(Leave Blank)		(Leave Blank)
R'cd date	*U. S. Department of* HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE NATIONAL INSTITUTES OF HEALTH	No.
Council		SS MHPG
Action		Formerly

APPLICATION FOR MENTAL HEALTH PROJECT GRANT

(A PRIVILEGED COMMUNICATION)

Application is hereby made for a ~~grant~~ in the amount and for the period stated, for the purpose of conducting a mental health project as described herein, in accord with the Agreement signed below.

A. AMOUNT REQUESTED: $ 100,000 (Same as total of itemized budget, page 2, item A8.)

B. PERIOD DATES: July (Mo.) 1st (Day) 1966 (Year) thru June (Mo.) 30th (Day) 1967 (Year) (Normally 12 months. See instructions.)

C. TITLE OF PROPOSAL (Do not exceed 53 typewriter spaces)
Intensive Treatment Unit

D. TYPE OF APPLICATION (please check one only, and add No. if applicable): X New Project Proposal;
or ☐ Revision of, ☐ Supplement to, or ☐ Renewal of PHS application or grant No.

E. PROGRAM DIRECTOR:
Name Ross E. Herold, M. D. Telephone No. Area Code 518 GY2-3431 Extension 44
Title Director Department or Service
Mailing address Dannemora State Hospital, Dannemora, N. Y., 12929
Institution Dannemora State Hospital Major Sub Division

F. CO-DIRECTOR, if any. (Name and title only)
Bruno Cormier, M. D.
Asst. Director

G. INSTITUTION SPONSORING REQUEST
Name Dannemora State Hospital
Mail address Dannemora, N. Y.
Name & title of official authorized to sign application on behalf of institution.
Ross E. Herold, M. D. Director

H. NAME, TITLE, AND ADDRESS OF FINANCIAL OFFICER:
M. F. Cooper, Business Officer
Dannemora State Hospital
Dannemora, N. Y. 12929
Manner in which check(s) should be drawn:
Ross E. Herold, M. D. Director

I. AGREEMENT: It is understood and agreed by the undersigned that any grant received as a result of this application is subject to the following terms: (1) Funds granted as a result of this request are to be expended for the purposes set forth herein as governed by Public Health Service and grantee institution policies; (2) the grant may be revoked in whole or in part at any time by the Surgeon General of the Public Health Service, provided that a revocation shall not include any amount obligated previous to the effective date of the revocation if such obligations were made solely for the purposes set forth in this application; (3) all reports of original investigations supported by the grant shall acknowledge such support; (4) if any invention arises or is developed in the course of the work aided by the grant, the undersigned will either (a) refer to the Surgeon General for determination, or (b) determine in accordance with grantee institution's own policies as formally stipulated in a separate supplementary agreement entered into between the Surgeon General and the grantee institution, whether patent protection on such invention shall be sought and how the rights in the invention, including rights under any patent issued thereon, shall be disposed of and administered, in order to protect the public interest.

J. PERSONAL SIGNATURES (In ink)
(1) Program Director _____ (Same as shown in "E" above) May 9, 1966 (date)
(2) Authorized official of applicant institution _____ (Same as shown in "G" above) May 9, 1966 (date)

Mail completed application to:
National Institute of Mental Health
National Institutes of Health
Bethesda 14, Md.

A. BUDGET REQUEST (for the period shown on page 1)

(1) 1. PERSONNEL (See attached supplemental listing) List all positions, including Director and Co-Director. Amounts requested must not exceed proportion of total salary computed from % of time spent.	(2) % time on this project	(3) Requested from PHS (omit cents)
Co-Director (Chief Consultant)	%	$ 13,000
Psychiatrists (two on rotating basis)	100 %	20,000
Associate Clinical Psychologist	100 %	11,800
Activities Director	100 %	9,600
Supervising Nurse (psychiatric)	100 %	9,600
Consultants (psychiatry, criminology, etc.)	%	11,500
Stenographic (1 Senior Sten., 2 Stenos.)	100 %	15,500
2. PERMANENT EQUIPMENT, itemize (see instructions)		
6 Desks, office $960 — 36 Chairs, stacking $540		$ 5,100
3 " , secretarial 375 — 2 Dictating Machs. 840		
3 Filing Cabinets 195 — 2 Trans. Machs. 820		
3 Typewriters 600		
6 Chairs, swivel 350		
3 Chairs, secretarial 75		
6 Activity Tables 360		
3. CONSUMABLE SUPPLIES, itemize (see instructions)		
Stationery, dictaphone bels, miscellaneous office and activity supplies		$ 600
4. TRAVEL, itemize (see instructions)		
Interhospital meetings, conferences and seminars at others hospitals having similar problems and/or programs		$ 3,000
5. OTHER EXPENSE, itemize (see instructions)		
Postage, telephone		$ 300
6. TOTAL DIRECT COST REQUIREMENTS		$ 100,000
7. INDIRECT COST ALLOWANCE (The administrative official signing this application may request an amount for indirect costs. Review detailed instructions) (Round to low dollar)		$
8. TOTAL BUDGET (Same as amount shown in Item A, page 1)		$ 100,000

