitted to Fillmore County Hospital—fifteen for treatment, and five for surgery. Three other students had surgery at hospitals in Lincoln. Eleven obstetrical deliveries were made—one at Booth Memorial Hospital in Omaha, nine at Fillmore County Hospital in Geneva, and one at Lincoln General Hospital in Lincoln. Classes for the pregnant girls were conducted by the nursing staff.

COUNSELING SERVICES

We continue to have only two full-time caseworkers on our staff. This arrangement has worked satisfactorily, although some thought should be given to the eventual assignment of one caseworker per cottage unit. We have continued the philosophy that each adult who comes in contact with a student is a counselor, and much of our inservice training is directed to this area.

BOYS' PROGRAM

During the past biennium a total of twenty-three boys were admitted; however, we received only five boys during Fiscal Year 1972-73, and at the end of the biennium we have only two boys on campus. We are encouraged by this trend, because it is evident that alternative resources have been found for boys under the age of fourteen. During the past six and one-half years, we admitted over 130 boys and feel this program met a definite need. Now consideration is being given to phasing out the program, as the need for this service is being met by other areas.

STAFF DEVELOPMENT

Intensive programming has continued on a regular basis with Staff Development. We contracted, via Title I Funds, with a private organization for staff training, with emphasis on development of criteria for each student. Additional staff training has been provided on a weekly basis by a training officer from the Central Office. Weekly administrative staff meetings are conducted and monthly meetings are held by department heads with their staff. This has provided close communication and serves as a constant review of program development.

PHYSICAL FACILITIES

Our campus is located on approximately forty-seven acres of land adjacent to the fairgrounds on the northwest edge of Geneva. Many improvements have been made

in the physical setting in the past two years. Major construction includes the following:

1. Paving the main drive through the institution
2. Installation of a new outdoor and street lighting system
3. Construction of a new food service facility and a new cottage to house twenty students (to be completed in October, 1973)
4. Demolition of a three-story building that previously housed the food service facility, dormitory, and auditorium
5. Installation of a new emergency lighting system in all living units and the school building
6. Installation of corrosion control in the water tower
7. Repainting of the outside of the majority of buildings on the campus
8. Initial construction of a fishing pond and recreation area on northwest edge of the campus
9. Addition to fire alarm system

General maintenance items included the following:

1. Removal of dead and diseased trees
2. Planting of approximately 75 trees and 300 shrubs
3. Refinishing of furniture, and installation of bulletin boards and new room locks in cottages
4. Installation of new chlorine machine in well house
5. Installation of new gas safety valves and regulator on the boiler water feed pump
6. Installation of a concrete play pad on the playground for basketball
7. Installation of disposal unit, dishwashers, hot water heaters, compressors, etc., in various cottages

FORECAST

It would appear that the boys' program that was started in January, of 1967, will be phased out by September, of 1973. Sharp reduction in commitments and the ability of courts to provide alternative resources make it impractical to continue the program at this Center. Also, legislation passed during the 1973 Session will provide a deterrent to the commitment of youth twelve years of age and under.

It is difficult to forecast the future intake of girls, but it would appear that we will continue to receive from seventy to eighty students per year on a regular basis.

We do anticipate an increase in requests to provide evaluation services for the courts. We favor the introduction of legislation for the provision of this service to the courts at no cost to them.

Consideration must be given for provision of drug counseling specialists, as our intake of drug-related commitments has increased greatly.

The addition of a part-time psychologist should improve greatly our psychological services, including basic testing and psychological counseling. However, we continue to see the need for contractual services for psychiatric consultation for a minimum number of students.

We would expect continued improvement and additional services provided by

our Vocational Rehabilitation Unit, and the expectation of a full-time Vocational Rehabilitation counselor on campus.

We plan to upgrade our recreational activities for students, and the beginning of a full-time crafts program.

We are hopeful that our fund drive for Chapel construction can be completed during this next year, and that construction will be completed by September, 1974.

We are hopeful that the basic construction plan, as proposed, can be maintained to provide two new replacement cottages and an enclosed swimming pool. A new maintenance shop is to be constructed during Fiscal Year 1973-74, and this will improve our workability for general maintenance. Consideration should be given to paving the back drive access to the food service facility, shop area, and employee housing.

Additional personnel should include at least a part-time chaplain and an additional caseworker.

Continued emphasis will be placed on staff development, student services, and continuous refining of our present program.

TABLE 1
YOUTH DEVELOPMENT CENTER - GENEVA
Statement of Expenditures
Biennium Ending June 30, 1973

Class of Expenditures	
Personal Services	
General Operations	\$ 875,096
Capital Expenditures	240,364
Total Operating Expenditures	29,852
	1,145,312
Source of Funds	
Institutions Operations:	
General Fund	
Institution Cash	1,118,074
Federal Fund	4,371
Total Operating Expenditures	22,867
Other Funds:	1,145,312
Canteen Fund	
Building Fund	1,423
Total Other Funds	215,012
GRAND TOTAL	216,435
	\$1,361,747

TABLE 2
YOUTH DEVELOPMENT CENTER – GENEVA
Movement of Population
Biennium Ending June 30, 1973

	GIRLS	BOYS	TOTAL
TOTAL ON BOOK BEGINNING OF PERIOD	158	43	201
TOTAL ADMISSIONS	135	23	158
TOTAL ON BOOK DURING PERIOD	293	66	359
TOTAL DISCHARGES	153	40	193
Discharged from Institution	19	2	21
Discharged from Parole & Transfer	143	11	145
Discharged from YDC-G Files:		27	
Ret. to YDC-K for Parole Revocation	22		
Transferred back to YDC-K	5		
TOTAL ON BOOK AT END OF PERIOD	140	26	166
IN INSTITUTION	68	2	70
ON PAROLE OR TRANSFER	72	24	96

TABLE 3
YOUTH DEVELOPMENT CENTER – GENEVA
ADMISSION BY COUNTY OF RESIDENCE
BIENNIUM ENDING JUNE 30, 1973

County	Admitted During Biennium 1971-1973		In Institution June 30, 1973		County	Admitted During Biennium 1971-1973		In Institution June 30, 1973	
	Girls	Boys	Girls	Boys		Girls	Boys	Girls	Boys
Adams	6	—	8	—	Johnson	—	—	—	—
Antelope	—	—	—	—	Kearney	—	—	—	—
Arthur	—	—	—	—	Keith	1	—	1	—
Banner	—	—	—	—	Keya Paha	—	—	—	—
Blaine	—	—	—	—	Kimball	—	—	—	—
Boone	—	—	—	—	Knox	—	—	—	—
Box Butte	1	—	—	—	Lancaster	19	1	8	—
Boyd	—	—	—	—	Lincoln	2	3	2	—
Brown	—	—	—	—	Logan	—	—	—	—
Buffalo	8	—	5	—	Loup	—	—	—	—
Burt	1	—	1	—	Madison	4	1	—	—
Butler	1	—	—	—	McPherson	—	—	—	—
Cass	1	—	—	—	Merrick	—	—	—	—
Cedar	—	—	—	—	Morrill	—	—	—	—
Chase	1	—	—	—	Nance	—	1	—	—
Cherry	1	—	2	—	Nemaha	—	—	—	—
Cheyenne	—	—	—	—	Nuckolls	—	1	—	—
Clay	—	1	—	—	Otoe	3	—	3	—
Colfax	1	—	1	—	Pawnee	—	—	—	—
Cuming	1	—	1	—	Perkins	—	—	—	—
Custer	1	—	—	—	Phelps	—	—	—	—
Dakota	2	—	3	—	Pierce	—	—	—	—
Dawes	1	—	—	—	Platte	7	1	3	—
Dawson	2	—	2	—	Polk	—	—	—	—
Deuel	—	—	—	—	Polk	—	—	—	—
Dixon	—	—	—	—	Red Willow	3	—	1	—
Dodge	3	—	1	—	Richardson	—	—	—	—
Douglas	17	8	8	1	Rock	—	—	—	—
Dundy	—	—	—	—	Saline	1	—	—	—
Fillmore	—	1	—	—	Sarpy	11	—	1	1
Franklin	—	—	—	—	Saunders	1	—	1	—
Frontier	—	—	—	—	Scotts Bluff	14	—	8	—
Furnas	—	—	—	—	Seward	1	—	1	—
Gage	3	—	—	—	Sheridan	3	—	2	—
Garden	—	—	—	—	Sherman	—	—	—	—
Garfield	—	—	—	—	Sioux	—	—	—	—
Gosper	—	—	—	—	Stanton	—	—	—	—
Grant	—	—	—	—	Thayer	—	—	—	—
Greeley	—	—	—	—	Thomas	—	—	—	—
Hall	4	3	1	—	Thurston	3	—	—	—
Hamilton	—	—	—	—	Valley	—	—	—	—
Harlan	—	—	—	—	Washington	2	—	2	—
Hayes	—	—	—	—	Wayne	—	—	—	—
Hitchcock	—	—	—	—	Webster	—	—	—	—
Holt	—	—	—	—	Wheeler	—	—	—	—
Hooker	—	—	—	—	York	1	2	1	—
Howard	1	—	1	—	Federal	1	—	—	—
Jefferson	2	—	—	—					
					TOTAL	135	23	68	2

TABLE 4
 YOUTH DEVELOPMENT CENTER - GENEVA
 Admissions by Offense and Age
 Biennium Ending June 30, 1973

GIRLS

OFFENSE	TOTAL	Years						
		12	13	14	15	16	17	
TOTAL	135	3	14	27	39	32	20	
ASSAULT	2	0	0	1	0	1	0	
CAR THEFT	1	0	0	0	1	0	0	
OTHER THEFT	7	1	0	1	1	4	0	
SHOPLIFTING	2	0	1	0	0	0	1	
FORGERY	6	1	0	0	1	1	3	
NEED FOR SPEC. SUPERVISION	8	0	1	0	6	0	1	
SEXUAL PROMISCUITY	5	0	0	3	1	0	1	
TRUANCY	19	1	3	7	2	5	1	
RUNNING AWAY	39	0	4	6	16	8	5	
BREAKING & ENTERING	3	0	0	1	1	1	0	
UNGOVERNABLE	26	0	4	5	8	5	4	
ALCOHOLIC INTOXICATION	2	0	1	0	0	0	1	
DRUGS	10	0	0	1	1	5	3	
LARCENY	2	0	0	0	1	1	0	
NEGLECTED	2	0	0	1	0	1	0	
OTHER	1	0	0	1	0	0	0	

TABLE 5
 YOUTH DEVELOPMENT CENTER - GENEVA
 Admissions by Offense and Age
 Biennium Ending June 30, 1973

BOYS

OFFENSE	TOTAL	YEARS													
		8	9	10	11	12	13	14	15						
Total	23	1	3	0	1	4	8	5	1						
ASSAULT	1	0	0	0	0	0	1	0	0						
BURGLARY	2	0	2	0	0	0	0	0	0						
CAR THEFT	1	0	0	0	0	0	0	1	0						
OTHER THEFT	8	0	0	0	1	2	2	2	1						
TRUANCY	1	0	0	0	0	0	1	0	0						
RUNNING AWAY	3	0	0	0	0	1	0	2	0						
BREAKING & ENTERING	5	0	0	0	0	1	4	0	0						
UNGOVERNABLE	1	1	0	0	0	0	0	0	0						
ARSON	1	0	1	0	0	0	0	0	0						

TABLE 6
 YOUTH DEVELOPMENT CENTER — GENEVA
 PAROLES BY OFFENSE AND LENGTH OF STAY IN INSTITUTION
 Biennium Ending June 30, 1973
 GIRLS

OFFENSE	(Length of Stay by Months)									
	Total	TOTAL 170	1-3 4	4-6 30	7-9 65	10-12 39	13-15 18	16-18 9	19-23 4	24 & OVER 1
SHOPLIFTING	9	9	0	3	4	0	2	0	0	0
CAR THEFT	7	7	0	0	3	3	1	0	0	0
OTHER THEFT	5	5	0	1	1	2	1	0	0	0
FORGERY	6	6	1	0	1	3	1	0	0	0
SPECIAL SUPERVISION	3	3	0	0	3	0	0	0	0	0
SEXUAL PROMISCUITY	5	5	0	1	2	2	0	0	0	0
TRUANCY	29	29	1	4	15	5	1	2	1	0
RUNNING AWAY	39	39	1	5	14	11	1	4	3	0
BREAKING & ENTERING	2	2	0	2	0	0	0	0	0	0
UNGOVERNABLE	46	46	0	7	14	13	9	2	0	1
ALCOHOLIC INTOXICATION	5	5	0	4	0	0	1	0	0	0
DRUGS	6	6	1	3	2	0	0	0	0	0
LARCENY	3	3	0	0	3	0	0	0	0	0
NEGLECTED	3	3	0	0	1	0	1	1	0	0
MINOR IN POSSESSION	2	2	0	0	2	0	0	0	0	0

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TABLE 7
 YOUTH DEVELOPMENT CENTER — GENEVA
 PAROLES BY OFFENSE AND LENGTH OF STAY IN INSTITUTION
 Biennium Ending June 30, 1973
 BOYS

OFFENSE	(Length of Stay in Months)								
	Total	TOTAL 37	1-3 3	4-5 7	6-7 11	8-9 9	10-11 3	12-13 1	14-15 3
ASSAULT	1	1	0	0	0	0	0	0	1
BURGLARY	4	4	0	1	3	0	0	0	0
CAR THEFT	1	1	0	0	1	0	0	0	0
OTHER THEFT	10	10	3	0	1	4	1	0	1
DESTRUCTION OF PROPERTY	1	1	0	1	0	0	0	0	0
TRUANCY	2	2	0	2	0	0	0	0	0
RUNNING AWAY	1	1	0	0	0	1	0	0	0
BREAKING & ENTERING	13	13	0	3	5	2	2	1	0
ARSON	2	2	0	0	0	2	0	0	0
GRAND LARCENY	1	1	0	0	1	0	0	0	0
OTHER	1	1	0	0	0	0	0	0	1

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TABLE 8

YOUTH DEVELOPMENT CENTER — GENEVA
DISCHARGES BY OFFENSE AND LENGTH OF STAY ON PAROLE
Biennium Ending June 30, 1973

GIRLS

OFFENSE	Total	TOTAL	(Length of Stay by Months)						
			1-3	4-5	6-11	12-17	18-23	24 & Over	Inst. Disch.
		153	10	5	46	44	16	13	19
ASSAULT	3		0	0	0	3	0	0	0
BURGLARY	1		0	0	1	0	0	0	0
CAR THEFT	3		0	0	1	2	0	0	0
OTHER THEFT	3		0	0	1	2	0	0	0
SHOPLIFTING	7		1	0	2	2	1	1	0
FORGERY	3		1	0	0	1	0	0	1
SEX PROMISCUITY	4		0	1	1	1	0	1	0
TRUANCY	26		1	1	9	7	3	2	3
RUNNING AWAY	37		3	1	10	9	7	3	4
UNGOVERNABLE	43		4	1	13	15	4	4	2
ALCOHOLIC INTOX.	3		0	0	2	0	0	0	1
DELINQUENT	4		0	1	1	0	0	0	2
NEG. — SPEC. SUPERVISION	10		0	0	4	1	1	1	3
MINOR IN POSSESSION	2		0	0	0	0	0	1	1
BREAKING & ENTERING	1		0	0	0	1	0	0	0
DRUGS	3		0	0	1	0	0	0	2

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TABLE 9

YOUTH DEVELOPMENT CENTER — GENEVA
DISCHARGES BY OFFENSE AND LENGTH OF STAY ON PAROLE
Biennium Ending June 30, 1973

BOYS

OFFENSE	Total	TOTAL	(Length of Stay in Months)						
			6-8	9-12	13-16	17-24	Over 24	Inst. Disch.	Ret. to YDC-K
		18	1	2	5	2	1	2	5
BURGLARY	3		1	0	1	0	0	0	1
ARSON	1		0	0	0	0	0	1	0
CAR THEFT	2		0	0	0	0	1	0	1
OTHER THEFT	4		0	0	0	1	0	0	3
BREAKING & ENTERING	6		0	0	4	1	0	1	0
TRUANCY	2		0	2	0	0	0	0	0

22 Boys were returned to the Youth Development Center at Kearney for Revocation of Parole.

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TABLE 10
 YOUTH DEVELOPMENT CENTER - GENEVA

Distribution of Admissions by Age and I.Q.
 and Special Services Required
 Biennium Ending June 30, 1973

Age in Years	Girls	Boys	Total	I.Q.	Girls	Boys	Total
8	0	1	1	60-69	2	1	3
9	0	1	1	70-79	8	3	11
10	0	0	0	80-89	30	8	38
11	0	1	1	90-99	37	4	41
12	3	4	7	100-109	31	4	35
13	14	10	24	110/Over	18	1	19
14	27	5	32	I.Q.N.A.	9	2	11
15	39	1	40	TOTAL	135	23	158
16	20	0	32				
17	20	0	20				
TOTAL	135	23	158				

NUMBER IN RESIDENCE

SPECIAL SERVICES	DURING BIENNIUM	JUNE 30, 1973
Un wed Mothers	14	3

CONTINUED

1 OF 4

OFFICE OF PAROLE ADMINISTRATION
Lincoln, Nebraska

1. Location: Tenth Floor, State Capitol, Lincoln, Nebraska
2. Address: P. O. Box 94754
Lincoln, Nebraska 68509
3. Telephone: (402) 471-2156
4. Administrative Staff: Ernest R. Egbert, Parole Administrator
Larry A. Tewes, Assistant Parole Administrator
(Succeeded by Arthur W. Pohlen when Mr. Tewes became Administrative Assistant to the Director of the new Department of Correctional Services in September, 1973)
5. Date Established: August 25, 1969
6. Total Parolees (June 30, 1973): 1,060 juveniles and adults
7. Total Staff (June 30, 1973): 32
8. Area Parole Offices:

Lincoln Area Parole Office
312 South 12 Street
Lincoln, Nebraska 68508
Tel: (402) 471-2767

Norfolk Area Parole Office
Taylor Bldg., 13th & Taylor
Norfolk, Nebraska 68701
Tel: (402) 371-6226

Grand Island Area Parole Office
Masonic Temple Bldg., Suite 303
Grand Island, Nebraska 68801
Tel: (308) 382-1939

North Platte Area Parole Office
Lincoln County Court House
North Platte, Nebraska 69101
Tel: (308) 532-8355

Kearney Area Parole Office
706 East 25 Street, Suite A
Kearney, Nebraska 68847
Tel: (308) 234-9113

Scottsbluff Area Parole Office
Scotts Bluff County Court House
Gering, Nebraska 69341
Tel: (308) 436-2195 (Ext. 35)

Omaha Area Parole Office
320 City National Bank Bldg.
405 South 16 Street
Omaha, Nebraska 68102
Tel: (402) 345-2151

OFFICE OF PAROLE ADMINISTRATION

Ernest R. Egbert, Parole Administrator

PURPOSE AND GOALS

The purpose of the Office of Parole Administration is to provide supervision and assistance to offenders released from Nebraska's Correctional Institutions; namely, adults from the Nebraska Penal and Correctional Complex and the State Reformatory for Women, and juveniles from the Youth Development Center-Kearney and the Youth Development Center-Geneva.

The Office provides parole services which include placement and program development, counseling, surveillance, and assistance to the parolee consistent with its philosophy to reintegrate the offender into successful living in society and, at the same time, provide to the fullest possible extent adequate protection to the citizens of Nebraska from the unlawful activities of persons released from any correctional institution.

MAJOR ACCOMPLISHMENTS

During the 1971-1973 Biennium, existing programs have been expanded and new programs have been initiated to provide more efficient parole services for the State of Nebraska.

The Parole Administration's Foster Care Program, initiated during the 1967-1969 Biennium, under the then-existing Juvenile Parole Unit, has seen expanded services and increased placements for juveniles unable to return to their natural homes. Opportunities available to meet a juvenile's individual needs through foster placement have increased greatly the juvenile's chances for successful reintegration into society. During this biennium, as a result of this Foster Care Program, recidivism among juvenile offenders in Nebraska has seen a substantial decrease.

Foster Care Placement and Supervision Services have been afforded, also, to Nebraska's Juvenile and District/County Courts during the 1971-1973 Biennium. The purpose of such a program is to provide an alternative to institutionalization of juveniles who are beginning a pattern of antisocial and delinquent behavior. Numerous Nebraska courts have taken advantage of this program which, in effect, is a diversionary program for juvenile delinquency, resulting in fewer commitments to the Youth Development Centers.

Operational procedures have been evaluated and revised during the biennium in an effort to bring about more efficient and consistent services. Decisions rendered by the higher courts, affording the parolee legal safeguards at the time of suspected parole violations, have caused operational changes which now require a probable-cause hearing to be conducted for all alleged parole violations prior to final revocation.

Although the Office of Parole Administration is supervising larger numbers of offenders, it has been able to reduce the number of recidivists in both juvenile and adult levels. This is due primarily to an excellent staff of supervising field officers who have provided the necessary supervision, support, and assistance needed for the offender to reintegrate successfully into society.

PROGRAMMATIC SERVICES

The Office of Parole Administration offers a program of foster care for juveniles released from either of the Youth Development Centers and, upon request from a Juvenile and/or District/County Court, as an alternative to an institutional commitment for certain juveniles.

The Foster Care Program consists of providing individual foster homes for juveniles unable to return to their natural homes, financial maintenance-support for juveniles in foster homes, dental and medical care, a clothing allowance for each juvenile in foster placement, and supervision and guidance for the juvenile and supportive assistance and guidance for the foster parents.

The Office of Parole Administration provides parole services for all offenders released from Nebraska's Correctional Institutions, both juvenile and adult. Parole services render supervision, counseling, placement, surveillance, guidance, and financial support (in juvenile cases) to, with, and for the offender in an effort to assist in his/her successful reintegration into society as a law-abiding, self-supporting citizen.

INDIRECT SERVICES

In cooperation with other agencies, the Office of Parole Administration is engaged actively in extensive referral services which seek assistance for offenders in areas such as vocational training, employment, residence, financial assistance, medical assistance, drug and alcohol treatment, mental and emotional treatment and therapy, family counseling, religious counseling, and academic education. The success of such a referral program is due largely to the willing cooperation received from agencies rendering the needed services.

STAFF DEVELOPMENT

During the 1971-1973 Biennium, the Office of Parole Administration has been able to expand its staff from twenty-five to thirty-two full-time employees. All staff areas have been increased in an effort to keep up with the increasing number of parolees receiving supervision.

Major additions and changes in staff development have included: (1) a Deputy Compact Administrator to handle detainees; (2) two Parole Officers III - District Supervisors, who are responsible for supervising parole services in the territories; (3) a Placement and/or Liaison Officer, who is responsible for coordinating releases from the Adult Institutions; and (4) additional supervising field Parole Officers and additional clerical staff to meet the needs of larger numbers of parolees receiving supervision.

FORECAST

Due to the increasing number of parolees from correctional institutions and the emphasis on community-based programs, further expansion of programs in the future is certain.

A Pre-Delinquency Program will begin July 1, 1973, which will serve as a community resource for juveniles needing assistance and, hopefully, result in a diversion program for juveniles from the juvenile justice system. Many results are anticipated from this innovative program.

Directives and decisions, received from the Judicial Branch of Government regarding the rights of offenders, are expected to continue, resulting in modification of existing programs and an increase of staff and staff training.

Continuous attention will be given to the juvenile area, with anticipated expansion of juvenile services. Naturally, a common goal, which is always of prime consideration and attention, is to provide better parole services in Nebraska resulting in fewer parolees returning to or continuing in criminal activities.

TABLE 1

OFFICE OF PAROLE ADMINISTRATION
Statement of Expenditures
Biennium Ending June 30, 1973

Class of Expenditures	
Personal Services	\$464,776
General Operations	452,861
Capital Expenditures	55,473
Total Operating Expenditures	973,110
Source of Funds	
Institutions Operations:	
General Fund	636,273
Institution Cash	
Federal Fund	336,837
Total Operating Expenditures	973,110
Other Funds:	
Canteen Fund	
Building Fund	
Total Other Funds	
GRAND TOTAL	\$973,110

TABLE 2
MOVEMENT OF POPULATION

RECEIVED FROM:	7/1/71	Paroled	Discharged	Revoked	6/30/73
Youth Development Center-Geneva					
Girls	79	170	153	33	63
Boys	26	37	18	32	13
Youth Development Center-Kearney	250	448	361	150	187
Courts	6	71	21	12	44
State Reformatory for Women					
Discharge	16	33	13	5	31
Mandatory	0	24	13	2	9
Penal & Correctional Complex					
Discharge	177	368	210	156	170
Mandatory	41	283	299	30	56
Interstate					
Juveniles: Parole, Probation	84	138	60	21	42 (*99)
Adults: Parole, Probation	222	395	228	45	174 (*294)

*Probationers transferred to State Probation Administration 8-1-71

SECTION III

TABLE 3
Foster Home Placements
Program Started September 1, 1967

Parolees Placed to Date	493	86.5%
Juveniles Placed From the Court	77	13.5%
TOTAL JUVENILES PLACED TO DATE	570	100.0%
 Successfully Terminated:		
Parolees	297	
From the Court	21	
TOTAL SUCCESSFULLY TERMINATED	318	
 Revoked — Returned:		
Parolees	120	
From the Court	12	
TOTAL REVOKED — RETURNED	132	
 Presently Receiving Care:		
Parolees	76	
From the Court	44	
TOTAL PRESENTLY RECEIVING CARE	120	
 GRAND TOTAL	570	

MENTAL HEALTH PROGRAM

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MENTAL HEALTH

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SECTION III

**MENTAL HEALTH
PROGRAM**

STATEWIDE MENTAL HEALTH PROGRAM

Jack R. Anderson, M.D.

ASSUMPTIONS AND CONCEPTS

1. Individual consumers of mental health services do not become disturbed or disabled in a vacuum, but in a specific social and community context.
2. To be optimally effective, therapeutic intervention must consider not only the individual patient or client, but also the family, community, and society in which he lives and with which he interacts.
3. Therapeutic intervention should occur as early as possible in the patient's or client's disturbance.
4. Therapy should be intensive and intended to restore patients to independent functioning as soon as possible.
5. Therapy should offer only as much relief and support as absolutely necessary, with emphasis on programs to restore and maintain individual patient's and client's self-support and self-steering skills and strengths.
6. Clients and patients should be maintained in the community and out of the hospital whenever possible.
7. When hospitalization is unavoidable, its length should be reduced to an absolute minimum.
8. Disruption of family, work, and community life should be minimized.

9. Relapses should be minimized by strong community-based follow-up and follow-along mental health programs.
10. Every mental health care program must contain specific provisions to safeguard the human, civil, and constitutional rights of patients and clients.
11. All mental health programs must contain provisions for safeguarding the personal dignity and human value of each individual patient and client.
12. Accessibility to mental health services should be provided as equitably as the realities of State geography and population distribution permit.

LONG-RANGE NEBRASKA MENTAL HEALTH PLAN AND PLANNING MECHANISMS

1. The Long-Range Mental Health Plan is to establish a Statewide network of comprehensive community mental health centers as the primary mental health care delivery system for Nebraska. Each of these centers will provide at least the five essential services: inpatient, outpatient, partial hospitalization, consultation and education, and emergency service at multiple locations, strategically located throughout each of the catchment areas designated in the State Plan. The administrative control headquarters for each of these centers will be located as follows: for the Panhandle Catchment Area, in Scottsbluff; for the Southwest Catchment Area, in North Platte; for the North Central Catchment Area, in Grand Island; for the South Central Catchment Area, in Hastings; for the Northeast Catchment Area, in Norfolk; for the Lincoln-Lancaster Catchment Area, in Lincoln; for the northwest counties of the Southeast Region, in Seward; for the southern counties of the Southeast Region, in Beatrice; for the four catchment areas in Region VI, all four centers will be located in Omaha, with outreach clinics and other facilities in Dodge, Washington, and Sarpy Counties.
2. When fully developed, it is expected that these comprehensive community mental health centers will provide services to between 20,000 and 30,000 Nebraskans each year. This projection is based on national experience figures from existing mental health centers. This is two to three times the number of Nebraskans who are provided service from our current mental health care delivery system. About 85% of the patients treated will not require hospitalization. Most of those who will need to be hospitalized will be treated in the inpatient facilities which are part of the mental health centers.
3. When the comprehensive community mental health centers are all established and operating with adequate staff and budget, the roles of the three Regional Centers will be substantially modified.
 - a. It is planned that the Lincoln Regional Center will continue to provide the Maximum Security Unit for statewide support. The impact of any of the proposed penal reform plans on the institutional population of Nebraska correctional institutions may very well reduce the need for inpatient facilities for disordered

offenders. It is also planned that the Lincoln Regional Center will continue to provide a facility for disturbed adolescents who require inpatient treatment. As the twelve comprehensive community mental health centers expand their programs for children and adolescents, it is expected that the need for the Lincoln Regional Center Adolescent Program will also diminish. It is even possible that the need for such a statewide support facility for adolescents will entirely disappear. The Lincoln Regional Center will continue to provide acute psychiatric care for adults and adolescents from the Lincoln-Lancaster Catchment Area and extended care support for the mental health centers whose headquarters will be located in Seward and Beatrice.

- b. Norfolk Regional Center will continue to house the Norfolk Comprehensive Community Mental Health Center, acute and extended inpatient care for adults from that catchment area, and an expanded Veterans' Home facility. A bill will be introduced at the next legislative session to create a separate Veterans' Home in Norfolk, and approval will be sought for construction of a 300-bed addition to this Veterans' Home on the Norfolk Regional Center Campus.
- c. It is planned that the Hastings Regional Center will consist of the administrative headquarters for the South Central Comprehensive Community Mental Health Center, and a specialized diagnostic treatment center to support the South Central Comprehensive Community Mental Health Center and, also, those whose headquarters are in Grand Island, Norfolk, North Platte, and Hastings. This specialized treatment and diagnostic center will include neurological and psychiatric facilities for children, adolescents, and adults. In addition, it is planned that a center for continuing education of mental health care professionals will be expanded and maintained at Hastings to provide easily accessible, ongoing educational programs for professionals from the West and Central Nebraska mental health care facilities. Affiliation with local community colleges will be expanded in order to insure high quality of these teaching programs.
- d. It is planned that the Nebraska Psychiatric Institute will continue to provide the current high level of specialized diagnostic and treatment support to Omaha-Douglas County and to the rest of the State of Nebraska for special diagnostic and treatment problems.
- e. It is planned that the current financial participation of the State in Douglas County Hospital psychiatric and related programs will be expanded as needed to provide equitable State support to Region VI mental health programs, with the concentration of professional mental health personnel in Omaha. Because of the private and public hospitals and the two major medical teaching facilities located there, it is planned that all mental health programs for clients and patients

from Region VI will be provided locally to include all modalities of treatment: short-term and extended care, inpatient, outpatient, partial hospitalization, and emergency care.

5. As the community-based facilities for care and habilitation of mentally retarded are expanded throughout Nebraska, it is anticipated that the two mental retardation inpatient programs, located on the campuses at Norfolk Regional Center and Hastings Regional Center, will decline in size and will probably be combined into one operation at Hastings Regional Center when the expansion of the VETERANS' facility at Norfolk is approved and construction begins there, which will necessitate demolition of the building in which the current Norfolk Regional Center mental retardation program is housed.
6. The projected decline in census and admissions at the three Regional Centers will result in the decreased need for psychiatric technicians. This reduction in force of psychiatric technicians is expected to occur over a period of years and to be effected by attrition rather than by layoffs. In addition to the reduction of psychiatric technicians necessary for operation of the Regional Centers in their modified roles, there will also be a reduction in the number of administrative and support personnel. This changing staffing pattern will necessitate extensive reorganization to combine some administrative and support positions and to eliminate many more.
7. During the transitional period between now and the time that the mental health centers are fully staffed and operational, it is planned to use federal funding participation in the form of National Institute of Mental Health Staffing Grants, so long as they are available, to defray the extra expense incident to developing the system of mental health centers while continuing to provide ongoing support through the Regional Centers. As the federal support of the comprehensive mental health centers phases out, they will be replaced by the budgetary savings realized by staff reductions at the Regional Centers.
8. It is planned that at least half of the current budget of the three principal Regional Centers will eventually be shifted to the comprehensive community mental health centers. These centers will be further supported by local governmental funding participation, patient fees, third party payments, and federal support in the form of Medicare and Medicaid payments for Welfare recipients in inpatient, outpatient, and partial hospitalization programs.
9. It is planned that an automated record system and automated data processing system be installed in all of the comprehensive community mental health centers and Regional Center facilities making up the State delivery system. Remote terminals will be installed in each separate comprehensive center and Regional Center. This system will provide an informational base to assist each facility in its management and clinical programs and provide local and central mechanisms to insure continuity of care, analysis of costs and benefits, and cost-benefit comparisons. The

information generated by this system will provide a more realistic basis for future planning and for ongoing clinical and fiscal management decisions.

10. The comprehensive community mental health center model will allow for maximum community participation in the development and implementation of mental health care programs. This optimal local autonomy will be balanced by the quality and fiscal control mechanisms written into the federal and state guidelines for the operation of comprehensive community mental health centers.
11. It is hoped that a community mental health center funding law will be enacted at the next legislative session so that the legislative intent and direction for further implementation of the State Mental Health Plan can be more specifically delineated.

CURRENT STATUS OF THE MENTAL HEALTH CARE DELIVERY SYSTEM IN NEBRASKA

1. In the two-year period beginning July 1, 1971, and ending June 30, 1973, the combined inpatient census of the three Regional Centers, located in Lincoln, Hastings, and Norfolk, declined from nearly 1200 to a little more than 750. During this two-year period the combined census of the Maximum Security, Alcoholic, and Mental Retardation inpatient programs for the three centers remained about constant, around 300, so that the combined inpatient census for adult and adolescents in the three centers declined from 925 to 500 during this same period of time, total admission rates have remained relatively constant.
2. At this time there are three comprehensive community mental health centers operating in Nebraska with federal recognition and federal funding participation. These centers serve the catchment area populations of the Panhandle, North Central Nebraska, and the catchment area in Region VI, consisting of Dodge and Washington Counties and part of Douglas County. They are headquartered respectively in Scottsbluff, Grand Island, and Immanuel Medical Center in Omaha.
3. Three more comprehensive community mental health centers have been recently awarded federal staffing grants totalling approximately \$1.2 Million. The applications for these staffing grants were completed within the past year. These centers serve the catchment areas of Southwest Nebraska, Lincoln-Lancaster County, and Catchment Area IX, which is the Northeast Catchment Area in Douglas County. These centers are headquartered respectively in North Platte, Lincoln, and Lutheran Medical Center in Omaha. The centers headquartered in North Platte and Lincoln are vigorously recruiting professional staff so that they can open their centers officially about the first of next year. The third grant recipient, Lutheran Medical Center, has decided not to provide mental health centers for its catchment area, but instead to transfer its grant to another applicant. It is estimated that the new applicant will be able to recruit staff and begin operations of this center before the middle of 1974.
4. With our current mental health delivery system of existing community

mental health centers and Regional Centers, we expect to provide services to nearly 17,000 Nebraska citizens this fiscal year. Less than 2,000 of these patients will receive inpatient care. The rest will be treated by outpatient and partial hospitalization treatment programs. It must be noted that our current clinical information reporting system is inadequate and inaccurate, so that our estimation of services provided, particularly in outpatient programs, must be approximate.

GOALS FOR THE MENTAL HEALTH CARE DELIVERY SYSTEM TO BE ACCOMPLISHED BETWEEN NOW AND THE END OF FISCAL YEAR 1975

1. Staffing grant applications for the six catchment areas which have not yet been funded will be completed by cooperative efforts of the local communities involved and the Medical Services Division.
2. All twelve comprehensive community mental health centers will be funded, staffed, and in operation before July 1, 1975.
3. The individually prepared plans for mental health care delivery for each separate catchment area will be combined into a detailed State Plan before July 1, 1975.
4. Community-based mental health centers will provide services to approximately 20,000 Nebraskans during Fiscal Year 1974-75.
5. The three Regional Centers will provide inpatient care for about 1,500 Nebraska citizens during Fiscal Year 1974-75.
6. It is planned that an automated client medical record and automated information processing system will be installed to become partially operational by July 1, 1974, and fully operational by June 30, 1975.
7. It is estimated that the impact of the eleven or twelve operating comprehensive community mental health centers will accelerate the decline in patient census and admissions to the inpatient services of the three Regional Centers. The combined inpatient census at all three Regional Centers is projected at between 400 and 450 by July 1, 1975.
8. It is anticipated that a mental health centers funding act will be passed during this legislative session, as there appears to be growing consensus among the various consumer and provider groups who are interested in the mental health care delivery system in Nebraska. If this occurs, the legislation will probably specify more definitely the fiscal, clinical, planning, and management mechanisms for further implementation of the State Mental Health Plan. For this reason the above-described projected changes in the mental health care delivery system are not provided for in detail in the formally prepared budgets for Fiscal Year 1974 and 1975.

TABLE 1

**NEBRASKA DEPARTMENT OF PUBLIC INSTITUTIONS
MOVEMENT OF POPULATION
State Mental Health Inpatient Statistics
Biennium Ending June 30, 1973**

	Total	HRC	LRC	NRC	NPI
Patients on Books, Beginning of Period	2899*	1143	735*	857*	164
Additions to Books During Period	6772	3441	1073	701	1557
Separations from Residence Status	5820	3175	960	642	1043
Separations on Leave Status	2147	999	445	176	527
Patients on Books End of Period	1704	410	403	740	151
Resident Patients (1) at Beginning of Period	1307*	533	413*	302	59
Total Additions to Institution During Period	7818	3690	1361	946	1821
Admissions	6591	3382	1027	679	1503
Per Cent First Admissions	(54)	(43)	(63)	(60)	(73)
Returns (2)	1046	249	288	245	264
Transfers In (3)	181	59	46	22	54
Total Separations from Institution During Period	8360	3944	1523	1085	1808
Discharges and Deaths (4)	5658	3173	920	560	1005
Placements (5)	2246	677	396	426	747
Elopedments	294	92	167	17	18
Transfers Out	162	2	40	82	38
Resident Patients at End of Period	765	279	251	163	72

*Adjusted from previous report.

- (1) Includes persons residing in institution plus patients on home visit. Does not include patients on elopement, long-term leave, or daypatient service.
- (2) Includes returns from long-term leave, elopement, and daypatient service.
- (3) Includes only transfers from other state mental health facilities.
- (4) Includes discharges from and deaths in the institution plus discharge and deaths on home visit.
- (5) Includes placements on long-term leave and daypatient service.

HRC—Hastings Regional Center
LRC—Lincoln Regional Center
NRC—Norfolk Regional Center
NPI—Nebraska Psychiatric Institute (Omaha)

TABLE 2

MENTAL HEALTH RESIDENTS*
By County and Residence and Facility
As of June 30, 1973

COUNTY OF RESIDENCE	TOTAL	HRC	LRC	NRC	NPI
Adams	29	24	4	0	1
Antelope	6	1	0	5	0
Arthur	0	0	0	0	0
Banner	0	0	0	0	0
Blaine	0	0	0	0	0
Boone	9	2	0	7	0
Box Butte	9	5	1	2	1
Boyd	0	0	0	0	0
Brown	4	0	1	3	0
Buffalo	16	15	1	0	0
Burt	8	1	0	6	1
Butler	4	2	2	0	0
Cass	6	1	4	1	0
Cedar	6	0	0	6	0
Chase	3	3	0	0	0
Cherry	8	2	0	6	0
Cheyenne	2	2	0	0	0
Clay	4	2	2	0	0
Colfax	6	1	0	5	0
Cuming	8	2	0	5	1
Custer	6	6	0	0	0
Dakota	10	0	2	8	0
Dawes	7	5	1	1	0
Dawson	7	6	0	0	1
Deuel	2	2	0	0	0
Dixon	8	1	0	7	0
Dodge	28	5	5	14	4
Douglas	152	10	70	28	44
Dundy	3	2	1	0	0
Fillmore	4	1	3	0	0
Franklin	7	4	3	0	0
Frontier	0	0	0	0	0
Furnas	6	6	0	0	0
Gage	11	4	6	0	1
Garden	0	0	0	0	0
Garfield	0	0	0	0	0
Gosper	0	0	0	0	0
Grant	0	0	0	0	0
Greeley	2	0	2	0	0
Hall	29	24	4	0	1
Hamilton	5	4	1	0	0
Harlan	4	3	1	0	0
Hayes	0	0	0	0	0
Hitchcock	2	0	2	0	0
Holt	5	1	0	4	0
Hooker	1	1	0	0	0
Howard	6	5	1	0	0
Jefferson	8	2	6	0	0
Johnson	1	0	1	0	0
Kearney	1	1	0	0	0
Keith	3	3	0	0	0
Keya Paha	0	0	0	0	0
Kimball	0	0	0	0	0

COUNTY OR RESIDENCE	TOTAL	HRC	LRC	NRC	NPI
Knox	5	0	0	4	1
Lancaster	85	16	59	1	9
Lincoln	28	25	2	0	1
Logan	1	1	0	0	0
Loup	2	2	0	0	0
Madison	20	0	2	18	0
Merrick	3	2	0	1	0
Morrill	3	2	1	0	0
McPherson	3	3	0	0	0
Nance	1	0	0	1	0
Nemaha	2	0	2	0	0
Nuckolls	1	1	0	0	0
Otoe	5	1	4	0	0
Pawnee	3	1	1	0	1
Perkins	1	1	0	0	0
Phelps	4	4	0	0	0
Pierce	8	1	0	7	0
Platte	14	6	1	7	0
Polk	1	0	1	0	0
Red Willow	9	8	0	0	1
Richardson	5	2	3	0	0
Rock	0	0	0	0	0
Saline	2	1	1	0	0
Sarpy	11	3	7	1	0
Saunders	10	1	7	2	0
Scotts Bluff	9	4	5	0	0
Seward	2	0	2	0	0
Sheridan	4	2	1	1	0
Sherman	1	1	0	0	0
Sioux	1	0	0	1	0
Stanton	1	0	0	1	0
Thayer	0	0	0	0	0
Thomas	0	0	0	0	0
Shurston	7	1	1	4	1
Valley	1	0	1	0	0
Washington	3	1	1	1	0
Wayne	5	0	0	5	0
Webster	1	1	0	0	0
Wheeler	0	0	0	0	0
York	3	2	1	0	0
Undetermined	54	27	24	0	3
TOTALS	765	279	251	163	72

*Residents equals those persons residing in the institution plus patients on home visit.

