

Comments on a Visit to the
Northern Wisconsin Colony and Training School

November 15, 1962

Preliminary Information

On Thursday, November 15, 1962, Jerry Walsh, Executive Director, Minnesota ARC. Merlen Kurth, Program Analyst, Minnesota ARC, and Arnold Madow, Chief Psychologist at the Faribault State School and Hospital, visited the Northern Wisconsin Colony and Training School at Chippewa Falls, Wisconsin. We met in the morning with the Superintendent, Mr. A. C. Nelson and the Assistant Superintendent, Mr. George Gentz. We discussed a variety of things with them and they gave us information much in written form, about their program. This information included nanus for the week, weekly recreation schedule, patient evaluation and work assignment sheets, and a booklet entitled "Wisconsin Residential School Program for the Mentally Retarded". In addition, they gave us their annual report for the year beginning July 1. 1961, and ending June 30, 1962.

Population

The population of the Northern Wisconsin Colony and Training School is approximately 1700 and includes a higher per cent of upper range residents than Faribault, Cambridge, or Brainerd State School and Hospital. They are drawn from throughout the state; no admission districts exist for the three colonies. The number of mentally retarded individuals who reside in public residential care facilities in Wisconsin, including those in colonies and county homes, is substantially smaller than Minnesota's resident population, indicating that very likely the patient population characteristics will reflect at least moderately significant differences. Coupled with the fact that there is no Owatonna, it creates somewhat different program approaches than those in Minnesota's three state school and hospitals.

The institution maintains its own waiting list which presently consists of approximately 100 committed individuals and 130 more whose families are interested in placement. It is their opinion that most people on the waiting list are totally dependent.

Staffing

The Northern Wisconsin Colony and Training School has approximately 600 staff positions (623 are authorized) or a staff-patient ratio of 1:2.9. This is higher than any state school and hospital in Minnesota. They are requesting 96 additional positions from the next legislature. A brief visit failed to indicate to the observer what great benefits were accruing through the added staff. Organization now places the Superintendent, an educator, directly over three lieutenants, the training directs, the care and treatment supervisor. and the business office and services director. Reimbursement for institution aides starts considerably above Minnesota's initial range, beginning at \$283, increasing to \$293 after three months, and reaching \$503 after six months. Training periods for aides are shorter in length and less thorough than are Minnesota state school and hospital training programs. Much of it is on-the-job training. Our observations of the aides were that they stood around (many of them) somewhat like guards in a prison. They did not seem to be too much involved with the patients. With the more severely retarded, it appeared, much of the patient care was being assumed by patient-workers. The nurses are not in charge of the aides; the aides are under the supervision of a supervisor of cottage life, one for the men's side and one for the women's side. The institution has a number of consultants, including two psychiatrists, a radiologist, ophthalmologist and surgeon. There are no chaplains presently on the staff.

Buildings

With a new education and therapies building (1962), a new central food service building (1955), and a general maintenance and warehouse structure (1959), most of the supportive buildings on the campus of northern Wisconsin Colony and Training School are impressive. However, the last new patient building was constructed in 1927. Most of the resident dormitories are extremely old (19th century), and in Holahan-type words: dark, gloomy, spooky, obviously sub-standard structures that appear as overcrowded (plant supposedly capable of handling 900 residents) as any in Minnesota. The care received by patients confined to the wards, because of the severity of their handicaps, was not impressive despite a reasonably higher quality of aides than one finds in Minnesota. The slightly smaller units within buildings for the severely retarded seem to create even more of a feeling of overcrowdedness. Lighting, perhaps from the lack of windows partially, seemed particularly bad. A new 500-bed patient building is presently being planned. However, indications are that it will, undoubtedly, become a means of reducing the waiting list rather than substantially reducing overcrowding. With a sizeable geographic area useable for expansion, there is a possibility that a one-story structure may be built.

Basic Philosophy

The northern Wisconsin Colony and Training School, while serving only around 200 children presently through their school program, would nevertheless appear to be basically an education and training oriented residential center. This emphasis is apparent from the selection of their past two superintendents from the area of school administration and the high position offered the training director in their organization framework. One notes from pictures on the wall in the administration building that prior to the early 1950's, the medical profession had furnished all superintendents. It would seem that this change must have some significance. The greatest staff involvement would seem to be on behalf of those residents with some chance of return to the community.

Volunteer Services-Religious Education - Recreation

Volunteer services have not been developed as extensively as in Minnesota. They do not have a Volunteer Coordinator but intend to request one in their 1963-65 biennium budget. Consequently, volunteer services have been limited to group performances on the part of local civic organizations. In the area of religious education, various church groups and clergy in the Chippewa Valley region have, for years, provided this segment of institutional life.

Recreation for upper and middle range residents seems well-developed but little activity takes place for the severely retarded in wards. The expansive grounds and water frontage allows for much fresh air diversion during summer months. A cooperative project in camping, co-sponsored by the Chippewa Valley Area Council on Mental Retardation, provides a camping experience for approximately 180 individuals each summer at Camp Kenwood, a short distance away. Some Colony staff accompanies the participants. A comment was made that the pace of camp life might be a little more rapid than these individuals are accustomed to, and they seem, as many average individuals so, to require a vacation to rest up from the vacation after the vacation is over.