B. ESTIMATE OF SUPPORT REQUESTED FOR THE YEAR FOLLOWING THE BUDGET PERIOD ITEMIZED ABOVE. Applicants for 1-year grants should type the word "None" in space for TOTAL BUDGET shown below.

Personnel	Equipment	Supplies	Travel	Other	Total Direct Cost	Indirect Cost	TOTAL BUDGET
$ 96,100	$ -	$ 600	$ 3,000	$ 300	$100,000	$	$ 100,000

C. ADDITIONAL YEARS OF SUPPORT, beyond the 2 years covered above, if requested. Please show the TOTAL AMOUNTS required for each such additional year, including indirect cost allowance.

3. $ 100,000 4. $ 100,000 5. $ 100,000 6. $ 100,000 7. $ 100,000

OM-

OTHER SUPPORT: List support from all sources (past, present or pending) FOR THIS PROJECT, including any from the Public Health Service and from own institution. If none, so indicate.

SOURCE OF SUPPORT	TITLE OR IDENTIFICATION OF PROJECT	AMOUNT	PERIOD OF SUPPORT
None			

TYPE OF AGENCY OR INSTITUTION: *(Check appropriate box)*

- [X] State
- [ ] County
- [ ] Municipal
- [ ] Private, non-profit
- [ ] Voluntary
- [ ] Other *Specify:*

RELATIONSHIP TO STATE PROGRAMS

A. Is the agency or institution submitting this application operated, supported, or supervised by an official State agency? . . . . . [X] Yes [ ] No

If "Yes," - 1. What is the State Agency? Department of Correction

2. What is the applicant's relationship to it? Agency Institution

3. Is the State agency aware that this application for Federal funds is being made? . . . . . [X] Yes [ ] No

Comments:

B. Is there a State agency (other than the one named in A above) whose program is functioning in the same area or in an area related to your proposal? . . . . . [ ] Yes [X] No

If "Yes," - 1. What is the State agency?

2. Is this agency aware of the proposed project? . . . . . [ ] Yes [ ] No

Comments:

C. What will be the relationship of this project to current or proposed official State or local mental health program?

2 None

PROPOSED INTENSIVE TREATMENT UNIT

DANNEMORA STATE HOSPITAL

The function of Dannemora State Hospital is to provide mental health services to inmates serving sentences in the penal institutions of the New York State Department of Correction, who subsequently develop personality problems of such proportions as to make them dangerous in the regular penal population. What is referred to here is not criminal behavior that has resulted in a felony conviction and a prison sentence but behavior within the prison setting that proved uncontrollable after all therapeutic methods used in the ordinary penal institution have been tried and have failed. These patients are usually diagnosed as Schizophrenic, Psychosis with Psychopathic Personality, Psychosis with Mental Deficiency or organic psychoses of various types, including Psychoses with Epilepsy and Psychosis with Arteriosclerosis - the most common variety.

Consistent with the mandate, Dannemora State Hospital has operated for over six decades. The statutes have varied little, and in essence, provided for the transfer from State Prisons of mentally ill inmates to Dannemora State Hospital, to be returned to prison upon recovery. The law also provided that prior to the expiration of the maximum prison sentences, the patients who had not recovered and who could not therefore be returned to prison, were committed to Dannemora State Hospital by due process.

Patients who recovered subsequent to commitment were eligible for direct discharge to the community, for transfer to Veteran's Hospitals in New York or other states, and to transfer to civil hospitals in New York State Department of Mental Hygiene. But those transfers were minimal and sporadic, due mainly to reluctance on the part of the Department of Mental Hygiene to accept the allegedly "dangerous, criminally insane."