HRC—Hastings Regional Center
LRC—Lincoln Regional Center
NRC—Norfolk Regional Center
NPI—Nebraska Psychiatric Institute (Omaha)

TABLE 3
 MENTAL HEALTH INPATIENT ADMISSIONS*
 By County of Residence and Facility
 Biennium Ending June 30, 1973

COUNTY OF RESIDENCE	TOTAL	HRC	LRC	NRC	NPI
Adams	578	561	11	0	6
Antelope	46	13	1	32	0
Arthur	1	1	0	0	0
Banner	0	0	0	0	0
Blaine	4	3	1	0	0
Boone	36	16	0	18	2
Box Butte	73	63	2	1	7
Boyd	9	3	0	6	0
Brown	18	1	1	16	0
Buffalo	197	183	4	0	10
Burt	25	3	1	14	7
Butler	33	4	24	4	1
Cass	30	10	12	1	7
Cedar	32	8	0	22	2
Chase	13	12	0	0	1
Cherry	33	17	0	14	2
Cheyenne	52	47	2	0	3
Clay	38	34	3	0	1
Colfax	36	17	0	14	5
Cuming	43	11	0	31	1
Custer	43	39	0	1	3
Dakota	47	17	3	25	2
Dawes	46	42	2	1	1
Dawson	127	114	4	0	9
Deuel	10	9	1	0	0
Dixon	29	8	0	20	1
Dodge	162	62	7	47	46
Douglas	1203	95	136	39	933
Dundy	9	8	0	0	1
Fillmore	16	8	8	0	0
Franklin	19	15	3	0	1
Frontier	14	13	0	0	1
Furnas	46	45	1	0	0
Gage	112	36	71	0	5
Garden	11	4	3	0	4
Garfield	4	1	2	0	1
Gosper	5	4	0	0	1
Grant	0	0	0	0	0
Greeley	16	15	1	0	0
Hall	495	474	9	5	7
Hamilton	27	24	1	0	2
Harlan	27	27	0	0	0
Hayes	1	1	0	0	0
Hitchcock	7	5	2	0	0
Holt	77	28	5	41	3
Hooker	10	6	0	1	3
Howard	37	34	2	0	1
Jefferson	51	24	24	0	3
Johnson	15	4	10	0	1
Kearney	30	28	0	0	2
Keith	36	31	1	0	4
Keya Paha	0	0	0	0	0
Kimball	17	12	0	0	5

COUNTY OF RESIDENCE	TOTAL	HRC	LRC	NRC	NPI
Knox	22	5	0	14	3
Lancaster	22	5	0	14	
Lancaster	749	352	325	5	67
Lincoln	195	174	6	2	13
Logan	2	2	0	0	0
Loup	4	4	0	0	0
Madison	164	29	7	120	8
Merrick	26	21	0	4	1
Morrill	8	3	2	0	3
McPherson	4	4	0	0	0
Nance	14	9	1	4	0
Nemaha	34	7	14	0	13
Nuckolls	27	25	1	1	0
Otoe	31	9	11	0	11
Pawnee	17	6	10	0	1
Perkins	11	4	3	0	4
Phelps	33	30	1	0	2
Pierce	35	8	1	26	0
Platte	132	48	10	67	7
Polk	27	13	11	1	2
Red Willow	78	75	0	0	3
Richardson	40	11	21	0	8
Rock	7	0	0	6	1
Saline	21	3	16	1	1
Sarpy	56	17	12	2	25
Saunders	54	15	25	3	11
Scotts Bluff	103	84	5	1	13
Seward	19	3	14	0	2
Sheridan	30	21	1	6	2
Sherman	13	12	0	0	1
Sioux	1	1	0	0	0
Stanton	21	4	0	17	0
Thayer	30	16	14	0	0
Thomas	2	2	0	0	0
Thurston	75	44	1	18	12
Valley	10	10	0	0	0
Washington	23	7	3	4	9
Wayne	29	6	0	22	1
Webster	38	38	0	0	0
Wheeler	1	1	0	0	0
York	42	17	18	2	5
Undetermined	317	2	136	0	179
TOTALS	6591	3382	1027	679	1503

*Admissions equals first admissions plus readmissions. Does not include transfers within the mental health system or return patients from long-term leave, elopement, or daypatient service.

HRC—Hastings Regional Center
 LRC—Lincoln Regional Center
 NRC—Norfolk Regional Center
 NPI—Nebraska Psychiatric Institute (Omaha)

TABLE 4

STATE MENTAL HEALTH RESIDENTS
By Diagnosis and Age
As of June 30, 1973

DIAGNOSIS	AGE AT END OF YEAR									
	TOTAL	0-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65 & Over
Mental Retardation	95	3	1	18	30	22	11	3	6	1
Organic Brain Syndrome	93	0	0	6	7	17	7	12	10	34
Psychosis	323	0	2	26	40	84	69	49	29	24
Neurosis	17	0	0	1	4	6	4	1	0	1
Personality Disorder	43	0	1	8	6	19	6	2	1	0
Alcoholism & Drug Dependence	126	0	0	3	10	17	37	28	21	10
Transient Situational Disturbance	34	1	10	16	2	2	2	1	0	0
Other	34	3	9	5	3	3	2	6	3	0
TOTALS	765	7	23	83	102	170	138	102	70	70

* Residents include persons residing in institutions plus patients on home visits. Does not include patients on elopement, long-term leave, or daypatient service.

TABLE 5

STATE MENTAL HEALTH INPATIENT SERVICES
Admissions by Diagnosis and Age
Biennium Ending June 30, 1973

DIAGNOSIS	AGE AT ADMISSION									
	TOTAL	0-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	64 & Over
Mental Retardation	161	8	9	27	34	32	23	13	9	6
Organic Brain Syndrom	364	0	2	19	34	21	32	37	49	170
Psychosis	1555	3	16	117	184	380	264	277	210	104
Neurosis	360	1	12	33	75	87	67	40	34	11
Personality Disorder	673	0	5	96	228	205	96	24	12	7
Alcoholism & Drug Dependence	2791	0	2	36	169	498	762	758	455	111
Transient Situational Disturbance	579	21	171	252	57	39	14	10	10	5
Other	108	3	4	24	21	21	10	10	9	6
TOTALS	6591	36	221	604	802	1283	1268	1169	788	420

* Admissions equals first admissions plus readmissions. Does not include transfers within the mental health system or return patients from long-term leave, elopement, or daypatient service.

**HASTINGS REGIONAL CENTER
AND
CENTRAL NEBRASKA MENTAL HYGIENE CLINIC**
Hastings, Nebraska

1. Location: Hastings, Adams County, Nebraska (City Route, Highway 6 West)
2. Address: Hastings, Nebraska 68901
3. Telephone: (402) 463-2471
4. Administrative Staff: Martin F. Abbett, M.D., Director (1969-1972)
Charles W. Landgraf, Jr. M.D., Director (1972-1973)
Lloyd G. Jenson, Hospital Administrator
Hildreth Hultine, R.N., Director of Nursing
(Appointed Acting Chief Executive Officer, August, 1973)

Directors of Central Nebraska Mental Hygiene Clinic:

Merle A. Kadel, M.D. (- Sept., 1972)
Charles W. Landgraf, Jr., M.D. (Sept., 1972-
April, 1973)
J. Lee Dyer, M.D. (April - August, 1973)
James L. McKee, Ph.D. (September, 1973 -)

5. Founded: 1887. Date of First Admission: August 1, 1889
(Central Nebraska Mental Hygiene Clinic: 1951)
6. Licensed Capacity: 736
7. Patient Population (June 30, 1973): 449 (Includes 164 on visit or convalescent leave)
8. Total Staff (June 30, 1973): 635.3 FTE
9. Types of Admission: (a) Involuntary Commitment by County Board of Mental Health, District Court, and Juvenile Court;
(b) Certification by Two Physicians;
(c) Voluntary Application for Admission;
(d) Inter-institutional Transfer
10. Financial Responsibility: (a) Charges to individual patient and/or responsible guardian and relatives, based on determined ability to pay;
(b) Charges pro-rated to State and county

of legal settlement, based on provisions of Financial Responsibility Act;
(c) Charges to State-at-large if patient is unable to pay and legal settlement in the State is not determined

11. Transportation: Highways: U.S. 6, 34 and 281; Railroads: Amtrak;
Airlines: Frontier; Bus Lines, and Taxi Service
12. Visiting Regulations: No visiting by children age 14 and under in ward areas.
Visiting Hours: Flexible; but, generally, 8:00 A.M. to 8:00 P.M.

**All Faiths Chapel
Hastings Regional Center**



HASTINGS REGIONAL CENTER
(Fiscal Year 1971-72)

Martin F. Abbett, M.D., Director

Fiscal year 1971-1972 witnessed complex and pronounced changes in the role of the Hastings Regional Center.

MENTAL RETARDATION SERVICE

The most obvious change, probably, was that of the transfer of forty-two severely retarded youngsters, over a two-day period in September, 1971, from the Nebraska Hospital for the Tuberculous in Kearney, Nebraska. The ward for the geriatric infirmed on the main floor of the Medical-Surgical Building was vacated, with the patients transferred to the psychiatric unit, some to the medical-surgical ward and others to nursing homes in order to free space and staff to care for these youngsters.

Nursing personnel selected came entirely from volunteers for the positions, which accounts, probably, for the high morale in the unit. Physicals, as well as admission notes, were completed on each child on the day of admission. Shortly thereafter, each child was reviewed in a staffing, with goals outlined stating the general method by which those goals would be accomplished.

The children were taken out of isolation and were allowed to mingle with each other. Dressing was changed to a more conventional, everyday attire for children. Conversion was made from gruel feeding to finger feeding when and where possible. At the time of transfer approximately five children could stand, and now five additional children can stand and walk. Two children were transferred to Community Programs with live-in facilities. Another three children were referred to a Day Care Program in the Hastings community five days a week. Various groups and persons, representing in some capacity the rights of the retarded, have visited the facility. Generally, they appeared surprised tat so much was being done with the children. Although numerous referrals were made to community programs, only two children were actually accepted for placement in such programs during the fiscal year.

REORGANIZATION

STAFFING

Reorganization became necessary at the beginning of the fiscal year due to a squeeze in the personal services budget between the number of employees on the payroll and the recommended raises. To meet the raises it became necessary to reduce the number of personnel. Actually, the total number of personnel was gradually being decreased; however, fiscal impact necessitated a speeding up of the process. Review of various functions had been started in the previous fiscal year. As a result of these reviews, duplication of work was identified and eliminated in many areas. This allowed for a reduction of several clerical positions. Another area of significant reduction was in the treatment wards. In the smaller wards it was realized that minimum staff was required just for post positions. Larger wards required proportionately fewer employees for post positions, and consolidating some of the smaller wards into larger wards allowed for a reduction in personnel as well as an increase in the number of employees freed from post positions who could then be used for programmatic

purposes. In all fairness to the Legislature, it should be realized that the number of wards had remained fairly constant in spite of a decrease in patient population. Some special areas that had been set aside for patients on the ward were transferred to wards now vacated. The new Director of Psychology, with his Master's Degree Assistant, began to set up more formal treatment programs, with nursing personnel freed for programmatic activities for the adult psychiatric inpatients, and these programs currently are still in the beginning stages.

MEDICAL RECORDS

A pronounced change was made in the Medical Records system at the direction of the Department of Public Institutions; i.e., our duplicate system was ordered disbanded, and we were directed to initiate a single record system. This has worked very well in the psychiatric area. However, in the alcoholic area, primarily due to the unit's being spread between three buildings, it has resulted in the unit's duplicating material that formerly was done by carbon copies. Other changes were made in respect to our Medical Record system on the Psychiatric Unit; i.e., the entire chart was placed on the ward where the patient was located. Also, the requirements for all notes to be typed was lifted, and the total effect resulted in a decreased need for clerical personnel.

UNIT SYSTEM

The Unit System was reinforced, with the Unit Chief having greater operational control. The Vocational Rehabilitation Unit now is more directly under the control of the Division of Rehabilitation of the Department of Education.

The 24-hour Nursing Office was discontinued, with the one secretary being shared between the Director of Nursing and the Superintendent.

PROFESSIONAL STAFF

Three physicians retired in the latter part of 1971, and some psychiatrists moved on to other opportunities. Psychiatrists assumed coverage for their patients housed on the Acute Medical-Surgical Ward and, also, became responsible for the completion of admission and annual physicals on their patients. Two registered nurses had been trained earlier in the fiscal year by the Chief of the Medical-Surgical Unit to perform physical examinations. Their assignments in this area were basically to perform physical examinations on patients already hospitalized at the Hastings Regional Center who, also, had received an admission physical performed by a physician. The registered nurses were not to attempt to describe new physical findings or to diagnose pathological states, but were to refer these functions to the attending psychiatrist.

ADMISSIONS

The fiscal year saw an overall increase in admissions to the Hastings Regional Center from 1,538 in Fiscal Year 1970-1971 to 1,762 in Fiscal Year 1971-1972. Of

these admissions, 42 were the mentally retarded children who were transferred from Kearney. Alcoholic admissions increased from 1,067 in Fiscal Year 1970-1971 to 1,204 in Fiscal Year 1971-1972. The corresponding figures for psychiatric admissions were 468 in Fiscal Year 1970-1971 and 512 in Fiscal Year 1971-1972. The increase in alcoholic admissions was in spite of an intensification of effort to have Douglas County and Lancaster County care for their own alcoholic patients. There was a marked decrease in the number of alcoholic admissions coming from the Douglas County area due to the intensification of these efforts and the presence there of a psychiatrist who was employed by the three Regional Centers for pre-care and follow-up services in the Omaha area. In reviewing the psychiatric admissions, it is apparent that when the admissions are corrected for population base, Comprehensive Mental Health Region II greatly exceeds Comprehensive Mental Health Center Regions III, IV and, as would be expected, Region I.

Outpatient visits decreased from 6,789 in Fiscal Year 1970-1971 to 3,044 in Fiscal Year 1971-1972. Some of the change may be accounted for by the change in emphasis in the Alcoholic Unit from following their own patients to having various resources within the community provide this follow-up service. However, the bulk of the change was felt to be due to the impact of the leveling of outpatient charges by the Department of Public Institutions in compliance with Nebraska Statutes. In spite of the fact that the charges were based on an ability-to-pay formula, it seems that the new charge had a psychological impact, resulting in fewer return appointments.

MID-NEBRASKA MENTAL HEALTH CENTER-GRAND ISLAND

The fiscal year saw the Mid-Nebraska Mental Health Center in Grand Island become virtually self-sufficient. At the close of June, 1972, they essentially had completed negotiations for a psychiatrist to become a member of their clinic staff, and the professional staff from the Hastings Regional Center began to phase out their direct service operations.

STAFF DEVELOPMENT

At the beginning of the fiscal year a Staff Development Department existed in addition to an Inservice Training Subdivision of the Nursing Department. The advent of a new Director of Psychology brought the development of an Inservice Training Program in Behavior Modification Techniques which was attended principally by nursing personnel. The close of the fiscal year saw the Inservice Division of Nursing melded into the Department of Staff Development. This department continued consultation with the Central Nebraska Technical College for the Mental Health Worker Program.

NURSING EDUCATION

The Hastings Regional Center has had a Nursing Affiliation Program since 1938 and, in this past fiscal year, 179 student nurses from the following schools have completed their rotational assignment at the Hastings Regional Center in Psychiatric Nursing: Immanuel Hospital School of Nursing, Omaha, Nebraska; Bryan Memorial

Hospital School of Nursing, Lincoln, Nebraska; Lincoln General Hospital School of Nursing, Lincoln, Nebraska; Mary Lanning Memorial Hospital School of Nursing, Hastings, Nebraska; and West Nebraska General Hospital School of Nursing, Scottsbluff, Nebraska. The Hastings Regional Center is pleased and proud to know that the rating of Nebraska nurses on National Examinations in Psychiatric Nursing is among the top.

PROGRAMMING

New professional staff brought different treatment approaches which were initiated in the Psychiatric Unit, including a Community-Oriented Action Program, a Remotivation Program, and a program in Therapeutic Living. For these and a variety of other reasons, the total psychiatric inpatient population decreased from 539 at the close of Fiscal Year 1970-1971 to 410 at the close of Fiscal Year 1971-1972.

VOCATIONAL REHABILITATION SERVICES

Additional patients were referred to the Vocational Rehabilitation Unit. In Fiscal Year 1971 the unit closed as rehabilitated 112 Hastings Regional Center clients. In Fiscal Year 1972 the unit closed 152 rehabilitated clients. While the Vocational Rehabilitation Unit worked with a few over 300 clientele in Fiscal Year 1971, they worked with 515 clientele during Fiscal Year 1972. The Vocational Rehabilitation Unit expanded their areas of training, with a significant improvement in the area of high school education. Their Personal Adjustment Training Program was divided into two phases, with movement from the first to second phase depending upon accomplishment.

DAY CARE CENTER

The Day Care Center was very active, serving 156 outpatients and partial hospitalization patients for emotional problems and learning disabilities, primarily the latter. This program was evaluated by a local consultant psychiatrist and major changes were recommended. The most significant of these included the conversion from an essentially social model to a medical model and the phasing out of the learning disabilities program, with increased emphasis on child-adolescent emotional medical illnesses.

SOCIAL SERVICE DEPARTMENT

Perhaps, one of the more major role changes for a discipline has been with the social workers. In the prior fiscal year they were concerned primarily with pre-care, aftercare, and outpatient work. Starting in the previous fiscal year, but with the greatest change in this fiscal year, social workers were integrated more into the treatment team and became more involved in inpatient services. Concomitantly, there has been some increase in outpatient and aftercare services by nursing personnel, although this is still in its embryonic phase. Social work services to the Panhandle Area essentially have been discontinued except for liaison effort.

OCCUPATIONAL THERAPY DEPARTMENT

The major problem, perhaps, facing the Occupational Therapy Department during this past fiscal year has been the role of Occupational Therapy in the Alcoholic Services. This question has revolved around the theme that the department has been able to recruit only female employees, and more masculine activities are desired for the alcoholic patient.

INDUSTRIAL THERAPY DEPARTMENT

The Industrial Therapy Department was consolidated in its physical layout so that the central offices of the department are located in one of the clinical buildings, and the Sheltered Workshop is located elsewhere on the grounds. The Good Fellows Program was condensed in its scope, partly for space reasons, partly to keep inflammable materials out of the clinical building and, most significantly, because shorter patient stays resulted in fewer capable patients to carry out some of the more complex toy repairing undertaken by the project.

RELIGIOUS THERAPY DEPARTMENT

The Department of Religious Therapy continued its program of offering information on mental health principles to local ministers via two pastoral teach-ins and a management seminar.

AWARD

The highlight of the year in Hastings, Nebraska, was the Centennial Parade in which the Hastings Regional Center's float on Mental Health was awarded first prize.

MISCELLANEOUS

During the past fiscal year the methodology of the Problem-Oriented Record was studied and considered. While the Problem-Oriented Medical Record approach was not formally adopted, various aspects for the implementation of such were considered and, to some degree, have been implemented. Exploration of Integrated Progress Notes has been undertaken with some progress in that direction. It is felt that the Integrated Progress Note will facilitate communication among various members of the treatment team. There has been increased emphasis on identifying what the patient's various problems are and what should be done about these separate problems. This part has been implemented into the medical records by directive, and has been relatively successful in effecting a more thoroughly planned treatment program for each patient. There has been substantial review of Flow Sheets, with an attempt to eliminate duplication and to facilitate meaningfulness of the accumulated clinical data. There, also, has been increased emphasis on quantifying the various parameters of the treatment program. This has been necessitated by increased critiquing of stated treatment rendered by Third-Party payees, particularly for Medicare. Along the same

line, the Psychology Department has developed a research project to evaluate the effectiveness of the various parameters of our clinical operation. It is a sincere feeling that the close of the fiscal year saw an improvement in the quality of service rendered our patients.

The close of the fiscal year saw planning for reorganization of our Psychiatric Units. To reduce administrative duplication and to simplify budgetary procedures, plans were drawn to consolidate all Psychiatric Services into one unit as the total psychiatric inpatient population dropped below the magical figure of 300. Following consolidation, the new Psychiatric Unit was to be subdivided along geographical lines of four subsections to reflect the four Comprehensive Mental Health Centers in our catchment area. The plan was explored with personnel and Department of Public Institutions Administration and, seemingly, was well accepted by all to be initiated at the beginning of the next fiscal year. Concomitant with changes in the clinical areas, there were many changes in the area of Hospital Administration.

SUMMARY

In summary, I would like to state that the close of the 1972 Fiscal Year saw significant improvements in both clinical and administrative areas, improvement in patient services, and an optimism for further improvement, with the only gray clouds on the horizon being anticipated resignations of a few of the staff psychiatrists.

HASTINGS REGIONAL CENTER

(Fiscal Year 1972-73)

Charles W. Landgraf, Jr., M.D., Director

PURPOSE

The purpose of the Hastings Regional Center is to provide the highest quality medical care, treatment and rehabilitation of mentally ill children and adults, primarily to residents of Mental Health Regions I, II, III, and IV—essentially, South-Central and Western Nebraska.

GOALS

Our goals are to improve and expand services to the ends of decreased length of hospitalization, decreased need for hospitalization and, through public education, prevention of psychiatric disability so far as possible.

MAJOR ACCOMPLISHMENTS

Among important changes and accomplishments this past fiscal year have been:

1. Central Nebraska Mental Hygiene Clinic moved in April, 1973, from downtown Hastings to the Regional Center Campus, and J. Lee Dyer,

M.D., was appointed Director, with resultant marked increases in services and efficiency.

2. Consolidation of psychiatric inpatient services from two buildings to one building.
3. Consolidation of alcoholic treatment services from three buildings to one building.
4. Similar consolidation of other departments, including Occupational Therapy and Recreational Therapy.
5. Development of expanded services for the Mental Retardation Unit, including the services of a medical director, an orthopedist and, from Crippled Children's Services, much professional help.
6. Reorganization of the Day Care Center, now the Central Nebraska Children's Center, with improvement in quality and efficiency of service.
7. An orderly change from a strictly "unit system," which tended to create several miniature hospitals inside the Hastings Regional Center, to a program-oriented system with the following results:
 - a. Less purely administrative duties for physicians.
 - b. Greater efficiency.
 - c. Improved communications among departments.
 - d. More appropriate responsibility and authority for department heads.
8. Cooperation in a work-release program with the Nebraska Penal and Correctional Complex.

PROGRAMS

Hastings Regional Center continues to provide outpatient, inpatient, partial hospitalization, mental retardation, vocational rehabilitation, and alcoholism treatment services. The greatest expansion has been in outpatient and children and adolescent services (the Central Nebraska Children's Center and Central Nebraska Mental Hygiene Clinic, primarily).

In the past year the psychiatric inpatient census has decreased from 239 to approximately 140; the total inpatient census (psychiatric, alcoholism, mental retardation, medical-surgical) has declined from 443 to about 320.

Total admissions in fiscal year 72-73 were 350 less than 71-72. First admissions were down 153. Most first admissions and readmissions were alcoholics, but these decreased significantly, also. The greatest decrease was in readmissions of all types.

The Mental Retardation Unit has been visited several times by experts in the field and by others and, without exception, has been reported by these visitors to conduct an outstanding program. A number of children have been placed in more advanced programs elsewhere, in their own homes, or in foster homes. Many of these children, who range in age from seventeen months to fifteen years and were totally dependent and helpless, have been helped to achieve some measure of independence—walking with or without aid, feeding themselves, participating in simple purposeful activities, communicating, etc. Their general health and nutritional state have improved markedly. Charles Eigenberg, Ph.D., Program Director; Lance Mikkelsen, M.D., Medical Director; and Shirley Engelhardt, R.N., Program

Coordinator, provide valuable leadership.

The Alcoholism Service continues to provide what is believed to be the most effective program in Nebraska. Its census is down, partly because of the quality of service rendered, and partly because other facilities in the State are beginning to assume some of this responsibility. R. J. Fox, M.D., Director, and his staff are to be commended.

A remotivation program for the more seriously and chronically mentally ill was instituted this past year under the able supervision of Mrs. Margaret Brooks, R.N.

The Vocational-Rehabilitation Service continues to provide excellent assistance to our patients under the effective leadership of Barton Hultine, M.S.

James Baker, M.S.W., Acting Director of Central Nebraska Children's Center, and his staff are to be commended for the improvement and expansion of services at that Center.

With the physical consolidation of the psychiatric services there has been a great improvement in morale and efficiency in the staff and in effectiveness of treatment. Recognizing patients' rights to the best treatment possible and their rights to participate in decisions about treatment, increased emphasis on helping them to be more completely informed, and encouragement toward such participation, has been stimulated by this administration. We hope in the foreseeable future to provide a complete range of services only to Mental Health Region IV, and to act primarily as an inpatient "back-up" facility to Mental Health Regions I, II, and III, thereby creating in a measured, deliberate manner, a Comprehensive Mental Health Center. Again, this is dependent in part upon the interest and ability of other facilities mentioned above, and no service will be denied anyone who properly should receive it.

We are cooperating with the Nebraska Penal and Correctional Complex in a work-release program for selected offenders. Plans have been completed with Kearney State College for beginning an off-campus series of college-credit courses this fall to be conducted at the Hastings Regional Center. This will be provided first to our employees, but later may be provided to others.

As our census decreases, employees, especially in the clinical services, will be required in fewer numbers; but such reduction will be achieved by attrition, not by discharge. An employee turnover rate of less than two percent for the past year is outstanding and indicates general, good job satisfaction.

During our recent inspection for accreditation by George Zubowicz, M.D., of the Joint Commission on Accreditation of Hospitals, he remarked that he had found our staff to be warm and compassionate, highly interested and effective. He stated further that he had found no evidence of tension and hostility such as has existed elsewhere. It is anticipated that we will again be accredited.

ADDITIONAL REPORTS OF DEPARTMENTS

DEPARTMENT OF PSYCHOLOGY

The responsibilities and goals of the Psychological Services Department of the Hastings Regional Center are divided into four general areas. The first is the provision of direct patient services that includes, but is not limited to, individualized treatment

programs for the clients. Second, the Psychology Department shall endeavor to develop and enhance specialized treatment programs to meet the needs of certain sub-groups of patients. Third, the Department shall provide education and consultation for both the Regional Center staff and local communities. Fourth, the Department shall engage in research projects to evaluate effectiveness of treatment programs, to enhance our understanding of patients and the therapeutic process, and to advance the science of psychology. Within the scope of these functions, members of the Psychology Department are utilized in accordance with their areas of expertise and interest.

In order to assure adequate delivery of services from the Psychology Department, the staff is assigned to various departments and expected to attend the necessary conferences and meetings in each of these areas to provide optimal services. The psychologists in these areas are further expected to develop and implement programs as needed within the areas of their responsibility. The team conference is utilized primarily for the delivery of psychological services to the patient. The weekly team conferences on each of the various treatment units in the Center evaluate each patient's treatment, progress and condition on a regular basis. Psychologists assigned to these units are expected to attend team conferences, to accept referrals for psychological assessment and individual or group psychotherapy, to report on therapeutic progress of the persons in treatment, to report on the results of psychological evaluation, to lend psychological expertise in developing treatment programs, and to offer any other services as needed. These activities of the psychologists are subsequently incorporated into the progress notes for each individual patient. Bi-monthly psychology staff meetings are held to review Psychology Department activities, evaluate problem areas, and assess progress in view of current and projected needs of the Regional Center.

The primary emphasis and the activities of the Psychology Department during the past year have been to deliver direct patient care services to the people residing in the Hastings Regional Center. All of the psychologists on the staff have been deeply involved in providing services of psychological assessment, individual and group therapy, and staff consultation regarding patient treatment. This consultation has been accomplished by psychologists' involvement in the team conferences and their making daily rounds to talk with staff members about their patients' psychological problems on their wards. On the average, the psychologists on the staff spend half of their time in providing direct patient services.

A lesser percentage of time is spent in developing and enhancing treatment programs for patients. However, all of the psychology staff have been involved in working with and developing specific programs. Approximately twenty percent of psychology staff time is devoted to program development and facilitation. The following are examples of this work: the Action for Remotivation Program, which is a continuing effort of the Psychology Department; the maintenance and development of training programs for the severely and profoundly mentally retarded children in the Mental Retardation Unit; planning for the development of a problematic, specialized ward within the community mental health center (i.e. modes of organization, development of a partial hospitalization aspect, development of crisis intervention programs, and provision of more extensive outpatient services); and the establishment

of a number of behavior modification programs for patients on the various wards within the Psychiatric Unit.

The psychology staff also devotes a fairly large amount of time to education and consultation to both the Regional Center's staff and the community-at-large. These activities include teaching classes for the nursing education program; teaching classes in the staff development educational program; developing workshops for the community, such as a physician's workshop which was held earlier in the summer; and, also, talks and lectures to schools, clubs, and tours which are aspects of our educational program.

Finally, the Psychology Department devotes the remainder of its time to research and professional growth activities. The research project that is currently being carried out is a comprehensive evaluation of the hospital's functioning and is the major research project at this point in time. There are several other research projects that are in the conceptual stages and should begin to materialize during the fall of 1973. The psychology staff has been involved in several conferences, including the Mid-Western Psychological Association Convention, the Nebraska Psychological Association Convention, and a National Convention for Learning Disabilities. Members of the psychology staff have attended, also, a number of local workshops and professional lectures.

DEPARTMENT OF RELIGIOUS THERAPY

A number of projects in the department are doing exceptionally well. The Church and Alcoholism Program is in its ninth year of operation. The Pastoral Teach-In Program, with its emphasis on continuing education for parish clergymen, is gaining recognition and doing an excellent job. The Pastoral Teach-In is now listed among the national programs for continuing clergy education in a brochure entitled *Continuing Education Resource Guide*, published by the Society for the Advance of Continuing Education for Ministry. The new Church and Nursing Home Project, in which our department trains volunteers for work in nursing homes, is growing rapidly and turning out to be extremely successful. In this project our department is working together with the Nebraska Nursing Home Association, and plans are being laid whereby the Department of Religious Therapy will be integrated into a training program for nursing home activity directors. The Church and Family Counseling Service and the Church Follow-Up and After-Care Program are both functioning well and serving the purpose for which they were designed. These, of course, are all community-oriented programs, and their counterparts are found in the internal program at the hospital. Plans are being laid to provide additional departmental services to the Mental Retardation Unit, in addition to monitoring the continuing requirement for baptism of these children. The Women of the Chapel Program, the Choir, the Action Group, the Lecture Program for Alcoholics, Chapel Services, Patient Visitation, Pastoral Counseling—all are a part of the internal program and proceed on an ongoing basis. The Museum, which is an additional duty for the Chaplain as Director, remains stabilized and is in excellent condition. However, additional effort should be expended to examine greater possibilities of manning the museum for tours and general visitation.

The Roman Catholic Chaplain has conducted Mass in All Faiths Chapel as

needed, has visited patients on a regular basis, and has conducted a pastoral rites ministry to Roman Catholic patients as required.

DEPARTMENT OF DENTISTRY

The Department of Dentistry continues to be an active department in which 797 patients were treated during the 1972-1973 fiscal year.

CENTRAL NEBRASKA MENTAL HYGIENE CLINIC

The purpose and goals of the Central Nebraska Mental Hygiene Clinic in 1973 and 1974 are to expand the Clinic in order to make it an all-service comprehensive community mental health center by providing the eight services required in such a Clinic.

On April 1, 1973, the Clinic moved to the Hastings Regional Center campus. Since that time the number of persons seen in the Clinic has increased steadily. This is due, undoubtedly, to the additional services available, increased personnel, and to publicity given at the time of the move.

Services provided by the Clinic include (1) psychiatric evaluation, (2) psychological testing, (3) psychotherapy and counseling, and (4) information and professional consultation to community agencies. Indirect services consist of working with community agencies, such as law enforcement, schools, ministers, lawyers, physicians, civic groups and others on a preventative and consultative basis. To help develop their potential, staff members are urged to attend workshops in their related fields.

DEPARTMENT OF NURSING

The past year produced several changes which involved movement of patients and personnel. The Psychiatric Unit, which spanned two buildings, was organized further according to regional concepts. Each ward became an active treatment ward. Chronic and geriatric patients were actively worked with and placed into the community. As the census decreased, the Psychiatric Unit was reorganized into one building. Personnel, for the most part, remained with their wards. The team approach to treatment was strengthened this past year. The result has been productive in that every patient is staffed and frequently reviewed. This has resulted in shorter hospitalization for patients, and our census continues to decrease. The "Action for Remotivation" group meets in the recreational area and is directed by a Registered Nurse assisted by twelve psychiatric technicians.

The Alcoholic Unit was moved into one building in May. This eased some of the difficulties in assigning nursing personnel, but created registered nurse coverage problems.

In the Medical-Surgical Building a clinical nurse coordinator was appointed to cover three units—Mental Retardation, Medical and Surgical, and the Detoxification Ward. The latter was moved into the Alcoholic Building in May. Accomplishments in the Medical-Surgical Building include re-evaluation of materials in Central Supply;

developing an orientation program for Mental Retardation aides; developing policies and procedures for Mental Retardation; establishing staff development programs for Medical-Surgical and Mental Retardation personnel; integrating the Medical-Surgical Building into the total concept of a psychiatric hospital; holding team meetings with unit personnel of Social Service and Psychology Services; and working with the Department of Health in updating the care of tuberculous patients.

Nursing administrative objectives which were met include: revising policies, procedures, and the nursing handbook; revising all job descriptions; developing policies for Unit Personal Shoppers and Clothing Room Workers; remodeling the Beauty Shop and relocating the Barber Shop; controlling and structuring the orientation program for new psychiatric aides, registered nurses, and licensed practical nurses; placing housekeeping in all areas; assisting the Pharmacist in Central Medication Room problems; updating fire regulations and conducting fire drills on a regular basis; enrolling fourteen aides in Psychiatric Technician I Classes; distributing trained personnel to all three shifts and assignments, based on job descriptions; and centralizing controls with the Department Head.

Educational programs were as follows: (1) the University of Nebraska toured and attended a program on "The Role of the Nurse in our Mental Hospital," (2) the Kearney Licensed Practical School of Nursing toured and had lectures on different behaviors, (3) the diploma educational program was continued, and (4) dormitory hours were removed.

Progress and positive changes have been made in the Department of Nursing. It is hoped that the role and function of Staff Development will be re-evaluated on a continuing basis and that a separate Nursing Inservice Department will be established.

VOCATIONAL REHABILITATION UNIT

During Fiscal Year 1973 the Hastings Regional Center Vocational Rehabilitation Unit increased its operating budget by approximately eight percent. Most of this was directed to increase staff salaries and to the purchase of an additional state automobile. The operating budget for Fiscal Year 1973 was approximately \$320,000.00.

During Fiscal Year 1973 the unit served 665 clients referred from the Hastings Regional Center. This compares with 515 clients served in Fiscal Year 1972—an increase of roughly thirty percent. The unit closed 180 of these clients as rehabilitated, comparing with 152 clients closed in 1972, or an increase of approximately twenty percent. The number of clientele in training facilities at the Hastings Regional Center Vocational Rehabilitation Unit has been maintained at approximately 110 to 120 per month, with the remainder of the active cases consisting of individuals receiving services outside the hospital in other training facilities, in counseling and guidance, or in placement and followup activities. These increases are indicative of the hard work of personnel in the unit. There has been no increase in staff for approximately three years.

The vocational training areas have continued to update their programs as different vocational needs have arisen. Changes occurring in the vocational training areas have been curriculum-oriented and not structure-oriented. Significant change

occurred in the Home Management training area where the number of instructors was increased from one to three, at the expense of two personal adjustment trainers on the ward. It was felt by the administration of this unit that there was a greater need for Home Management training and services along the lines of group study in Family Relations and Interpersonal Contact than there was for personal adjustment trainers to watch over clientele on the ward. Three instructors in Home Management training are serving approximately forty individuals per week, with emphasis placed in such areas as Teen-Teen Relations, Teen-Parent Relations, Adult-Adult Relations, and Sex Education classes. There has been increased activity, also, in the culinary arts classes for which there is a full-time instructor.

Educational areas have remained virtually unchanged during the past fiscal year, as they are continuing to provide high school education as well as adult and remedial education.

The Personal Adjustment Training area has undergone some change in the last fiscal year. There has been a decrease in emphasis on personal adjustment classes, and more emphasis on independence and community involvement. The number of clientele in the Personal Adjustment Training areas has decreased significantly in the last couple of months with the advent of the Behavior Shaping Unit. There has been discussion concerning the placement of a Work-Release Program through the Nebraska Penal and Correctional Complex. If changes are made in the Phase I - Phase II Personal Adjustment Training Program, it is recommended that such changes be along the lines of allowing units to prepare clients for apartment house-type living, with the Vocational Rehabilitation Unit to be utilized as a stepping stone between the units and the community, and with the entire Personal Adjustment Area functioning in a Phase II capacity, which is a halfway-type living situation where the client assumes as much responsibility as possible in directing his own social, recreational, and vocational activities. This will enable a decrease in the number of personal adjustment trainers assigned to the three shifts, and will allow for the utilization of those staff members in more meaningful capacities.

A most significant change has occurred in the Placement and Followup program. One of the Vocational Rehabilitation counselors has assumed the duties of coordinating the placement and followup activities and, by utilizing four full-time and two part-time placement staff, they have been able to assume all responsibility for placement and followup activities of the Hastings Regional Center Vocational Rehabilitation Unit. This has freed the counselors to do intake, evaluation, and planning for the clientele they serve.

STAFF DEVELOPMENT DEPARTMENT

Activities of the Staff Development Department were expanded during the past year. One additional staff member's primary responsibility is for a Psychiatric Aide pre-assignment training program. The Psychiatric Technician course was offered twice the past year. A summary of activities in each area of the Staff Development Department is as follows:

Audio-Visual Library - Additional storage equipment has been added for film

loops, film strips, and audio cassettes. The inventory of all materials was updated. Four "Super 8" training films were produced for Ward 63, and additional equipment was acquired.

Federal Grants - Applications and reports were prepared for the following grants:

Hospital Improvement Project	\$98,000.00
Hospital Staff Development	25,000.00
Title I, ESEA	8,304.00

Patient Education - Reports have been prepared for the State Department of Education in order to maintain the approved school status. Consultant services in curriculum matters and in audio-visual materials and equipment were provided.

Medical Library - The number of persons using the Medical Library during Fiscal Year 1972-73 was 5,207, with 2,865 Nursing Collection books and 1,327 Main Collection books checked out. There were 602 magazines and 673 audio-visual materials used. Additions to the library included the purchase of 198 books, an additional 83 books purchased from Staff Development Funds, and 10 books which were gifts. The Medical Library now has on file the following audio-visual materials: 36 magnetic tapes, 31 films, 114 cassettes, 16 film loops, 4 slide sets, 9 tapes, and 32 video tapes.

There were sixty periodical subscriptions; and thirty periodicals and news sheets were received regularly from other sources. The Library Committee met each month to select materials, discuss library problems, and determine policies for library use.

Staff Development and Training - The Staff Development Department completed its first full year after Nursing Inservice and Staff Development had been combined. One major change in activity was the implementation of a Psychiatric Aide Pre-Assignment Training Program, with 58 new employees involved in this program. Two Psychiatric Technician I Classes were held during the year.

The Staff Development Department continued to be involved in training activities in several ways: in organizing and conducting activities, serving as consultants to departments or units conducting activities, and assisting in selecting and using audio-visual materials. Grant funds were used to conduct workshops, provide materials for training activities, and to provide transportation to educational activities.

SUMMARY OF TRAINING ACTIVITIES

Month	Non-Class		P.A. No.	Class Hrs.	General Orientation		P.T. No.	I Class Hrs.	Total	
	No.	Hrs.			No.	Hrs.			No.	Hrs.
July	222	447	—	—	8	120	—	—	230	567
Aug.	226	427	—	—	10	150	—	—	236	577
Sept.	396	916	10	1308	17	228	9	112	432	2564
Oct.	158	373	8	933	15	195	9	694	181	2195
Nov.	299	650	13	1728	19	273	9	676	331	3307
Dec.	304	638	8	1016	13	195	9	688	325	2537
Jan.	778	916	—	—	—	—	9	288	787	1204
Feb.	425	788	9	1312	14	210	8	489	449	2799

Mar.	430	408	10	1416	24	360	8	528	464	2712
April	194	220	--	--	--	--	7	512	194	732
May	440	1478	--	--	9	135	7	484	449	2097
June	314	723	--	--	--	--	--	--	314	723

TOTAL	1186	7984	58	7703	129	1866	17	4471	4391	22,024
1. Total number of individuals involved										4,186
2. Total hours of educational activities										22,024
3. Number of hours per staff member										36.7
4. Number of hours per staff member, non-class										7.0
5. Number of activities per individual										3.2

CENTRAL NEBRASKA CHILDREN'S CENTER

The name of the children and adolescent treatment facility was changed from Day Care Center to Central Nebraska Children's Center. Services remain available to individuals two and one-half years through seventeen years of age, exclusive of emancipated minors. The past year has been marked by an increase in the scope of services offered, as well as in a consolidation of present services. To improve the quality of services offered continued to be the primary objective of the Children's Center.

The Children's Center accepted 85 admissions the past year, either as outpatients or partial hospitalization patients. This admission number represents a 45% decrease from that of the previous year. This decrease reflects a number of changes in the Children's Center policies, including more selective guidelines for accepting referrals and the Center's discontinuing services to satellite areas.