Education

The total education department at the Northern Wisconsin Colony and Training School is larger than at any general center for the mentally retarded in Minnesota. This is obviously related to the fact that the Northern and Southern Colonies fulfill the

role of Owatonna State School as well as one comparable to Faribault, Cambridge, and Brainerd. It was mentioned that the northern portion of Wisconsin has been extremely slow in developing special education programs within the community. There seems to be heavy emphasis within the school program on academic skills. The program for the trainable retarded is about to be expanded. They are presently seeking additional teachers for this group. They are also expanding their community living program and are in the process of developing a new manual for potential releases' use.

The current enlargement of the special education department at Wisconsin State College - Eau Claire, under Dr. Lauber, is viewed as a helpful step forward for the Colony's education program. Cooperative summer workshops have been initiated.

The program is housed in their new school building, which has 65,000 sq. ft., 21 classrooms, a gymnasium, offices for the psychologist, speech correctionist, school staff and director of vocational services. As was mentioned before, this institution appears to be very educationally oriented and many of the patients seem to participate in school programs of one kind or another.

Resident Employment and Community Employment Programs

Approximately 900 residents fulfill some work assignments at the colony. Payment scales are higher than in Minnesota, up to \$2 per month.

A small number of residents are allowed to participate in domestic and yard work employment within the community on weekends. Normally, these are individuals who also work during the week at the institution. They are compensated for services rendered to the extent of 35-50 cents per hour depending upon the generosity and evaluation of work-quality as determined by the employer. Employers are expected to complete a Work-evaluation form on each employee. There are also a number of residents who are assigned to staff housing jobs as a step in vocational training leading, hopefully, to community placement.

The Colony has a built-in budget item that provides for up to \$65.00 per month boarding care costs for certain residents returned to the community by the institution. during an adjustment period.

Relation to County Homes

Approximately 2400 mentally retarded individuals are residents of county homes in Wisconsin. This form of community residential care has enabled Wisconsin to substantially lessen its need for state facilities, for the better or worse. County homes do receive sizeable amounts of state support, up to 80 per cent. A new state aid formula for county hospitals is presently under consideration. During the previous administrations at the Northern Colony, transfers to the local county home were sometimes made when additional admissions led to extreme overcrowding.

Food Service

Modern physical facilities give the exterior impression of an excellent food service system. A sizeable number of resident-employees supplement the paid staff, especially in the portion of the kitchen where resident food is prepared and served. The administration hopes eventually to reduce or eliminate patient help within the food processing area.

Employee menus reflect extremely tempting items. Resident menus are not as tempting. We had lunch in the employee's dining room. We were served a very fine meal and this caused us to ask if this was the same food that was being served to the patients. We were informed that they have a separate diet for the patients. Food for the employees is cooked in a separate portion of the central kitchen. Our meal consisted of breaded pork chops, fruit salad with grapes, potatoes, beets, bread and butter, and ice cream. Patients, eating in the central dining room that noon, were having beef-vegetable soup and crackers: some of the cottages were having pancakes. The patients were to have spaghetti with meat sauce that evening; however, something had happened to the food, it didn't arrive, and they were going to be served soup again.

They have a planned menu for patients and staff. The patients for four days running, at their lunch or dinner, had noodles as part of the meal...macaroni, spaghetti, etc. Their menu seemed to be quite heavy on starches. They have a small diet kitchen where they prepare special diets for 20-30 patients. The food service building is built into the side of a hill so that the basement opens out with an entrance. The basement contains the meat preparation and bakery rooms, plus storage of food.

Food is distributed overland to the various buildings. They have one central dining room which serves about 600 ambulatory patients. All cottages do have dining room facilities for those unable to go to the central dining room.

General Observations

Other general observations were: They have an Occupational Therapist but their Occupational Therapy program is primarily busy work. The physicians do not prescribe treatments to be given by the Occupational Therapist.

In buildings for the severely retarded, aides seemed to stand around and snap their fingers to direct patients to the benches. There is very little done with the patients by the aides. Bad patients were given water from a small teapot, the same spout put into many mouths. This was in a building where parents were not allowed, because two aides in this building were found to have tuberculosis.

Buildings for working patients and school boys seemed to be reasonably good; the older working patients have nice quarters and comfortable day rooms.

An interesting project was observed within one cottage. In it was a basement wood-working shop for severely physically handicapped patients. Approximately fifteen such individuals were busily and joyfully turning out a variety of items of fairly high quality. They appeared to be among the happiest individuals at the Colony. Most of the severely retarded sit on benches lining walls of dayrooms. No equipment for patient amusement was noticeable.

An institutional aide, when asked how much time was allotted to feeding bad patients, indicated that it was not a "rushed-type" project. It would seem that additional staff and a smaller percentage of this type of patient may allow for a more enjoyable eating process for the profoundly handicapped than in some institutions where staff shortages present a greater problem. They have been constructing a number of individually designed chair units at the institution to facilitate feeding and sitting up for bad patients.

The charges for care in Wisconsin are \$5 per week to the county and parents are asked to pay up to \$60 per month until children reach the age of 21.

Summary

Because of many factors, Wisconsin's Residential Centers for the Mentally Retarded are not entirely comparable to those in Minnesota. Minnesota has approximately 6400 mentally retarded persons in state residential care facilities; Wisconsin has approximately 3600. Minnesota has a special institutional setting for some of the upper range mentally retarded, thus altering the general institutional population structure. Wisconsin has a new facility especially designed for certain severely and unusually handicapped individuals at Madison, made up of transferees from the two older colonies, thereby further changing colony population structures. The 2400 residents of county homes who are retarded also modify any comparisons.

It would be interesting to see what effect on programming and the general level of care might result at Faribault State School and Hospital, for example, if staff-patient ratios were reduced to 1:2.9 by adding approximately 315 positions.