The fact that many of them did not recover and could not be returned, or were subsequently deemed unsuitable for transfer or discharge is attested to by the gradual increasing population which reached a peak of 1394 in 1956.

In 1963, the legal rights of the patients were reinforced by a change in the statutes to read as follows:

Correction Law - Section 384:

Within thirty days prior to the expiration of the term of a prisoner confined in the Dannemora State Hospital, when in the opinion of the director such prisoner continues mentally ill, the director shall make application for his commitment. Application for commitment shall be made to a court of record or judge thereof, as that term is defined in section two of the mental hygiene law, in the county or, if application is made to the supreme court, in the judicial district where the institution is located. The application shall be made by a petition accompanied by the certificate of two examining physicians certifying to the defendant's need for institutional care and treatment. Three days notice of the application, together with a copy of the petition, shall be served upon the prisoner and upon his nearest relative or, if none, upon any known friend within the state.

A patient committed to the custody of the commissioner of mental hygiene and placed in an appropriate institution in the department of mental hygiene or the department of correction pursuant to the provisions of this section may at any time during the period of his commitment be transferred to an appropriate state institution in the department of mental hygiene or in the department of correction, which has been designated for the custody of such patient by agreement between the heads of the two departments.

All persons retained in Dannemora state hospital pursuant to a valid order of retention issued in accordance with the provisions of this section prior to September first, nineteen hundred sixty-one shall be deemed to have been committed to the custody of the commissioner of mental hygiene pursuant to subdivision one of this section and shall be deemed to have been placed in the custody of Dannemora state hospital by designation of the commissioner of mental hygiene and the commissioner of correction pursuant to subdivision one of this section. Any such patient in the Dannemora state hospital may be transferred to any appropriate state institution of the department of mental hygiene or of the department of correction as may be designated for the custody of such patient by agreement between the heads of such departments."

But then lightning struck - not once but twice. And the plodding, even tempo of Dannemora State Hospital was no more.

bilitation of the mentally ill."

Stephen Dennison was awarded $115,000, but not the least of the implications of the decision is the fact that it has established precedent for others to follow.

Psychiatric and psychological services are provided to the Department of Correction penal institutions through visiting services supplied by the Department of Mental Hygiene. These programs are useful additions to normal penal practices, but generally are limited to classification and diagnoses. By and large, these services are limited in scope and personnel (usually part time people "borrowed" from area state hospitals and individuals largely untrained in penal and correctional "psychiatry") and offer only short term services. Thus, the hard-core, intractable, treatment-resistent patient, too sick and too dangerous to be handled in the limited mental health service available in the prison setting, is transferred to Dannemora State Hospital as an adjudicated "criminally mentally ill" individual.

It should be the responsibility of Dannemora State Hospital to provide mental health services that are as up-to-date as those offered within the modern psychiatric installations; of course, a mental hospital whose patients are drawn from the populations of the major state prisons in New York State must as a necessity emphasize security, but on this score, there is little difficulty at Dannemora State Hospital. Established in 1900 by the New York State Department of Correction to care for prison inmates, who show signs of mental disorder, with a census (April 25, 1966) of 571, the hospital has a traditional link to penal rather then psychiatric hospital philosophy.

The hospital is situated near the summit of Dannemora Mountain, in the northern foothills of the Adirondack Mountains, overlooking Lake Champlain. Historically, the site was selected because of its proximity to Clinton Prison, a maximum security prison, also a part of the New York State Department of Correction. The hospital was built by convict labor at the turn of the century, and it lies literally in the shadow of the massive ominous wall that surrounds the prison. Ironically, it is the return to that prison that marks the official day of recovery for many of the patients.

In practice, this hospital is a hybrid, evidencing features of both a prison and an ante-bellum state hospital. Physically, the hospital grew around itself, building added to building in a rectangular pattern, so that two interior courts or yards were formed. The winters are severe and the summers are short - Dannemora is often referred to by prisoners and patients, aptly, as "Siberia."

Wards are designated as "idle" or "working" dependent on whether the patients are able to preform such common institution duties as cleaning, working in the laundry, tailor shop, mess hall, kitchen, etc. No wages are paid the patients who work, contrary to the custom in the prisons.