The staff at the Children's Center has fluctuated between fourteen and fifteen members. As of June 30, 1973, the staff included one psychologist; one social worker; one registered nurse; three teachers, one with a Master's Degree; two occupational therapy personnel; one recreational therapist; three psychiatric technicians; and two clerical personnel. Enrichment has come, also, from consultant services in the areas of pediatric neurology, speech and hearing, psychiatry, and vocational rehabilitation.

The emphasis of the treatment program has been focused on the emotional elements of the clients' difficulties, while continuing to offer services to the learning disabled child. Treatment programs for the client continue to be tailored to his or her needs. Most parents are counseled on an individual basis and, where deemed appropriate, family therapy is utilized. School consultation services are offered to clients seen at the Children's Center.

The Children's Center utilized one engineered classroom, with students involved on a full-time basis in the third and fourth grades. The Learning Disabilities Program was continued. The Educational Program continues to receive some \$11,000.00 funding under a Title I Grant.

During the course of last year, treatment services in the Holdrege and Clay Center areas were discontinued. Clients and many referral sources in those areas have been made aware of the availability of services at the Central Nebraska Children's Center.

In August a three-day workshop on learning disabilities was presented to about

forty area teachers. A physicians' workshop was held in May to familiarize area physicians with the role neurology, speech, and hearing play in the evaluation process.

OCCUPATIONAL THERAPY DEPARTMENT

Currently, the department is comprised of six Occupational Therapy Aides I, four Occupational Therapy Aides II, a Director, one part-time secretary, and one temporary summer employee to relieve while personnel are on their vacations.

The department has just recently completed a long-awaited change—that of decreasing from four to three Occupational Therapy Shops. With this change and the acquisition of an additional room, the scope of Occupational Therapy has been broadened considerably. For the first time patients can take an active part in the preparation of ceramic and plaster projects. They can mix their own clay, plaster, etc., and go through the various stages of ceramic preparation. For those who show an interest in candlemaking, facilities are now available. For those who are unable to make their own candles, candle decorating may be substituted. A Woodworking Shop, which is located in the Alcoholic Service Building, has been added to the treatment program.

The total number of treatments in all areas this year was 28,454. This was a decrease of 3,553 compared to last year. The number treated each day was 122 compared to 128 for the previous year. The patient census has declined steadily during this period, and the turnover of patients remains high.

The department has expanded its Inservice Training for department personnel. A regular series of lectures, tapes, films, etc., was activated to stimulate the staff. Also, for the first time, six girls in the department were sent to Camp Comeca for an Arts and Crafts Training Session. Each group of Student Nurses continues to be oriented to the department as to its theory, goals, therapeutic approaches, etc. Also, an orientation lecture is given every other week to all Alcoholic Service patients to promote a better understanding of Occupational Therapy.

Occupational Therapy strives to work with the community to promote a better understanding of mental illness. There have been numerous tours by new employees, church and civic groups, high schools, and college students, as well as people in general from the community. During these tours an attempt is made to familiarize the visitors with the part Occupational Therapy plays as it relates to the mentally ill individual. Also, there are usually three or four Junior Volunteers each summer. Last summer there were two Youth Corps workers. The change of attitude which occurred from one youth during her twelve-week stay was very gratifying.

Communications with nursing homes, to which our patients are released, continues to improve. An "Arts and Crafts—Recreational Workshop" was given twice last year for nursing home personnel in Nebraska. The workshop was on "How to Set Up an Activities Program, How to Maintain It, What Types of Crafts and Recreational Activities to Use for a Given Individual," etc. Some nursing homes previously had voiced doubt that their clients could do the crafts that were suggested. Therefore, it was decided to have the workshop participants observe patients in Occupational Therapy in the morning, and to have them actually learn the crafts in the afternoon.

Patients may buy their finished crafts for the cost of the material. The children

at the Central Nebraska Children's Center may have, without cost, the things they make. The remaining projects are sold in the Occupational Therapy Gift Shop or are sent out on requisition for use throughout the hospital.

It is hoped that the quality of treatment may be upgraded continually by taking advantage of educational programs and Inservice Classes offered by Staff Development, and by including at least one male therapist on the staff.

MEDICAL-SURGICAL UNIT

Accomplishments have included the installation of fire doors and magnetic releases, monthly nursing audits of patient charts, retesting and establishing of new programs for all children, sending some children to the Mid-Nebraska Developmental Day Care Center, videotaping for teaching purposes some passive exercises in physical therapy, offering an orientation program by Staff Development personnel, establishing a "recovery room," placing many "total care" patients in nursing homes through the help of the Social Service Department, and doing research on "team nursing."

SOCIAL SERVICE DEPARTMENT

An accomplishment in the Social Service Department is the establishment of a field placement setting for Graduate Social Work Students from the University of Nebraska. Also, the concept of working through community agencies has proceeded to the point that not only is the inpatient census about 100 less, but the admission rate is lower than that of a year ago and, more important, the readmission rate is lower. While there may be several factors contributing to this overall decline, one is the effort of the Social Service Department in helping communities develop and carry forward services for their citizens. The efforts of the staff assigned to the two hospital-supported clinics are directly related to the reduction in admissions.

Social Work within the team structure of the Psychiatric Unit has progressed to the point where the Social Worker is viewed as a member of the treatment team. In other words, the Social Service Department has come out of its isolation and joined the rest of the hospital staff. Social Work is not measured in the number of histories, phone calls, letters, or lines of Social Work dictation, but is evidenced rather in the reduced admission rate, reduced readmission rate, and reduction of inpatient census. The quality of Social Work services has improved, while the quantity of identifiable things has decreased.

RECREATIONAL THERAPY DEPARTMENT

During the past year the Recreation Department has made a major improvement in its physical plant, enabling the department to locate all of the recreation equipment and activities in one building on the campus. This change in the physical plant has made it possible for the department to provide a larger program of activities over two working shifts and six days per week.

The department has continued to use community facilities and to involve patients in these activities whenever it can be beneficial as therapy or entertainment. Also, importance has been placed on activities that patients can use in the hospital and

at home to maintain a desired level of mental health.

INDUSTRIAL THERAPY DEPARTMENT

Industrial Therapy may be defined as the therapeutic use of hospital maintenance and other related projects for helping the patient in his behavioral and economic adjustment. It has become an accepted physical medicine and rehabilitation modality in psychiatric hospitals. Properly applied, properly managed, and properly supervised, it offers an extremely useful treatment medium. The activities must be selected to meet the needs of the individual patient and must provide an opportunity to obtain acceptance, encouragement, and further motivation in a true work situation.

Individual assignments have been as follows: Male, 272; Female, 284; Total, 556. This includes first assignment and job changes, as we feel job changes are another patient contact. Patients are compensated for the work which they perform. (1) Those who work for therapeutic purposes only are paid on the last Friday of each month an amount estimated at \$4.00 per month per individual. This payroll is designated as the Industrial Therapy Allowances. The total amount paid to patients during Fiscal Year 1972-73 was \$2,155.00. (2) The Industrial Therapy Payroll amounted to approximately \$3,749.00 in Fiscal Year 1972-73. Patients on this payroll are capable of actually producing, and are evaluated according to their productivity, dependability, sociability, and initiative. They are paid every two weeks on the same day employees receive their checks, and average from \$8.00 to \$22.00 per month.

The Mimeographing for the entire hospital is performed by this department. During Fiscal Year 1972-73 approximately 546,839 copies were printed. The department continues to be involved with the Goodfellow Project which serves a dual purpose: (1) as a therapeutic project for individual patients and (2) as a good public relations media. The primary project is that of renovating and dressing dolls, and washing and packing stuffed and small toys. Approximately 400 dolls were refinished during the past year, and two truckloads of stuffed and small toys were rebuilt. Student Nurses use this area for individual work with patients.

SHELTERED WORKSHOP

The objectives of the Sheltered Workshop are (1) to make initial contacts with community industries for projects, (2) to evaluate patients' work adjustment, (3) to build patients' work tolerance, (4) to provide satisfaction of such needs as self-reliance and self-esteem by compensating workers for their accomplishments by way of cash benefits, (5) to assist patients in establishing acceptable inter-personal relations with their work group, and (6) to train patients in basic work habits. Patients referred to the Sheltered Workshop during Fiscal Year 1972-73 numbered 81, including 46 males and 35 females.

Earnings in the Sheltered Workshop for Fiscal Year 1972-73 amounted to \$13,546.29, less \$707.29 withheld for expenses. The total paid to workers was \$12,839.00. There was an average of 39 patients in attendance daily at the workshop, spending approximately six and one-half hours per day. Activity and Sheltered Workshop Certificates are issued from the United States Department of Labor on a

yearly basis for the purpose of legalizing the operation of the shop. One volunteer donates approximately 1,000 hours annually, performing secretarial and bookkeeping duties.

HOSPITAL ADMINISTRATION

PERSONNEL DEPARTMENT

Recruitment for sub-professional personnel continued throughout the year. A limited turnover in all departments enabled an increasing measure of selectivity in all areas. Work with department heads made possible the reclassification of existing positions to enable better structuring in the departments. The desired end was to provide a reasonable progression of classifications to enable promotion in response to increased acquisition of skills.

A regular two-way communication with supervisors at all levels has continued and has promoted an intensified program of supervision, with resulting refinements of administrative techniques. As a result, instruction, warnings, discipline, and commendations are being provided in an orderly manner in order to make the annual evaluation meaningful. Counseling has extended from simple advice in matters of conduct to the service of providing the proper wording for warning letters and the determination of the degree of discipline where such activity is necessary.

The department assists in the regular updating of the field handbook, the greatest contribution being the simplification of language, the orderly presentation of information, and the provision of a format that enables revision of sections without destruction of entire publications.

The department establishes safety practices and aids in the development of programs of implementation. New fire regulations have been drawn for each building after consultation with the building supervisor. Fire Manuals have been recommended and Fire Drills have been instituted with schedules posted with the Safety Officer. A minimum of one drill per month is now required in each patient care building, with drills scheduled to involve each of the three shifts on different occasions. Evacuation as a mandatory activity has been eliminated as a result of fire door installations. A storm procedure program was researched, written, and presented, as well as a Disaster Plan. Continuing examination and follow-up of each incident report has resulted in constructive suggestions to individual departments to prevent recurrence of accidents and injuries.

The department assumes a counseling function in regard to requests for Tuition Assistance, reviewing financing with the sponsoring department and the individual, and clearing final paper work for submission to the Central Office of the Department of Public Institutions.

The department maintains a continuing relationship with the Nebraska Employment Office and the Department of Veterans' Affairs. We have obtained approval of the facility as a training center for significant trades, and have participants in the program in both electricity and painting. The programs provide supplemental income for the worker and encourage a continuity of service. Progress reports and records of work are maintained by the department.

PAYROLL DEPARTMENT

The average payroll paid on the bi-weekly pay system amounts to \$176,780.00, or an annual payroll of \$4,596,300.00. With an average of 650 employees paid each two weeks, a total of 16,900 warrants are processed and distributed to employees each year. In line with the annual payroll, the corresponding W-2 Wage and Tax Statements for approximately 1,000 employees throughout the year are distributed and/or mailed to current and previous employees each year.

An average of 25 new employees and termination documents are processed to the Department of Administrative Services per month; and an average of 2,500 employee personnel data change form documents are processed annually for changes to the basic personnel master record. These changes include pay rates, classifications, position codes, marital status, addresses, exemption changes, and payroll deductions for group health insurance, credit unions, labor union dues, community services, savings bonds, etc. The 1973 Legislature enacted the State Pay Plan and Classification system. As a result, all employees on the payroll as of July 1, 1973, were placed into the established pay grade and the applicable pay increases were processed. An "anniversary date" card system was set up for all future salary increases in compliance with the various procedures outlined in the Pay Plan.

Under the Federal Wage and Hour Law, 650 time cards are checked every two weeks for total hours to be paid (including overtime), and actual hours are recorded for the pre-payroll register.

Under the State Employees Retirement System, records for new and withdrawing members are processed each month. An average of ten employees are enrolled in the system each month. Terminated and retired employees under the Retirement System amount to ten individual conferences with the specific employee to determine the actual option for withdrawal of his accumulated funds.

The 1973 Legislature enacted two other bills which resulted in major changes in records relating to Sick Leave accrual based on years of service, and Vacation Leave accrual, which is also based on years of service. This information is included in all information concerning the payroll which is presented in monthly orientation programs for new employees conducted by the Staff Development Department.

ACCOUNTING DEPARTMENT

The total cost of operating the Hastings Regional Center during the 1971-1972 period was \$5,178,327.00, and in 1972-1973 the total was \$5,476,967.00. Heat, telephone, electric and other utility bills, as well as postage, amounted to \$121,270.00 in 1971-1972, whereas in 1972-1973 the total was \$126,501.74. The cost of the program for the Mentally Retarded was \$141,087.00 in 1971-1972, and in 1972-1973 it was \$174,614.79.

DIVISION OF PATIENT ACCOUNTS

During the fiscal period of 1971-1973, this department was charged with collecting a total of \$3,022,501.92. The actual amount collected was \$2,801,754.31.

Collections during the second half of this period were slower due to the fact that during 1971-1972 most counties had paid out their large accounts and, when the budget was set, the amount of decline in population was not fully considered. The budget goal for 1973-1974 is \$1,227,767.60.

A billing system was established in the outpatient clinics. Many trips were made to North Platte to assist the clinic with its accounting system, collections, and to interview patients or relatives who have requested that they be contacted by the Reimbursement Officer. Some of the staff have attended workshops and visited other facilities in order to better understand their positions and to bring uniformity into all the Regional Centers. During the year patient trust funds have been added to the department. This has ended much duplication and improved working conditions for several members of the staff.

FOOD SERVICE DEPARTMENT

Many changes have occurred in the dietary department in the last fiscal year. Some were subtle enough to go unnoticed by many outside the department, while others have affected nearly every client and employee at the Hastings Regional Center.

Two cafeterias have been closed this year: one as a result of a shift in the patient population, as well as the overall reduction in census; and the other reflecting a consolidation of employee food service with that of patients. A third cafeteria in the Vocational Rehabilitation Unit has omitted its meal service on weekends. As a result, we have reduced our cafeteria employees by four, from 26 in July 1, 1972, to 22 at present. The employee census in the diet kitchen has been reduced, also, by three in the last fiscal year.

Food supplies of canned and staple items were transferred in March from the State Store to a storeroom in our main kitchen, thus shifting the inventory control responsibilities entirely to our department. By doing so we can substantially reduce inventory levels and, hopefully, rotate most stock on a weekly basis while maintaining a minimal supply.

The cost accounting summary compiled in the foods department indicates a food cost of \$237,422.76 in the last year. Average costs were as follows: \$4,565.82 per week, \$650.47 per day, and \$1.78 per patient day. The average patient census was 364 and the mean number of employees served daily was 50. The high in patient's daily food cost was \$2.14, and the low was \$1.33. The high cost per person served (employees and patients) was \$1.79, and the low was \$1.17. These costs do not include any consideration of the food service income which was reported as \$15,445.00 for the year.

In the area of therapeutics, also, there have been several changes. Our system of serving diabetic diets has been revised to include new meal plans and an updated exchange list. A cardex system has been initiated in the diet kitchen to record special diets served, as well as any dietary changes as they occur. We have discontinued our own gavage feeding preparation and have substituted a ready-made tube feeding formula to reduce labor for both food service and nursing personnel, and to insure use of a safe and uniform product.

All members of the dietary department participated in a nutrition and meal

planning class; and nutrition segments were part of two psychiatric aide educational units in the past year. A new program was initiated in June to provide learning experiences for a recent nutrition graduate (or technically, a "dietary trainee") as outlined by the American Dietetic Association. At the successful completion of one year's pre-planned experiences, she will be eligible to become a registered dietitian. The program is mutually beneficial as the trainee gains firsthand food service experience while often contributing new ideas and methods to improve our present service.

Food service comparative report is as follows:

	1971-1972	1972-1973
Raw Food Costs	\$262,387.05	\$237,422.76
Food Preparation	417,771.00	328,112.00
Total Food Costs	\$680,158.05	\$565,534.76
Cost per patient day	\$1.59	\$1.78

MEDICAL RECORDS DEPARTMENT

The basic purpose of the mental health program of the State of Nebraska is to promote, restore, and maintain the mental health of citizens. The Hastings Regional Center has been an active participant in working with this program. The following statistical data reflects the changes in the hospital involvement of patient care:

	1970	1973
Average length of stay:	45 days	37 days psychiatric 28 days alcohol
Average daily census:	591	313
Number of patients in the hospital over one year:	367	75
Mean age of residents over one year:	45	45 male 51 female
Admissions:	1,410	1,833
Return from convalescent leave:	222	72
Discharges:	1,025	1,799
Days of patient care	215,752	133,724

The reduction of inpatient census has resulted in several changes. Decentralization of the original medical record was a major accomplishment in this period. The patient's medical record is now on the ward with the patient and moved with the patient from inpatient to outpatient care. This has reduced handling the record by three-fourths the number of employees. Another change, that of combining all psychiatric patients in one building and all alcohol patients in one building, has resulted in greater efficiency in handling the medical record.

A central office for admission of all patients to the hospital was established, and the admission area receives all information of pending admissions. This has produced a uniform assessment of required information. Upon completion of the patient's

interview, an addressograph card is prepared, resulting in identification throughout the patient's medical record and for all other departments involved with patient care, such as patient's accounts, X ray, dental office, etc.

A greater involvement of the third party payor in our hospital system has increased sharply the demand for the needed medical information required to complete insurance forms. This is a function of the medical records department. The determination of length and severity of illness to establish disability has necessitated greater research of medical records for the benefit of the patient. Also, the revisions of Utilization Review Bylaws and the review form have produced a meaningful review with concentration on greater physician participation.

PHARMACY DEPARTMENT

During the fiscal period just ended the Pharmacy filled 15,606 prescriptions, plus 1040 prescriptions for patients on self-medication. The department consists of the general pharmacy plus two medication rooms. Each room is centrally located in the Psychiatric Building and the Alcoholic Building. These medication rooms are operated in conjunction with Nursing Service.

The Pharmacy Committee is very active and has created many changes during this period. Besides working with the Medical Staff in relation to the hospital formulary, they have approved the initiation of the unit dose. Also, they have approved the dispensing of several items formerly available from Central Supply. This change was made for greater control.

BUILDING MAINTENANCE DEPARTMENT

The Building Maintenance Department is responsible for all general maintenance and repair of all buildings, including tunnels, with service available twenty-four hours a day. During the past fiscal period this department produced approximately 40,000 work hours at a cost of \$113,500.00. The materials used during this period came to \$53,375.00. The department is divided into plumbing, electrical, carpentry, painting, masonry, and repair of equipment and furniture.

GROUNDS MAINTENANCE DEPARTMENT

The Grounds Maintenance Department is responsible for approximately 160 acres. Ninety-five acres are lawn area which is maintained on a daily basis during the spring, summer, and fall seasons. During the winter season this area is maintained only when needed. Parking areas and roads are maintained as needed during all seasons. This includes snow removal during the winter season.

This department is responsible for maintaining all trash and garbage areas. Included, also, was the transplanting of 200 trees which were grown in our own tree nursery. Over 400 feet of old and broken sidewalk was removed, and the department assisted building maintenance in installing new walks where needed. The repair of all vehicles is the responsibility of this department.

A new responsibility for the department is that of bus operation. They operate

the bus schedule as well as supplying drivers from 5:00 A.M. to 8:00 P.M. daily, Monday through Friday; and from 5:00 A.M. to 5:00 P.M. Saturdays and Sundays. The department provides delivery service—handling mail, banking, and hospital supplies—making six scheduled trips daily.

LAUNDRY AND HOUSEKEEPING

During 1971-1973 the laundry processed 685,907 pounds of linen, drapes, and wearing apparel. During the period 1972-1973, 616,711 pounds of materials were processed. A grand total for the 1971-1973 period was 1,302,618 pounds. This laundry, also, does all of the laundry for the Nebraska Veterans' Home in Grand Island. In 1971-1972 we processed 535,192 pounds of laundry for this Home, and 536,971 pounds during 1972-1973, or a total of 1,072,163 pounds for the biennium.

The Sewing Room activities continued to operate, but at a somewhat slower pace due to the reduced census. In 1971-1972, 5,385 articles of clothing were made, 10,526 articles of clothing were issued, and 7,445 yards of material were used. In 1972-1973, 3,564 articles of clothing were made, 4,822 articles of clothing were issued, and 3,116 yards of material were used.

During this period the long-awaited goal of providing service to all patient areas was accomplished. In the past, cleaning was part of the assigned duties of nursing personnel. All tunnels are maintained by the Housekeeping Department.

POWER PLANT

During the 1972-1973 period there were only minor changes in the Power Plant, inasmuch as the reduction of patient census did not reduce the amount of water and gas used or steam generated. Statistics are as follows:

	1971-1972	1972-1973
Fuel oil used:	14,623 gals.	4,779 gals.
Water pumped	88,524,200 gals	74,244,000 gals.
K.W.H. used	3,789,440 K.W.H.	3,761,301 K.W.H.
Steam generated	80,729,250 lbs.	81,973,000 lbs.
Gas used	142,117,00 C.F.	140,307,000 C.F.

TABLE 1
HASTINGS REGIONAL CENTER
Statement of Expenditures
Biennium Ending June 30, 1973

Class of Expenditures	
Personal Services	\$ 8,780,008
General Operations	1,583,672
Capital Expenditures	108,983
Total Operating Expenditures	10,472,663
Source of Funds	
Institutions Operations:	
General Fund	6,094,214
Institution Cash	4,122,581
Federal Fund	255,868
Total Operating Expenditures	10,472,663
Other Funds:	
Canteen Fund	177,663
Building Fund	213,615
Total Other Funds	391,278
GRAND TOTAL	\$10,863,941

TABLE 2
HASTINGS REGIONAL CENTER
Unit for the Mentally Retarded
Statement of Expenditures
Biennium Ending June 30, 1973

Class of Expenditures	
Personal Services	\$174,615
General Operations	11,032
Capital Expenditures	1,975
Total Operating Expenditures	187,622
Source of Funds	
Institutions Operations:	
General Fund	187,622
Institution Cash	
Federal Fund	
Total Operating Expenditures	187,622
Other Funds:	
Canteen Fund	
Building Fund	
Total Other Funds	
GRAND TOTAL	\$187,622

TABLE 3

HASTINGS REGIONAL CENTER
Mental Health Residents
By Diagnosis and Age
As of June 30, 1973

DIAGNOSIS	AGE AT END OF YEAR									
	TOTAL	0-9	10-14	15-19	20-24	25-34	35-44	45-54	55-65	65 & Over
Mental Retardation	15	0	0	2	2	3	1	2	4	1
Organic Brain Syndrome	29	0	0	0	1	4	1	4	6	13
Psychosis	101	0	0	1	4	23	25	22	12	14
Neurosis	5	0	0	0	0	2	2	0	0	1
Personality Disorder	11	0	0	3	1	7	0	0	0	0
Alcoholism & Drug Dependence	110	0	0	1	3	14	34	27	21	10
Transient Situational Disturbance	6	0	0	2	2	2	0	0	0	0
Other	2	0	0	0	0	1	0	1	0	0
TOTALS	279	0	0	9	13	56	63	56	43	39

TABLE 4

HASTINGS REGIONAL CENTER
Mental Health Inpatient Services
Admissions by Diagnosis and Age
Biennium Ending June 30, 1973

DIAGNOSIS	AGE AT ADMISSION									
	TOTAL	0-9	10-14	15-19	20-24	25-34	35-44	45-54	55-65	65 & Over
Mental Retardation	50	0	0	8	11	8	9	4	5	5
Organic Brain Syndrome	133	0	0	5	7	8	11	11	19	72
Psychosis	396	0	1	20	36	85	86	78	61	29
Neurosis	70	0	0	0	9	20	22	5	12	2
Personality Disorder	142	0	0	19	39	34	40	3	3	4
Alcoholism & Drug Dependence	2483	0	0	13	105	423	679	710	444	109
Transient Situational Disturbance	93	0	5	59	11	9	1	4	3	1
Other	15	0	0	3	1	3	0	3	1	4
TOTALS	3382	0	6	127	219	590	848	818	548	226

* Admissions equals first admissions plus readmissions. Does not include transfers within the mental health system or return patients long-term leave, elopement, or daypatient service.

TABLE 5

HASTINGS REGION
MENTAL HEALTH SERVICES
Biennium Ending June 30, 1973

	TOTAL	HRC IP	HRC OP	HRC PH	Hastings Clinic	North Platte Clinic	Satellite Clinics
Active Patients (1) at Beginning of Period	2216	533	633	23	183	186	658
Total Additions to Facility During Period	6649	3690	945	252	592	432	738
Admissions and Readmissions	5542	3382	442	194	494	411	619
Per Cent First Admissions	(86)	(43)	(26)	(95)	(72)	(81)	(80)
Returns	249	249			98	21	119
Transfers (2)	858	59	503	58			
Total Separations from Facility During Period	7093	3944	1231	115	426	381	996
Discharges and Deaths	6173	6173					
Placements	677	677					
Eloperments	92	92					
Transfers Out	2	2					
Active Patients at End of Period	1772	279	347	160	349	237	400
Partial Hospitalization Visits (3)	9845			9845			
Outpatient Visits (4)	21557		6729		3408	4830	6590

(1) Includes all persons the facility is actively or currently providing treatment for.

(2) For inpatient services includes only transfers from other state mental health inpatient facilities. For outpatient and partial hospitalization services includes mental health inter-facility transfers and mental health intra-facility transfers.

(3) The total number of patient visits less than 24 hours in length.

(4) The total number of patient visits less than 8 hours in length.

HRS - Hastings Regional Center
IP - Inpatient Services
OP - Outpatient Services

GREAT PLAINS MENTAL HEALTH CENTER
(Formerly the North Platte Psychiatric Clinic)

North Platte, Nebraska

- Location: North Platte, Lincoln County, Nebraska
- Address: 221 South Jeffers
North Platte, Nebraska 69101
- Telephone: (308) 532-4050
- Director: Jack F. Wisman, M.D.
- Date Established: 1957
- Total Staff: 8 Full Time; 1 Part Time
- Types of Admission: Outpatients
- Financial Responsibility: (a) Charges to individual patient and/or responsible guardian and relatives, based on determined ability to pay; (b) Charges prorated to State and county of legal settlement, based on provisions of Financial Responsibility Act; (c) Charges to State-at-large if patient is unable to pay and legal settlement in the State is not determined.
- Transportation: Airline and bus

GREAT PLAINS MENTAL HEALTH CENTER
(Formerly the North Platte Psychiatric Clinic)

Jack F. Wisman, M.D., Director

CENTER'S STRUCTURE, STAFF, AND ACTIVITIES

History

The North Platte Psychiatric Clinic was established by the 1957 Legislature. Operations began in 1958 with the Director of the Community Services Division of the Nebraska Psychiatric Institute, Omaha, Nebraska, providing psychiatric services twice a month. In June, of 1959, the present Clinical Director, Jack F. Wisman, M.D., was hired.

Since its opening, the clinic has changed location. It began on the premises of Memorial Hospital and is now located at 221 South Jeffers. As the services of the

clinic expanded, so did the staff. There are now five professionals (director, social worker, mental health educator, caseworker, and mental health nurse), three technical personnel (receptionist-secretary, office supervisor-secretary, and bookkeeper), and part-time services of the school psychologist. This, however, is not enough to meet the needs of the Region. Therefore, an active and vital corps of volunteers is maintained in North Platte, Ogallala, and McCook. The clinic has satellite operations in Ogallala, McCook, and Lexington. The satellite in Mullen is currently inactive, but plans are underway to reactivate services.

During the last fiscal year the clinic has undergone some major changes, with plans in progress for more change. The clinic, formerly under the Hastings Regional Center, is now independent and, as of June, 1973, has changed its name from the North Platte Psychiatric Clinic to the Great Plains Mental Health Center. As the name implies, the scope of activities and services is being broadened to fit the needs of the seventeen counties served, and to develop the center into a Comprehensive Community Mental Health Center with all the services that the name implies. A grant has been submitted which, if approved, will provide the manpower to meet the needs of the people in Region II. The grant would make possible an increase in staff from eight to forty-two, with full-time people in the satellite clinics.

Purpose

The purpose of the Great Plains Mental Health Center is to bring to the people of Region II adequate and appropriate mental health services. At the present time these services include outpatient care, consultation, and education, as well as a program to inform and involve the community.

These services are being expanded to include the five basic services of a comprehensive community mental health center. A large part of the task of the clinic is preventive work. This means an all-out effort at informing the general public of the signs of mental health needs. A top priority at present is to develop and become a Comprehensive Community Mental Health Center.

Location and Area

The Great Plains Mental Health Center is located in North Platte, Nebraska. The area served includes seventeen counties located in the West Central portion of Nebraska. The counties are: Grant, Hooker, Thomas, Arthur, McPherson, Logan, Keith, Perkins, Lincoln, Dawson, Chase, Hayes, Frontier, Gosper, Dundy, Hitchcock, and Red Willow. In addition, Furnas County has requested service from the Center. The specific seventeen counties make up Region II and have top priority for service. The area served is primarily rural, with four population centers at McCook, North Platte, Lexington, and Ogallala. The 1970 census for Region II was 103,931.

General Scope of Activities

Services - The range of outpatient services includes individual therapy, chemotherapy, limited occupational therapy, and referral to other community resources able to provide specialized services. This care is available at the request of the patient and by prescription.

The consultation program of the Center is designed to give specialized knowledge to various community people, to enable them to give help to the clients they serve. This includes training those in the helping professions in new

and existing techniques and methods of dealing with the people who need their services.

The primary focus of the educational program is the community in general. Through the media of film, discussion, lectures, brochures, news releases, and anything else that works, this Center has attempted to reach each person in the Region with some information on mental health. The staff realizes, however, that information is not enough. Throughout these two years, the Center has tried to involve persons in the community. Through this involvement real education has taken place. This is evidenced by the growing number of volunteers and by the involvement of key persons in the community in trying to attain a Comprehensive Mental Health Center. The community response in helping the staff set up a comprehensive center is the outstanding mark of the education efforts of the last two years.

Volunteers - The volunteer programs are currently operating in North Platte, McCook, Ogallala, with plans to implement a program in Lexington. The corps has been operating efficiently in McCook and Ogallala during the biennium. The corps in North Platte has made dramatic progress during this year. Services in all three locals now include friend-to-friend, listening, clerical work, library work, patient visitation, and baby-sitting so that patients may participate in therapeutic activities. The volunteers were trained to know the necessity for confidentiality, the importance of non-judgmental attitudes, and to use basic humanizing precepts.

This program has grown from a need for more staff. Its benefits include a more informed community. Through the volunteers much good information is spread to persons the Center might never reach in any other way. The volunteers provide services the staff cannot perform, partly because of important differences in relationship and approach. The interaction has proved valuable to patients, volunteers and staff.

Public Information-News Media - The news media have been kept informed of all the changes occurring at the Center, and they have made that information available to the public. Most of the articles printed dealt with the activities of the clinic and its purpose in the community. It is important for the growth of the Center that the news media be used more widely to inform and educate the community. This effort will be continued and further developed. There have been several appearances by our staff on a local radio program. The Mental Health Educator, Social Worker, and Clinical Director have made frequent appearances on a radio talk show with audience participation. This has produced positive information and requests for service.

Administration - The administration of this Center has changed markedly during the biennium. First, the Center was directly under the supervision of the Division of Medical Services in the Department of Public Institutions, then it was placed under the Hastings Regional Center, and later was returned to the Division of Medical Services in the Department of Public Institutions. Now it is moving toward becoming a Comprehensive Community Mental Health Center.

SPECIFIC ACTIVITIES

Teaching

The Clinical Director taught at Chadron State College and at a Judge's conference in August, of 1971. He teaches regularly in McCook, in collaboration with the Psychology and Counseling Departments of the Junior College. He is on the staff, also, of the Nebraska Psychiatric Institute in Omaha.

The Social Worker taught both summers of this biennium at the School on Alcohol Studies. He participates in some teaching activities in the Junior College in North Platte.

There were forty-seven programs given by the staff, with the majority given by the Mental Health Educator. These programs ranged from films to discussions to lectures. There were given to extension clubs, students, PTAs, faculties, Nurses' Associations, and to various other groups.

The staff participated, also, in planning and developing the Governor's Conference on Human Resources, a Nebraska Welfare Association workshop, a Mental Health Board workshop, and a Careers Day seminar.

Consultation at Youth Development Center-Kearney

The Clinical Director and Social Worker provided consultation, education services, and an Inservice Training Program at the Youth Development Center-Kearney for eighteen months of the biennium, as recommended by a Legislative Study Committee several years ago. Consultation at Kearney had to be discontinued when service with the Lexington satellite was started.

Participation in Learning Activities

At weekly staff meetings topics of current interest and new developments in the mental health field are discussed. Supervisory meetings and case conferences were held as scheduled throughout the biennium. Staff attended the Mental Health Educators' Conference, the Governor's Conference on Human Resources, the Social Work Institute, a faculty retreat at the Nebraska Psychiatric Institute, Transactional Analysis workshops, and the Governor's Council on Human Relations.

Programs Developed

The Center has developed a program in conjunction with the Mid-Plains Vocational-Technical School in the training of Licensed Practical Nurses. The Center has two students who come on consecutive Mondays and Fridays to observe and participate in the Center's activities in order to get in touch with the field of mental health. They spend time with the Mental Health Nurse and with the Mental Health Educator.

The Social Worker has developed a mini-antibuse program in association with the courts. In addition, the Rehabilitation Service is available for referrals. One of their counselors attends staff meetings and provides input when concerned.

FUTURE PLANS

The future of the Great Plains Mental Health Center looks promising. We intend to become a Comprehensive Community Mental Health Center.

LINCOLN REGIONAL CENTER

Lincoln, Nebraska

1. Location: Folsom and West Van Dorn Streets. One mile southwest of the City of Lincoln, Lancaster County, Nebraska
2. Mailing Address: P. O. Box 80499
Lincoln, Nebraska 68501
3. Telephone: (402) 477-3971
4. Administrative Staff: Ben F. Simmons, Chief Executive Officer
Jonathan T. Bastian, Business Manager
Arthur P. Zelnio, Personnel Officer
5. Date Established: 1870
6. Normal Capacity: 317
7. Patient Population (June 30, 1973): In residence, 251; on convalescent leave or unauthorized leave, 151
8. Total Staff (June 30, 1973): FTE 585
9. Types of Admission: (a) Involuntary Commitment by County Board of Mental Health, District Court, and Juvenile Court; (b) Certification by Two Physicians; (c) Voluntary Application for Admission, (d) Inter-institutional Transfer
10. Financial Responsibility: (a) Charges to individual patient and/or responsible guardian and relatives, based on determined ability to pay; (b) Charges prorated to State and county of legal settlement, based on provisions of Financial Responsibility Act; (c) Charges to State-at-large if patient is unable to pay and legal settlement in the State is not determined
11. Transportation Routes: Highways: Interstate 80; U.S. 6, 34, and 77; State 2
Airlines, railroad, and bus
12. Visitation Regulations: (Vary according to program)
Acute Care: Tuesday, Thursday, Saturday,
6:30 - 9:00 p.m.
Saturday, Sunday, Holidays,
1:30 - 4:30 p.m.

Adolescent: By arrangement one week in advance.
No specified days or time

Extended Care: Wednesday, Saturday, Sunday,
Holidays, 2:00 - 4:00 p.m.
Flexibility for evening visitation

Security: Restricted visiting.
Wednesday, Saturday, Sunday,
Holidays, 1:00 - 4:00 p.m.

Acute Care Building

Lincoln Regional Center



LINCOLN REGIONAL CENTER
Ben F. Simmons, Chief Executive Officer

PURPOSE

The purpose of the Lincoln Regional Center is to provide comprehensive mental health services for the evaluation, treatment, rehabilitation, and maintenance of psychiatric patients requiring mental health care. Geographically, the above services are provided to residents within a catchment area comprising seventeen southeastern counties in Nebraska. Additionally, statewide inpatient services are provided to adolescents and to patients requiring maximum security.

GOALS

1. Continue the present inpatient norm of emphasizing acute intensive care.
2. Develop and foster treatment and administrative standards recognized by the Joint Commission on Accreditation of Hospitals. Provide an efficient, economical, and compact operation that meets the needs of the communities, as well as those entrusted to our care.
3. Continue efforts to foster and aid community mental health facilities.
4. Strengthen and expand aftercare service by closer coordination with appropriate community services and facilities in the 17-county catchment area.
5. Promote public relations through public education in regard to mental illness, and Lincoln Regional Center programs in particular. Encourage the adoption of well-organized day care centers and other structured community facilities.
6. Coordinate, consolidate, and eliminate duplication and overlapping functions with other State agencies.
7. Strengthen and expand the staff development program.

SUMMARY OF MAJOR ACCOMPLISHMENTS

During this report period the organizational structure was reshaped with the implementation of the unit system and the dissolution of departments. Following a period of evaluation, a modified form of the unit system was adopted in which each unit became a program relating specifically to treatment models and objectives. Administrative functions were centralized again, and the representative disciplines were departmentalized. Each program is headed by a program director who is assisted by an administrative coordinator, a head nurse, and support personnel such as psychologists, social workers, activity therapists, and others. The program director has a manager's responsibility for employing personnel and other resources which will serve the best interests of the patient; however, support personnel are responsible professionally to their department heads.

The typical adult patient admitted to the Lincoln Regional Center can expect to be hospitalized for a period lasting less than one month. The exact length of hospitalization depends on many factors which vary with the individual. Some patients are released within a week or two, while a stay of several months is needed for others. The important point is that hospitalizations lasting many years rarely occur today. Hospitalizations are shorter now for many reasons—the development of new medications, clinical improvement in treatment techniques, better trained staff, and increased public understanding. Although limited, the availability and success of partial hospitalization and outpatient services make earlier release possible.

Patient census continued to decrease, but at a much slower pace toward the end of the report period. The consensus of opinion focuses on a relatively stable census of 225 to 250 patients based on the following distribution:

Program	Total No. Beds	Est. Pt. Census
Security	99	90
Adolescent	40	35
Acute Care	48	33
Extended Care	130	90
TOTALS	317	248

Patients comprising the current census are considered "hard core," meaning they are difficult to manage, either from a behavioral standpoint or an inability to cope with current routine. Some have been returned from nursing homes because of their "being too hard to manage;" others require almost constant attention and supervision. (We are sensing that nursing homes are becoming more selective in their acceptance of residents.) Many of the patients in the Adolescent Program are more on a disturbed level in the area of "acting out" than mentally ill. This, incidentally, necessitates maintenance of more highly skilled staff in order to work with the adolescents, their families, and communities.

Occupancy of a new building by the Acute Care Program, which includes a special care unit (Medical-Surgical); transfer of the children's program to the Nebraska Psychiatric Institute; relocating the Morton School into the Adolescents' Building; and transfer of the Extended Care Program to the Admission Building completed the consolidation program. This program prompted a redesignation of certain buildings: the Admission Building became the Extended Care (EC) Building; the new building houses the Acute Care Program and is designated the AC Building.

In anticipation of State legislation relative to community mental health centers, the Lincoln Regional Center Community Development section successfully provided stimulus for organizing and/or otherwise arranging for mental health service in nearly all counties comprising our catchment area. (Three counties declined for various reasons.) The operational plan called for counties to sponsor jointly a mental health service organized in a manner that will satisfy both State and Federal requirements. The western counties are organized and centrally located at Seward, while the southern counties are centrally located at Beatrice.

Closely allied to the development of the two area mental health centers was the separation of the Lincoln-Lancaster Mental Health Clinic from the Lincoln Regional Center. This move was considered feasible with relation to control of resources and, also, to comply with federal staffing grant regulations should monies for such become available. In the early part of 1972, the Adult Day Care Program was moved off-campus to a more residential setting. The number of patient days for this program is anticipated to increase, with approximately 3,900 for Fiscal Year 1974, an increase from 1,550 because of the relocation into a more accessible and improved physical plant.

An aftercare operating procedure was defined and published, which provides for aftercare service to all patients leaving the Lincoln Regional Center and in need of post-hospitalization services. Aftercare is defined as services provided following a period of hospitalization, directed toward improving the patient's adjustment in his/her community and avoiding re-hospitalization. Every released patient in need of post-hospitalization service is assigned to the clinic serving his/her area unless other followup service is more appropriate.

By the end of calendar year 1972, many administrative and professional policies had been established. Hospital bylaws, medical staff bylaws and rules and regulations have been revised and updated. A staffing authorization document has been developed using the methodology recommended by a consulting firm in concert with established and justifiable needs. All of the policies established are aimed toward satisfying requirements for accreditation by the Joint Commission on Accreditation of Hospitals.

As the report period was drawing to a close, a public relations task group was appointed to develop briefing charts and other material for the purpose of visiting and briefing county boards of mental health, judges, law enforcement officials, and other interested citizens. The text will center on a definition of mental health, the Statutes of Nebraska relative to mental health, and how the Lincoln Regional Center is fulfilling its purpose. An exchange of information and ideas will lead to greater understanding and better service.

PROGRAMMATIC SERVICES

INPATIENT SERVICE

The inpatient service consists of five separate programs with therapeutic models designed to support specific objectives. The programs are as follows:

1. **Adult Psychiatric Admissions** - Except for patients admitted directly to the Security Program, each adult patient for whom a first admission is authorized, as well as some readmissions, enters through this program. Here the patient receives a comprehensive medical, dental, and psychiatric examination; a social service evaluation of home and social background and current environment; and, if needed, an in-depth psychological evaluation. Treatment modalities used are psychotropic medication, individual and group psychotherapy, family counseling, and planned, therapeutic ward and activity environment. Vocational rehabilitation resources, also, are available. Patients expected to be hospitalized a short time remain on this program where the emphasis is on crisis innovation techniques, the use of appropriate family and community resources, and aftercare services.
2. **Medical-Surgical Program** - This program promotes, restores, and maintains the physical health of all Lincoln Regional Center patients. Facilities for diagnostic and therapeutic services are available. Additionally, other services, such as dental, routine and recurring physicals, immunizations, food handlers' examinations, etc., are provided. Services beyond the capabilities of the Lincoln Regional Center are provided through contractual arrangements with local certified specialists.
3. **Security Program** - The Security Program serves a special population of statewide patients (male and female) who have been referred by the courts for evaluation and/or treatment, behavior problems from other institutions, transferred from the Nebraska Penal and Correctional Complex for evaluation and/or treatment, and patients diagnosed as sexual sociopaths. Patients with legal involvement receive treatment goals which are consistent with requirements to protect the individual and society. Treatment modalities include behavior modification techniques,

chemotherapy, individual and group therapy, formal and informal counseling, recreation therapy, and vocational training. A major goal of this program is to provide a meaningful living environment for residents who, for legal or medical reasons, will be long-term residents in the Security Program.

4. **Extended Care Program** - Patients admitted to this program are multiply handicapped, non-acute, requiring intermediate-duration hospitalization. The treatment program within all wards is broken down into medical, psychiatric problems, behavioral psychological problems, and sociological problems. Patients in the Extended Care Program come from the Acute Care and Security Programs, nursing homes, board and room homes, "greater Omaha" acute care facilities and, on rare occasions, by direct admission from the community. One ward in this program has as its goal the preparation of appropriate patients for placement in nursing homes.
5. **Adolescent Program** - This program supports a statewide population of youth by providing long-term, inpatient psychiatric care. A day care program is available, also, to adolescents in the immediate area. Within the structure of a milieu setting, individual and group psychotherapy; family counseling; a planned ward, school, and activity environment; and psychotropic medication are used to carry forth treatment to youth with a variety of emotional and behavioral disorders.

There are two functional areas. The larger provides a therapeutic milieu for the patient and an ongoing day-to-day administration of the program. The other is involved with clinical evaluations, determining the appropriateness of various therapeutic modalities, and working with parents in community agencies in trying to prepare a therapeutic environment to which a child may return when discharged from the hospital.

OUTPATIENT SERVICES AND PARTIAL HOSPITALIZATION

Although some outpatient services are provided on campus, the bulk of such services are provided through arrangements with the Lincoln-Lancaster Mental Health Clinic. The latter provides, also, partial hospitalization for adults.

The outpatient service provides direct and indirect patient care. The latter concerns consultative and educative programs, social service, drug abuse counseling, personal crisis service, and other community development projects. The direct service includes psychiatric evaluation; individual, family, and marital therapy and counseling; psychological testing; and group therapy.

The day care program provides daytime structure and observation, group therapy, recreation, occupational therapy, social rehabilitation, daytime medical supervision, and individual counseling.

VOCATIONAL REHABILITATION

Operational management of this service is contracted to the Division of

Rehabilitation Services, State Department of Education, through the Department of Public Institutions. The purpose is to provide the patient-client at the Lincoln Regional Center with a continuum of opportunity for a maximum vocational adjustment. The services include individual vocational guidance and counseling; physical restoration services not already available at the Lincoln Regional Center; training, including pre-vocational, vocational, and personal adjustment; training materials and maintenance; job placement; and followup services.

INDIRECT SERVICES

In addition to the direct patient care services which are at the heart of the Lincoln Regional Center's mission, a variety of indirect services are provided to the community and State through programs and efforts of Lincoln Regional Center staff. A major thrust has been the establishment and support of local, community-based mental health care delivery—a thrust coordinated by the Community Development Program. Members of the Lincoln Regional Center staff serve on, or in an advisory capacity to, a variety of boards and commissions, such as the Commission on Aging, Lincoln Council on Alcoholism and Drugs, Lincoln Action Program Advisory Board on Alcoholism, and State Board of Examiners of Psychologists. Consultation is provided frequently to courts and community agencies on cases and problems not directly relating to Lincoln Regional Center patients, but in the context of relationships established relative to those patients. University of Nebraska and Lincoln Technical College students in mental health programs receive practicum training at the Lincoln Regional Center, and staff members are frequently called upon to participate in training programs through lectures, tours, and supervisory work. A Speakers' Bureau is available to meet frequent requests from community groups for information regarding mental health and mental health care delivery. A variety of other mental health education services are offered through the Director of Public Relations, the Mental Health Educator, and a bi-weekly radio program. Many members of the staff, during their off-duty hours, aid the cause of mental health through activities such as mental health associations and personal crisis telephone services.

STAFF DEVELOPMENT

The Staff Development function at the Lincoln Regional Center was reorganized during the biennium and was made a responsibility of the Personnel Office. Each treatment program is responsible for conducting a staff development program appropriate to its needs and under the direction of the central staff. Emphasis has been placed upon providing training for all employees of the hospital. Individual training records for each employee were opened, and the requirement established to provide at least one training session per month for employees. The central staff provides a two-day orientation to new employees and conducts ongoing psychiatric technician classes. In line with available fiscal resources, attendance at various workshops, seminars, and conferences, both in and out-of-state, is encouraged for both professional and non-professional personnel. The importance of staff development is emphasized further by an extremely high employment turnover rate which necessitates

continual training of new employees.

PHYSICAL FACILITIES

Under this heading there are perhaps several changes worthy of note. The highlight of the biennium was the completion and occupancy of the new Acute Care Building. Originally planned as a medical-surgical facility, modifications were made to meet current institutional needs, and the building now includes a ten-bed medical wing and two psychiatric adult admission wards of eighteen and twenty beds. The building houses, also, new, up-to-date medical support facilities, including pharmacy, dental, X-ray, laboratory, EEG, EKG, central supply, and surgery. Part of the basement was modified into a new canteen where patients and employees buy food, candy, toiletries, etc.

Additionally, two antiquated, outmoded, and unsafe buildings have been demolished. The consolidation of programs mentioned under another major heading has another significant aspect in that, subject to the completion of air-conditioning all wards, our patient care areas will comply with standards for inpatient mental health care facilities in terms of space per bed, number of beds per room, etc.

The calendar years 1972 and 1973 have seen an extensive campus beautification program which includes paving of parking lots and roads.

FORECAST

Although effort is being, and will continue to be expended toward reversing the impetus for care to the community, there will be a need for the Lincoln Regional Center in the fight against mental illness. Treatment within the institution (Acute Care Program) often will be supervised by community professionals utilizing the institutional facility much on the order of a general hospital.

The concept of treating an inpatient through the crisis period and a return to the community as soon as possible is unquestionably shared by the nation's experts. However, one will have to pre-suppose that return to the community means to a supervised environment. This is not possible with many of our patients because of lack of relatives and/or funds to provide such a setting. Thus, the readmission rate is high; but, most important, it focuses on the need for homes—community-operated, preferably, and, if not, a State-operated facility. Legislative Bill 536 provides for such a facility which, in all probability, could be operated on a break-even fiscal basis. In support of this idea are several patients currently holding day jobs and spending nights at the Lincoln Regional Center. By definition these patients should be classified as partial hospitalization or night-care patients.

TABLE 1
LINCOLN REGIONAL CENTER
Statement of Expenditures
Biennium Ending June 30, 1973

Class of Expenditures	
Personal Services	\$ 8,948,252
General Operations	1,560,412
Capital Expenditures	162,967
Total Operating Expenditures	10,671,631
Source of Funds	
Institutions Operations:	
General Fund	6,793,021
Institution Cash	3,426,553
Federal Fund	452,057
Total Operating Expenditures	10,671,631
Other Funds:	
Canteen Fund	144,433
Building Fund	1,649,211
Total Other Funds	1,793,644
GRAND TOTAL	\$12,465,275

TABLE 2

LINCOLN REGIONAL CENTER
Mental Health Residents
By Diagnosis and Age
As of June 30, 1973

DIAGNOSIS	AGE AT END OF YEAR									
	TOTAL	0-9	10-14	15-19	20-24	25-34	35-44	45-54	54-64	64 & Over
Mental Retardation	50	0	1	8	18	16	6	1	0	0
Organic Brain Syndrome	25	0	0	4	2	7	3	1	1	7
Psychosis	125	0	0	18	19	35	32	13	4	4
Neurosis	0	0	0	0	0	0	0	0	0	0
Personality Disorder	23	0	0	5	2	9	6	0	1	0
Alcoholism & Drug Dependence	6	0	0	2	0	1	2	1	0	0
Transient Situational Disturbance	18	0	9	9	0	0	0	0	0	0
Other	4	0	1	2	1	0	0	0	0	0
TOTALS	251	0	11	48	42	68	49	16	6	11

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TABLE 3

LINCOLN REGIONAL CENTER
Mental Health Inpatient Services
Admissions by Diagnosis and Age
Biennium Ending June 30, 1973

DIAGNOSIS	AGE AT ADMISSION									
	TOTAL	0-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65 & Over
Mental Retardation	66	1	4	14	19	14	7	5	1	1
Organic Brain Syndrome	97	0	2	9	12	6	15	12	11	30
Psychosis	473	1	9	44	57	114	91	76	60	21
Neurosis	35	0	3	8	5	10	5	3	1	0
Personality Disorder	186	0	3	38	48	62	19	7	8	1
Alcoholism & Drug Dependence	50	0	0	7	7	8	14	12	2	0
Transient Situational Disturbance	92	2	24	42	12	5	0	3	2	2
Other	28	0	1	5	6	6	0	5	4	1
TOTALS	1027	4	46	167	166	225	151	123	89	56

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* Admissions equals first admissions plus readmissions. Does not include transfers within the mental health system or return patients from long-term leave, elopement, or daypatient service.

TABLE 4

**LINCOLN REGION
MENTAL HEALTH SERVICES**
Biennium Ending June 30, 1973

	TOTAL	LRC IP	LRC OP	LRC PH	Lincoln/ Lancaster	Satellite Clinics
Active Patients (1) at Beginning of Period	2494*	413*	84	20	1425	552
Total Additions to Facility During Period	5094	1361	191	55	1448	2039
Admissions and Readmissions	3303	1027	70	26	1283	897
Per Cent First Admissions	(57)	(75)	(11)	(20)	(71)	(40)
Returns	288	288				
Transfers (2)	1503	46	121	29	165	1142
Total Separations from Facility During Period	4920	1523	237	43	2299	818
Discharges and Deaths	920	920				
Placements	396	396				
Elopements	167	167				
Transfers Out	40	40				
Active Patients at End of Period	2668	251	38	32	574	1773
Partial Hospitalization Visits (3)	5698			5698		
Outpatient Visits (4)	32452	805			17159	14488

* Adjusted from previous report

(1) Includes all persons the facility is actively or currently providing treatment for.

(2) For inpatient services includes only transfers from other state mental health inpatient facilities. For outpatient and partial hospitalization services includes mental health inter-facility transfers and mental health intra-facility transfers.

(3) The total number of patient visits less than 24 hours in length.

(4) The total number of patient visits less than 8 hours in length.

LRC - Lincoln Regional Center

IP - Inpatient Services

OP - Outpatient Services

PH - Partial Hospitalization Services

LINCOLN-LANCASTER MENTAL HEALTH CENTER

Lincoln, Nebraska

1. Location: Lincoln, Lancaster County, Nebraska
2. Address: 1107 Lincoln Benefit Life Building
134 South 13th Street
Lincoln, Nebraska 68508
3. Telephone: (402) 475-4208
4. Director: Charles E. Richardson, M.D.
5. Date Established: 1962 (Southeast Psychiatric Clinic)
6. Total Staff: 20
7. Type of Admission: Outpatients
8. Financial Responsibility: (a) Charges to individual patient and/or responsible guardian and relatives, based on determined ability to pay; (b) Charges prorated to State and county of legal settlement, based on provisions of Financial Responsibility Act; (c) Charges to State-at-large if patient is unable to pay and legal settlement in the State is not determined
9. Transportation: City bus lines

LINCOLN-LANCASTER MENTAL HEALTH CENTER

Charles E. Richardson, M.D., Director

The Lincoln-Lancaster Mental Health Center was under the supervision of the Lincoln Regional Center until late in the biennium when it became a separate entity in the Division of Medical Services of the Department of Public Institutions.

PURPOSE

The purpose of the Lincoln-Lancaster Mental Health Center is to provide directly, or promote the provision of effective mental health services to every resident of Lancaster County according to need, and with continuity and easy access of services. Ultimately, through its services, the Center seeks to promote the best possible development and maintenance of emotional, intellectual, and social capacities of the residents of Lancaster County, and to promote a society which actively encourages the attainment of these aims.

A number of basic orientations are central to the operation of the Mental Health Center:

1. **Multiple causation of human behavior**
Human adjustment and behavior is determined by many variables: physical, psychological, social, and cultural. The individual is the product of all past and present experiences, influences, attitudes and beliefs. Mental health professionals attempt to work with the broad range of influences to produce desirable results.
2. **Broad responsibility to the population served**
By the fact of being involved in public mental health, a center is concerned with the total population, not just with the few with special motivation. The Center must offer services to people who may not be considered particularly attractive to treat. Also, the Center places special emphasis on programs designed to reach larger numbers of the population; e.g., through consultation and community development.
3. **Importance of front line resources**
The orientations and skills of mental health professionals can be applied indirectly through consultation with front line resources. Various groups—clergy, physicians, community health nurses, county social workers, probation officers, police officers, school personnel, etc.—may be more strategically situated at times of life crisis than are mental health professionals.
4. **Essential aspect of all phases of prevention and treatment**
Overall, prevention of disorder and enhancement of life are preferable. However, casualties exist, and adequate effort must be given to early treatment and to restorative treatment and rehabilitation.
5. **Work within the areas of expertise**
Mental health professionals must define accurately their areas of expertise and work within them. Efforts must be within the reasonable limitations imposed by background and training.
6. **Societal limitations**
The Mental Health Center functions within a free and open society. Preferable treatment programs are those that are least restrictive and disruptive. Each person has a right to either accept or refuse treatment, unless due legal process has occurred. Each person is entitled to informed consent regarding his treatment program.

Consistent with the foregoing orientations, the Center maintains a number of primary broad objectives:

1. Expand available services directly or through cooperative efforts so as to offer a full range of mental health services as defined by federal guidelines for comprehensive community mental health services.
2. Promote maximum local autonomy with local community involvement and control.
3. Broaden sources of funding and income.
4. Maximize quality of staff and services in terms of effectiveness, efficiency and appropriateness of services.

SUMMARY OF MAJOR ACCOMPLISHMENTS

1. The Center Steering Committee was organized in the first half of 1971. During the biennium the Steering Committee was expanded to include a preponderance of lay people who would be more representative of the community. Productivity was increased through better organization and meeting structure, and through the formation of working committees. Steps for incorporation were initiated.
2. A community-based Day Center program was developed. The range of services and size of patient groups have expanded steadily.
3. A federal grant application, under the Community Mental Health Center's account, was submitted and accepted at the Regional level. Steering Committee members helped extensively in the preparation of the grant application.
4. The financial responsibility procedure was implemented at the Center in February, 1972. During the last half of the biennium approximately one-quarter of the Center's cost was offset by patient and county fees collected.
5. The Center director and staff have been involved in development of interagency cooperation. Projects include an interagency staff development program, a shared consultation program, and regular interagency directors' meetings.
6. The Center assumed responsibility for aftercare services for persons leaving the Regional Center, and assigned two members of the staff to this task, one full-time and one half-time.
7. The Center began development of a formal, organized, indirect service program. During the biennium six important consultative relationships were established with other helping organizations and facilities in Lancaster County. Over the last six months of the biennium the Center staff averaged 132 hours a month in the various indirect services.
8. The Center acquired staff necessary for a formal volunteer program.
9. The Center staff developed a proposal for revenue sharing funds to be submitted to City and County Governments.
10. Direct outpatient and day care services have expanded, as indicated by the following figures:

Biennium	Patients
1967-1969	1084
1969-1971	1359
1971-1973	1612

PROGRAMMATIC SERVICES

Briefly, the current program involves the following elements:

1. **Outpatient Services** - All ages are served; but, predominantly, older adolescents and adults. Services to children are underbudgeted and in short supply in

Lincoln; therefore, we do see some children. However, we cooperate with the Child Guidance Center and regard that agency as the primary resource for services to children. Our active caseload is between 500 and 600, and we accept between 50 and 90 new patients each month. We serve all income levels, but the greater percentage are low income, and over one-third are on public assistance.

2. **Day Program** - Our Day Program serves 35 - 45 patients, many of whom otherwise would lead sterile, institutionalized lives, either in a state hospital or in isolated community settings. The program operates five days a week between 8:00 a.m. and 5:00 p.m., and provides daytime treatment, medication, socialization, and rehabilitation services.
3. **Post-Hospital Services** - The Center provides services to Lincoln residents leaving the Regional Center. Community resources for the support and rehabilitation of these people are poorly developed at this time, and increased resources are particularly needed.
4. **Consultation and Education** - The Center provides mental health consultation to a variety of local facilities and resources, including the Lincoln Action Program, Public Health Nurses, Open Door Health Center, Lancaster County caseworkers, and the WICS (Women in Community Service) Home. The staff and Steering Committee are developing a public education program.
5. **Volunteer Services** - The Center staff includes a volunteer coordinator and assistant who facilitate the use of volunteers, both within the Center's programs and within other community settings, especially nursing homes.
6. **Emergency Services** - The Center maintains 24-hour professional staff availability through an answering service.
7. **Inpatient Services** - Inpatient services are provided through close cooperation with the Lincoln Regional Center. Private hospital facilities, also, are used.
8. **Diagnostic and Evaluation Services** - Psychiatric diagnostic and evaluation services are provided for the courts, county welfare, and social agencies.
9. **Cooperation with University of Nebraska** - The Center works closely with the University of Nebraska in providing training programs for graduate and undergraduate social work and psychology students.
10. **Rehabilitation Services** - Rehabilitation services are provided at the Center through agreement with the Division of Rehabilitation Services of the Department of Education.
11. **Community Outreach Services** - This particularly involved the identification of persons with psychiatric problems who are in need of resocializing experiences. These people are then assisted through social, recreational, and volunteer placements.

STAFF DEVELOPMENT

Professional staff development is through an inservice program and through encouragement of attendance at in-state and out-of-state conferences. The Center, also, has a small library which is being developed so as to offer reasonable coverage of a broad scope of mental health areas.

PHYSICAL FACILITIES

The outpatient facility is located in a downtown office building. It occupies approximately 3,000 square feet on the 11th floor, and an additional 1,200 square feet on the 9th floor. The space is adequate for current needs and for an additional one or two members of the staff.

The Day Center is located in a two-story older home on what is now Lancaster County property, but was formerly owned by the State, and is near the Nebraska Center for the Visually Handicapped, another facility of the Department of Public Institutions. The building is barely adequate for current programs and patient load, and would allow for only slight expansion.

FORECAST - DIRECTION, GOALS, AND NEEDS

The primary directions are those listed under the **Purpose**: expansion of services, increased local control, support and participation, broadened funding and income sources, and maximum quality of staff and services.

Primary goals for Fiscal Year 1973-1974 are as follows:

1. Comprehensive review of direct service program for greater efficiency, effectiveness, and economy. The outcome will be a clear definition of staff time necessary to handle any anticipated patient load.
2. Completion of organization and procedures related to post-hospital services. The basic goal is to develop services and resources tending to reduce the frequency of rehospitalization. The goal during 1973-1974 is to reduce the readmission rate to the Lincoln Regional Center by one-third.
3. Completion of organization and procedures related to indirect services; introduction of a fee schedule for indirect services.
4. Establishment of liaison with a local hospital emergency room in order to assure prompt physical or psychological intervention in crisis situations.
5. Mobilization of county tax or revenue sharing funds for an additional staff position to permit expanded programming to a number of county-supported agencies and facilities.
6. Incorporation of the Center's Steering Committee as a non-profit corporation.
7. Integration and expansion of volunteer orientation and uses into all feasible Center programs.
8. Development of a public information slide-sound presentation.
9. Securing of Federal 314(d) funds for Fiscal Year 1974-1975 for further development of public information and education programs.
10. Development of consultation and education programs with Lancaster County nursing homes which receive residents from the Lincoln Regional Center.

There are a number of major community and Center needs. Filling these needs depends upon availability of additional funds, whatever the source.

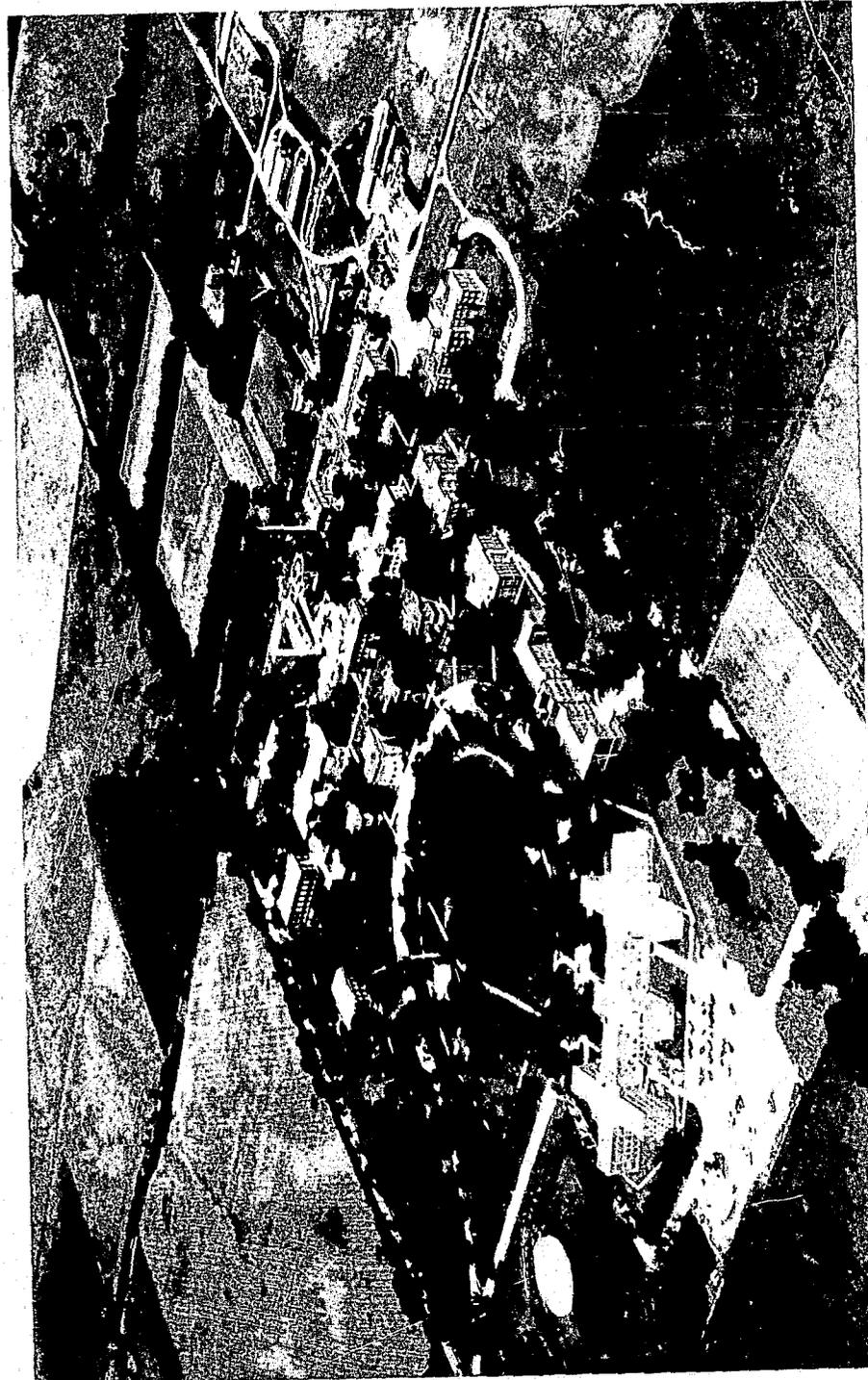
1. The community needs a structured halfway house or transitional living arrangement. This resource would permit the placement from the Lincoln

- Regional Center of persons otherwise unable to tolerate the transition from hospital to community.
2. The Center has reached a size and complexity sufficient to require the services of an administrative assistant. This, also, would permit reduction of current Center reliance on the supporting services of the Lincoln Regional Center.
 3. The need for the following additional staff members is anticipated: (a) an additional psychiatric technician or, alternatively, a recreation worker, for the Day Center; (b) an administrative assistant as previously mentioned; and (c) a psychologist, at the master's level, half-time, to be involved particularly in research and program evaluation in three major areas: evaluation of community needs, evaluation of program effectiveness, and development of a reliable Center data base.
 4. Development of adequate sheltered workshop provisions for more chronically disturbed or disabled patients.
 5. Development of an evening and weekend program, comparable to the Day Program, with necessary additional staff.

**NORFOLK REGIONAL CENTER
AND
NORTHEAST MENTAL HEALTH CLINIC
Norfolk, Nebraska**

1. Location: Two miles northeast of Norfolk, Madison County, Nebraska, on State Spur 59A
2. Mailing Address: Norfolk Regional Center
P. O. Box 1209
Norfolk, Nebraska 68701
3. Telephone: (402) 371-4343
4. Administrative Staff: Charles G. Ingham, M.D., Director
Howard D. Herrick, M.D., Clinical Director
(Appointed Director, September, 1973)
Raymond J. Kanoff, M.S.H.A., Hospital Administrator
Richard A. Sanders, Ph.D., Administrative Director,
Northeast Mental Health Clinic
5. Date Established: 1885
(Northeast Mental Health Clinic - 1965)
6. Normal Capacity: 250
Mental Health Unit - 200
Mental Regardation Unit - 50

7. Patient Population (June 30, 1973): 187
Mental Health Unit - 145
Mental Retardation Unit - 42
8. Total Staff (June 30, 1973): 420
9. Types of Admission: (a) Involuntary Commitment by County Board of Mental Health, District Court, and Juvenile Court;
(b) Certification by Two Physicians; (c) Voluntary Application for Admission, (d) Inter-institutional Transfer
10. Financial Responsibility: (a) Charges to individual patient and/or responsible gaurdian and relatives, based on determined ability to pay; (b) Charges pro-rated to State and county of legal settlement, based on provisions of Financial Responsibility Act; (c) Charges to State-at-large if patient is unable to pay and legal settlement in the State is not determined
11. Transportation Routes: Highways - U.S. 81 and U.S. 275, State 35 and State Spur 59A
Airlines - North Central Airlines
Bus Service - Greyhound Bus Lines and Arrow & Black Hills Stage Lines
12. Visitation Regulations: Daily Visiting Hours - 1:00 P.M. - 4:00 P.M.
6:30 P.M. - 8:30 P.M.
(Special permission for visiting patients during other than regular hours may be granted by ward physician and nurse.) Children under 16 years of age not allowed in medical-surgical areas of institution.



Norfolk Regional Center

NORFOLK REGIONAL CENTER

C. G. Ingham, M.D., Director

PURPOSE AND GOALS

The Norfolk Regional Center provides inpatient and outpatient mental health services to all persons suffering from mental disorders and mental retardation who are admitted to its facilities. The purpose of the Center is to receive, accommodate, and provide suitable treatment programs to those persons promptly, efficiently, safely, and humanely so that they may have every opportunity to return ultimately to satisfactory community living in the shortest practicable period of time.

The mental health programs of the Center are patient-oriented and are formulated to provide constant recognition of certain basic premises as follows:

1. That patients are entitled to receive the most effective treatment and care suited to their individual needs.
2. That patients are entitled to the same respect, dignity, and constitutional rights of all citizens.
3. That patients are not to be denied admission and treatment on the bases of race, color, creed, national origin or financial status.
4. That patients have the right to treatment by the least restrictive methods possible, in accordance with informed consent on their part and/or that of their relatives and guardians, and that they have the right to refuse treatment if they so choose.
5. That patients are entitled to be treated and accommodated in environs constructed and maintained in the most safe, humane, normal, sanitary and wholesome condition possible to ensure their total well-being and protection from unnecessary hazards.
6. That patients are entitled to continuity of treatment programs, with goals fully documented as to methods and progress, not only at the center and clinics, but also in the communities by means of adequate aftercare and rehabilitation services through various other State and local resource agencies.

The ongoing immediate goal of the Center is to:

1. Furnish combined inpatient and outpatient services, comprehensively and effectively, to as many eligible persons as possible who request and need them.
2. Ensure the best possible quality of therapy, care and followup services for patients by maintaining clinical and administrative staff at all levels, sufficient in number and professional competency to fulfill the aims and purposes of the programs.
3. Maximally utilize all available personnel to provide mental health programs and services as efficiently as possible.

The ultimate goal of the Center is to acquire and maintain staff personnel, physical facilities, and treatment programs sufficient to:

1. Deliver broad mental health services to patients of all ages with all types of mental and intellectual disorders and, by so doing, function as a

- comprehensive mental health facility.
2. Achieve formal accreditation, certification, and recognition as a fully qualified mental health facility.

ADMINISTRATION

The Norfolk Regional Center is assigned to a geographical area of twenty-five counties in north central and northeastern Nebraska. Inpatient services are provided to adult and late adolescent patients on a 24-hour per day basis. Outpatient services are provided by its Northeast Nebraska Mental Health Clinic on a 5-day per week basis. Services are provided, also, to adult mentally retarded inpatients temporarily transferred from the Beatrice State Home.

The Center is under the direction and control of the Nebraska Department of Public Institutions. At the institutional level the regional director has general management of the Center and its two principal operational divisions, the Clinical Services Division and the Administrative Services Division.

The Clinical Services Division, under the general supervision of the clinical director, is comprised of two separately-housed units—the Mental Health Unit and the Mental Retardation Unit—and all of the institutional clinical departments involved in direct and indirect services to patients. Additionally, the Mental Health Unit is divided into two service categories, the Inpatient Services and the Outpatient Services. The latter are organized and under the title of "Northeast Mental Health Clinic."

The Administrative Services Division, under the general supervision of the hospital administrator, is comprised of all institutional administrative departments involved in technical and utilitarian supportive services for patients.

SUMMARY OF MAJOR ACCOMPLISHMENTS

During the biennial period, the Center has maintained continued institutional membership in the American Hospital Association and the Nebraska Hospital Association, as well as licensure by the Nebraska State Department of Health as a mental hospital. Also, it has been recertified as a participating provider for health insurance under the Social Security Administration.

In July 1971, the Center was surveyed and approved by the Joint Commission on Accreditation of Hospitals. (In September, 1973, it is scheduled for re-survey as a psychiatric facility by the same Joint Commission.)

PERFORMANCE SUMMARY OF SERVICES

During the report period there was continued reduction in the daily resident patient population of the mental health unit. The admission rate remained comparatively high. Twenty-five residents in the mental retardation unit were placed successfully in community facilities. There was a continued high admission rate and level of caseload numbers of outpatients in the Northeast Mental Health Clinic, its satellite branches, and its service centers.

Further consolidation of wards took place to provide better services for patients

and to utilize more effectively patient care personnel. By the end of the biennium all resident inpatients of the mental health unit were consolidated on five wards in the Administration-Receiving Building. The mental retardation unit was relocated in Building No. 5, containing two separate floor levels for living accommodations for its residents and its own activity area and dining room.

Reduction in employee strength occurred in the last two years, particularly in the clinical services division. The number of full-time medical staff members dropped from seven to five. There was a loss of full-time clinical psychologists from six to three. The number of psychiatric social workers remained at the same level of five, but there was a loss of caseworkers from nine to four. The rehabilitation service staff personnel numbers remained relatively unchanged. There was a reduction in numbers of full-time registered nurses from twenty-five to sixteen. The staff of licensed practical nurses remained about the same. The greatest reduction occurred in numbers of psychiatric technicians—from 200 to 113. The Center currently has a critical shortage of male psychiatric technicians.

In the area of programmatic services for resident patients, group therapy and counseling classes have been expanded during the past two years. In addition, classes in pre-vocational training, particularly for mentally retarded patients, have been implemented to better prepare them for rehabilitation counseling and placement in community-based programs.

Inpatient services are provided to all persons admitted who are over fourteen years of age. The basic inpatient care programs are for adults requiring psychiatric or mental retardation services. Patients requiring acute and serious medical and surgical services are transferred to general hospitals for specific treatment.

The Northeast Mental Health Clinic has continued to operate its institutional-based facility at the Center, as well as its seven branch (satellite) clinics and fourteen service centers. No new ones have been added in the past two years. However, evening clinics on Tuesday and Wednesdays were established at the Center to accommodate outpatients for family therapy, marriage counseling, medicine checks and followup interviews. Otherwise, outpatient services are provided at the Center five days per week, Monday through Friday, while the branch clinics and service centers are each operated once a month by traveling professional teams from the Center. Increasingly, psychiatrists, psychologists, and social workers from the inpatient services staff provide backup support to the outpatient clinic programs and activities.

INDIRECT SERVICES AND STAFF DEVELOPMENT

Through its affiliation with the Nebraska Psychiatric Institute, the Center sponsors a stipending program for training of resident physicians in psychiatry. The clinical psychology department is approved for psychology internships at both the pre-doctoral and post-doctoral levels of training. The social service department, also, is approved for providing field training of students from the Graduate School of Social Work at the University of Nebraska. The Northeast Mental Health Clinic holds short courses of training and experience for student nurses at the branch clinics and service centers. The Center, as well as Nebraska, benefits from training these participants, because a number of them are recruited to fill positions in the State Mental Health

Program.

The Center operates, also, an ongoing inservice training program for psychiatric technicians and food service workers. During the past two years, ten psychiatric technicians, who were selected from the staff of the Center, have taken a course of training to prepare them for counseling, assisting, and following resident patients at the service centers who have been returned to community-based living. Negotiations are pending for an affiliation with the Northeast Nebraska Technical Community College to provide jointly to psychiatric technicians a formal course of training leading to the Associate Arts Degree.

PHYSICAL FACILITIES

No major new construction or renovation of buildings occurred during the biennium. At the close of the period, construction was started on a new institutional kitchen and food storage addition to the mental health unit building. New fire safety equipment was installed during the past year in the same building to include an alarm system, emergency lights, exterior fire escapes, and smoke screening doors.

During the report period the Center leased approximately 480 acres of State-owned land to the Northeast Nebraska Technical Community College for use in agriculture training courses.

A number of old buildings on the grounds, unneeded and unfit for occupancy by patients, are scheduled for other uses or for demolition. They are being used for indirect services and/or storage.

A matter of concern and institutional expense is the loss of about fifty American elm trees per year due to the Dutch elm disease. They are being cut down and removed according to recommendations and methods advised by a forestry consultant, and the Center has a replanting program to replace the lost trees.

The most pressing need of the Center at the present time is to complete the installation of central air conditioning in the mental health unit building. Now, only the top (fourth level) floor has air conditioning.

FORECAST

The Norfolk Regional Center has no immediate plans pending for large-scale implementation of new or expanded programs. It has been operating for the past three years on a continuation budget. Upon direction by the Department of Public Institutions, it is undergoing an evolutionary process of reduction in inpatient population and staff, leading ultimately to the operation of a small (100-bed) intensive treatment center for inpatients, and a large, comprehensive outpatient service facility.

The Center will strive for continued accreditation and certification of its facilities, continuation of its staff development programs, improvement in quality of its inpatient services, and expansion of its outpatient and community services within the limits of available funds and personnel.

TABLE 1
NORFOLK REGIONAL CENTER
Statement of Expenditures
Biennium Ending June 30, 1973

Class of Expenditures	
Personal Services	\$6,493,401
General Operations	1,011,261
Capital Expenditures	85,945
Total Operating Expenditures	7,590,607
Source of Funds	
Institutions Operations:	
General Fund	3,991,434
Institution Cash	2,848,281
Federal Fund	750,892
Total Operating Expenditures	7,590,607
Other Funds:	
Canteen Fund	50,456
Building Fund	202,195
Total Other Funds	252,651
GRAND TOTAL	\$7,843,258

TABLE 2
NORFOLK REGIONAL CENTER
Unit for the Mentally Retarded
Statement of Expenditures
Biennium Ending June 30, 1973

Class of Expenditures		
Personal Services		\$270,677
General Operations		36,769
Capital Expenditures		
Total Operating Expenditures		307,446
Source of Funds		
Institutions Operations:		
General Fund		307,446
Institution Cash		
Federal Fund		
Total Operating Expenditures		307,446
Other Funds:		
Canteen Fund		
Building Fund		
Total Other Funds		
GRAND TOTAL		\$307,446

TABLE 3

NORFOLK REGIONAL CENTER
Mental Health Residents
By Diagnosis and Age
As of June 30, 1973

DIAGNOSIS	AGE AT END OF YEAR									
	TOTAL	0-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65 & Over
Mental Retardation	26	0	0	7	10	3	4	0	2	0
Organic Brain Syndrome	38	0	0	2	3	6	3	7	3	14
Psychosis	76	0	1	5	12	19	11	10	12	6
Neurosis	1	0	0	0	1	0	0	0	0	0
Personality Disorder	5	0	0	0	1	2	0	2	0	0
Alcoholism & Drug Dependence	0	0	0	0	0	0	0	0	0	0
Transient Situational Disturbance	2	0	0	0	0	0	1	1	0	0
Other	15	0	0	2	2	2	1	5	3	0
TOTALS	163	0	1	16	29	32	20	25	20	20

* Residents includes persons residing in institutions plus patients on home visit. Does not include patients on elopement, long-term leave, or daypatient service.

TABLE 4

NORFOLK REGIONAL CENTER
Mental Health Inpatient Services
Admissions by Diagnosis and Age
Biennium Ending June 30, 1973

DIAGNOSIS	AGE AT ADMISSION									
	TOTAL	0-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65 & Over
Mental Retardation	26	0	0	1	3	8	7	4	3	0
Organic Brain Syndrome	102	0	0	1	10	5	3	10	14	59
Psychosis	302	0	0	17	16	69	36	61	57	46
Neurosis	49	0	0	4	7	3	10	7	12	6
Personality Disorder	95	0	0	12	28	32	12	8	1	2
Alcoholism & Drug Dependence	43	0	0	0	2	11	12	13	3	2
Transient Situational Disturbance	50	0	2	16	12	8	7	2	3	0
Other	12	0	0	2	3	1	0	2	4	0
TOTALS	679	0	2	53	81	137	87	107	97	115

*Admissions equals first admissions plus readmissions. Does not include transfers within the mental health system or return patients from long-term leave, elopement, or daypatient service.

TABLE 5

NORFOLK REGION
MENTAL HEALTH SERVICES
Biennium Ending June 30, 1973

	TOTAL	NCR IP	Northeast Clinic	Satellite Clinics
Active Patients (1) at Beginning of Period	1707	302	884	521
Total Additions to Facility During Period	3381	946	1128	1307
Admissions and Readmissions	2592	679	1050	863
Per Cent First Admissions	(62)	(72)	(68)	(50)
Returns	245	245		
Transfers (2)	544	22	78	444
Total Separations from Facility During Period	2316	1085	674	557
Discharges and Deaths	560	560		
Placements	426	426		
Eloperments	17	17		
Transfers Out	82	82		
Active Patients at End of Period	2772	163	1338	1271
Partial Hospitalization Visits (3)				
Outpatient Visits (4)	20913		12246	8667

(1) Includes all persons the facility is actively or currently providing treatment for.

(2) For inpatient services, includes only transfers from other state mental health inpatient facilities. For outpatient and partial hospitalization services, includes mental health inter-facility transfers and mental health intra-facility transfers.

(3) The total number of patient visits less than 24 hours in length.

(4) The total number of patient visits less than 8 hours in length.

NRC—Norfolk Regional Center

IP—Inpatient Services

NEBRASKA PSYCHIATRIC INSTITUTE
Omaha, Nebraska

1. Location: Omaha, Douglas County, Nebraska
(On the University of Nebraska Medical Center Campus,
two miles west of downtown Omaha)
2. Mailing Address: 602 South 45 Street
Omaha, Nebraska 68106
3. Telephone: (402) 541-4500
4. Administrative Staff: Merrill T. Eaton, M.D., Director
William G. Burrows, M.D., Associate Director
(until August 10, 1973)
Jon P. Boller, M.H.A., Hospital Administrator
5. Date Established: 1947
6. Normal Capacity: 95 beds
7. Patient Population (June 30, 1973): 55
8. Total Staff (June 30, 1973): 363 (279 are paid entirely, and 43 are
paid partially by the Department
of Public Institutions.)
9. Types of Admission: (a) Involuntary Commitment by County Board of Mental
Health, District Court, and Juvenile Court;
(b) Certification by Two Physicians; (c) Voluntary
Application for Admission; (d) Inter-institutional
Transfer
10. Financial Responsibility: (a) Charges to individual patient and/or
responsible guardian and relatives, based
on determined ability to pay; (b) Charges
prorated to State and county of legal
settlement, based on provisions of Financial
Responsibility Act; (c) Charges to State-at-
large if patient is unable to pay and legal
settlement in the State is not determined
11. Transportation Routes: Highways: Interstate 80, U.S. 6 and 275, State 36
50, 64, and 92
Buses: Continental Trailways and Greyhound
Railroads: Amtrak

Airlines: American, Braniff, Eastern, Frontier,
North Central, Ozark, and United
City Buses: Metropolitan Area Transit
Taxi Service

12. Visiting Regulations: 9:00 a.m. - 9:00 p.m., Sunday through Saturday.
Visiting hours for the Children's Service must
be prearranged with the therapist.

Nebraska Psychiatric Institute



NEBRASKA PSYCHIATRIC INSTITUTE
Merrill T. Eaton, M.D., Director

PURPOSE AND GOALS

The basic objectives of the Nebraska Psychiatric Institute are the training of psychiatrists and other mental health manpower for the State of Nebraska, the development and circulation of knowledge about mental health and mental illness for the benefit of all Nebraskans, and the search for the causes of mental illness and mental retardation, with the ultimate objective that of reducing their incidence.

The maintenance of clinical services for the diagnosis and treatment of mental illness is vital to the fulfillment of these objectives and, also, is an important objective in its own right.