About 75 patients are assigned to a central Occupational Therapy Department, but there are no trained therapists available and the operation more nearly approximates industrial therapy. O. T. does not reach into the wards, and as a result, many patients, the geriatrics, semi-invalids, etc., are missed.

Until about four years ago, nothing in the way of an educational program was offered the patients at Dannemora State Hospital, not even the traditional "cell" or home study courses in which many of the patients participated prior to transfer here.

A modest beginning was then made with a small literacy class, directed at functional illiterates - native Americans (mostly Negroes) from disadvantaged areas, and Puerto Ricans, of whom there is a rapidly increasing number in New York State Correctional institutions, and who perhaps have some formal education in Spanish, but can neither read nor write English, and in many cases, barely speak it.

This class was conducted by a Correction Hospital Officer until recently, and then, for the first time in the history of the hospital, a qualified teacher was employed. He has added ungraded classes in geography, arithmetic, reading, writing, spelling, etc., and is offering assistance in more advanced studies on a self-help basis.

The program is perhaps aptly referred to as the "Country School," in that it is attempting to encompass the whole spectrum from first grade through high school (high school equivalency) and even beyond in a rare instance or two. But unfortunately, there is a definite limit to what one teacher can do.

The recreation program is minimal. No trained therapists or instructors are available to initiate and carry on programs designed for the withdrawn, regressed patients, who by the very reason of their mental condition so badly need therapeutically - directed physical activity.

A Correction Hospital Officer is assigned to and is responsible for the entire program, such as it is. Although he is interested and dedicated, he has had no formal training, and his efforts are confined for the most part to the less seriously ill who voluntarily participate in softball, basketball, volleyball, etc.

The court yards referred to above are the only out-door recreational areas now available. However, funds have been allocated by the State for the construction of a recreation field, and it is expected this will be ready for the summer of 1967.

A modern, well-equipped gymnasium that doubles as a movie auditorium is available.

The day halls and dormitories are dark, drab and cheerless. In the past, acceptable spatial standards have been disregarded; there has been both over-crowding and overconcentration. It is generally agreed that healthy people can stand some degree of overconcentration, but that the mentally ill find it oppressive and frightening. And it has been said that an animal confined in too little space will become sick and die.

The day halls are devoid of furnishings except for heavy wooden chairs lined up against the walls, each numbered and assigned to a specific patient. What few personal belongings a patient is allowed to have in his possession are in a bag hung on his chair, or in a box stuck under it.

The dormitories are available to the patients only during the sleeping hours. These too are devoid of furnishings, other than the beds, no night stands, no footlockers. The patients are moved there in the underwear in which they sleep.

Some of this will be alleviated by the modernization of the ward buildings, some of them in use over 60 years with only routine maintenance and repairs, started in September 1964. The cost of the entire project will be in excess of $3 million and will be completed in about five years. New terrazo floors, metal windows, toilet and bathing facilities, lighting and heating are included.

There are about 60 patients who are kept in seclusion rooms. These are barely furnished, in some instances only a mattress, depending on the mental condition of the patient. Until the advent of a modernisation program, none of these rooms was equipped with toilet facilities.

The following personnel is involved with patient care:

Director (Psychiatrist)	1	
Assistant Director (Psychiatrist)	2	
Supervising Psychiatrist	3	(1 Vacancy)
Senior Psychiatrist	2	
Psychologist	2	(2 Vacancies)
Dentist	1	
X-ray Technician	1	
Registered Nurses	7	
Laboratory Technician	1	
Correction Hospital Officers	296	(13 Vacancies)
Correction Hospital Senior Officers	52	(6 Vacancies)
Correction Hospital Charge Officers	25	
Correction Hospital Chief Officer	1	
Correction Hospital Supervising Officers	5	
Correction Hospital Security Supervisor	1	

Note: At this hospital, Correction Hospital Officers serve as the equivalent of civil hospital attendants.

There are no nurses employed except in the infirmary and clinic. Psychiatrists are assigned on the average of three wards, with an average patient load of 140. The ratio of ward service employees (on duty) to patients averages 1 to 8 on the 6 AM to 2 PM shift, 1 to 10 from 2 PM to 10 PM and 1 to 12 from 10 PM to 6 AM.