During the 1971-1973 Biennium, the Nebraska Psychiatric Institute made progress toward its goals and the goals of the State Mental Health System by offering

more services and training programs than at any time in the past, by its energetic involvement in community service, and by the maintenance of a multifaceted and vital research program.

SUMMARY OF MAJOR ACCOMPLISHMENTS

New Training Programs

The addition of three new training programs during the 1971-1973 Biennium increases the Nebraska Psychiatric Institute's capacity to meet its first objective—that of training mental health manpower for the State of Nebraska. These programs, Continuing Education for Mental Health Manpower, Alcoholism Multidisciplinary Training, and the Biomedical Communications Internship Program, are described later in this narrative.

New Services

Two new areas of service opened during 1971-1973, providing facilities for the care of more patients and a broader base for education and research. The Adolescent Service doubled in size with the October 1, 1971, opening of a new short-term evaluation and crisis treatment unit. Patients on this ten-bed unit usually stay for about fifteen days, while the other unit of the Adolescent Service is for young people who are hospitalized for a longer time—several weeks up to several months. There has been an increasing demand for out-patient services to adolescents and their families, and this part of the program has expanded greatly with the January, 1973, opening of a new adolescent outpatient service. A new branch of the Alcohol and Chemical Dependence Services is the Drug Treatment and Research Ward which, also, opened in October, 1971. It is a short-term, ten-bed, metabolic research ward, designed for the study of the effects of drugs other than alcohol. The patients under study are detoxified and provided individual psychotherapeutic and rehabilitation programs. Complete psychological and physiological workups are accomplished, and data are gathered relative to the many psychophysiological measurements of anxiety, and to social, cultural, and environmental factors. Addiction research is carried on in close cooperation with members of the College of Medicine's basic science departments. The formerly established programs for alcoholic and drug dependent patients, including the methadone maintenance program, continue to be offered.

New Research Projects

The Research Division has expanded its activities with new programs in biochemistry, behavioral development, the developing brain, mental retardation, and the effects of alcohol and other drugs on the brain. Two members of the research staff, who began their work at the Nebraska Psychiatric Institute during the 1971-1973 Biennium, have initiated several new projects involving animal research.

Adoption of the Problem-Oriented Medical Record

The Problem-Oriented Medical Record was adopted for use at the Nebraska Psychiatric Institute in February, of 1973, following a year of preparation by a Medical Records Task Force, and good progress has been made in training staff in its

use. This method of collecting patient information, identifying problems, and formulating treatment plans contributes to better patient care and closer monitoring of students' and house officers' work.

Satellite Pharmacy Established

Another innovation which has led to improved patient care has been the adoption of a unit-dose pharmacology system in place of the ward-stock system formerly used. Under the new system medications are prepared in the new satellite pharmacy, in one-dose amounts, and labeled for each patient. A 24-hour supply of each patient's medication is then brought to his nursing unit and kept in his individual medication drawer. This procedure greatly reduces the chance of medication error. Pharmacy students now spend a six-week rotation on the Adult Inpatient Service, following the drug therapy of assigned patients, under supervision and by working in the satellite pharmacy.

Physician's Assistant Programs Planned

During the past biennium the Nebraska Psychiatric Institute has planned its participation in the Air Force's Physician's Assistant Program, based at Sheppard Air Force Base, Texas, and the University of Nebraska College of Medicine's Physician's Assistant Program, due to begin in July, of 1973, both of which include training in psychiatry. In the Air Force program, students spend the first year of the two-year course in Texas, taking basic and clinical sciences courses, and return to Nebraska for a year of supervised training and practice in various cities throughout the State. The College of Medicine's program has been developed primarily to help ease the shortage of physicians in rural areas of the State, and psychiatric training is a major dimension of the program. The Nebraska Psychiatric Institute, in addition to providing that training, will screen potential students and will assist in the placement of physician's assistants after their training. During the first two quarters of the eight-quarter program the students will attend classes at the Nebraska Psychiatric Institute. During the fourth quarter they will spend an eight-week clerkship at the Norfolk Regional Center. Later in their training they will return to the Nebraska Psychiatric Institute for special training projects and conferences.

Residency Program Expanded

After consultation with the Director of the Department of Public Institutions, and after discussion of the State's manpower needs in psychiatry with members of a legislative subcommittee, it was decided to expand the psychiatric residency training program at the Nebraska Psychiatric Institute to a total of thirty residents in training, with a view to appointing ten new first-year residents each year beginning in July, 1973. During the past year steps have been taken to select residents for the year beginning July 1, 1973, and to make the necessary changes in program and staffing required to accommodate them and to furnish the education and training they will need.

Central Admissions Established

A Central Admissions Unit began operating in November, of 1971. Since that

time requests for service, formerly made to the various clinical services directly, have all been made through Central Admissions, which coordinates these requests and insures that patients are admitted to the appropriate service or arranges for alternative treatment elsewhere.

EDUCATION AND TRAINING

In order to supply the State of Nebraska with qualified mental health professionals and paraprofessionals, the Nebraska Psychiatric Institute conducts a wide variety of training programs.

The **psychiatric residency programs** are designed around a core curriculum of eighteen months divided between inpatient, outpatient, and community psychiatry, and another eighteen months devoted to electives from which house officers choose according to their career plans. Two electives, Child Psychiatry and Clinical Neurology, have been recommended strongly for all house officers. Beginning in July, 1973, six months of Child and/or Adolescent Psychiatry and three months of Clinical Neurology will become required parts of the curriculum. The curriculum will remain flexible and individualized, and required service assignments may be modified, shortened, or waived on the recommendation of the Residency Committee with the approval of the Director. Thirty-one resident physicians were in training at the Nebraska Psychiatric Institute during 1971-1973. Since providing the State with well-trained psychiatrists is one of the Nebraska Psychiatric Institute's chief functions, it is gratifying to report that of the thirteen house officers who completed their training during the biennium, nine have chosen to remain in Nebraska, and all of these have entered public service rather than going into private practice.

One Child Psychiatry Fellow completed training during the biennium. The staff for this program has been reorganized and, with improved staffing, it is anticipated that more child psychiatrists will be trained during the coming biennium.

The Nebraska Psychiatric Institute offers **training programs in psychiatry for house officers in non-psychiatric specialties** so that they will be able to diagnose and manage most of the psychiatric problems they will see in the future practice of their specialties. A two-month block of training at the Nebraska Psychiatric Institute is now a required part of every Family Practice house officer's residency program, and house officers in other specialties may elect a similar training block or a six-month program. During 1971-1973 one Internal Medicine and ten Family Practice house officers completed psychiatric training programs.

Psychiatric training and experience are part of the education of all medical students and nurses, so that in the future practice of their professions, they will recognize and be able to care for the emotional as well as the physical problems of their patients.

The continuing education program, "**Office Psychiatry for Family Physicians**," was designed to help physicians practicing in parts of the State where psychiatrists are scarce to diagnose and treat the mental disorders of their patients. Forty-two physicians came to the Institute one day a month for training; additional training was offered at four "Grass Roots Clinics" at Cambridge, Broken Bow(2), and Lexington, Nebraska, and at two two-day seminars on the "Problems of Life and Death" and

"Current Issues in Psychiatry."

There has been a significant increase in the number of people enrolled in the Nebraska Psychiatric Institute's **training programs for the allied health professions**. There were 454 trainees enrolled in these programs at the undergraduate, graduate, and intern levels, compared with 262 during the previous biennium. Three new programs began during 1971-1973.* The first students to be enrolled in the **Biomedical Communications Internship Program**, which began in June, of 1972, have completed their training and a new class has begun. This program, established by a grant from the National Library of Medicine, covers communications management; media production; biomedical reporting; writing; editing; theories of communication, management, and education; research methods; computer theory; programmed learning; and educational systems design and evaluation.

The **Alcoholism Multidisciplinary Training Program**, which began in July, of 1972, offers concurrent instruction to five different groups of students who range in educational background from elementary school dropouts to the postgraduate level. Students include psychiatric house officers, medical students, college students, graduate and student nurses, vocational rehabilitation counselors, clergy, teachers, police officers, police academy instructors, family group counselors, employees of community agencies, state hospital aides, New Career trainees, and former alcoholics. The program's goals are to enable students to apply the knowledge obtained to work with alcohol problems encountered in the pursuit of their primary careers. For some students it is the beginning of a new career in alcoholism counseling. The program consists of a core didactic curriculum and practicum experience, interviewing and working with people with diagnosed alcoholism and with drunkenness offenders. The program is intended to serve the community by contributing to the primary, secondary, and tertiary prevention of disability resulting from alcohol problems.

The third program, **Continuing Education for Mental Health Manpower**, is described in the Staff Development portion of this narrative.

Previously established training programs in **clinical psychology, social work, occupational therapy, vocational rehabilitation, and psychiatric nursing** continue to be offered. The following summary of enrollment provides a review of the variety of training available at the Nebraska Psychiatric Institute:

SUMMARY OF ENROLLMENT, EDUCATION, AND TRAINING

1971 - 1973

Residents		42
Psychiatry	31	
Child Psychiatry Fellow	1	
Internal Medicine, Family Practice (Part-time) (Part-time)	10	
Allied Health Professions		463
Intern Programs		
Clinical Psychology	11	
Psychiatric Occupational Therapy	15	
Vocational Rehabilitation	14	

Graduate Programs			
Biochemistry	3		
Biomedical Communications	23		
Psychology	10		
Social work (clinical experience, from University of Nebraska-Lincoln)	12		
Psychiatric Occupational Therapy	2		
Psychiatric Nursing	18		
Unclassified, and from University of Nebraska-Lincoln, University of Nebraska-Omaha, and other Medical Center Departments	55		
Undergraduate Programs			
Physical Therapy	16		
Psychiatric Nursing	263		
Psychology (University of Nebraska-Omaha - 2; Creighton - 15)	17		
Social Work (clinical experience, from University of Nebraska-Omaha)	4		
Continuing Education		42	
Office Psychiatry for Family Physicians	42		
Non-Professional Programs		184	
Inservice Training for Technicians, Aides, and Orderlies	125		
SWEAT (Summer Work Experience and Training) Trainees	55		
Alcohol Trainees	4		
Medical Students	519	519	
TOTAL			1,250

COMMUNITY EDUCATION

The Nebraska Psychiatric Institute sponsors conferences, workshops, and short courses for the education of people engaged in the helping professions and for community education in mental health and mental illness. Knowledge is disseminated to the community primarily through the Division of Preventive and Social Psychiatry. Presentations during the 1971-1973 biennium included:

- * A Health Workshop at Dana College, July, 1971.
- * The Nebraska School for Alcohol Studies at Scottsbluff in August, 1971; Lincoln in June, 1972; Kearney in January, 1973; and Lincoln in May, 1973. These courses were sponsored by the Alcohol and Chemical Dependence Services of the Nebraska Psychiatric Institute, the University of Nebraska Extension Division, and the Nebraska Division on Alcoholism.

- * A Mental Health Workshop at Marian High School, Omaha, September, 1971.
- * An eight-session Personal Crisis Training Program in October, 1971, sponsored in cooperation with the Personal Crisis Services.
- * A continuing education program Genetics in Nursing held weekly in October and November, of 1971, sponsored by the Human Genetics Division and the College of Medicine's Department of Continuing Education.
- * A workshop on Therapeutic Recreation for the Psychiatric Institute, November, 1971.
- * A Drug Training Institute, November, 1971.
- * A meeting for Nebraska Mental Health Educators, December, 1971.
- * Participation by staff members in the training of police recruit officers for the City of Omaha, Police Division.
- * The eleventh and twelfth Human Sciences Conferences, held in April, 1972, and April, 1973, to acquaint high school juniors and seniors with the sciences devoted to mental health and the variety of careers available in the mental health field.
- * An Inservice Training for Resource Teachers workshop, held in August, of 1972, sponsored by the Educational Therapy Division of the Nebraska Psychiatric Institute and the Omaha Public Schools.
- * Meetings on Management of Alcohol Problems and People, sponsored by the Alcohol and Chemical Dependence Services and the Nebraska Division on Alcoholism, held weekly during November, January, February, March and April, of 1973.
- * A conference on Teaching and Working with the Emotionally Disturbed for Dana College undergraduate education students in January, of 1973.
- * A symposium on Human Sexuality presented in March, of 1973, for all house officers at the University of Nebraska Medical Center.
- * A conference, "New Horizons for the Severely Retarded," presented by national and international experts in the field in June, of 1972; and a course, "The Mentally Retarded: The Role of Community Service Personnel," presented in April, of 1973, sponsored by the Nebraska Psychiatric Institute's Division of Preventive and Social Psychiatry in cooperation with the College of Medicine's Center for Continuing Education.
- * The Division of Preventive and Social Psychiatry continued the Summer Work Experience and Training (SWEAT) program in which high school juniors and seniors and college-age trainees spend two months working in facilities for the mentally retarded and attending seminars on mental retardation at the Medical Center in order to investigate the field of mental retardation as a possible career choice.

In addition to these presentations, staff activities during 1971-1973 included lectures to 91 professional groups; 130 school groups of students, parents, and teachers; and 85 church and community groups. The topics of the talks given by staff members fell into the following categories, in the number given, with the approximate number in attendance:*

Mental health, facilities and resources	122	7,450+
Mental illness and mental retardation	94	4,844
Drug misuse	64	3,604
Alcoholism	32	602+
Careers in mental health	23	797
Other topics	209	12,019+

*Attendance figures since October, 1971

There were 3,510 film bookings, 42 radio and television appearances, and 92 tours of the Institute for 1,220 people during the biennium.

RESEARCH ACTIVITIES

Research programs at the Nebraska Psychiatric Institute are pursued with the ultimate objective of reducing the incidence of mental illness and mental retardation. Projects during 1971-1973 were widely varied, including the development of a technique for the detection of morphine in urine, several studies that illustrate how different types of mother-infant relationships influence infant development in primates, and investigations into the relationship of inborn errors of metabolism to mental retardation. Other new projects, reported earlier in this narrative, include investigations into the effects of alcohol and other drugs on the developing brain.

Much of the cost of research has been met through federal grant monies and through allocations from the University budgets. Future planning anticipates increased support and direction of research through the Medical Services Division, of the Department of Public Institutions, so as to increase the relevance of these activities to the needs of the State of Nebraska.

Forty-four staff members and ten students participated in research, development, and demonstration projects during the past two years. Forty research projects were completed and thirty-seven are in progress. There were 101 publications by Nebraska Psychiatric Institute staff members, many of them presenting the findings of research projects.

PROGRAMMATIC SERVICES

Two of the Nebraska Psychiatric Institute's primary responsibilities are the prompt diagnosis and treatment of mental disorders. By meeting these responsibilities, the special functions of the Institute — education and research — may be carried out to the benefit of all the citizens of Nebraska. Two new areas of service which opened during the 1971-1973 Biennium, the Adolescent Service's short-term evaluation and crisis treatment center and the Alcohol and Chemical Dependence Services' Drug Treatment and Research Ward, have been described earlier in this report. Other services are as follows:

Adult Inpatient Service

The Adult Inpatient Service offers brief, intensive treatment to patients having

all types of psychiatric disorders. The average length of stay on the 48-bed service is 26 days, during which time patients living on the three open units participate as much as possible in the daily life of the hospital and, through patient-team meetings, are part of the decision-making process concerning their own activities. Each patient, living among other patients in a therapeutic environment, enters into a treatment plan based on his or her own needs—individual and group psychotherapy, medications and other somatic treatment as needed; and occupational therapy, recreational therapy, vocational rehabilitation, and social group experiences as indicated. Partial hospitalization programs, also, are offered. After his discharge from the hospital, the patient may receive aftercare and any needed follow-up services.

During the past year, crisis-oriented treatment with brief hospital stay has been emphasized, and has been expedited by the adoption of the Problem-Oriented Medical Record. This system, which facilitates the collection of patient information, the identification of problems, and the formulation of treatment plans, has made it possible to practice better crisis medicine and to train more students. There has been an increase in the number of medical students, nursing students, and vocational rehabilitation interns on the service, and the patient census has been at nearly 100 percent capacity all year.

The team model system has been implemented further during 1971-1973. Four multidisciplinary teams, each with a nurse as team leader or patient care coordinator, are responsible for the treatment programs of an assigned number of patients. The use of nurses, rather than rotating house officers as team leaders, has contributed to the continuity of patient care.

The group therapy program has undergone revision during the biennium and is more task-oriented, with patients progressing through a series of three levels or steps.

Alcohol and Chemical Dependence Services

The Alcohol and Chemical Dependence Services offer a full range of health services to persons with problems of alcohol and drug dependence who come to the Institute as inpatients, outpatients, or for partial hospitalization as day, night, or weekend patients. After admission on inpatient status, the patient is detoxified. He then begins an individualized program of rehabilitation, including individual and group psychotherapy, occupational and recreational therapy, and vocational rehabilitation. This program is designed to develop responsibility and self-determination in the patient, as well as return him to physical health. After discharge, follow-up services are given to all patients. Close liaison is maintained with the various community agencies which serve the patient in his continuing efforts to adapt to productive life in society. During the past two years the methadone maintenance program has continued to provide methadone as a substitute for heroin, as well as a program of rehabilitation services for a significant number of patients on an outpatient basis. Members of the Alcohol and Chemical Dependence Services work in close cooperation with members of the basic sciences departments in the field of addiction research.

Adolescent Service

The Adolescent Service's inpatient program emphasizes short-term, intensive therapy involving multiple treatment forms, including individual psychotherapy, group

therapy, family therapy, milieu therapy, behavior modification, and the use of medications. The length of stay on the service varies from about two weeks to several months, if necessary, and averages about thirty days. Patients attend classes every morning so that their school work is not interrupted, and the educational therapists maintain close liaison with the patients' schools. Occupational therapy, recreational therapy, and vocational rehabilitation counseling are part of the program.

There has been an increasing demand for outpatient services to adolescents and their families, and this part of the program has greatly expanded since January, 1973, with the opening of a new adolescent outpatient service.

Services to patients are augmented (under faculty supervision) by psychiatric house officers serving three- to six-month blocks of elective time, medical students on eight-week clerkships, graduate and undergraduate social work students, and psychology interns.

Research projects during the past year have included participation in a study of suicidal behavior in adolescents, assessment of parental attitudes in families evaluated on the service, and reviews of the literature on subjects related to the mental health of adolescents.

Children's Service

The Children's Service provides referral, evaluation, and treatment for children as inpatients, daypatients, or outpatients. A multidisciplinary team studies each child and his family situation, and formulates a treatment plan to fit his needs. This plan may include individual psychotherapy, group therapy, and family counseling. Hospitalized children, and children who spend the day at the Institute but live at home, receive a balanced program of therapy, education, and recreation, and are provided with follow-up care after they are discharged.

The tutorial program which started in 1971 is still in progress. This program is designed to test the hypothesis that improved reading skill leads to improved self-concept, with a resulting improvement in classroom behavior and interest in learning. Follow-up studies are planned to see how well the tutorial program aids the child in making a successful return to his own classroom when he leaves the hospital.

The Children's Service staff has continued to provide consultation services to school and community social service agencies, in addition to giving direct services to children and their families. Students from a variety of mental health disciplines provide services, also, to the children and their parents under the supervision of the faculty and staff.

Adult Outpatient Service

The Adult Outpatient Service provides consultation and treatment for persons who have psychiatric problems but do not require hospitalization, and for patients who have been hospitalized but no longer need inpatient care. The service, also, provides psychiatric evaluations for the Douglas County Courts, has set up special clinics to treat court-referred individuals who are in trouble because of child abuse or sexual deviation, and provides client-oriented consultation services for various social services agencies. In addition, medical students and nursing students may use the service by special arrangement.

CONTINUED

2 OF 4

The team approach is basic on the Adult Outpatient Service. Residents in psychiatry and family practice, and students in medicine, social work, and psychology participate in the programs and provide services to patients under faculty supervision.

An eclectic range of treatment modalities is used. These include psychodynamic individual, group, and family therapies, behavior modification, and the use of psychoactive medications. Emphasis is placed on brief therapy and crisis intervention, beginning as soon as possible after the patient's first visit to the clinic, with longer-term individual and group therapy then undertaken when appropriate.

Videotaped patient interviews, formerly used primarily for training purposes, are now used, also, for therapy with patients. Through a review of interviews taped at different stages of treatment, patients are able to see signs of their own growth and change.

The new Aftercare Service is open one afternoon a week to follow the progress of chronically ill patients who have been discharged from the Institute's inpatient or outpatient services. These patients are helped to become reintegrated into the community, and efforts are made to find alternative programs for them so that re-hospitalization does not occur. The patients' medication programs are monitored, also, on visits to the Aftercare Service.

Liaison Service

The Liaison Service provides psychiatric consultations at the University of Nebraska Hospital for any departments requesting them. In addition, representatives of the Liaison Service make frequent follow-up visits to the patients who are seen in consultation, and remain available to the house officers and other medical staff assigned to the cases for instruction and assistance in ongoing patient care.

There has been a steady increase in the number of consultation requests over the past few years. These requests have grown from an average of 13 per month in 1969-70, to an average of 38 per month (and as many as 54 per month) in 1972-73. There were 786 consultations requested and made during the 1971-1973 Biennium.

Other Services to Patients

Additional services to patients are offered by the psychology division, the social services division, occupational therapy, therapeutic recreation, laboratory services, and volunteers from the community. A library is maintained for and by the patients. Vocational rehabilitation counseling is given to all patients admitted to the Adult Inpatient Service, the Alcohol and Chemical Dependence Services, and, increasingly, to the adolescents. Services include job development and job placement, training provided by the State Division of Rehabilitation Services, and the Boarding House Project, which provides board, room, medication, and counseling to patients while they are becoming re-established in the community and gaining employment or training for employment.

As in the past, the majority of the Nebraska Psychiatric Institute's patients come from Region VI, due for the most part to the Institute's proximity to the region. Patients from the entire State, however, come to the Nebraska Psychiatric Institute for service on referral from family physicians, community agencies, and other components of the Department of Public Institutions when the specialized facilities and programs

of the Institute can provide services not available in the patient's own community.

In the process of rendering needed medical service to patients, full attention is given to the patient's comfort, dignity, and right to privacy. Inpatient services are rendered on open wards. The patient's informed consent is obtained before instituting treatment procedures. Participation of patients in teaching and research activities, likewise, is done only with their knowledge and consent. Confidentiality is respected, and information about patients is furnished only with the patient's consent or when required by law.

INDIRECT SERVICES

Most of the Institute's indirect services are provided through the Division of Preventive and Social Psychiatry, whose goals are to help community agencies plan and establish programs for the mentally ill and mentally retarded; to act in an advisory capacity to agencies' service systems; to do research on the needs of the mentally ill, mentally retarded, and other troubled people in the community; and to provide the public with information and education in mental health. Among the activities of the past two years, members of the Division staff:

- * Assisted the staff of the Greater Omaha Association for Retarded Children (GOARC) in developing a Citizen Advocacy Program and a Poverty Outreach Program which has been successful in involving minority group parents of retarded children in learning about and working with the mental health problems of their children.
- * Worked with the Douglas County Mental Health Resources Service in setting up workshops on school problems and citizen advocacy for emotionally disturbed children, and helped that agency establish a day training center and two hostels for emotionally disturbed children.
- * Helped establish and contributed to the further development of One Giant Step, a social and recreational group of former psychiatric patients.
- * Provided consultation for the film, "Where the Children Play," which was created to spur public attitudinal change toward the severe and profoundly retarded. The film received a CINE Award for technical films in the area of public education.
- * Provided consultation to local programs for people with problems related to alcohol, including aid in submitting an Alcohol Safety Counter Measures grant.
- * Provided consultation to the evolving Regional Correctional System.
- * Helped the Douglas County Hospital and the Salvation Army establish the recreational therapy components of their alcohol treatment programs.
- * Edited the Eastern Nebraska Mental Health Association's newsletter.
- * Wrote and submitted a program proposal for Title 4A funds for the Omaha Committee for Coordinated Child Care.
- * Provided consultation to the Eastern Nebraska Community Office of Retardation (ENCOR) and helped establish their recreation program.
- * Assisted the staff of the Douglas County Hospital in the establishment of a Mental Retardation Unit and the improvement of the hospital's psychiatric facilities.

- * Participated in the training of a cadre of young professionals in the field of mental retardation via the Manpower Development Station in Mental Retardation which has been established at the Nebraska Psychiatric Institute.
- * Completed an annotated bibliography of the literature on community psychiatry, listing the key 1,500 articles published over the past decade.

Members of the Division provide approximately 12 public informational presentations, 16 to 18 problem-centered consultations, and 8 to 12 program consultations each month.

In addition to the consultation activities of the Division of Preventive and Social Psychiatry, each of the Nebraska Psychiatric Institute's clinical services and the Psychology and Social Services divisions, the Occupational Therapy department, and the Vocational Rehabilitation unit offer consultation services as part of their programs. These consultations may be client-, problem-, or program-centered.

STAFF DEVELOPMENT

The need for staff development and continuing education programs for existing members of mental health disciplines is especially crucial in Nebraska, where there is a shortage of mental health manpower at every level. Those mental health workers already employed in Nebraska must receive the education and training necessary to function at their highest possible professional level. The Nebraska Psychiatric Institute provides this education and training, both to the staff employed at the Institute and throughout the State mental health system through programs in Hospital Staff Development, Nursing Inservice Training, and a new program which was established during the past biennium, the Continuing Education for Mental Health Manpower program.

The Hospital Staff Development program, which at first concentrated on the training of psychiatric technicians and later expanded to total nursing staff training, served the entire staff of the Nebraska Psychiatric Institute during 1971-1973. During the first half of the biennium the program provided orientation for all new employees and education for the professional growth of nursing personnel. During 1971-1972 staff development programs had a total enrollment of 457 persons. Sixteen nursing personnel, eleven Social Services personnel, and nine Psychology Division personnel were enrolled in special programs, 240 persons attended weekly Hospital Staff Development Programs, and 181 persons participated in the orientation program for new employees. The program had a new focus during 1972-1973, the training of Nebraska Psychiatric Institute personnel and students in the use of the Problem-Oriented Medical Record, which was instituted at the Institute February 1, 1973. Approximately 200 staff members—including psychiatrists, registered nurses, licensed practical nurses, psychiatric technicians and aides, clinical and counseling psychologists, psychiatric social workers, vocational rehabilitation counselors, recreational therapists, occupational therapists and educational therapists, plus psychiatric house officers, medical students, student nurses, social work students, and hospital administrative personnel—have received this training.

Formerly-established staff development activities included ongoing weekly meetings for the nursing staff on such topics as psychiatric concepts and the improvement of interviewing skills.

Nursing Inservice Training

Nursing Inservice Training provides orientation and training for newly-employed professional and non-professional nursing staff, which includes psychiatric technicians and aides. The program arranges for and teaches continuing education courses necessary for job requirements, and helps the nursing staff participate in continuing education classes held outside the Institute.

During 1971-1973 orientation was given 28 professional and 122 non-professional nursing staff members, and inservice training was provided for 28 psychiatric technicians and five professional nurses. One hundred seventy-eight nursing staff members attended continuing education programs at the Nebraska Psychiatric Institute, and 94 attended continuing education programs elsewhere.

Continuing Education for Mental Health Manpower

During its first year, the Continuing Education for Mental Health Manpower program provided training for 1,583 persons who are employed in Nebraska's mental health delivery system or in mental health-related occupations. The content of this continuing education program is determined by the expressed needs of the program's participants, and is presented in workshops, usually one or two days in length, by experts in their fields from all over the United States and Canada.

A ten-session program for members of the clergy was presented by Nebraska Psychiatric Institute and visiting faculty members as part of the Continuing Education for Mental Health Manpower program. Lecture topics included "Interpersonal Skills;" "Theology and Healing;" "A Study of the Responses of Children to Death and Dying;" "The Psychotherapy of Everyday Life: Communications Skills that Promote Healing;" "Specific Counselor Behaviors in a Helping Relationship;" "Transactional Analysis in Counseling and Interpersonal Exchanges;" "Drug Problems;" "High Functioning Therapists: Ginott's Communication Analyzed;" "Alcoholism;" "Human Aspects of Behavior Modification;" "Sexual Conflicts, Homosexuality, Lesbianism, Transsexualism, Pornography, Abortion;" "Drug Misuse: Current Findings and Issues;" "Special Problems of Young People, Adolescent Problems, Suicide, Anorexia Nervosa, and School and Family Difficulties;" "The Combination of Therapeutic Skills;" and "Testing Our Final Effectiveness Level."

PHYSICAL FACILITIES

The Nebraska Psychiatric Institute is a two-story brick building having 101,473 square feet of floor space. It has 95 inpatient beds used by inpatient psychiatric services (short-term, intensive treatment) for children, adolescents, and adults; and there is a separate service for persons with alcohol and drug dependence problems. There are outpatient clinics and facilities for partial hospitalization. In addition, there

are classrooms, an auditorium, and research laboratories. A 5,400 volume library in the building is affiliated with the 160,000 volume University of Nebraska Medical Center Library (which, also, is the Mid-Continental Regional Medical Library).

The building is equipped with several teaching aids, including seventeen one-way mirror interview rooms, videotape recorders, and a videocassette machine. An extensive closed circuit television system connects the Institute with other areas of the Medical Center campus, and provides a two-way television connection with three Veterans' Administration Hospitals.

FORECAST

Though the Nebraska Psychiatric Institute has reason to take pride in the quality of its teaching programs and in the achievements of its students and house officers, the staff cannot become complacent and must strive to improve all programs. In order to do this we are attempting to develop better means of program evaluation.

Instruction offered to medical students at the Nebraska Psychiatric Institute will be improved during the coming biennium by developing behavioral objectives for all teaching exercises for which they are not already in use, and new methods of teaching interviewing techniques will be introduced.

The Physician's Assistant Program will be a new teaching activity for the coming year. Portions of this program will be integrated with medical school courses. House officers will participate in the instruction of students in the program and, through this experience, as well as having an opportunity to develop teaching skills under faculty supervision, will also gain a greater appreciation of the potential role of the physician's assistant.

Plans are under consideration for new teaching programs for clinical pharmacists and for students of mental health administration.

The house officer training program, at the recommendation of the Director of the Department of Public Institutions based on projections of Nebraska's needs, has been expanded to accommodate ten new house officers yearly. This quota will be reviewed in consultation with the Department of Public Institutions so that the number of persons to be trained in this specialty will remain compatible with sound health service delivery planning. The utilization of other State and community facilities and Veterans' Administration facilities in the house officer training program will be thoroughly reviewed during the coming year with a view to achieving a higher degree of program integration and more optimal use of available training opportunities.

Service programs will continue to be responsive to changing community needs. We anticipate some decrease in inpatient activities, with further increase in effective outpatient and partial hospitalization services. In addition to our usual areas of clinical interest, several staff members will be devoting increased attention to problems related to child abuse and child abusers. Further strengthening of programs in alcoholism and chemical dependence and in services for adolescents is contemplated to meet increasing needs. Possible needs for expanded services for geriatric patients will be evaluated.

A variety of new research programs are under consideration, including basic and clinical investigations of chemical dependence and possible studies of biofeedback.

The problem of accommodating to the phase-out of federal grant support for training and research programs cannot be ignored. Increased State support is being sought, economies are being effected; and, with cautious optimism, we expect to maintain the quality of the programs described in this report.

At this time there is a bill in the Nebraska Unicameral, LB 361, which, if enacted during the coming year, will shift the financial support now derived from the Department of Public Institutions to the University of Nebraska. If this is passed, it will lead to several administrative and procedural changes, but it will not alter the basic purposes of the Nebraska Psychiatric Institute; nor will it alter the close collaboration between the Institute and the other Department of Public Institutions facilities and programs so that it may continue to provide trained manpower (including family physicians, psychiatrists, and other health and mental health specialists) to meet the mental health needs of the State, make an appropriate contribution to integrated service delivery, and produce relevant research which can benefit the citizens of Nebraska.

TABLE 1
NEBRASKA PSYCHIATRIC INSTITUTE
Statement of Expenditures
Biennium Ending June 30, 1973

Class of Expenditures	
Personal Services	\$3,961,805
General Operations	590,369
Capital Expenditures	47,780
Total Operating Expenditures	4,599,954
Source of Funds	
Institutions Operations:	
General Fund	3,599,425
Institution Cash	869,728
Federal Fund	130,801
Total Operating Expenditures	4,599,954
Other Funds:	
Canteen Fund	2,659
Building Fund	25,928
Total Other Funds	28,587
GRAND TOTAL	\$4,628,541

TABLE 2

NEBRASKA PSYCHIATRIC INSTITUTE
Mental Health Residents
By Diagnosis and Age
As of June 30, 1973

DIAGNOSIS	AGE AT END OF YEAR									
	TOTAL	0-9	10-14	15-19	20-24	25-34	53-44	45-54	55-64	65 & Over
Mental Retardation	4	3	0	1	0	0	0	0	0	0
Organic Brain Syndrome	1	0	0	0	1	0	0	0	0	0
Psychosis	21	0	1	2	5	7	1	4	1	0
Neurosis	11	0	0	1	3	4	2	1	0	0
Personality Disorder	4	0	1	0	2	1	0	0	0	0
Alcoholism & Drug Dependence	10	0	0	0	7	2	1	0	0	0
Transient Situational Disturbance	8	1	1	5	0	0	1	0	0	0
Other	13	3	8	1	0	0	1	0	0	0
TOTALS	72	7	11	10	18	14	6	5	1	0

* Residents includes persons residing in institution plus patients on home visit. Does not include patients on elopement, long-term leave, or daypatient service.

TABLE 3

NEBRASKA PSYCHIATRIC INSTITUTE
Mental Health Inpatient Services
Admissions by Diagnosis and Age
Biennium Ending June 30, 1973

DIANGOSIS	AGE AT ADMISSION									
	TOTAL	0-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65 & Over
Mental Retardation	19	7	5	4	1	2	0	0	0	0
Organic Brain Syndrome	32	0	0	4	5	2	3	4	5	9
Psychosis	384	2	6	36	75	112	51	62	32	8
Neurosis	206	1	9	21	54	54	30	25	9	3
Personality Disorder	250	0	2	27	113	77	25	6	0	0
Alcoholism & Drug Dependence	215	0	2	16	55	56	57	23	6	0
Transient Situational Disturbance	344	19	140	135	22	17	6	1	2	2
Other	53	3	3	14	11	11	10	0	0	1
TOTALS	1503	32	167	257	336	331	182	121	54	23

* Admissions equals first admissions plus readmissions. Does not include transfers within the mental health system or return patients from long-term leave, elopement, or daypatient service.

TABLE 4
NEBRASKA PSYCHIATRIC INSTITUTE
MENTAL HEALTH SERVICES
Biennium Ending June 30, 1973

	TOTAL	NPI IP	NPI OP	NPI PH
Active Patients (1) at Beginning of Period	799	59	650	90
Total Additions to Facility During Period	4390	1821	1914	655
Admissions and Readmissions	2938	1503	1401	34
Per Cent First Admissions	(62)	(83)	(62)	(2)
Returns	264	264		
Transfers (2)	1188	54	513	621
Total Separations from Facility During Period	4225	1808	1741	676
Discharges and Deaths	1005	1005		
Placements	747	747		
Elopements	18	18		
Transfers Out	38	38		
Active Patients at End of Period	964	72	823	69
Partial Hospitalization Visits (3)	4796			4796
Outpatient Visits (4)	15356		15356	

- (1) Includes all persons the facility is actively or currently providing treatment for.
 (2) For inpatient services includes only transfers from other state mental health inpatient facilities.
 For outpatient and partial hospitalization services, includes mental health inter-facility transfers and mental health intra-facility transfers.
 (3) The total number of patient visits less than 24 hours in length.
 (4) The total number of patient visits less than 8 hours in length.

NPI—Nebraska Psychiatric Institute
 IP—Inpatient Services
 OP—Outpatient Services
 PH—Partial Hospitalization Services

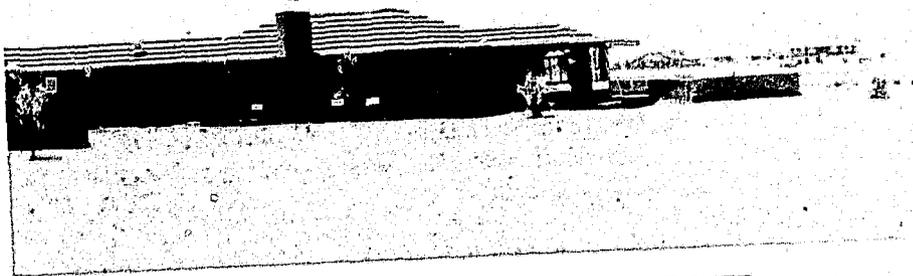
PANHANDLE MENTAL HEALTH CENTER
Scottsbluff, Nebraska

1. Location: Scottsbluff, Scotts Bluff County, Nebraska
2. Address: 4110 Avenue D
Scottsbluff, Nebraska 69361
3. Telephone: (308) 635-3171
4. Other Locations: Children's Program
743 Winter Creek Drive
Scottsbluff, Nebraska 69361
(308) 635-3700

Sidney Office
P. O. Box 475
Sidney, Nebraska 69162
(308) 254-5370

Chadron Office
P. O. Box 366
Chadron, Nebraska 69337
(308) 432-4485
5. Administrative Staff: C. Allen Roehl, Ph.D., Director
William F. Nisi, M.Th., Associate Director
Stephen Silverman, Administrator
6. Date Established: February 1, 1969
(Predecessor: West Nebraska Psychiatric Clinic - 1952)
7. Normal Capacity for Inpatients: 6
8. Outpatients (June 30, 1973): 861
9. Total Staff (June 30, 1973): 30 Full Time; 9 Part Time
10. Types of Admission: Voluntary and Court Order
11. Financial Responsibility: (a) Charges to individual patient and/or responsible guardian and relatives, based on determined ability to pay; (b) Charges prorated to State and county of legal settlement, based on provisions of Financial Responsibility Act; (c) Charges to State-at-large if patient is unable to pay and legal settlement in the State is not determined
12. Transportation: Frontier Airlines; Continental Trailways and Star Bus Lines

Panhandle Mental Health Center



PANHANDLE MENTAL HEALTH CENTER

C. Allen Roehl, Ph.D., Director

PURPOSE AND GOALS

The Panhandle Mental Health Center was established to provide comprehensive mental health services to the people of the eleven counties of the Panhandle of Nebraska. Since identified mental health facilities do not exist in this area outside of the Center; therefore, all types of problems must be dealt with. Other agencies, such as the courts, schools, and county welfare departments, provide some elements of service. The Hastings Regional Center continues to serve as the backup facility for patients requiring other than short-term hospitalization.

The goals of the Center are (1) those which are responsive to the needs of the community and (2) those which are designed to provide leadership in positive mental health practices.

Under the responsive model, the goal is to accept all requests for service from organizations and agencies, community caretakers, the family, or the individual patient. These requests are to be honored as soon as possible—emergencies being dealt with immediately, and more routine matters handled with orderly dispatch.

The second goal requires thoughtful contact with the community and continuing evaluation of current research and trends in the community mental health field. This goal is to be met by a balancing of strong professionalism with the guidance from community groups, both informally and more formally through the various advisory boards.

SUMMARY OF MAJOR ACCOMPLISHMENTS

Major accomplishments of the past several years include (1) the continuation of a program of fairly comprehensive and quality service, and (2) the initiation of several

new programs and projects together with the staff necessary to effect these. The services which were continued are discussed in the next section. New programs and projects included the development of additional satellite operations. These, also, are discussed below. Three other areas are: (1) the initiation of a counseling and service program to the Indian population, (2) the development of a consulting program to juvenile probation, and (3) a major new thrust in services to children through the Children's Program.

The Indian program, funded through a federal 314(d) grant, provides a social worker to consult with agencies (primarily the courts) and to do casework and counseling with Indian people. Coordination of effort with other agencies, also, is a goal of this program which has been in operation for only a few months, but it holds promise of many benefits.

The Juvenile Probation Project employs a full-time probation consultant and several part-time consultants. The primary thrust of the project is aimed toward the county juvenile probation officers and other members of the Criminal Justice System who are involved with the juvenile offender. During the first year many of the efforts were organizational in nature, involved with the identification of priorities and establishment of routine procedures, such as consultation with probation officers and judges. The immediate objective of the project is to provide mental health services to probationers in an indirect fashion by providing consultative services to intermediate figures. This should result in more effective management and supervision of juvenile probationers, due to increased skills and knowledge of alternatives on the part of probation officers. Gradually the project will acquire a pool of information which will help to identify more accurately the high risk population and institute more effective preventive measures. Ultimately, the impact of the project should be felt through reduced recidivism of juvenile offenders. This project is funded by a grant from the Nebraska Commission on Law Enforcement and Criminal Justice. An advisory board of area judges assists in directing the project.

In January, of 1973, the Children's Program of the Panhandle Mental Health Center became operational as a result of the award of a grant from the National Institute of Mental Health. The program accounted for a very substantial increase in the total staff of the Panhandle Mental Health Center. The program employs a director, three area coordinators, and seven outreach workers in addition to clerical staff. Such an expansion of staff required acquisition of additional office space in Scottsbluff. But even more significant to the total mental health program is the provision of the Children's Program for the establishment of permanent offices in Chadron and Sidney. Each of these offices is staffed by an area coordinator and two outreach workers. These offices will have the primary responsibility for delivery of services to children and families within their areas. The ultimate goal of this program is preventive—the rationale being that if adequate consultation and community education are provided to teachers, parents, and other significant adults, many or most of the mental health problems may be eliminated, or significantly modified. With this goal in mind, much of the attention in the first six months of the project has been focused upon establishing mutually beneficial relationships with the school systems, the Head Start Program, and with other community agencies. Plans have been made for the involvement of mental health personnel in many of the teacher workshops to

be held prior to the opening of the 1973 school year, and still other plans have been made for various sorts of ongoing consultation. One almost immediate result of the community organization by the Children's Program was the establishment of satellite offices in two new locations, Bridgeport and Crawford.

PROGRAMMATIC SERVICES

Outpatient

The entire staff is involved in all of the modalities of outpatient treatment. Outpatient services involve (1) evaluation and consultation and/or (2) treatment.

Evaluations are done by clinical interview, observation, and psychological testing. Consultation with the referring agency, referral to some other agency or resource, or referral to one of the services of the mental health center are logical outgrowths of the evaluation process and staff discussion. Often evaluations are done for courts and schools as part of the disposition and placement planning.

Patient treatment utilizes most of the conventional treatment modalities, with an emphasis on group therapy and time-limited therapy. Clinical judgment and availability of staff time are considered in planning forms of outpatient treatment.

Day Care

The concept of partial care is based on the general principles of intensive psychotherapy, with certain specialized features. The four principles of partial care at the Panhandle Mental Health Center are: (1) to remove the patient, for a significant portion of the day, from the environment which is contributing to his mental health problem, or with which he is unable to cope because of his mental health problem; (2) to assist the patient in unlearning maladaptive behavioral and emotional responses; (3) to assist him in acquiring a new repertoire of responses; and (4) to provide a specialized community in which he may practice these responses, with opportunity to generalize these to the community at large. For many patients treatment in partial care is a preferable alternative to long-term inpatient care at a psychiatric hospital.

Each patient referred to the Day Care program is assigned to a staff member who provides appropriate counseling and assists in social planning as required by the individual needs of the patient. The individual staff member participates with the Day Care team in planning long-range goals for the patient.

Inpatient

All local inpatient programs depend upon facilities and staff of the West Nebraska General Hospital and St. Mary Hospital in Scottsbluff. Generally, patients are integrated with general medical and surgical patients on the various wards of the hospitals. Medical coverage is provided by the personal physician, by one of the three backup physicians who have been designated by the local Medical Society to offer backup services to the Center, or by the Center psychiatrists.

This small inpatient capability services all types of psychiatric patients, usually

for a relatively short period of time. For extended hospitalizations, the Hastings Regional Center or the Veterans' Administrations Hospitals are used. For patients not requiring the services of the hospital, but requiring some type of care or maintenance beyond an independent living facility, local nursing homes are utilized.

If at all possible, patients in the hospitals participate in the partial hospitalization program at the Center.

Emergency

Staff members are available for emergencies outside of regular hours by use of a telephone answering service and "on-call" lists made available to police and hospitals.

INDIRECT SERVICES

The provision of indirect services has undergone gradual change resulting from the implementation of new programs and the expansion of staff. The thrust of the Probation Project is almost exclusively consultative, with perhaps eighty percent of the consultant's time being spent in indirect services to probation officers, judges, and other caretakers, as opposed to direct patient services. The Children's Program is similar in many respects, concentrating on consultation to the community. This approach is intended to provide benefit to a greater number of people by the use of intermediate caregivers. Training sessions for foster parents, teachers, and other school personnel; and workshops for probation officers are among the currently planned projects of the Probation and Children's Programs.

Various members of the staff are involved in planning and action with community agencies and organizations. These include a Scouting Explorer Post, a telephone information and referral service, an Alcohol Planning Council, Migrant Health, Head Start, and Volunteer Bureau. There continue to be many requests for speakers from the mental health staff to address service organizations in the community. To the extent that scheduling allows, these invitations are accepted. The position of a mental health educator on the staff serves to provide continued planning and insures that the educational efforts will not be ignored or relegated to a minor position due to demanding schedules. However, the scope of indirect services provided by the Mental Health Center far exceeds that which can be offered by a single staff member. The catchment area cannot be considered to be saturated with information concerning the Mental Health Center. However, the Center is past its days of infancy and beyond the level of the half-hour speech as its primary educational tool. The goal of indirect services is consistent with the goal of the total mental health program; that is, to provide information which will promote good mental health.

STAFF DEVELOPMENT

Because of expansion of previous services, and because of additions of new programs and projects, new staff members have been needed. Recruitment has become less of a problem than in the early stages of development. The rural nature of the Panhandle and its remoteness from metropolitan amenities, which used to be a liability

in recruiting professional people, is now becoming an asset to those more sensible professionals who have become weary of traffic jams, crime in the streets, and urban sprawl.

Generally, staff members are hired with expectations that they can function as independent professional persons in collaboration with other members of the team. Therefore, the onus for professional growth and development rests primarily with the individual. Ordinarily, each staff member is expected to take one out-of-State trip each year to professional meetings, workshops, etc., for the purpose of keeping abreast of new developments in the field and of continuing professional growth. Within the framework of the Center operation, professional staff development hinges upon staff conferences, including case discussions and supervisory conferences.

PHYSICAL FACILITIES

The main building of the Panhandle Mental Health Center was opened in February, 1969, at which time six professional staff members and two secretaries initiated the programs. Arrangements for offices outside the Center building have been made as follows: three staff members are officed on the campus of Chadron State College in Chadron, three are in the East Ward School in Sidney, three are at Roosevelt School in Scottsbluff, and eight in the educational wing of the Plymouth Congregational Church in Scottsbluff. These offices are in addition to the space made available for satellite operations in Sidney, Kimball, Chappell, Bridgeport, Alliance, Chadron, Crawford, and Gordon. This has not "emptied out" the main building of the Center, which continues to be crowded to the point of interfering with meaningful programming. This is true especially at those times when students must be accommodated as part of their placement.

The out-of-Center placements in the three school locations are desirable and were planned as an integral part of the Children's Program to provide easier accessibility. However, the offices at the Plymouth Congregational Church are definitely a make-shift arrangement, and it does work a hardship which will be alleviated if the Center building can be expanded adequately. The church is three miles distant from the Center building, and it is not tied to the Center with the same telephone system. There are difficulties with having two telephone numbers, difficulties with the transferring of patient records between two locations, and difficulties with coordinating staff conferences and meetings. Even though the church classrooms must be used for Christian education on Sunday, there seems to be only minimal difficulty from this dual use of space. However, some might feel that a desk and several chairs in the corner of a classroom make a less-than-perfect setting for professional work. There might be some feeling, also, that employees who have their offices in a classroom, which is not air-conditioned in the summer and which has inadequate heating in the winter, are being forced to take second place to employees who remain in the more conventional offices in the well-cooled and well-heated Center building.

In addition to office space for staff who are now crowded in the Center building or exiled to the church, space for other activities is needed, such as additional rooms for the partial hospitalization program (which is now limited to one room), and space

for outpatient group activities.

Up to this point in time, the problem with inadequate space has resisted a solution. Cheap and temporary housing, such as converted mobile housing, would be unattractive. At the same time, adequate construction of a style comparable to the present Center building has become extremely expensive.

FORECAST

Non progredi est regredi.

At the time of the 1969-1971 Biennial Report, eight areas of expanded service were proposed. In order of priority they were as follows:

1. Inpatient Service
2. Alcohol Program
3. Consultation to (a) Schools, (b) Welfare, (c) Courts
4. Halfway Houses in (a) Scottsbluff, (b) Alliance, (c) Chadron
5. Expanded Satellite and Aftercare Programs
6. Children's Program
7. Partial Hospitalization Additions
8. Emergency and Crisis Team

Some of these (3c and 6) have been implemented, and some have been revised to more modest proportions (3a, 5, and 8), and others have been started or are being planned by other agencies or groups (2 and 4b). However, because of limited funds, the bulk of the work is yet to be done. It was recognized that a slow and orderly growth into these areas was necessary, since funds generally are not available for major "crash" programs, and since a slow and orderly growth is more likely to produce viable programs.

The number one priority for future programs remains development of a local comprehensive inpatient capability. The Center now has continuous psychiatric coverage, and so it is probably feasible to develop more comprehensive inpatient services, reducing even further the necessity to utilize more remote treatment facilities. Even though the Hastings Regional Center provides an excellent inpatient service, problems with distance and all the ramifications therefrom make it a less desirable alternative. Since most of the admissions to the Hastings Regional Center are for problems related to alcoholism, attention will have to be given to this problem, either by the Center itself or in collaboration with some other agency or program.

Developing the capability to provide more inpatient services also has implications in other areas. It would be expected that the partial hospitalization program would need expansion, at least in terms of hours of coverage. Presently, little partial hospitalization programming is available in the evenings or on weekends, and it is expected that this will be an area where expanded service is seen. Also, there probably will be development of a wider range of activities.

Together with expanded partial hospitalization services, more availability is needed for emergency calls. Already plans have been made to utilize a telephone answering service with radio call units for evenings and weekends.

It seems likely that further expansion is inevitable, since the value of these types of programs has been demonstrated, not only in other areas, but also locally.

TABLE 1
PANHANDLE MENTAL HEALTH CENTER
 Statement of Expenditures
 Biennium Ending June 30, 1973

Class of Expenditures	
	\$202,037
Personal Services	
General Operations	25,170
Capital Expenditures	
Total Operating Expenditures	227,207
Source of Funds	
Institutions Operations:	
General Fund	216,618
Institution Cash	10,589
Federal Fund	
Total Operating Expenditures	227,207
Canteen Fund	
Building Fund	
Total Other Funds	
GRAND TOTAL	\$227,207

TABLE 2
PANHANDLE REGION
MENTAL HEALTH SERVICES
 Biennium Ending June 30, 1973

	TOTAL	PMHC OP	PMHC PH
Active Patients (1) at Beginning of Period	446	440	6
Total Additions to Facility During Period	2198	2184	14
Admissions and Readmissions	1978	1977	1
Per Cent First Admissions	(74)	(75)	(7)
Returns			
Transfers (2)	220	207	13
Total Separations from Facility During Period	1814	1807	7
Discharges and Deaths			
Placements			
Elopements			
Transfers Out			
Active Patients at End of Period	830	817	13
Partial Hospitalization Visits (3)	4776		4776
Outpatient Visits (4)	12099	12099	

- (1) Includes all persons the facility is actively or currently providing treatment for.
 (2) For inpatient services includes only transfers from other state mental health inpatient facilities. For outpatient and partial hospitalization services, includes mental health inter-facility transfers and mental health intra-facility transfers.
 (3) The total number of patient visits less than 24 hours in length.
 (4) The total number of patient visits less than 8 hours in length.

PMHC—Panhandle Mental Health Center
 OP—Outpatient Services
 PH—Partial Hospitalization Services

ADULT PROTECTIVE SERVICE
Omaha, Nebraska

1. Location: Omaha, Douglas County, Nebraska
2. Address: Adult Protective Service
Department of Psychiatry
Douglas County Hospital
4102 Woolworth Avenue
Omaha, Nebraska 68105
3. Telephone: (402) 444-7342 (Director)
(402) 444-7340 (Caseworker)
4. Administrative Staff: William R. Marsh, M.D., Director
Myra Johnson, Caseworker
5. Date Established: 1971
6. Purpose: To provide aftercare services for outpatients from the three regional centers (Hastings, Lincoln, and Norfolk), including individual and group psychotherapy, monitoring of medications, evaluation and referral for vocational rehabilitation and job placement; and to distribute mental health information and to further mental health education.

SECTION IV

MENTAL RETARDATION PROGRAM

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Nebraska Hospital for the Tuberculous

Hastings Regional Center

Norfolk Regional Center

SECTION IV

**MENTAL
RETARDATION
PROGRAM**

BEATRICE STATE HOME

Beatrice, Nebraska

1. Location: Beatrice, Gage County, Nebraska
2. Address: Box 808 (3000 Lincoln Boulevard)
Beatrice, Nebraska 68310
3. Telephone: (402) 223-2302
4. Administrative Staff: M. E. Wyant, Superintendent
J. D. Callahan, Assistant Superintendent
J. F. Griepentrog, Program Director
H. M. Hepperlen, M.D., Chief Medical Officer
5. Date Established: 1885
6. Normal Capacity: 1,300
7. Resident Population (June 30, 1973): 1,250
8. Total Staff (June 30, 1973): 1,128 FTE

9. Types of Admissions: (a) Voluntary (by parent or guardian); (b) Juvenile Court Commitment; (c) County Court Commitment; (d) Inter-institutional Transfer; (e) Interstate Transfer

10. Financial Responsibility: (a) Charges to individual patient and/or responsible guardian and relatives, based on determined ability to pay; (b) Charges prorated to State and county of legal residence, based on provisions of Financial Responsibility Act; (c) Charges to State-at-large if patient is unable to pay and legal residence in the State is not determined

11. Transportation: U.S. Routes 77 and 136, State Route 4; Bus Lines

12. Visitation Regulations: Relatives and friends may visit at any time, but are encouraged to visit from 9:00 a.m. to 11:00 a.m., and from 1:00 p.m. to 4:00 p.m.

Beatrice State Home



BEATRICE STATE HOME

M. E. Wyant, Superintendent

PURPOSE AND GOALS

The primary purpose of the Beatrice State Home continues to be the provision of specialized care, treatment, and training to mentally retarded persons. These services are offered in the capacity of a backup resource for community-based programs, thereby affording the opportunity to assume a significant, but singular position within the continuum of services available to mentally retarded persons.

A secondary purpose or function of the Beatrice State Home is to serve as a mental retardation resource facility to other agencies and programs which are concerned with the mentally retarded population of Nebraska. In assuming this role, comprehensive diagnostic evaluations, prescriptive developmental programs, innovative program design and manpower training all represent areas of involvement by the staff of the Beatrice State Home, often in conjunction with other State agencies.

Goals of the Beatrice State Home during the past biennium were multiple in nature and included the following:

1. Development of individualized training programs for all residents of the facility.

2. Design and implementation of a service continuum which would meet the developmental needs of each and every resident.
3. Improvement of the staff-to-resident ratio, largely via population reduction.
4. Improved physical environment within which residents could live and interact in a more normalized manner.
5. Development of an expanded working relationship with community-based programs to insure client movement through the mental retardation service delivery system, with particular emphasis on the individual's right to treatment within the least restrictive environment available.

SUMMARY OF MAJOR ACCOMPLISHMENTS

As stated previously, a priority objective of the Beatrice State Home for the 1971-1973 Biennium was the development of a continuum of programmatic services which would insure the availability of a program to meet all of the varied needs of the mentally retarded.

Prior to the beginning of the 1971-1973 Biennium, the programmatic and treatment services of the Beatrice State Home included special education; prevocational and vocational training; physical therapy; speech therapy, medical, paramedical, and nursing care; dental care; self-help training; recreation; religious education; and social work, psychology, and nutritional services. While these services met many of the developmental and treatment needs of the residential population, programmatic gaps in service were in evidence.

During the course of the biennium, additional programmatic services were designed and implemented to eliminate service gaps.

1. An early childhood development program has been implemented for infants and young children who generally require a program aimed at meeting specific medical needs, as well as providing the nurture and stimulation necessary for human growth and development.
2. A program most important for meeting the needs of the profoundly-retarded and multiply-handicapped person is the recently established TACDAL (Training Area in the Compensatory Development of Associative Learning) program. The TACDAL program represents a variety of services offered to the profoundly-retarded, multiply-handicapped individual. Medical, nursing, and physical therapy services are coupled with developmental programs which provide training in perceptual-motor, upright posture, ambulation, body perception, and memory, expressive and receptive language skills.
3. An additional program serving individuals with severe learning deficits has been created through the Developmental and Training Activity Center (DATA). Basically, the DATA program is designed to develop prerequisite skills in persons not yet eligible for special education and prevocational training programs. Special emphasis is placed on the development of communicative skills, as well as attending behaviors.
4. New services, also, have been added to existing prevocational and

vocational training programs. A Skill Acquisition Program (SAP) has permitted many severely retarded persons to become involved in prevocational training. Training in the use of tools and personal grooming skills, also, have been added to the prevocational training department. Vocational Rehabilitation now offers vocational training in janitorial and food service work.

5. A very specialized service for residents and their families has been added via a genetic screening and counseling program. This service has been highly received and praised by the families of the Beatrice State Home residents.
6. Finally, a major step was taken during the biennium in increasing volunteer involvement with the residential population. Through a Foster Grandparent Program, some 130 youngsters who have minimal family contact now can look forward to a personal and individualized relationship with a volunteer senior citizen.

A second area of major accomplishment dealt with the problem of improving the physical plant of the Beatrice State Home. The most pressing area for such improvements existed within the living units for the residential population:

1. During the biennium the oldest building used for residential living was vacated as the result of an active placement program. While no extensive renovation of living units occurred, all bathroom facilities were modernized and brought into compliance with national accreditation standards. Some \$50,000.00 was expended in purchasing living unit furniture as a means of normalizing the living environment.
2. Approval of both the executive and legislative branches of government was secured prior to the end of the biennium to begin a long-range, extensive program of capital construction. The end result of this program will be to completely modernize all residential living units in keeping with the normalization principle.
3. A modern and well-equipped prevocational training center was completed during the biennium, which has made it possible to expand services under this program.
4. Additionally, construction of a new activities building and a new food service building was initiated.

Some additional accomplishments made during the 1971-1973 Biennium included a substantial reduction in residential population (from 1,485 to 1,250), the elimination of a waiting list for admission, and the completion of comprehensive programmatic evaluations on all residents.

PROGRAMMATIC SERVICES

Multi-disciplinary Units

The basic organizational structure utilized within the programmatic division of the Beatrice State Home is the unit system. The facility is subdivided into five separate units: Basic Behavioral and Development Units I and II, Educational and Prevocational Unit, Vocational Rehabilitation Unit, and Medical-Surgical Unit. Each unit has

assigned to it a full complement of appropriate professionals from a variety of disciplines. These multi-disciplinary staff are responsible for completing comprehensive diagnostic and prescriptive evaluations for each resident within the unit. Unit personnel select, from a variety of programs, services to meet the identified learning and developmental needs of residents. In addition, they have responsibility for the provision of a living environment conducive to human growth and development.

1. **Basic Behavioral Development Unit I** has responsibility for the care, treatment, and training of the facility's most severely retarded and physically-handicapped persons. Considerable gains were achieved during the biennium in affording increased programmatic activities for these residents, primarily through their inclusion in the developmental services of several new departments. Special emphasis was placed on increasing the mobility of the many nonambulatory residents of the unit. Individually designed wheelchairs were constructed to fit the specific physical characteristics of residents, permitting their movement outside the confines of the living unit. Intervention via physical therapy programs has increased, also, the practicality of the movement of these residents to needed programs, as opposed to containing their learning experiences within a single environment. Further program expansion has been experienced in the self-help skill training, which presents a formidable task for most of the profoundly retarded. The completion of training in operant conditioning techniques by living unit personnel has facilitated progress, though on a limited basis because of physical limitations.

2. **Basic Behavioral Development Unit II** has been concerned during the past two years with maintaining a high standard of resident care while simultaneously expanding resident programming in the living unit environments. With only a few exceptions, Unit II staff have been trained in behavior modification techniques and were involved actively in conducting programs, primarily in the area of self-help skills. A variety of effort has been made in order to normalize the condition and pattern of resident living. Clothing styles have been greatly improved, as has hair styling for both male and female residents. Individual care has been upgraded, also, by the availability of more personal articles of toiletry, such as cosmetics and deodorants. Individual freedom of movement has been increased. Residents, who are capable, attend many recreational activities, the cafeterias, dentist, etc., with minimal staff supervision. In this way the individual assumes a pattern of living more consistent with that of the mainstream of society. Although major structural changes have not yet been made in residential living units, a number of steps have been taken toward the goal of improving and normalizing the living environment. Efforts in this direction include significant replacement of stereotyped institutional furniture with furnishings typically found in normal home environments. A much greater degree of privacy has been made possible with the construction of partitions in bathroom areas. Exhaust fans have been added to improve the circulation of air on each living unit. Dressers and bureaus are being added to living units to afford residents a greater control over their possessions. Sound systems have been installed on many living units, making the residents' favorite music available to them at their convenience. Significantly, a substantial population reduction occurred within

Unit II during the biennium which has helped to alleviate, though not overcome, overcrowded conditions in the living units. Improved liaison relationships with community-based programs have been responsible for moving some residents into community settings, with no break in the continuity of their training programs.

3. **The Educational and Prevocational Training Unit**, also, has as a primary objective an emphasis on the normalization of the total environment in which the resident interacts. Here, also, a great deal of homelike, colorful, and comfortable furniture has been added to living units; partitions have been added in resident bathrooms; and air circulation fans have been installed to help compensate for the lack of air conditioning and to increase the comfort of residents. Increased utilization of off-campus recreational activities, field trips, religious services, dances, parties, picnics, etc., has served to improve resident involvement in normal community activities. A significant population reduction within the unit has facilitated further a substantial improvement in the residential living units. As the result of this reduction in population, it was possible to vacate the unit's oldest and least attractive residential building. Every effort has been made to work with community-based programs, Vocational Rehabilitation, families, etc., to return residents to community living as soon as their progress merits such planning. Comprehensive diagnostic planning summaries were completed on all of the unit's resident population. This process has helped in the selection of proper programmatic services for each resident. The involvement of all living unit staff in conducting behavior modification programs has helped to fill gaps in service to residents.

4. **The Vocational Rehabilitation Unit** operates within the scope of a joint cooperative agreement between the Nebraska Division of Rehabilitation Services, of the State Department of Education, and the Department of Public Institutions. The goal of the program is to prepare the residents of the institution for community placement. The program is designed to bring each resident as far as his potential will allow, with independent community living as the goal. The Unit maintains an active caseload of approximately 150 and is processing, in referred or applicant status, an additional twenty-five cases at all times. The number requiring follow-up services while employed in the community varied from fifty to seventy-five, depending on the availability of jobs and community programs and upon their ability to receive these follow-up services.

The Vocational Rehabilitation living unit provides accommodations for sixty-five residents who participate in an intensive 24-hour-a-day personal adjustment program. This program is supported by a behavior modification token economy system. These two programs are coordinated with classroom activities and are designed to enhance the vocational training currently being offered. The personal adjustment classroom activities include academic skills, homemaking, downtown orientation, practical social living skills, self-responsibility for clothing and money, getting to and from work on time, getting along with other residents and staff, use of proper table manners, and handling leisure time.

Classes are being conducted in three major areas—two (Janitorial and Food Service) in the vocational area, and the third in Personal Grooming. The vocational classes are taught four days a week in an on-the-job setting, utilizing the industrial areas of the institution, and the fifth day classes are taught in a classroom setting where audio visual aids and firsthand demonstrations are used effectively. The grooming classes are conducted in a classroom simulating a beauty shop atmosphere. Each resident in the Unit is assisted in finding a job suitable to his abilities and interests. Two full-time counselors, working in conjunction with community-based programs, assist the social work liaison in coordinating placement activities. As community programs develop and are able to assume full-time follow-up responsibility, the Rehabilitation Counselors gradually withdraw their services.

5. The Medical-Surgical Unit contains a modern and well-equipped 141-bed hospital and serves as the center for all medical and paramedical services. Resident physicians are complemented with consultants in Pediatrics, Orthopedics, Psychiatry, and Child Development to insure that all patients receive quality medical care and treatment. In addition to routine annual physicals, etc., the outpatient hospital clinic received some 70,000 resident visits during the biennium, while approximately 2,500 hospitalizations were recorded during the same period.

Laboratory services have been expanded markedly to include all except the most specialized procedures. In the past year the laboratory staff has been engaged in chromosomal analysis as a support mechanism to the facility's genetic screening and counseling program. The pharmacy has expanded its services to include a centralized drug preparation program. Via prepackaging of individual doses of medication on a daily basis and upgrading medication charting procedures, an excellent medication control program has been established. Physical therapy services increased at a rate of one hundred percent during the biennium. In addition to the more traditional rehabilitative therapy program, special emphasis has been placed on a positioning program for the extremely handicapped. This program has a goal of creating increased muscular flexibility and general mobility to facilitate the inclusion of these residents in other developmental programs. Additional services generic to the hospital include electroencephalography, radiology, podiatry, and optometry.

Within the medical complex is housed a modern dental facility offering progressive programs of service to the resident population. Some 40,000 total units of dental service were provided to residents during the biennium. A new resident prophylaxis recall card system has been designed and implemented which has improved the accuracy of recall appointments. In addition to the provision of direct dental services, departmental staff have been involved actively in follow-up services within the living units to help insure a proper program of oral hygiene. Both living unit staff and residents participate in orientation and demonstration programs to achieve this objective.

Training Area in the Compensatory Development of Associative Learning (TACDAL)

On November 1, 1971, a training program in the compensatory development of associative learning was initiated. This program provided developmental programming to a number of profoundly retarded, multiply-handicapped persons. In cooperation with Meyer Children's Rehabilitation Institute (MCRI), this program was expanded to include a special program for the deaf-blind retarded person. The program was based on the following rationale:

1. Normal children grow through a general sequence of development. Each level in the sequence is a series of skills that are based on previously learned skills and, in turn, are the basis for future skills.
2. Handicapped children should be helped to develop through the same normal sequence for the following two reasons: most importantly, there is a continuum of muscle and sensory development that grows in strength by the accomplishment of increasingly difficult skills; and secondly, if we are going to talk and act "normalization," what more obvious way to do it than by helping even the most severely multiply-handicapped children to develop through the normal sequence. This should produce children and adults who function as close to normal as is possible for that individual, eliminating a need later on in life to "normalize" the handicapped person.

To fit the normal developmental approach, each resident in the program was worked with in all of the following areas: self-help, fine hand skills, locomotor skills, upright posture, body awareness, personal social skills, memory and general information, visual-motor perception, and expressive and receptive language. This was done through the use of a prescriptive teaching technique. Each resident in the program has shown some progress since entering class. Four residents served by the program were placed in community services, all going to Eastern Nebraska Community Office of Retardation's (ENCOR) Developmental Maximation Unit.

TACDAL staff have provided inservice training for thirteen employees of community services, three institution employees, and four personnel from deaf-blind programs in other states. Four child care technician trainees from the University of Nebraska-Omaha (UNO) spent two days in the program as part of their training program.

TACDAL presented a two-day workshop for some thirty employees and volunteers at Hastings Regional Center. Presentations have been given at professional meetings of the American Association on Mental Deficiency, the Council for Exceptional Children, and the Nebraska Welfare Association; and a large group of high school seniors and college students were addressed at a Nebraska Youth Association for Retarded Citizens Careers Day Program.

Special Education

During the 1971-1973 Biennium the education department has been involved in a variety of changes. During an era of declining population within the institution, the education department has held to a record enrollment of approximately 440 students. In addition, the time in school has been increased as a result of added personnel and programming changes.

Additional and more intensive programming was made possible through the hiring of two full-time paraprofessional teacher aides to work with two physical education instructors. This has made it possible to increase the enrollment of the physical education classes and reach more residents with major physical handicaps. Additional educational programs for students who are not able to attend regular school classes were provided through two full-time teachers. It is hoped that a number of those individuals enrolled in school readiness classes will progress to the point of enrollment in the regular school program. Evening classes in manual training and arts and crafts were conducted during the year.

This has been a record biennium for both Boy Scouts and Girl Scouts, with record high enrollments in both groups. Sixty residents attended Scout Camp for a week—a record number of participants in these activities. In June, 1972, the Boy Scout Program was honored by being one of twelve troops throughout the entire nation to work with, and assist in writing, a nationwide curriculum for handicapped Boy Scouts. The leader was a member of the National Advisory Committee for this program.

This past summer a program of social and community experience was held cooperatively with Educational Service Unit No. 5. This consisted of mildly and moderately retarded residents from the Beatrice State Home and a like number of students from the public schools in the Beatrice area. This program was judged to be highly successful by both institutional and non-institutional staff members. There was an increase in the use of student teacher and practicum students in the school program, with student teachers from Doane College, the University of Nebraska, and Kansas State University. Plans are to expand this program by including several colleges within the area of the Beatrice State Home.

With the decrease in population of higher functioning residents, the school has continued to adjust its curriculum to better serve the residents remaining in the school program. Additional classes for the acoustically handicapped students were formed and a non-loop amplification system was added to provide communication training for those residents with profound hearing losses. Classes for the visually impaired were kept at about the same level with the same additional enrollment. A significant addition was that of a certified teacher and an aide to work in the area of early childhood development.

In order to provide community experiences, regular programs of community activities were conducted. There were many thousands of resident hours spent in various non-institutional settings. Programs such as a weekly-scheduled activity at the YMCA, a weekly bowling session, a regular program of roller skating at a local roller skating rink, community visits to local industries and local civic facilities such as the police station, fire station, etc., were conducted. Several of the more enjoyable and, also, educational trips were to Henry Doorly Zoo (Omaha) and the Children's Zoo (Lincoln).

The Beatrice State Home participated in interschool activities with the Martin Luther Home, Educational Service Unit No. 5, and Educational Service Unit No. 9 of Hastings. This included basketball, wrestling, and track. Also, the Beatrice State Home has always been active in the Special Olympics and had three participants in the National Special Olympics in Los Angeles.

The Library/Media Center, which has been in operation four years, was moved to the main school building, increasing the floor space by twice the previous capacity. Many materials were procured during the past two years, making the school library/media center one of the best equipped centers for special education in this area.

The teaching members of our staff have been raising their qualifications and, at the present time, seven teachers have Masters' Degrees and one has a Doctor's Degree.

Prevocational Department

The Prevocational Department provides services to many severely retarded and handicapped persons, with the objective of developing their potential for participation in meaningful work activities. The department is subdivided into six sections as follows:

1. Skill Acquisition Programming (SAP), whose primary function is the evaluation of clients to determine abilities and needs in areas essential to acquiring work skills. This program was initiated March 7, 1973, and presently serves 29 clients.
2. S.R. 400 (teaching machine) Programming, whose primary function is the development of skills crucial to later work-oriented task performance. This program was initiated June 4, 1973, with 13 clients involved. On July 1, 1973, 36 clients were involved on a daily basis.
3. Intensive Work Training (IWT), whose primary function is the application of skills acquired in the Skill Acquisition Program and the S.R. 400 program to a work-oriented task for which a monetary remuneration is made. This program, in its present form, was initiated January 1, 1973, with 37 clients. As of July 1, 1973, there were 89 clients.
4. Work Activity Center (WAC), whose primary function is the increased productivity of work-oriented task performance, with reinforcement made available in ways which simulate a normal work environment. There were 73 clients involved in this program on January 1, 1973; and, as of July 1, 1973, there were 101 clients.
5. Training and Evaluation of Skills with Tools (TEST) was initiated January 15, 1973, with six clients. Initially, this program consisted of training and evaluation in skills with tools. However, in May it was expanded to include training of work-task performance, with reinforcement simulating a normal work environment. As of July 1, 1973, 12 residents were enrolled.
6. Hygienic and Personal Preparation Instruction (HAPPI) has as its primary function that of providing residents training in the areas of personal appearance and hygiene, hair care, cosmetics, toothbrushing, shaving, fingernail care, and related areas. The first residents were enrolled in the HAPPI program during the week of January 2 through January 5, 1973, and numbered fifteen. As of July 1, 1973, 70 residents were enrolled.

The Prevocational Department, as of July 1, 1973, had an enrollment of 337 clients.

Hospital Improvement Program

As a federally-funded, four-year resident training and demonstration project, which began in 1970, the Hospital Improvement Program has provided habitative

service to profoundly and severely retarded children. With qualification of its trainees for primary level school programs as a major objective, a behavior modification program has been developed which teaches requisite attending, perceptual-motor, language, pre-academic, and social skills.

Upon admission to the program, the trainee is assigned to Ward D-1 (Phase I) for intensive training in self-help skills (e.g., feeding, grooming, hygiene, toileting, dressing) and receptive language. Following their acquisition, the trainee is graduated to another ward of similarly high-functioning trainees of the same age range.

Developmental programming of Phase II is provided as an extra-ward service. Through the use of teachers and teacher's aides, functional expressive language, multiple discrimination, and conceptual skills are acquired.

Within the past two years 47 children have been serviced, 17 of whom have completed Phase I. Of the total, 7 have been permanently placed in foster homes or training programs within their home communities. In order to promote such placement when appropriate, the Hospital Improvement Program staff has assisted parents and community program personnel in accomplishing pre-placement objectives, including the development of parent and parent surrogate training skills. Other consultative services have been provided to ENCOR (Eastern Nebraska Community Office of Retardation), LOMR (Lancaster Office of Mental Retardation), and community program personnel of other areas, whenever requested, to assist in the implementation of similar programmatic activities in other environments.

Psychology Department

The Psychology Department at the Beatrice State Home consists of a Ph.D. Clinical Psychologist in the central office, and M.A.-level Associate Psychologists in the three units. Also, there are Associate Psychologists in the teaching and administrative positions. The central office, with a Clinical Psychologist and a secretary, has continued to maintain files containing evaluations of residents and relevant test data. The central office, also, has continued to do preadmission evaluations and to consult with and advise the psychologists on the units whenever this is requested. With the beginning of the unit system, the psychologists at the Beatrice State Home have been assigned to units and other areas in the Home, and have their offices away from the central office of the psychology department.

Learning theory and behavior modification approaches to training and behavioral change of residents have become the main conceptual models, and psychologists and building coordinators perform and teach these techniques. During the past year some basic theoretical and research work has been started. It is planned that these efforts will lead eventually to useful applications in improving services to the retarded.

Developmental Training and Activities Center (DATA)

Since becoming operational in October, 1971, the Developmental and Training Activities Center has assumed primary responsibility for two major areas of developmental programming:

1. To provide habilitative service which will qualify residents for direct entry into the Work Activities Center of the Prevocational Department.
2. To maintain complementary language development, pre-academic and academic training for those residents who are eligible for (and/or already

involved in) prevocational training in order to assist in their qualification for entry into services offered by the Vocational Rehabilitation Unit.

Preparatory training for admission to the Prevocation Department has consisted largely of the development of basic attending, receptive language, and perceptual-motor (other than self-help) skills among profoundly and severely retarded trainees. In those instances requiring it, programs have been maintained concurrently with individual residents in order to decelerate chronic maladaptive behaviors. Inclusion in the Work Activity Center occurs automatically as the criterion levels for these Phase I DATA training programs are reached.

Phase II training, consisting of expressive language, academically-oriented multiple discrimination, concept learning, and problem-solving skill programs, are provided as part of a continuum of sequential developmental services offered by DATA, the Prevocational Department, Special Education, and the Vocational Rehabilitation Unit. Most of the academic skills (except expressive language) are taught with the assistance of programmed instructional apparatus (i.e., teaching machines). Sign language programs have been substituted for expressive language training for those trainees with chronic auditory and/or speech mechanism handicaps.

During the nine months preceding the end of Fiscal Year 1972-73, 134 trainees were serviced by DATA.

Recreation Department

Recreation has an important role in the development of the retarded. The main objective of the program is to provide opportunities for participation in activities geared to aid in mental, physical, and social development. Through the recreation program, opportunities are provided for diversion, social growth, and the acquisition of a variety of new skills.

The program embraces a wide variety of activities appropriate for all units. Programmed activities within Unit I and Unit II stress coordination, locomotive skills, environmental awareness, longer attention span, and cooperative play. In these areas activities are scheduled on a one-to-one or small group basis. Through programmed recreation, individuals participate on a level in which they can experience success and still learn new skills. Social functions, which include dances, movies, bingo, co-ed parties, off-campus entertainments, picnics and camp fires, aid in forming appropriate social concepts. Intramural sports provide the opportunity to master the fundamental skills of the game in addition to learning good sportsmanship. Scheduled sports include softball, basketball, volleyball, and badminton.

Scenic bus rides are a tremendous source of enjoyment. A special bus, equipped with a lift for loading wheelchairs, provides non-ambulatory residents with the opportunity to go on a sightseeing tour of the countryside or on a special interest trip to the zoo.

The new Activities Building, now under construction, should be finished early in the next fiscal year. It will provide the much needed, ground-level activity rooms so that non-ambulatory residents can be included in a wider variety of activities.

The recreation staff is composed of one part-time and thirteen full-time employees, including the director. Four extra activity aides during the summer have aided in the expansion of our program with the severely retarded. Members of the

recreation staff are involved, also, as tour guides, monitors for resident shopping trips, and as Boy Scout summer camp counselors.

Religious Services Department

The Religious Service Department is the "church at work" at the Beatrice State Home, coordinating religious services with other activities and programs. The staff of the department, with the help of local clergy and community churches, provides the residents of the Beatrice State Home with the kind of services provided by the church to those who live in the community.

The Protestant and Catholic worship services at the Beatrice State Home are similar to those of community churches, so that residents leaving on placement will feel comfortable attending church and will be somewhat familiar with parts of the service. The Wednesday evening services are All Faiths Prayer Services, and residents of all denominations are encouraged to attend. Weekday devotional services are still conducted on living units where it is difficult or impossible for residents to come to the rooms where services are held regularly.

Protestant Saturday School and Catholic Catechism classes continue to be an effective religious education program, reaching many of the higher-functioning boys and girls. The employment of a Chaplain's Aide has made possible the establishment of a weekday religious education program involving many who previously had not been enrolled in classes.

Through the efforts of this department a summer United Methodist Work Camp has been established, and youth from all three denominations cooperate in teaching residents enrolled in Vacation Bible School classes. In order to enhance community involvement, some residents attend Sunday School and church in Beatrice every week. The churches furnish most of the car or bus transportation; however, Beatrice State Home vehicles have been used in this program.

Pastoral counseling continues to be an important part of the work of this department. Both the Chaplain and the visiting Lutheran minister visit residents in the hospital and on the living units, giving attention to special problems and needs, utilizing both individual and group counseling.

Significant progress has been made in both raising funds for the All Faiths Chapel and in developing plans. Through the efforts of private organizations, over \$85,000 has been raised. An architect has been employed, and preliminary plans have been drawn. When this facility is built, residents of the Beatrice State Home will have a place specifically set aside for worship.

Social Service Department

The Social Service Department continues to be responsible for preadmission and admissions to the Beatrice State Home. The department is responsible, also, for placements away from the institution of other than active Vocational Rehabilitation clients. Greater demands are being placed on the individual caseworker due to the increased emphasis within the institution on programming of each client within his particular environment.

Consultation with the Office of Mental Retardation regional staff is an important function of the Social Service Department. The caseworkers are responsible for planning with the Office of Mental Retardation staff in each of the six regions for those residents on placement requiring special services.

The University of Nebraska Graduate School of Social Work assigned an associate professor and one clerical person to instruct students at the Beatrice State Home in cooperation with the Social Service Department. The instructor supervised the training of students working toward Masters' Degrees in Social Work.

Significant trends were noted in both placement and admission statistics. At the beginning of the present biennium, July 1, 1971, there were 1,485 residents at the institution; and on June 30, 1973, there were 1,250. This is a reduction of 235 in our resident population, or 16%. During the July 1, 1971, to June 30, 1973, period there were 112 new admissions. This is in contrast to the 126 admitted the previous biennium—a decrease of 14, or 11%.

The method of new admissions for the present biennium was as follows:

Voluntary Admission	78
Inter-institutional Transfer	9
Voluntary Petition for Commitment	1
Interstate Transfer	6
Court Commitment	18
TOTAL	112

Of the 112 admissions, 69 were male and 43 were female. Forty-one counties were represented by these admissions, and one was a State Ward.

There were 448 persons discharged during this biennium. The type or method of discharge was as follows:

Discharged from Residence Status	27
Discharged while on Placement	330
Discharged while on Escape	3
Discharged while on Home Visit	3
Discharged by Permanent Transfer	17
Deaths	68
TOTAL	448

During the calendar year 1971-1972 there were only two readmissions, which indicates that people discharged during the biennium, apparently, are making a satisfactory adjustment.

On July 1, 1971, there were 48 persons on the waiting list, as opposed to nine on the waiting list at the close of the present biennium on June 30, 1973. It is now possible for anyone making application to the Beatrice State Home to be given a pre-evaluation appointment immediately for the purpose of determining, according to Nebraska Statutes, if the client can be considered for admission. The regional staff of the Office of Mental Retardation, the local county welfare offices, and other professionals in the local communities were involved in referring clients for possible admission. During the calendar year 1971-72, admissions were classified as follows:

Functioning Level	
Dull	1
Mild	13
Moderate	12
Severe	20
Profound	4
Indeterminate	13
Unknown	3
Total	66

Age Level	
0-3 months	5
3-6 months	2
1-2 years	5
2-6 years	10
6-12 years	16
12-16 years	12
16-18 years	3
18-25 years	2
25 years & over	11
Total	66

The age level for all new admissions for the 1971-1973 Biennium is as follow:

Age	Number
0-1	12
1-5	23
5-10	25
10-15	20
15-20	10
20-30	8
30-40	7
Over 40	7

This information indicates that the Beatrice State Home continues to admit people of a wide variety of levels and age ranges.

Foster Grandparent Program

The Foster Grandparent Program has 66 senior citizens serving 113 children. The range of retardation of the children served by the program is from profound to mild, while the chronological age range is from several months to approximately 17 years of age.

Keeping in mind the principle that learning begins at birth, a number of foster grandparents are working with infants and post-infants to provide stimulation and to develop, to a degree, the mother-infant relationship which is so important for the child's future development. Other children who are chronologically above the infant

age, but who still require a close relationship with an adult, make up the remainder of the program.

During their time with the children, the grandparents may be involved in a number of educational activities which include on-the-ward behavior modification training programs for self-help and other more advanced skills. In addition, a number of foster grandparents are working in conjunction with other programs (school, DATA, TACDAL, Physical Therapy, and Positioning Therapy). They are learning some of the techniques that these programs utilize, thus allowing grandparents to serve as extensions of the above-mentioned programs.

The goals of the Foster Grandparent Program differ somewhat from most conventional institutional programs for the retarded. Primary objectives are:

1. To develop a stable adult-child relationship that will be beneficial to both senior citizens and children.
2. To provide an opportunity for low-income senior citizens to increase their income by serving as foster grandparents; and to provide the opportunity for senior citizens to be placed in the mainstream of life where they can contribute to society and develop an attitude of self-worth.

Long-range goals include involvement of more grandparents in educational training activities for their children. Presently, plans are to enroll each grandparent in an additional inservice training class in order to provide a more advanced knowledge of behavior modification techniques.

INDIRECT SERVICES

Personnel Department

The primary function of the Personnel Office is to staff the institution with qualified personnel. It is the responsibility of the Personnel Office to insure that all employees comprehend changes involving State and Beatrice State Home policies, and to answer all questions that employees may have with regard to these changes. Dispensation of the payroll, also, is a function of this office.

The department has been rather successful in the recruitment of employees, as substantiated by the growth in numbers of employees during the biennium. The number of budgeted full-time equivalent employees at the end of the biennium was 1,027 as compared to 992.5 in 1971. Total personnel strength for 1971 was 1,003 in contrast to 1,150 for 1973.

Special Services Department

The function of the Special Services Department is to coordinate all volunteer activities with the services provided by the facility's departments. The department has been successful in maintaining a viable summer youth program for persons interested in pursuing educational opportunities in the field of mental retardation. This program offers youth opportunities to gain practical experience in working with the mentally retarded. The department has maintained a good working relationship with the Nebraska Youth Association for Retarded Citizens in an advocacy program for the resident population. In addition to these activities, the department has been responsible for coordinating all public relation activities, including tours and orientation for all visitors to the Beatrice State Home.

Food Service Department

The Food Service Department is responsible for the nutritional well-being of the residents. The food is prepared in a central kitchen and transported to seven serving units. The menu is written in accordance with the likes and dislikes of the residents, but does include many special diets to meet the individual needs of the resident population.

Food is presented to the residents in the form which best meets their needs. For those who can use a knife, the food is served in whole pieces to be cut by the individual. For those who cannot manage a knife, the food is served in bite-size pieces. For those who have chewing problems or swallowing difficulties, the food is presented in the form most suitable.

In each of the dining rooms programs exist to teach the residents to use the eating utensils properly—to use catsup, mustard, and syrup dispensers; to butter their own bread; to use napkins; and to go through a cafeteria line to pick up plates, dessert, flatware, beverage, etc. As the residents learn the required skills and are physically able, they advance from the dining room in their living units to the co-educational dining room where a further refinement of social skills associated with mealtime are taught and encouraged.

The atmosphere in the dining rooms has been upgraded via the purchase of new tables and chairs. As a result of the declining population, it has been possible, also, to reduce the number of tables and chairs in the dining rooms. A new food service building is under construction and should be completed early in 1974. This will provide an even more attractive and much more functional environment for the residents.

Maintenance Department

The purpose of the maintenance department is to repair and maintain mechanical and electrical equipment and appliances, and to provide necessary carpenter repairs and painting throughout the facility. The utility section of the department provides the steam, power distribution, hot and cold water requirements, and waste water treatment. The long-range goal is to continue quality service for the comfort of residents and to improve the preventative maintenance program. Emphasis has been placed on updating bathroom and toilet areas by installing privacy dividers, doors, and shower curtains; and by replacing toilet stools with the type having replaceable seats.

Fire safety training and fire drills have been expanded to include all shifts on all days and in all types of weather. Discretion must be used when evacuating residents from buildings. Fire drills, although necessary, should not be hazardous to the resident while participating. New fire hose and new self-contained breathing apparatus have been purchased. Training in the use of the breathing apparatus has been provided by a qualified instructor from the Beatrice Municipal Fire Department.

Laundry Department

The function of the laundry is to provide residents with clean and sanitary linen, clothing, etc. The volume of laundry amounts to some 10,000 pounds daily. During the biennium considerable progress was made toward the objective of modernization of the laundry operation. The first year of this biennium three new pieces of equipment were installed: one 600 pound pass-through stafguard washer extractor,

one 400 pound thematic gas-heated dryer, and one small piece folder for towels, etc. The last year of the biennium two more 600 pound pass-through stafguard washer extractors were purchased. The new washer extractors provide a better capability for removing soil and stain, with much less damage to the material and much less labor. Many new procedures, innovations, and scheduling have resulted in better quality and production. A new system of laundry pickup and delivery is currently being tested for efficiency.

STAFF DEVELOPMENT

During the last biennium, staff development and inservice training programs were combined to afford consistency and uniformity in training techniques. Since the departments have been combined, virtually all employees who provide direct services to residents have been trained, or are presently being taught, how to provide for the physical needs of residents and how to administer individual training programs based on a resident's functioning level.

One of the major revisions in the last two years has been the involvement of all new employees, on their first day of work, in a training sequence designed to give them skills suited to the needs of residents they serve. The other major change was the development and implementation of Procedures Manuals for Units II, III, and IV. Currently, a Procedures Manual is being developed for the Hospital and Unit I. It is anticipated that the new manual and corresponding adjustments made in class material will give staff better preparation for dealing effectively with the special physical and developmental handicaps of residents in these areas.

Another project currently underway is the development and implementation of a number of refresher courses on proper physical care of residents and on behavior modification techniques. Arrangements are being made, also, to revise and update supervisory management courses. During the last two years a number of community programs have sent staff members to receive training in behavior modification techniques. We anticipate providing services and receiving services from community programs over the next two-year period.

PHYSICAL FACILITIES

The physical plant of the Beatrice State Home is in need of marked upgrading, primarily in the area of resident housing. Two significant construction projects were initiated during the biennium. These included a new Activities Building and a new Food Service Building.

During the biennium a long-range construction program was designed which received the approval of the Governor. In the last year of the biennium appropriations were made by the Legislature to initiate the first phase of the construction program. Over a three- to four-year period this program calls for the construction of small cottage living units capable of housing approximately 600 residents. Existing housing will be either renovated or demolished. Additionally, programmatic areas, also, will be upgraded via renovation.

Presently, the Beatrice State Home has a modern, well-equipped 141-bed

hospital and central medical services unit. This unit was opened in 1968. Recent renovation has resulted in a modern and efficient power plant.

While no new construction was completed in the area of resident housing units, considerable improvements were made in the living conditions. Bathrooms were modernized throughout the facility. A significant population reduction alleviated overcrowding in many areas and permitted additional furnishings to be added to the living environment.

FORECAST

The immediate future holds the promise of great advancement for the mental retardation service delivery system. Staff of the Beatrice State Home look forward to the further development of work activities integrated with other service entities. It is projected that both institutional and community-based services can and will be viewed by most Nebraskans as part of the same service continuum. The result should improve the flexibility of the system to be able to provide the exact service needed at the most appropriate time and place.

Within the Beatrice State Home continued progress in client services undoubtedly will occur. Staff increases, already authorized for the new fiscal year, will insure the availability of a meaningful program for each resident of the facility.

It is anticipated that the new cottage construction program will eliminate environmental problems in the area of residential housing. A further decrease in population, projected to average approximately 100 per year for the next two-year period, will serve, also, to help eliminate the overcrowding of the residential facilities.

The next biennium should find the Beatrice State Home assuming a more active role as a mental retardation resource facility, in addition to the continued provision of specialized direct services. More indirect services, such as manpower training, innovative program development, comprehensive evaluations, etc., are much needed services that the Beatrice State Home can help to provide.

By way of summary, the staff of the Beatrice State Home conclude that the time is ripe for positive action to insure the best possible utilization of all services available to the mentally retarded citizens of Nebraska.

TABLE 1
BEATRICE STATE HOME
Statement of Expenditures
Biennium Ending June 30, 1973

Class of Expenditures	
Personal Services	\$11,366,087
General Operations	2,823,016
Capital Expenditures	265,104
Total Operating Expenditures	14,454,207
Source of Funds	
Institutions Operations:	
General Fund	4,824,203
Institution Cash	6,223,541
Federal Fund	3,406,463
Total Operating Expenditures	14,454,207
Other Funds:	
Canteen Fund	213,316
Building Fund	864,009
Total Other Funds	1,077,325
GRAND TOTAL	\$15,531,532

TABLE 2
NEBRASKA DEPARTMENT OF PUBLIC INSTITUTIONS
MOVEMENT OF POPULATION
State Mental Retardation Inpatient Services
Biennium Ending June 30, 1973

	Total	BSH	HRC	NRC	Kearney
Patients on Books (1) Beginning of Period	2111				
Additions to Books During Period	112				
Separations from Residence Status	100				
Separations on Leave Status	348				
Patients on Books End of Period	1775				

Table 2 (continued)

	Total	BSH	HRC	NRC	Kearney
Resident Patients (2) Beginning of Period	1578*	1483*	0	53	42
Total Additions to Institutions During Period	421	362	56	3	0
Admissions (3)	112	112	0	0	0
Per Cent First Admissions	(96)	(96)	(0)	(0)	(0)
Returns from Placement	130	130	0	0	0
Returns from Temporary Transfer	116	116	0	0	0
Returns from Escape	4	4	0	0	0
Intra-Book Transfers	59	0	56	3	0
Total Separations from Institution During Period	681	595	17	27	42
Discharges and Deaths (4)	84	78	6	0	0
Placements (5)	406	406	0	0	0
Escapes	7	7	0	0	0
Intra-Book Transfers	77	77	0	0	0
Transfers Out	97	17	11	27	42
Transfers (other) (6)	10	10	0	0	0
Resident Patients at End of Period	1318	1250	39	29	0

* Adjusted from previous report.

- (1) All mental retardation patients are recorded in one set of books.
 (2) Includes person residing in the institution plus patients on home visit. Does not include patients on long-term leave, temporary transfer, or escape.
 (3) Includes first admissions, readmissions, and transfers from the mental health system.
 (4) Includes discharges from and deaths in the institution plus discharges and deaths on home visit.
 (5) Includes placements on long-term leave and foster care.
 (6) Includes transfers to the mental health system.

BHS—Beatrice State Home
 HRC—Hastings Regional Center (mental retardation ward)
 NRC—Norfolk Regional Center (mental retardation ward)
 Kearney—Nebraska Hospital for Tuberculous—in September, 1971, the MR patients were transferred transferred to the HRC ward.

TABLE 3

MENTAL RETARDATION RESIDENTS*
 By County of Residence and Facility
 As of June 30, 1973

COUNTY OF RESIDENCE	TOTAL	BSH	HRC	NRC
Adams	27	23	3	1
Antelope	14	10	1	3
Arthur	0	0	0	0
Banner	0	0	0	0
Blaine	1	1	0	0
Boone	9	9	0	0
Box Butte	10	9	0	1
Boyd	4	3	0	1
Brown	4	4	0	0
Buffalo	23	21	2	0
Burt	9	7	1	1
Butler	3	3	0	0
Cass	15	15	0	0
Cedar	12	11	0	1
Chase	3	3	0	0
Cherry	3	3	0	0
Cheyenne	9	9	0	0
Clay	10	10	0	0
Colfax	9	8	1	0
Cuming	15	15	0	0
Custer	18	16	1	1
Dakota	14	14	0	0
Dawes	5	4	0	1
Dawson	30	30	0	0
Deuel	1	1	0	0
Dixon	3	3	0	0
Dodge	23	22	1	0
Douglas	357	344	7	6
Dundy	4	4	0	0
Fillmore	9	9	0	0
Franklin	4	4	0	0
Frontier	2	2	0	0
Furnas	4	3	1	0
Gage	31	30	1	0
Garden	6	5	0	1
Garfield	2	2	0	0
Gosper	1	1	0	0
Grant	0	0	0	0
Greeley	5	4	0	1
Hall	38	37	1	0
Hamilton	6	6	0	0
Harlan	4	2	2	0
Hayes	3	3	0	0
Hitchcock	6	6	0	0
Holt	14	14	0	0

BSH--Beatrice State Home
 HRC--Hastings Regional Center (Mental Retardation Ward)
 NRC--Norfolk Regional Center (Mental Retardation Ward)

Hooker	1	1	0	0
Howard	3	3	0	0
Jefferson	13	12	1	0
Johnson	3	3	0	0
Kearney	9	9	0	0
Keith	6	5	0	1
Keya Paha	0	0	0	0
Kimball	10	10	0	0
Knox	7	6	0	1
Lancaster	120	118	2	0
Lincoln	21	19	2	0
Logan	3	3	0	0
Loup	0	0	0	0
Madison	18	15	1	2
Merrick	10	9	1	0
Morrill	9	9	0	0
McPherson	0	0	0	0
Nance	9	9	0	0
Nemaha	14	14	0	0
Nuckolls	10	9	1	0
Otoe	19	18	0	1
Pawnee	8	8	0	0
Perkins	2	2	0	0
Phelps	7	6	1	0
Pierce	5	5	0	0
Platte	33	29	2	2
Polk	10	10	0	0
Red Willow	5	4	0	1
Richardson	17	16	1	0
Rock	2	2	0	0
Saline	4	4	0	0
Sarpy	18	17	1	0
Saunders	14	14	0	0
Scotts Bluff	31	28	2	1
Seward	10	9	1	0
Sheridan	6	6	0	0
Sherman	6	6	0	0
Sioux	2	2	0	0
Stanton	10	10	0	0
Thayer	12	12	0	0
Thomas	0	0	0	0
Thurston	15	15	0	0
Valley	3	3	0	0
Washington	9	9	0	0
Wayne	5	4	0	1
Webster	5	5	0	0
Wheeler	2	2	0	0
York	15	13	1	1
Undetermined	7	7	0	0
TOTALS	1318	1250	39	29

* Residents equals those persons residing in the institution plus patients on home visit. Does not include patients on long-term leave, temporary transfer, or escape.

TABLE 4
 BEATRICE STATE HOME
 Mental Retardation Inpatient Admissions*
 By County of Residence
 Biennium Ending June 30, 1973

COUNTY OF RESIDENCE	ADMISSIONS
Adams	
Antelope	2
Arthur	0
Banner	0
Blaine	0
Boone	0
Box Butte	2
Boyd	0
Brown	0
Buffalo	1
Burt	3
Butler	2
Cass	0
Cedar	0
Chase	2
Cherry	0
Cheyenne	0
Clay	0
Colfax	0
Cuming	0
Custer	0
Dakota	1
Dawes	2
Dawson	0
Deuel	0
Dixon	0
Dodge	0
Douglas	0
Dundy	24
Fillmore	0
Franklin	1
Frontier	0
Furnas	0
Gage	1
Garden	4
Garfield	1
Gosper	0
Grant	0
Greeley	0
Hall	0
Hamilton	4
Harlan	1
Hayes	0
Hitchcock	2
Holt	1
Hooker	1
	0

Howard	0
Jefferson	0
Johnson	0
Kearney	0
Keith	0
Keya Paha	1
Kimball	0
Knox	2
Lancaster	1
Lincoln	9
Logan	7
Loup	0
Madison	0
Merrick	1
Morrill	4
McPherson	2
Nance	0
Nemaha	2
Nuckolls	2
Otoe	1
Pawnee	2
Perkins	0
Phelps	0
Pierce	0
Platte	1
Polk	6
Red Willow	0
Richardson	0
Rock	2
Saunders	1
Saline	0
Sarpy	2
Saunders	1
Scotts Bluff	1
Seward	2
Sheridan	0
Sherman	1
Sioux	1
Stanton	0
Thayer	0
Thomas	2
Thurston	0
Valley	2
Washington	0
Wayne	0
Webster	0
Wheeler	0
York	0
Undetermined	2
TOTALS	112

* Admissions includes first admissions plus readmissions. Does not include return patients from parole, placement, temporary transfer, or elopement.

TABLE 5
BEATRICE STATE HOME
 Mental Retardation Inpatient Services
 Residents By Medical Classification and Age
 As of June 30, 1973

CONDITIONS DUE TO	TOTALS	AGE AT END OF YEAR								
		0-4	5-9	10-14	15-17	18-20	21-24	25-34	35-44	45 & Over
Infection	182	4	7	16	25	18	20	44	30	18
Intoxication	22	1	1	3	3	3	5	4	1	1
Trauma or Physical Agent	227	2	2	17	26	27	27	69	40	17
Disorders of Metabolism, Growth or Nutrition	22	0	0	4	4	1	3	6	4	0
New Growths	11	0	0	0	1	4	3	3	0	0
Unknown Prenatal Influence	299	10	16	47	36	46	47	49	30	18
Uncertain Cause with Structural Reactions Manifest	253	3	10	40	24	26	34	59	36	21
Uncertain Cause with Functional Reaction Manifest	222	0	6	18	19	23	19	50	39	48
Mental Retardation Unclassified	12	0	1	1	1	2	0	3	1	3
TOTALS	1250	20	43	146	139	150	158	287	181	126

* Residents includes persons residing in the institution plus patients on home visit. Does not include patients on long-term leave, temporary transfer, or escape.

TABLE 6
BEATRICE STATE HOME
 Mental Retardation Inpatient Services
 Admissions By Medical Classification and Age
 Biennium Ending June 30, 1973

CONDITIONS DUE TO	TOTAL	AGE AT ADMISSION								
		0-4	5-8	10-14	15-17	18-20	21-24	25-34	35-44	45 & Over
Infection	8	4	3	1	0	0	0	0	0	0
Intoxication	2	0	1	0	1	0	0	0	0	0
Trauma or Physical Agent	16	2	2	3	4	2	0	0	3	0
Disorders of Metabolism, Growth or Nutrition	3	0	1	2	0	0	0	0	0	0
New Growths	0	0	0	0	0	0	0	0	0	0
Unknown Prenatal Influence	18	8	4	3	1	0	0	0	1	1
Uncertain Cause with Structural Reactions Manifest	25	5	6	5	2	1	3	1	2	0
Uncertain Cause with Functional Reaction Manifest	29	1	4	10	3	1	0	5	2	3
Mental Retardation Unclassified	11	6	2	1	0	0	0	1	0	1
TOTALS	112	26	23	25	11	4	3	7	8	5

Admissions includes first admissions, readmissions, and transfers from the mental health system.

TABLE 7
HASTINGS REGIONAL CENTER
 Mental Retardation Inpatient Services
 Residents By Medical Classification and Age
 As of June 30, 1973

CONDITIONS DUE TO:	TOTAL	AGE AT END OF YEAR								
		0-4	5-9	10-14	15-17	18-20	21-24	25-34	35-44	45 & Over
Infection	4	0	1	3	0	0	0	0	0	0
Intoxication	2	0	0	1	1	0	0	0	0	0
Trauma or Physical Agent	2	0	1	1	0	0	0	0	0	0
Disorders of Metabolism, Growth or Nutrition	0	0	0	0	0	0	0	0	0	0
New Growths	0	0	0	0	0	0	0	0	0	0
Unknown Prenatal Influence	6	0	2	4	0	0	0	0	0	0
Uncertain Cause with Structural Reactions Manifest	12	1	2	8	1	0	0	0	0	0
Uncertain Cause with Functional Reaction Manifest	0	0	0	0	0	0	0	0	0	0
Mental Retardation Unclassified	13	5	8	0	0	0	0	0	0	0
TOTALS	39	6	14	17	2	0	0	0	0	0

* Residents includes persons residing in the institution plus patients on home visit. Does not include patients on long-term leave, temporary transfer, or escape.

TABLE 8

NORFOLK REGIONAL CENTER
Mental Retardation Inpatient Services
Residents By Medical Classification and Age
As of June 30, 1973

CONDITIONS DUE TO:	AGE AT END OF YEAR										TOTAL	35-44	45 & Over
	0-4	5-9	10-14	15-17	18-20	21-24	25-34	35-44	45 & Over				
Infection	0	0	0	0	0	1	0	0	0	1	0	0	1
Intoxication	0	0	0	0	0	0	0	0	0	0	0	0	0
Trauma or Physical Agent	0	0	0	0	0	0	0	0	0	0	3	1	1
Disorders of Metabolism, Growth or Nutrition	0	0	0	0	0	0	0	0	0	0	0	0	1
New Growths	0	0	0	0	0	0	0	0	0	0	1	0	0
Unknown Prenatal Influence	0	0	0	0	0	0	0	0	0	0	1	3	1
Uncertain Cause with Structural Reactions Manifest	0	0	0	0	0	0	0	0	0	0	1	2	2
Uncertain Cause with Functional Reaction Manifest	0	0	0	0	0	0	0	0	0	0	3	3	1
Mental Retardation Unclassified	0	0	0	0	0	0	0	0	0	0	1	2	0
TOTALS	0	0	0	0	0	0	0	0	0	1	10	11	7

* Residents includes persons residing in the institution plus patients on home visit. Does not include patients on long-term leave, temporary transfer or escape.

OFFICE OF MENTAL RETARDATION
Lincoln, Nebraska

- Location: 2146 South 10 Street, Lincoln, Nebraska
- Mailing Address: Office of Mental Retardation
Department of Public Institutions
P.O. Box 94728
Lincoln, Nebraska 68509
- Telephone: (402) 471-2165
- Director: George A. Thomas, Jr. (- September 20, 1971)
Charles W. Falls, Ed.D. (November 1, 1971 - July 16, 1973)
David A. Blume (July 16, 1973)
- Advisory Committee to the Office of Mental Retardation:

Jack L. Campbell, Ed.D.
Galen Dodge, Ed.D.
Don Kasperek
Mrs. Karen Kelly (Succeeded by Mrs. Dorothy Beavers, July 5, 1973)
Mrs. Mary Osborn
Irwin B. Peterson
Dale Samuelson
- Date Established: 1969
- Population in Community-Based Programs (June 30, 1973): 2124
- Total Staff in Community-Based Programs (June 30, 1973): 850
- Financial Responsibility: Local, State, and Federal Funds
- Central Office Location of Each Region:

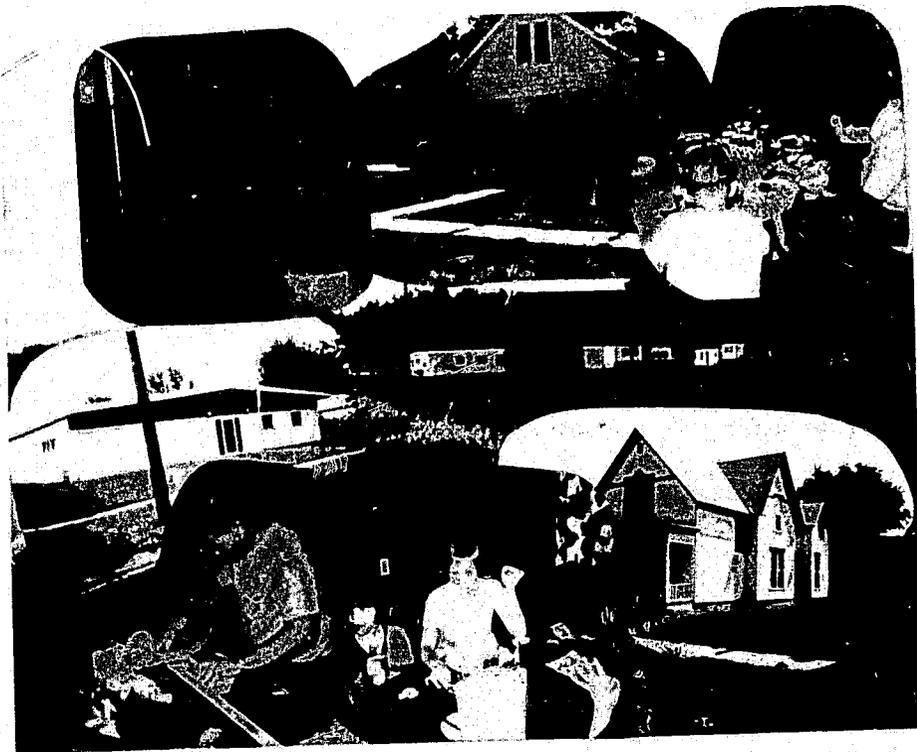
Region I - Scottsbluff
Region II - McCook
Region III - Hastings
Region IV - Wayne
Region V - Lincoln
Region VI - Omaha

OFFICE OF MENTAL RETARDATION

David A. Blume, Director
(Appointed July, 1973)

PURPOSE AND BACKGROUND INFORMATION

The Nebraska State Office of Mental Retardation (OMR) has assisted in the establishment and development of a statewide system of community-based services for mentally retarded citizens. On June 30, 1973, 2,124 mentally retarded persons were receiving services in one or more of the following areas: adult development centers, children's development centers, social services, specialized services, and residential services.



The State Office of Mental Retardation was established in 1969 with the passage of Legislative Bill Number 855, now found in sections 83-141 - 83-1,146, Revised Reissue Statutes of Nebraska, 1943, which authorizes the Office of Mental Retardation to contract with public or private agencies for mental retardation service delivery and administration. The State was divided into six mental retardation areas and a regional office was established in each. These regions were formed via the Nebraska Inter-Local Agreement Act (sections 23-2,201 - 23-2,207, Revised Reissue Statutes of Nebraska, 1943, which authorizes two or more governmental units to join together for one or more functions; and section 23-104.03, Reissue Revised Statutes of Nebraska, 1943, adopted in 1971, which specifically authorizes counties, either individually or through the Inter-Local Agreement Act, to provide or contract for services for retarded persons as well as other groups). The State Office of Mental Retardation contracts with these six regions for delivery of services to mentally retarded persons.

Total State funds appropriated to the Office of Mental Retardation have been as follows:

1969-71	\$ 663,222
1971-72	1,033,944
1972-73	1,238,000

Regional offices have used county and federal funds, also, in their programs and have provided services to Vocational Rehabilitation and Department of Public Welfare clients.

Each region has established a governing board with representatives of the communities and counties they serve, and an advisory board comprising professionals, parents, and members of appropriate community agencies.

The principle of normalization is central to delivery of services in Nebraska. The principle of normalization is defined as "the use of means that are as culturally normative as possible to elicit and maintain behavior that is as culturally normative as possible, taking into account local and sub-cultural differences." In application of the normalization principle, all attempts are made for the physical separation of living and educational facilities. Utilizing this principle, Nebraska is developing a statewide system which will provide mentally retarded persons of all ages and all needs with the opportunity for an optimum life.

The current State Office of Mental Retardation budget for 1973-74 is \$1.738 million, divided among the six regions. At the local level, additional funds allocated from the community, county, private agencies, parent payments, and volunteer time are used to draw federal dollars through "matching" provisions.

SERVICE AREAS

Adult Development Centers

In the twenty-nine Adult Developmental Centers, competitive employment and independent living are long-range goals for each adult client, no matter how handicapped he or she may be. Individualized training is provided for each client in learning work-related activities and job skills. Much time is spent, also, in helping the client develop appropriate social behavior and everyday skills. A few examples of this training are: money management, time management, knowing the community, and

social interaction. In addition to the Adult Developmental Centers, there are several on-the-job training programs called work stations in industry, which take place in an industrial setting. A total of 1,234 adults were being served in one or more service areas of the Office of Mental Retardation on June 30, 1973.

Children's Developmental Centers

Children's Developmental Centers are for mentally retarded children who are not eligible for public school programs—either standard-level classes or those for educable or trainable mentally retarded children. The Child Developmental Centers are primarily for pre-school children, ages 2 to 5. Other children above and below this age range may be served through other programming. Legislation has just been passed in Nebraska delegating responsibility to school districts to provide services, or to contract for such services, for the education of all children, ages 5 to 18. The goal of the Child Development Center is to help the child develop intellectually, socially, and physically to a level at which he or she may progress into public school programs. At the present time there are 890 children being served in one or more service areas of the Office of Mental Retardation.

Social Services

The Social Services Division provides supportive services for, and the coordination of an individualized habilitative program. Each region is responsible for the administration and delivery of social services. From the time of initial contact with the client and/or the parents or guardian, a social services worker begins to contact and organize resources, in and outside the agency, to serve the client. The social services worker reviews the client's program needs and then enrolls him or her in the program that will meet these needs. Social services include counseling, intake and follow-along, recreation, transportation, legal services, speech and physical therapy, and other supportive functions.

Specialized Services

These specialized services include Developmental Maximation Units, Behavior Shaping Units, and Crisis Assistance Units.

Residential Services

The following categories represent the variety of residential services provided to mentally retarded persons:

1. **Developmental Maximation Unit (DMU):** This specialized service provides educational and developmental services to those children who are so impaired that medical service is the prime emphasis, with a program directed to promote self-help skills, ambulation, and social-personal awareness.
2. **Children's Residence:** Services to children to puberty, with emphasis on self-help and social skills.
3. **Adolescent Residence:** Services to children from puberty to approximately 16 years of age, with emphasis on social development, self-sufficiency, and community living.
4. **Behavior Shaping Unit:** Specialized services with emphasis on shaping and maintenance of basic habits through operant conditioning techniques.
5. **Training Residence:** Provides services to adults with emphasis on training toward self-sufficiency.

6. **Minimal Supervision:** Services for adults or families who are almost ready to live independently or who may need only minimal supervision in community-based, apartment-living arrangements.
7. **Crisis Assistance Unit:** Specialized services to provide short-term residential care and supervision during period of family stress, or other forced separation from the natural home for respite care.
8. **Satellite Developmental Home:** Extension services of the Children's Developmental Centers, staffed and coordinated by the Center, which provided an education program on a school-day schedule, twelve months a year, to children under 16 years of age who, because of age or severity and functioning levels of retardation, are denied admittance to public school special education classes.

On June 30, 1973, there were eleven children's and adolescents' residences, three Behavior Shaping Units, and one Developmental Maximation Unit, which provide residential and developmental programs for those individuals whose maladaptive behavior prevents them from participating in other programs. The programs in these units are designed to accelerate self-help skills so that they may move to more advanced programs in their communities. There are 50 adult training residences and approximately 50 staffed or independent apartment-living situations.

Regulatory standards and guidelines for the operation and initiation of all State-funded programs through the Nebraska State Office of Mental Retardation are contained in a manual entitled, *Programmatic Standards and Regulations*, available from the State Office of Mental Retardation, Department of Public Institutions, P.O. Box 94728, Lincoln, Nebraska 68509.

PROGRAM PROJECTION

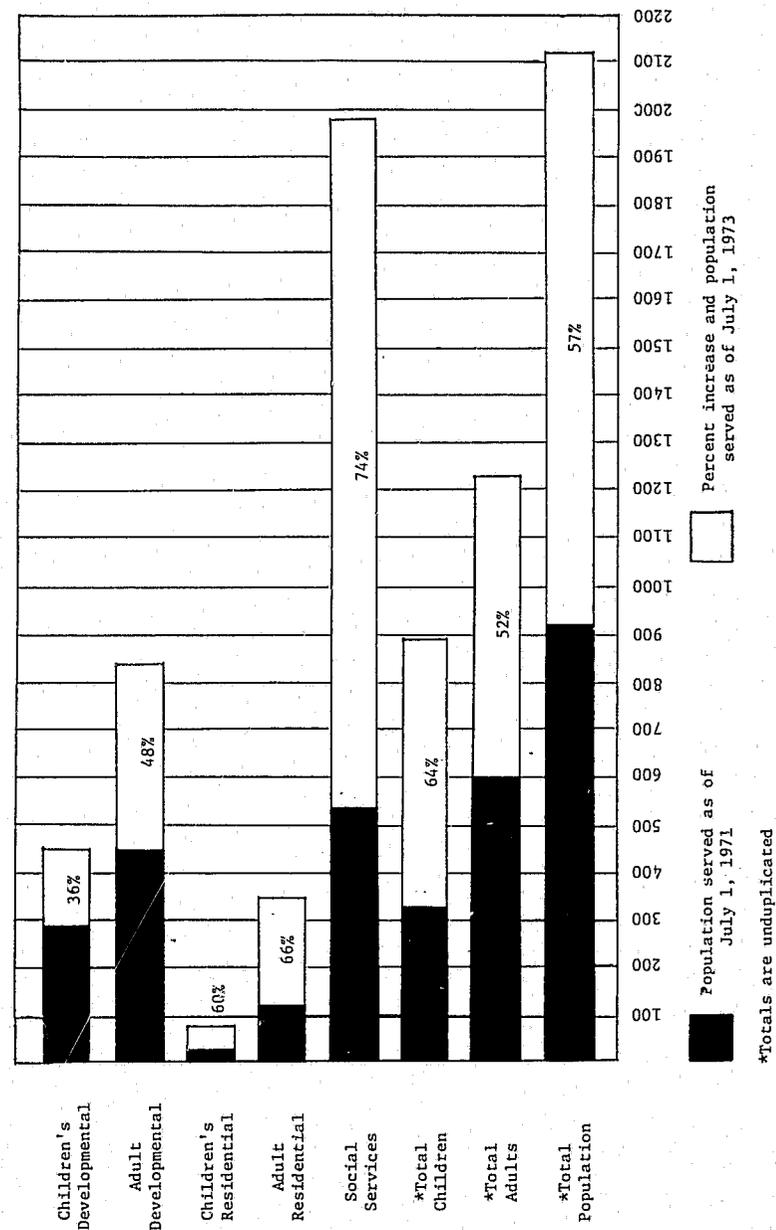
In the future, the Office of Mental Retardation will be emphasizing further development of children's services and specialized services, such as behavior shaping units, developmental maximation units, and crisis assistance units, which will help us to serve the more severely handicapped citizens. The future promises much change in educating the mentally retarded citizen in Nebraska with the recent passage of Legislative Bill Number 403 by the Nebraska State Legislature. This legislation delegates responsibility for the education of all children, ages 5 through 18, to the school districts. The expansion and implementation of LB 403 will be a milestone in the right to education for mentally retarded children.

Issues facing Nebraska, and most likely other states, include (1) the availability of adequate funds to continue service delivery and expansion of programs, (2) funds for research in early detection and prevention of mental retardation and other developmental disabilities, (3) the increasing need to place qualified people in leadership positions in service delivery systems, and (4) wider and more concentrated efforts in educating the public about mental retardation and services available for the mentally retarded citizen.

TABLE 1
OFFICE OF MENTAL RETARDATION
Statement of Expenditures
Biennium Ending June 30, 1973

Class of Expenditures	
Personal Services	\$ 139,119
General Operations	1,872,446
Capital Expenditures	4,097
Total Operating Expenditures	2,015,662
Source of Funds	
Institutions Operations:	
General Fund	2,000,368
Institution Cash	15,294
Federal Fund	2,015,632
Total Operating Expenditures	
Other Funds:	
Canteen Fund	
Building Fund	
Total Other Funds	\$2,015,662
GRAND TOTAL	

Table 2
OFFICE OF MENTAL RETARDATION
POPULATION GROWTH
1971-1973



*Totals are unduplicated

SECTION V

POPULATION GROWTH BY SERVICE TYPE

SERVICE	1971-73	1971	1973	% Increase
Children's Developmental		286	445	36%
Adult Developmental		439	839	48%
Children's Residential		29	73	60%
Adult Residential		116	344	66%
Social Services		522	1981	74%
*Children's Services		318	890	64%
*Adult Services		597	1234	52%
*Total Population		915	2124	57%

*Totals are unduplicated

GENERAL MEDICAL AND CARE FACILITIES

**SECTION V
GENERAL MEDICAL
AND
CARE FACILITIES**

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SECTION V

**GENERAL MEDICAL
AND
CARE FACILITIES**

NEBRASKA VETERANS' HOME
(Formerly Nebraska Soldiers' and Sailors' Home)
Grand Island, Nebraska
and
NEBRASKA VETERANS' HOME ANNEX
Norfolk, Nebraska

	Nebraska Veterans' Home	Nebraska Veterans' Home Annex
1. Location:	Grand Island, Hall County	Norfolk, Madison County
2. Mailing Address:	Burkett Station Grand Island, Nebr. 68801	P.O. Box 409 Norfolk, Nebraska 68701
3. Telephone:	(308) 382-9420	(402) 371-2701
4. Administrative Staff:	Everett P. Phillips Administrator R. W. Broadstone Administrative Assistant	R. Kenneth Yost Administrator Harold Dahlheim, M.D. Medical Director

LeRoy J. Stegman
Business Manager

Karl Forster, M.D.
Medical Director

5. Date Established: 1887 (Annex established in 1963)
6. Normal Capacity: 534
7. Resident Population (June 30, 1973): 478
8. Total Staff (June 30, 1973): 366
9. Types of Admission: Geriatric (Veterans, their wives, widows, or Gold Star mothers)
10. Financial Responsibility: 26% State - 26% Federal - 48% Member
11. Transportation Routes:
- | | |
|---------------------|---|
| Grand Island | |
| Highways: | Interstate 80; U.S. 30 and 281; State 2 |
| Railroads: | Union Pacific, Burlington Northern |
| Airlines: | Frontier |
| Bus Lines: | Continental Trailways, Greyhound, United Motor Ways, City Bus Service |
| Taxi Service: | City Cab, Yellow Cab |
| Norfolk | |
| Highways: | U.S. 81 and 275; State 35 |
| Railroads: | Chicago and Northwestern Union Pacific |
| Airlines: | North Central |
| Bus Lines: | Greyhound, Arrow Stage, and Norfolk Regional Center Bus |
| Taxi Service: | Checker Cab and Yellow Cab |
12. Visitation Regulations: Flexible



NEBRASKA VETERANS' HOME

Everett P. Phillips, Administrator

PURPOSE AND BACKGROUND INFORMATION

The Nebraska Veterans' Home (at Grand Island) and its Annex (at Norfolk) provide health care and social services to eligible veterans of the State of Nebraska. Services of the Home are available to 196,000 veterans of the Spanish-American War, World War I, World War II, the Korean War, and the Vietnam conflict, their wives, widows, or Gold Star mothers. Application for membership in the Home is made through County Service Officers to the State Department of Veterans' Affairs, and then is submitted to the Board of Inquiry and Review for appropriate action, including a determination of what portion, if any, of maintenance costs can be paid by the applicant. At the end of the 1971-1973 Biennium there were 478 residents at the Home's two sites, and 366 employees.

The Home and its residential facilities provide members with supervised living and nursing care. The needs of each individual are evaluated, and a homelike atmosphere, with spiritual and recreational activities, is provided to correspond to the physical condition of each member.

During the 1971-1973 Biennium a second building, containing 123 beds, was transferred by legislative action from the Norfolk Regional Center to the Veterans'

Home. The building has been renovated and members are being assigned there. With the addition of this building, the total bed census at the Norfolk Annex is 185.

Construction of a 100-bed nursing care addition to the existing World War II Memorial Building at the Grand Island facility was started and, at the end of the biennium, was 87% completed.

HEALTH AND SOCIAL NEEDS OF MEMBERS

In meeting the needs of each member, four levels of care are taken into consideration. Domiciliary care is given to those who are able to live independently, two levels of intermediate care are provided to members needing limited nursing care, and skilled nursing care is given to persons who are chronically ill or disabled. There were 198 bedfast members at the end of the biennium.

There is a varied program of recreational, occupational, and social activities. Volunteers from the community play a large role in seasonal activities by providing parties, picnics, and transportation for off-campus activity. Religious activities are provided by Protestant and Catholic clergy who conduct services and provide counseling.

The physical therapy department is used by an average of 66 members each day. Physical therapy is used for the treatment and retraining of muscles and limbs. Stroke victims and arthritis sufferers are two of the main users of this service. Members using the heat pack, heat lamps, microwave, ultrasound or other treatments, including a new service—inhalation therapy for treatment of respiratory ailments and emphysema—are referred to the department by the medical director of the Home. The increased age of members and the number of disabled members are augmenting the need for this service.

PHYSICAL FACILITIES

The physical facilities at the main campus of the Nebraska Veterans' Home in Grand Island consist of five main buildings for housing members. These buildings and the 100-bed intensive care addition, which is under construction, are considered modern and adequate for future needs at Grand Island. The Home's farmland of 502 acres is rented to local farmers.

FORECAST

As of July 1, 1974, we will have completed all existing expansion plans. Figures for the last six months of Fiscal Year 1973 show admissions of nineteen members per month. Based on these figures, which show the present rate of demand for our services, it would appear that all beds will be occupied by June 30, 1974. Therefore, it is imperative that some concrete action be taken during the coming year to assure additional bed space for the Nebraska Veterans' Home, preferably in the Norfolk or Omaha area.

Realizing there is an increasing demand by veterans across the United States for services of Veterans' Homes, the United States Congress has passed a law increasing

domiciliary payments from \$3.50 to \$4.50 per day per member, and nursing care payments from \$5.00 to \$6.00 per day. Also, federal "matching" funds for new construction or remodeling have been increased from 50% to 65%.

TABLE 1

NEBRASKA VETERANS' HOME Statement of Expenditures Biennium Ending June 30, 1973

Class of Expenditures	
Personal Services	\$3,331,626
General Operations	990,713
Capital Expenditures	30,693
Total Operating Expenditures	4,353,032
Source of Funds	
Institutions Operations:	
General Fund	1,498,139
Institution Cash	2,854,893
Federal Fund	
Total Operating Expenditures	4,353,032
Other Funds:	
Canteen Fund	222,898
Building Fund	929,323
Total Other Funds	1,152,221
GRAND TOTAL	\$5,505,253

NEBRASKA ORTHOPEDIC HOSPITAL

Lincoln, Nebraska

The Nebraska Orthopedic Hospital was established by legislative action in 1905 and received its first patient on October 1, 1905.

By action of the First Session of the Eighty-Second Legislature in 1971, through the passage of Legislative Bill No. 1025, an appropriations bill, the Director of the

Department of Public Institutions was directed to phase out the facilities of the Orthopedic Hospital by December 1, 1971, at which time all unexpended funds from the 1971 appropriation were to be transferred to the Department of Public Welfare's Crippled Children's Services to be used only for the purchase of medical services such as had been provided by the Orthopedic Hospital, and with the provision that \$30,000 of General Funds would remain for the maintenance of the physical plant until such time that other disposition would be made of the property.

All new admissions or readmissions to the Orthopedic Hospital were discontinued prior to October 15, 1971, and the Hospital was formally closed on October 31, 1971, when records—both active and inactive—were transferred to Crippled Children's Services, of the Department of Public Welfare.

David L. Moore was Superintendent of the Nebraska Orthopedic Hospital from February, 1969, until the time of its closing.

TABLE 1

NEBRASKA ORTHOPEDIC HOSPITAL
Statement of Expenditures
Biennium Ending June 30, 1973

Class of Expenditures	
Personal Services	\$285,800
General Operations	64,829
Capital Expenditures	185
Total Operating Expenditures	350,814
Source of Funds	
Institutions Operations:	
General Fund	334,772
Institution Cash	12,842
Federal Fund	3,200
Total Operating Expenditures	350,814
Other Funds:	
Canteen Fund	476
Building Fund	476
Total Other Funds	476
GRAND TOTAL	\$351,290

NEBRASKA HOSPITAL FOR THE TUBERCULOUS

Kearney, Nebraska

The Nebraska Hospital for the Tuberculous was established in 1912 for the primary purpose of caring for "indigent tuberculous persons." Prior to the beginning of the current biennium, the phasing out of the Hospital had been advocated. The continual decrease in the incidence of tuberculosis, and the continual increase in the ability to treat tuberculosis more satisfactorily with drugs permitted consideration of treatment in other than a State-operated facility.

It was advocated that the State Department of Health assume responsibility for the new program of treatment of tuberculosis in Nebraska. Consequently, legislation was enacted by the Eight-Second Legislature in Second Session, 1972, to place the responsibility for providing care for the tuberculous in the State Health Department (LB 1492) and to transfer real estate and buildings at the Nebraska Hospital for the Tuberculous to the Board of Trustees of Nebraska State Colleges (LB 1512) for use by Kearney State College. This legislation became operative on July 1, 1972.

The Nebraska Hospital for the Tuberculous had been caring for severely mentally retarded children since 1964. On September 8, 1971, forty-two children, who were residents at the Nebraska Hospital for the Tuberculous on temporary transfer from the Beatrice State Home (for the mentally retarded), were transferred to the Hastings Regional Center, Hastings, Nebraska, where a more suitable program of treatment could be obtained.

Admission of tuberculous patients was gradually reduced and, by June 1, 1972, all inpatient care had been discontinued. During the month of June, 1972, the facility continued to function only for the purpose of X-raying outpatients. The facility officially ceased operation on June 30, 1972.

The Department of Health now has statutory responsibility to enter into agreements with qualified hospitals or other health-care facilities to provide for the care and maintenance, and treatment of patients committed for such care, and for those other persons having communicable tuberculosis who voluntarily agree to accept care and treatment in such a health-care facility on either an inpatient or outpatient basis.

William E. Nutzman, M.D., who had been Medical Director of the Nebraska Hospital for the Tuberculous since 1946 and Superintendent since 1950, died on August 16, 1972.

TABLE 1
NEBRASKA HOSPITAL FOR TUBERCULOUS
 Statement of Expenditures
 Biennium Ending June 30, 1973

Class of Expenditures	
Personal Services	\$429,678
General Operations	135,001
Capital Expenditures	157
Total Operating Expenditures	565,836
Source of Funds	
Institutions Operations:	
General Fund	537,791
Institution Cash	28,045
Federal Fund	
Total Operating Expenditures	565,836
Other Funds:	
Canteen Fund	7,075
Building Fund	
Total Other Funds	7,075
GRAND TOTAL	\$572,911

TABLE 2
NEBRASKA HOSPITAL FOR THE TUBERCULOUS
 Unit for the Mentally Retarded
 Statement of Expenditures
 Biennium Ending June 30, 1973

Class of Expenditures	
Personal Service	\$10,128
General Operations	36,959
Capital Expenditures	
Total Operating Expenditures	47,087
Source of Funds	
Institutions Operations:	
General Fund	47,087
Institution Cash	
Federal Fund	
Total Operating Expenditures	47,087
Other Funds:	
Canteen Fund	
Building Fund	
Total Other Funds	
GRAND TOTAL	\$47,087

SECTION VI

SPECIAL SERVICES

**SECTION VI
SPECIAL SERVICES**

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SECTION VI

SPECIAL SERVICES

DIVISION ON ALCOHOLISM

John W. North, Director

PURPOSE

The Division on Alcoholism in the Department of Public Institutions was created by the Nebraska State Legislature in 1967 and became operational on April 1, 1968. Its purpose is to provide leadership in the development of programs and services to meet the needs of persons suffering from alcoholism; and to assist communities and agencies in dealing with the problems created by, or related to alcohol abuse and alcoholism.

As the single agency of State Government responsible for alcoholism, the Division is concerned with all activities in the State dealing with the problem, and seeks to bring about cooperation and coordination among the many persons and agencies involved.

The Division is creator of the Comprehensive State Plan for Alcoholism which was initiated in 1972 following Congressional passage of a law providing for the establishment of more effective programs of prevention, treatment, and rehabilitation of alcoholics in all fifty states. It is a continuation and expansion of previous efforts, and serves as a working blueprint to upgrade the quality and quantity of programs and services. The plan serves, also, as the basis for allocation of formula grant funds, and is effective for the utilization of federal, state, and all other available resources.

Because alcoholism is a pervasive influence expressed in a multitude of problem areas which involve almost every agency organized to mitigate human difficulties in the social, economic, and health care fields, the Division's concept in developing the plan was "Partners for Progress." It was with the assistance of a number of State agencies and the Commission on Alcoholism that the plan was developed. It was submitted to the National Institute on Alcohol Abuse and Alcoholism, the United States Department of Health, Education, and Welfare, in May, 1972, and approved in July, 1972, with the awarding of \$205,000.00 in federal grant monies.

Basically, the purpose of the plan is to bring about a major change in the way people think about alcohol, the way people think about alcoholics, the way people think about alcoholism, and the way people of the State of Nebraska respond as individuals and communities. Clearly, the focus is on people: not only the alcoholic; but, equally as important, the people around the alcoholic—wife, family, friends, employers, relatives, the public in general.

The Division divided its task into three basic elements, three action programs: prevention, intervention, and control.

1. In the area of prevention, the Division has set up programs for public information, training professionals, peer group training, and research.
2. Intervention or secondary prevention measures include occupational programs in local and state government and in business and industry, family assistance programs, and traffic safety countermeasure programs.
3. Programs of control are geared to eliminate revolving-door treatment centers and provide adequate extended care programs which offer the client the opportunity to be responsible for himself, reducing considerably the public funds necessary to operate treatment facilities.

The following priorities, subject to review each year, have been established: (1) public information, (2) training, (3) occupational programs, (4) prevention programs with young people, and (5) community services development. Other high priorities include research, adequate and appropriate alcohol/alcoholism education at all levels, and development of new concepts in the establishment of residential rehabilitation centers.

An updated Comprehensive State Plan was submitted to the National Institute on Alcohol Abuse and Alcoholism in May, 1973, and approved in June. The Division was awarded \$206,000.00 in federal funds.

Serving the Division in advisory capacities are the Commission on Alcoholism and the Citizens Advisory Alcoholism Council. The Commission has three permanent members (the Director of the Department of Public Institutions who serves as Chairman of the Commission, the Nebraska Commissioner of Education, and a member of the staff of the University of Nebraska College of Medicine), and four other members are appointed by the Governor. The Citizens Advisory Council consists of twenty-seven members appointed by the Governor for one-, two-, and three-year terms.

MAJOR ACCOMPLISHMENTS DURING THE BIENNIUM

A review of the Nebraska Alcoholism Program during the biennium provides a

picture of growth, expansion, and increased activity, particularly during the first twelve months of operation under guidelines established in the Comprehensive State Plan. Progress, especially in the areas of public information, education and training, occupational programs, and development of community resources, has been notable.

Public Information

"New dimensions" perhaps best describes the Division's public information program. During the past year the Division contracted for the development and the production of a series of public service announcements for radio and television, and a 30-minute color film.

The three Public Service Announcements are animation in brilliant colors. Two are based on early identification of alcoholism; the other calls attention to service agencies in the communities. Ten-, thirty-, and sixty-second variations of the three themes were distributed to twelve television and fifty-four radio stations in the State in May, 1973, and currently are being aired. Assistance of the media was sought, both personally and through the mail, in making alcoholism a priority in public service programming. Efforts for this assistance continue in order to bring about a significant change in community attitudes about alcohol, alcoholic persons, and the problems related to or created by the misuse of beverage alcohol.

A supplement to the Public Service Announcements was a Division-developed pamphlet, "What happened to Harold?" Approximately 20,000 were distributed throughout the State at county fairs and by community alcoholism agencies.

The Division's film, "Conspiracy of Silence," is a graphic portrayal of alcoholism in the early stages, showing the progressive nature of the illness in the family setting. It is a major tool in the Division's expanded effort for secondary prevention. A brochure with specifics on what to do and where to go for help will supplement the film.

"Conspiracy" premiered in Lincoln at the Division's seminar for college faculty in May, 1973. An Omaha premiere was scheduled for July 13 before some 150 business, civic, religious, and educational leaders, with Omaha Mayor Edward Zorinsky and actor Dana Andrews and his wife as special guests. "Conspiracy" was filmed on location in Omaha. A prime-time television premiere was scheduled for August 12 over KOLN-TV, Lincoln; and KGIN-TV, Grand Island. The film currently is being marketed throughout the country. Further commercial and educational television screenings and public service showings are planned.

The spring of 1973, also, marked publication of the Division's 52-page directory of alcoholism resources in the State. The first edition of "Focus on Alcoholism" contains descriptive material on more than eighty agencies—treatment centers, halfway houses, councils on alcoholism, traffic safety programs, community alcoholism, programs, special and affiliated programs. The publication, also, includes a review of the Comprehensive State Plan. An initial distribution was made to all alcoholism agencies in the State, law enforcement personnel, lawyers, legislators, and social service agencies. Five thousand copies were printed.

Ongoing public information programs included the Division's quarterly newsletter, *Perspective*, with a circulation of 5,000; news releases and special programs for the mass media; development and production of pamphlets and brochures; distribution of educational materials; lectures, and special programs and projects.

One special public information program was developed with formula funds for

the Chemical Dependency Unit at Lincoln General Hospital. With the support of the Division, the program utilized all media, billboards, a slide presentation, and volunteers to make the unit more visible in the community. Within thirty days the unit was operating at maximum capacity.

Training, Education, and Research

The Nebraska School for Alcohol Studies, which began in 1968, continues to expand and now includes four sessions: two summer schools, one at Doane College in Crete, the other at Nebraska Western College in Scottsbluff; a winter school in Kearney; and an academic seminar for college and university faculty members in Lincoln. The school serves as the training ground in the State for those seeking knowledge about the prevention, intervention and control of alcohol abuse and alcoholism. Each session of the school, with the exception of the academic seminar, offers six sections: basic orientation, family assistance, employee or occupational programs, highway safety, treatment, and a youth program designed to prevent spreading of the "chemical culture." Staff for the school consists of professionals in the field of alcoholism from all over the United States.

The academic seminar, started in 1973, fills an important gap in the overall education and training programs. It is designed to generate interest and understanding at the professional level to bring about the inclusion of adequate attention to alcoholism in research programs and in the training of undergraduate students in a number of disciplines. The first session was staffed by distinguished scholars from the State University of Iowa, the University of North Carolina, the University of Pittsburgh, the University of California at Los Angeles, the University of Nebraska College of Medicine, the National Institute on Alcohol Abuse and Alcoholism, and the Johnson Institute.

As evidence of the value of this training effort, alumni of the school are serving in a variety of roles in almost every alcoholism agency or program in the State and, also, act as staff members of the school. Nearly 1,700 people have participated since its inception. It is co-sponsored by the Division on Alcoholism, the Nebraska Psychiatric Institute, and the University of Nebraska-Lincoln Extension Division and Psychology Department.

The growth and development of the undergraduate and graduate alcoholism study programs in the Psychology Department at the University of Nebraska-Lincoln has enriched the program of the Nebraska School for Alcohol Studies. Close cooperation between the Nebraska School for Alcohol Studies and the Department adds academic enrichment and stature to the program, and the influence of alcoholism professionals is helping to shape the Psychology Department's special courses in terms of the realities of alcoholism.

At the Nebraska Psychiatric Institute a strong program has been developed that assures all medical students at the University's College of Medicine in-depth exposure to the academic and clinical aspects of alcoholism. The Director of the Division serves as a faculty member at the Nebraska Psychiatric Institute.

In addition to training at the Nebraska School for Alcohol Studies, the Division staff conducted, also, a number of special seminars, workshops, and inservice training programs at treatment facilities and helping agencies in Omaha and Lincoln.

In 1972 the Division was involved in stimulating and supporting a number of

research projects at the Nebraska Psychiatric Institute, and at both the Omaha and Lincoln campuses of the University of Nebraska. Research projects included: ethanol effects upon brain polyribosone stability, an explorative human study in denatured alcohol drinkers to estimate the damage associated in the higher intellectual processes, effects of intragastric alcohol on the natural feeling behavior and weight regulation in rats, brain dysfunctions associated with acute and chronic alcoholism and its relation to brain protein synthesis, social distance and deviance as related to societal reaction to alcohol abuse, and the continuing educational needs of the alcoholism professional.

All training and research is financed and supported by the Division's formula grant funds.

Occupational Programs

The Division's occupational program became operational when the Comprehensive State Plan was put into effect July 1, 1972. The first six months were largely a period of training and orientation for the new occupational program specialists. Since that time the specialists have consulted and continue to consult with an increasing number of business and industry organizations, and with State and local governments.

In 1970 only two companies had formal alcoholism programs, a third had made a start, and programs were getting underway for federal employees. By June, 1973, ten business, industry, and government organizations had established programs which give persons with drinking problems the same opportunity for assistance that is given an employee for other disabling conditions which impair ability to function on the job. The Division, in cooperation with the Omaha Area Council on Alcoholism and the Lincoln Council on Alcoholism, sponsored two seminars and workshops for business and labor leaders, and developed a section on occupational programs for the Nebraska School for Alcohol Studies to train community workers and company representatives to assist in the implementation of employee programs. It is expected that in Fiscal Year 1974 the State's Employee Alcoholism Program will become operational.

Community Services Development

Perhaps the greatest achievement during the biennium was the development of a large number of community resources. Categorically, these include the following:

Treatment Centers

Immanuel Alcoholism Treatment Center

36th and Meredith Avenue
Omaha, Ne. 68111

Established: September 1, 1971

Support: Federal grant funds from the National Institute on Alcohol Abuse and Alcoholism, patient fees.

Geographic Area Served: No Restrictions

Capacity: 28 beds

Sex Restrictions: None

Program: Inpatient and Outpatient

Special Services: Consultation and Education Department provides community action program. Family assistance groups offered.

Lincoln General Hospital Chemical Dependency Unit
2300 South 16th Street
Lincoln, Ne. 68502

Established: July, 1971
Support: Patient fees, formula grant funds from the Division.
Geographic Area Served: No Restrictions
Capacity: 21 beds
Sex Restrictions: None
Program: Inpatient and Outpatient
Special Services: Education, public information, family services.

Nebraska Methodist Hospital Chemical Dependency Unit
3612 Cuming Street
Omaha, Ne. 68131

Established: October 18, 1971
Support: Patient fees
Geographic Area Served: No Restrictions
Capacity: 28 beds
Sex Restrictions: None

Program: Inpatient and Outpatient
Special Services: Program for spouses.

Our Lady of Lourdes Hospital
1500 Koenigstein Avenue
Norfolk, Ne. 68701

Established: January, 1973
Support: Patient fees
Geographic Area Served: No Restrictions
Capacity: 100 beds
Sex Restrictions: None
Program: Detoxification and referral to community alcoholism programs.

Panhandle Alcoholic Rehabilitation Center
812 Box Butte Avenue
Alliance, Ne. 69301

Established: March 15, 1973
Support: Community
Geographic Area Served: Primarily Northwest Nebraska
Capacity: 20 beds
Sex Restrictions: None
Program: Inpatient, non-medical 30-days.

Halfway Houses

A.R.C.H. Halfway House
2226 St. Marys Street
Omaha, Ne. 68102

Established: 1972
Support: Resident fees, community, formula grant funds from the Division
Geographic Area Served: No Restrictions
Capacity: 10 beds
Sex Restrictions: Males Only
Admission Requirements: Referrals from treatment centers and other agencies

C.A.R.E., Inc.
2412 Templeton Street
Omaha, Ne. 68111

Established: 1973
Support: Formula grant funds from the Division
Geographic Area Served: No Restrictions
Capacity: 15 beds
Sex Restrictions: Males Only
Admission Requirements: American Indians referred by courts or treatment centers.

Pine View Good Samaritan Center
W. Highway 83
Valentine, Ne. 69201

Established: 1973
Support: Patient Fees
Geographic Area Served: Northwest Nebraska
Capacity: 20 beds
Sex Restrictions: None
Admission Requirements: Physical examination by a doctor.

St. Bernard's Residential Rehabilitation Center
Lindsay, Ne. 68644

Established: 1973
Support: Patient fees and formula grant funds from the Division
Geographic Area Served: No Restrictions
Capacity: 30 beds
Sex Restrictions: Males Only
Admission Requirements: Agency or treatment center referral

Santa Monica, Inc.
130 North 39th Street
Omaha, Ne. 68103

Established: 1972
Support: Resident fees and formula grant funds from the Division
Geographic Area Served: No Restrictions
Capacity: 15 beds
Sex Restrictions: Females Only
Admission Requirements: Agency referral

Councils on Alcoholism

Alcoholism Council, Inc.
4021 Avenue B
Scottsbluff, Ne. 69361

Established: March, 1973
Support: Community
Purpose: To study community problems related to alcoholism, identify needs, coordinate, and promote development of additional resources and programs to meet community needs.

Traffic Safety Programs

Lincoln Alcohol Safety Action Project
817 Lincoln Building
Lincoln, Ne. 68508

Established: December 31, 1971
Support: U.S. Department of Transportation
Purpose: To systematically discourage excessive drinking and driving. The three major components of the system are: selective enforcement, structured probation, and rehabilitation. Supporting these components is an evaluation section, a public information section, and a specialist in the field of licensing and legislation. The system is built on two premises: (1) That problem drinkers, heretofore unidentified, contribute disproportionately to the frequency and severity of traffic accidents; further, that through the use of legal sanctions coupled with highly structured re-education programs, these problem drinkers can be rehabilitated. (2) The vast majority of the driving public chooses, for reasons outside the control of the project, to drink and drive responsibly. Aggressive law enforcement, for this majority, acts as a deterrent to irresponsible drinking and driving. Further, this large majority of the driving public can and will respond to rational appeals through information and education campaigns.
Special Services: Speaker's bureau, library services, films, publications.

CONTINUED

3 OF 4

Nebraska Alcohol Safety Action Program

Department of Motor Vehicles
Statehouse Station 94612
Lincoln, Ne. 68509

Established: November 1, 1972

Support: U.S. Department of Transportation Funds to the Department of Motor Vehicle's Highway Safety Program

Purpose: To provide communities with the opportunity and assistance to develop, plan, and implement local and/or regional alcohol safety-action countermeasures aimed at reducing the role of alcohol in highway fatalities and serious injury accidents. The NASAP staff coordinates with the Division on Alcoholism in setting up the necessary resources for such programs. At present, projects are getting underway in Falls City, Fremont, Hastings, McCook, Norfolk, Alliance, Scottsbluff, and Seward.

Special and Affiliated Programs

Intake and Referral Center

713 Lincoln Building
Lincoln, Ne. 68508

Established: March 15, 1972

Support: U.S. Department of Transportation

Purpose: Primarily, IRC is a support resource for the Lincoln Alcohol Safety Action Project, providing testing/screening procedures, counseling, referrals, and disulfiram therapy.

Special Services: Speaker's bureau, film library, and selective literature on the problem drinker/driver.

Community Alcoholism Center

709 Madison Avenue
Norfolk, Ne. 68701

Established: January 8, 1973

Support: Formula grant funds from the Division

Purpose: CAC is a part of the Community Alcoholism Resource Development Program. Its goal is to coordinate all alcoholism resource activities in a 22-county region in Northern Nebraska. Specific objectives and goals in developing services are: (1) To provide information, counseling, referrals, literature, and speakers. (2) To actively cooperate with medical, educational, civic, and other public services in an effort to prevent and/or combat problems pertaining to the use and abuse of alcohol. (3) To form a family counseling service which will offer assistance to both primary and secondary victims of alcoholism. (4) To promote cooperation by the schools in the Department of Education's alcohol education program and support for teacher training in

alcohol education. (5) To encourage general hospitals to make beds available for alcoholics and intoxicated persons whose conditions medically warrant hospitalization.

New Responsibilities

As a result of changes in federal policy, the Division took on the responsibility for a number of existing programs which had previously been the responsibility of the Office of Economic Opportunity. Among these: Platte Valley Community Action Alcoholism Program, Lincoln Action Alcoholism Prom, South Omaha Alcoholism Counseling Program, and the Indian programs in Winnebago-Macy and Omaha.

Staff Development

Two occupational program specialists were hired in July, 1972. Since that time both have received extensive training at seminars and institutes sponsored by the National Institute on Alcohol Abuse and Alcoholism. It is their responsibility to initiate and develop employee programs in business and industry, and in State and local government.

In April, 1973, the Division hired a communications coordinator to direct its public information program.

FORECAST

The Nebraska Alcoholism Program has made a strong beginning, but only a beginning. The Division looks for continued growth of community services as the program is planned and coordinated on a regional basis. It is anticipated, also, that there will be much greater demand for services at the local level as a result of the impact of the public information program. Special target areas include the Indian communities in the State and the black community in Omaha. In Omaha, also, considerable efforts will be made to establish an organized program for the public inebriate.

Extended rehabilitation and long-term care facilities are goals which will add an entirely new dimension to the program. These will provide the client the opportunity to be responsible for himself even as he is in residence and part of an ongoing therapy program. Making these persons financially responsible for their own support will reduce considerably the public funds necessary to keep treatment programs operating.

There is a strong possibility that there may be significant new legislation which will call for a much expanded area of responsibility and activity.

DIVISION OF REHABILITATION SERVICES

FOR THE VISUALLY IMPAIRED

1. Physical Facilities: Administrative Office
1047 South Street
Lincoln, Nebraska 68502
Telephone: (402) 471-2891

Lincoln District Office
1047 South Street
Lincoln, Nebraska 68502
Telephone: (402) 471-2891

The Nebraska Center for the Visually Handicapped
1047 South Street
Lincoln, Nebraska 68502
Telephone: (402) 471-2891

Scottsbluff District Office
2018 East 17 Street
Scottsbluff, Nebraska 69361
Telephone: (308) 635-0821

Omaha District Office
Suite 630
405 South 16 Street
Omaha, Nebraska 68102
Telephone: (402) 554-2041

North Platte Area Office
114 West Fifth Street
North Platte, Nebraska 69101
Telephone: (308) 534-3578

2. Administrative Staff: Dean S. McDermott, Director
Edwin L. Gettman, Supervisor of Rehabilitation Services
Leo R. Moore, Facility Administrator
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DIVISION OF REHABILITATION SERVICES FOR THE VISUALLY IMPAIRED

Dean S. McDermott, Director

FUNCTION

The Division of Rehabilitation Services for the Visually Impaired, within the Department of Public Institutions, has several major functions. The primary function is to seek out, determine the rehabilitation needs of, and provide service to all visually impaired persons in order to help them reach maximum vocational goals. These services are provided in accordance with both State and Federal Vocational Rehabilitation Regulations. In addition, it is the responsibility of the Division to maintain a complete and current register of all legally blind persons in the State of

Nebraska, to promote sight conservation and all agency functions through public information programs, and to distribute "Talking Book" machines in cooperation with the Library of Congress and the Nebraska Library Commission. Any person who has a visual condition which may lead to blindness, or whose sight is so defective as to limit seriously his ability to engage in ordinary vocations and activities of life is eligible for service.

The Division is divided for administrative purposes into four major sections as follows:

1. The Rehabilitation Center for Visually Handicapped
2. Rehabilitation Services
3. Small Business Enterprises
4. Business Office

Administrative offices and The Rehabilitation Center for the Visually Handicapped are located in Lincoln; district offices are located in Lincoln, Omaha, and Scottsbluff; and an area office, supervised through the Scottsbluff office, is located at North Platte.

MAJOR ACCOMPLISHMENTS

During the 1971-1973 Biennium the Division was involved in providing rehabilitation services to 1376 blind and visually impaired persons in Fiscal Year 1972, and to 1381 blind and visually impaired persons in Fiscal Year 1973. As a result of the rehabilitation services provided to them, 182 of these individuals were rehabilitated and suitably employed in Fiscal Year 1972. An additional 213 individuals were rehabilitated and suitably employed in Fiscal Year 1973. This represents an increase of 31 clients over the previous year's program, with a consequent reduction in blind assistance. These individuals now enjoy a higher standard of living and a much greater degree of participation and acceptance of their communities. Many of the visually impaired clients receive adjustment and orientation procedures as well as training in colleges, technical and trade schools, and on-the-job training. Mention should be made of the fact that a large percentage of these clients, now remuneratively employed, are in this situation as a result of specialized placement techniques, particularly job development and follow-up services. The number of persons receiving services is increasing steadily due to the adoption of aggressive case-finding through additional counselors, home teachers, placement specialists, and accelerated public information techniques.

ADJUSTMENT, INDEPENDENT LIVING, ORIENTATION, AND EVALUATION

The Rehabilitation Center for the Visually Handicapped has enabled the Division to enlarge and improve the adjustment, independent living, orientation, and evaluation programs for newly-blinded and chronically-maladjusted persons. Specially trained, capable teachers are being utilized in this program which is conducted at regular intervals. Specific practices in techniques of independent living are now receiving greater emphasis in the new concepts of training for the blind. Because of inactivity in the lives of many, supervised physical conditioning and health practices, also, are included in the techniques.

The Division has conducted special training classes for those clients who have found it impossible to come to the Lincoln facilities. For example, during the past two years classes have been held at Scottsbluff, North Platte, Hastings, Blair, Stanton, and Omaha. During Fiscal Year 1972 some 58 separate clients were involved in class-type instruction. During the last year a total of 90 clients have received training through these class settings. Some of these individuals have been enrolled in several classes, with a total enrollment of 188 trainees. The objective is to assist these persons to become as independent as possible in the areas of independent living. However, considerable improvement in attitude is many times achieved and is of great benefit as motivation toward suitable vocations. This service at the State level will be continued, and follow-up programs will be maintained in various communities throughout the State.

In the evaluation of the various groups who participated in these State-level programs, a number of trainees have expressed appreciation for learning techniques and procedures from new teachers, in addition to those with whom they had worked in their home areas.

TRAINING AND EMPLOYMENT OF MENTALLY RETARDED BLIND

For the past two years the Division has been involved in the establishment of new vocational training for blind individuals who, also, are mentally retarded. This category of client is now involved in Training Centers at Martin Luther Rehabilitation Center, Beatrice, as well as at centers in Columbus, Scottsbluff, North Platte, and Lincoln. Eleven of the visually impaired, retarded clients presently are employed in sheltered workshop situations and are considered as rehabilitated.

SMALL BUSINESS ENTERPRISE PROGRAM

The Small Business Enterprise Program continues to expand. At the end of Fiscal Year 1973, the Business Enterprise Program employed 17 visually impaired clients as operators and 12 assistants, for a total of 29. The goal is to have visually impaired operators achieve a higher monthly income. With this goal in mind, three operator's assistants have been eliminated during the last year of the biennium from the previous year. Goals for Fiscal Year 1974 are to set up ten new business enterprises throughout the State of Nebraska, which will involve the employment of an additional 13 visually handicapped operators and, also, will provide employment to several assistants. Negotiations are underway for business enterprises which will begin early in the next fiscal year. Projections are to increase gross sales twenty-five percent for Fiscal Year 1973-74.

JOB PLACEMENT AND SUPERVISION OF CLIENTS

Through this past fiscal year, along with the Division's overall expansion, there is now a placement specialist in each of the three district offices. Responsibilities of these individuals involve job surveys, job development, placement, and the required

follow-up services specifically required for the blind, legally blind and/or multiply-handicapped clients of the Division.

PUBLIC RELATIONS AND PUBLIC INFORMATION

After a complete review of the Division's functions during the past fiscal year by a federal technical advisory team and by the Governor's Advisory Committee to the Department of Public Institutions, a concentrated effort is now being put forth to enlighten the public in a better manner in regard to services available and services rendered.

All phases of the news media are being utilized through participation of the professional staff and Division clients. The ultimate goal is to provide highly-accelerated and continuous information concerning the Division's role in the State of Nebraska.

IMPROVED SERVICES TO WESTERN NEBRASKA

Division statistics clearly indicate that services are now more readily available to clients located in western Nebraska. This has resulted from the addition of a new area office in North Platte on July 1, 1972, working in cooperation with the Scottsbluff District Office, and the availability of the adjustment and orientation staff from The Rehabilitation Center for the Visually Handicapped.

LENDING AND REPAIR OF TALKING BOOK MACHINES

The lending and repair service for talking book machines is available to the blind and to those who are unable to read regular, printed matter because of other physical handicaps. The Division's responsibility is in the area of distribution and repair of machines, while the library service is provided through the State Library for the Blind and Physically Handicapped. Correlation of service is maintained in a routine manner. Division records indicate that talking book machines have been issued to approximately 500 new users. During this last year the Division, also, has distributed 35 cassettes to new users. This indicates that at the present time there are approximately 3,000 users of this service in the State of Nebraska. Regulations are prescribed by the Library of Congress in cooperation with the Nebraska State Public Library Commission's Library for the Blind and Physically Handicapped. The latter service is located in the same facility as Services for the Visually Impaired and The Center for the Visually Handicapped, 1047 South Street, Lincoln, Nebraska 68502

VOLUNTEER READING SERVICES COORDINATION

Approximately thirty volunteers are available at all times as readers in order to produce study materials for blind students. Most of the recipients of this service are students who require textbook recordings, although it is available to all blind persons for any worthwhile project. Recordings are made on either open reels or cassettes in accordance with the individual's equipment. In addition to recordings, transcribing into braille is provided to persons requiring this service.

SERVICES TO THE AGED

Orientation Counselors are available to provide special services to the aged blind in their own residences or in nursing homes. Techniques for independent living, self-care, mobility, and leisure-time activities are stressed in order to enable the aged blind to lead more satisfactory and enjoyable lives. Workshops are provided for nursing home staff members in order to reinforce techniques taught to elderly blind residents.

SERVICES TO MINORITY GROUPS

The Division of Rehabilitation Services for the Visually Impaired is not only complying with State and National regulations pertaining to minority groups, but continues to stress the availability of the services. Statistics indicate that during Fiscal Year 1972 the Division has served 84 persons who are in this category. Of this group 11 cases completed their vocational rehabilitation services and were closed as suitably employed in occupations commensurate with their capabilities. Eight cases were closed for other reasons and did not complete their rehabilitation program. At the end of Fiscal Year 1972 there were 15 cases remaining in the process of determining eligibility, and an additional 28 cases remaining in the active caseloads where the Division was involved in programs hopefully leading to gainful employment.

Through Fiscal Year 1973 the Division has served 88 persons who are in this category. Of this group 11 cases completed their vocational rehabilitation services and were closed as suitably employed in occupations commensurate with their capabilities. Six cases were closed for other reasons and did not complete their rehabilitation program. At the end of Fiscal Year 1972 there are 12 cases who are presently in the process of determining eligibility, and an additional 28 cases remaining in the active caseloads presently involved in programs hopefully leading to gainful employment.

SERVICES TO VIETNAM VETERANS

All services of this Division continue to be available on a special basis to Vietnam Veterans in cooperation with the Veterans' Administration. Strong efforts are being made in assisting the Vietnam Veterans to make improved adjustment to their visual handicaps and to assist them in the attainment of suitable vocational objectives commensurate with their capabilities. During Fiscal Year 1972 the Division had been involved in providing rehabilitation services to three Nebraska Vietnam Veterans. Of these three cases, one case was closed from the active caseload as suitably employed, and the remaining two were still involved in special programs of vocational rehabilitation.

SERVICES TO DEAF-BLIND

Services for the Visually Impaired maintains an active caseload of Deaf-Blind individuals in Nebraska. At the present time a number of these persons have been involved actively in training procedures. Several staff members have received valuable instruction from authorities of the National Center for Deaf-Blind. This enabled the

Division to assist the Deaf-Blind in communication techniques and the development of suitable vocational goals.

COMPLIANCE WITH CIVIL RIGHTS ACT

All brochures and similar informational literature contain a clear statement of the Division's compliance with the Civil Rights Act relative to Title VI. This refers to a non-discrimination policy on the grounds of race, color, or national origin. A system of recording has been put into operation which will bring out racial statistics covering all phases of the Division's operations. Also, supervision is maintained in order to reveal adequate evidence of non-discrimination in the provision of all services.

COOPERATION WITH PUBLIC WELFARE PROGRAMS

As in the previous year, routine services provide that all Nebraska Public Assistance recipients with visual impairments are referred to State Services for the Visually Impaired. This Division makes every effort to cooperate with the Department of Public Welfare in this regard in an attempt to provide the necessary services leading to suitable employment for the Visually Impaired Public Assistance clients. Communication lines are open at all times between the two Nebraska agencies, and counselors from Services for the Visually Impaired call routinely at County Welfare Offices throughout the State.

The two agencies perform services for many of the same clients. There is no duplication of effort, but in cooperative arrangements continuous stress is placed equally upon social service and rehabilitation service for the visually impaired. This is emphasized in cases involving visually impaired clients. Statistics indicate that 104 Public Assistance recipients were involved in rehabilitation programs during Fiscal Year 1972. Thirty-three of these clients completed their rehabilitation programs and were considered suitably employed. During Fiscal Year 1973 an additional 22 Public Assistance recipient cases have completed their rehabilitation program and are now considered suitably employed.

IDENTIFICATION SYSTEM

The Division has implemented a photo identification system which is provided to legally blind persons in Nebraska. This has enabled the blind to be identified for various purposes, such as the writing of checks and other essential verifications of signatures. This service is not restricted to vocational rehabilitation clients of the Division. It is available to all severely visually impaired who desire to utilize the service.

PROGRAM DESCRIPTION

1. Vocational Rehabilitation Services

- a. Physical restoration, including sight conservation and restoration
- b. Vocational guidance and counseling
- c. Vocational and psychological testing
- d. Training, tuition, books and readers, other training equipment and supplies
- e. Occupational equipment, tools, supplies and initial stock
- f. Small business equipment, supplies and initial stock
- g. Agricultural projects
- h. Job development and placement
- i. Follow-up to assure vocational adjustment.

2. Rehabilitation Instruction from Orientation Counselors

- a. Adjustment to blindness
- b. Orientation and cane travel
- c. Techniques for activities for daily living
- d. Homemaking
- e. Braille instruction
- f. Typing instruction
- g. Handcraft and leisure-time activities
- h. Social skills

3. Small Business Enterprise Services

- a. Provision of equipment and supplies
- b. Provision of materials including initial stock
- c. Assistance in sales of merchandise
- d. Locating suitable businesses
- e. Establishment and supervision of small business enterprises

4. Maintenance of Blind Register

The agency constantly attempts to locate all legally blind persons in the State and maintains a current register of those individuals meeting the definition of legally blind.

Categories of Occupations of Rehabilitated Clients During Fiscal Year 1972

Job Title	Number	Job Title	Number
Accountant-Tax	1	Automobile Body Repairman	2
Assembler	2	Auto Mechanic	1
Assistant Engineer	1	Bartender	2
Auto Salesman	1	Bench Carpenter	1
Auto Service Mechanic	1	Bindery Worker	1
Auto Service Station Owner	1	Bookkeeper	3

Bus Boy	1	Nurse Aid	1
Cabinet Maker	1	Painter	1
Cafeteria Manager	1	Paper Mache Manufacturer	1
Cannery Worker	1	and Assembler	
Car Washer	1	Poultryman - Meat	1
Caseworker	1	Print Shop Helper	1
Cleaning Woman	1	Produce Man	1
Clerk Stenographer	1	Production Helper	1
Composer	1	Radiographer	1
Construction Worker	1	Ranch Hand	2
Cook - Restaurant	1	Recreation Supervisor	1
Cook's Helper	1	Sales Clerk	4
Cosmetologist	3	Sales - Household Equipment	1
Counselor	2	Salesman - Food Products	1
Credit Investigator	1	Salesman - Insurance	1
Custodian	1	School Counselor	1
Data Processing	1	Secretary	3
Digital Computer Operator	1	Service Station Operator	1
Dishwasher	1	Sheet Metal Worker	1
Draftsman	1	Sheltered Workshop Employee	3
Electrician	1	Sign Painter	1
Farm Management	1	Station Attendant	1
Farmer	8	Sterilizer	1
Foreman - Chemical	1	Stock Clerk	1
Foreman - Warehouse	1	Teacher	3
General Operator - Laundry	1	Teacher - Blind	1
Grounds Keeper	1	Television Service and Repairman	2
Hand Packager	3	Tool and Dye Maker	1
Historian	2	Truck Driver	2
Homemaker	48	Unpaid Family Worker	2
Hostess	1	Vending Stand Operator	12
Hotel Clerk	1	Watchman	1
Industrial Organization Manager	1		
Inspector	1	Categories of Occupations of Rehabilitated	
Janitor	2	Clients During Fiscal Year 1973	
Laborer - Carpentry	1	Job Title	Number
Laborer - General	3	Accountant	3
Laundryman	1	Administrative Assistant	1
Licensed Practical Nurse	1	Appraiser, Real Estate	1
Maintenance Man	1	Assembler	1
Manager - Fiberglass Fabricating Plant	1	Assembler - Line	1
Manager - Liquor Establishment	1	Assembler, Metal Furniture	1
Manager - Recreation Establishment	1	Assembly Line Worker	1
Manager Trainee	2	Assembly Machine Operator	1
Mechanic	1	Assessor	1
Mobile Home Repairman	1	Assistant Manager of Store	2

Auto Body Repairman	2	Manager, Furniture Store	1
Auto-Service Station Attendant	1	Manager, Parking Lot	1
Baker's Helper	1	Masseur	1
Boner of Meat	1	Mechanic	1
Building Custodian	1	Mechanical Engineer	1
Bus Girl	1	Mechanical Engineer Assistant	1
Candy Maker	1	Medical Assistant	1
Carpenter, Maintenance	1	Motor Repairman	1
Cattel Feeder	1	Musical Entertainer	1
Central Supply Worker	1	Newspaper Office Employee	1
Bookkeeper	2	Novelty Salesman	1
Cesspool, Plumbing Business	1	Nurse Aid	1
Child Care Attendant	1	Nurse, General Duty	2
City Bus Driver	1	Orderly	1
Civil Engineer	1	Painter	1
Clerk Typist	1	Personnel Interviewer	1
Cook's Helper - Pastry	1	Piano Tuner and Repairman	1
County Organizer of March of Dimes	1	Poultry	1
Director, Safety	1	Price Clerk	1
Domestic Air Conditioning Mechanic	1	Production Assembler	1
Draftsman	2	Psychiatric Technician	1
Electrical Assembler	2	Registered Nurse	1
Engineer, Soils	1	Rehabilitation Education Therapist	1
Enlisted Man Soldier	1	Research Assistant	1
Factory Helper	2	Salesman	1
Farm Equipment Operator	1	Salesman, Farm and Garden Equipment	2
Farmer	1	Salesman, Food Products	1
Fashion Coordinator	1	Secretary	4
Film Slicer	1	Security Guard	1
Food Service Worker	1	Sheltered Workshop	1
General Office Worker	1	Social Worker	1
Groundskeeper	1	Speech Clinician	1
Heating and Air Conditioning Helper	1	Stock Clerk	1
Homemaker	88	Store Manager	2
Housekeeper	1	Surveyor	1
Insurance Clerk	1	Teacher	5
Janitor	3	Teacher, Elementary	1
Laborer, General	2	Teacher, Handicapped Children	1
Lathe Operator	1	Teacher, Secondary School	1
Lawn Service	1	Telephone Operator	1
Library Assistant	1	Transfer and Braking Machine Operator	1
Lineman	1	Truck Driver, Freight Handler	1
Machinist	1	Truck Driver, General Hand	1
Mail Sorter - Railroad	1	Underwriter	1
Maintenance Machinist	2	Vending Stand Clerk	1
Man of all Works	1	Vending Operator	2
		Warehouse Worker	1

FORECAST

Plans for 1973-74 include the continuation of current services, with a projected fifteen percent increase in the number of recipients of these services, or approximately 2,200 persons. This includes not only vocational rehabilitation services, but also the distribution of Talking Book Machines and Cassette Players to new users of the library service. Special emphasis will continue in the provision of services to the aged visually impaired.

During the past year the Division has experienced considerable growth in professional staff by the addition of five orientation instructors, three placement specialists, and two vocational rehabilitation counselors. Through this expansion, the Division has provided increased services in all areas, thereby meeting to a greater extent the needs of visually impaired persons in the State of Nebraska.

TABLE 1

DIVISION OF REHABILITATION SERVICE FOR THE VISUALLY IMPAIRED
Statement of Expenditures
Biennium Ending June 30, 1973

Class of Expenditures	
Personal Services	\$ 661,826
General Operations	1,276,271
Capital Expenditures	69,089
Total Operating Expenditures	2,007,186
Source of Funds	
Institutions Operations:	
General Fund	243,830
Institution Cash	21,394
Federal Fund	1,159,941
Revolving Fund	582,021
Total Operating Expenditures	2,007,186
Other Funds:	
Canteen Fund	79
Building Fund	
Total Other Funds	79
GRAND TOTAL	\$2,007,265

TABLE 2

DIVISION OF REHABILITATION SERVICES FOR THE VISUALLY IMPAIRED
Case Services for FY 1972 and 1973
June 30, 1973

	FY 1972	FY 1973
Referrals		
Beginning of Year		
New Referrals	196	263
Totals for Year	612	651
Accepted for Services	808	914
Closed (Not Eligible)	279	256
	267	481
Active Rehabilitation Cases		
Cases at Beginning of year		
New Cases During Year	406	467
Total Active Cases Served	279	256
Total Rehabilitation Cases	685	723
Closed (Rehabilitation Goals Achieved)	182	213
Case Services Expenditures		
Type of Services		
Diagnostic Procedures	\$ 16,762	\$ 14,195
Workshops & Rehabilitation Centers	34,145	19,072
Surgery & Treatment	23,713	20,237
Prosthetic Appliances	12,246	13,823
Hospital & Convalescent Care	20,479	16,329
Maintenance & Transportation	94,313	81,653
Readers Fees and Other, i.e.	34,690	10,272
Tools, Equipment & Licenses		
Group Services	60,606	54,612
Total	40,300	19,580
Average Cost of Case Services	\$337,254	\$249,773
Per Client Served	\$ 245	\$ 181

END