In terms of psychiatric classification, the population of Dannemora State Hospital differs from a state civil hospital with a larger proportion if its admissions being classified as Psychosis with Psychopathic Personality and Psychosis with Mental Deficiency. Dannemora shows an admission rate of 39% Schizophrenia. Comparing with the most recent figures of civil state hospitals, they admit 35% with Schizophrenia, less than 2% with either Psychosis with Psychopathic Personality or Psychosis with Mental Deficiency. A high rate of admission to civil state hospitals are the so-called Psychosis of the Senium which constitute 24% of all admissions. These are rare in the recent admission figures of this hospital. Patients with the diagnosis of Psychosis with Psychopathic Personality tend to be in residence here forfairly brief periods (6 to 18 months) while those with Schizophrenic diagnosis tend to remain longer. The high rate of admission and relatively brief stay of the Psychosis with Psychopathic Personality diagnostic group is not surprising because many of these are younger, unstable sociopaths who are reacting to the prison environment. Homosexual panic is a ~~permanent~~ frequent feature of this group.

Population Grouping by Age

16-18 years	4
19-20 "	4
21-29 "	128
30-39 "	194
40-54 "	153
55-64 "	51
65 years and over	37
	571

(As of April 25, 1966)

Patient Movement

Year	Admissions	Releases, Transfers and Discharges
1955-56	193	180
1956-57	189	149
1957-58	196	150
1958-59	210	188
1959-60	216	196
1960-61	235	177
1961-62	267	389
1962-63	169	232
1964-65	151	159
1965-66	182	482

Duration of Hospitalization

(Patients in residence April 25, 1966)

Less than 1 year	182
1 - 5 years	163
5 years and over	226
Total	571

Expiration of Maximum Prison Sentence

PRESENT		ON ADMISSION	
Yrs.	No.	Yrs.	No.
Indeterminate	92	Indeterminate	92
0 - 1	51	0 - 1	8
1 - 2	67	1 - 2	25
2 - 5	109	2 - 5	121
5 - 10	74	5 - 10	86
10 - over	178	10 - over	239
Total	571	Total	571

Idleness is the major enemy at Dannemora State Hospital. In the history of the development of an institution for "insane criminals", there has been a tendency to regard such people so labeled as untreatable and intractable. Security and custody is emphasized and is best carried out when a patient is relatively immobile. When a patient is numbered and placed in his chair or his room, he becomes an object, threatening and potentially dangerous, but rigidly contained by custom and procedure. In surveying those aspects of current mental hospital care that appear to be most lacking, attention is focused on two areas; (1) Inservice training for the uniformed officer group that will emphasize treatment approaches;

(2) the establishment of an intensive treatment unit which will have cumulative impact on both professional and officer staff and which will improve patient care, strengthen therapeutic services and serve as a focal point for demonstrating that even so traditionally based an institution "as a hospital for insane criminals", can break away from time-worn custodial procedures.

The first point above is already being attacked by this hospital's successful bid for NIMH grant for an Inservice Training Program (Grant identification: 1.-T 10-MH-10129-01). It is to the second point above that this application is related - the establishment of an intensive treatment unit.

The aim of an intensive treatment unit is the return of the patient to the community as rapidly as possible. In the case of Dannemora State Hospital, patients are returned to a prison community. While prison is hardly considered the most benefidal climate for a patient recently returned to mental well-being, the Hospital is faced with the reality that all referrals are convicted felons serving a sentence in New York State correctional institutions, and most, from maximum security prisons at that. Thus, even though it is in line with current philosophy of mental hospital design to develop a treatment service that is as pleasant, inviting and community-oriented as possible, a marked contrast to prison life cannot be offered. However, this is not to say that a modern treatment program in a maximum security setting is an impossibility; full attention can be given to security details such as stations, doors, furnishings, windows, observation methods and the like, and at the same time maintain a wholesome environment.

The proposed intensive treatment unit is aimed at essentially two types of patients; (1) The acutely disturbed patient recently admitted from prison; (2) The chronic, back-ward patient who has been relegated to "idle" wards or "seclusion" rooms for more then we care to realize. Two intensive treatment services are proposed; one, an acute service and one a chronic service, sharing the same professional personnel. Thus a frontal attack can be made on the two most prevalent and persistent problems found in an institution where medical-psychiatric personnel are few in number and largely untrained in psychiatry, except on an "on-the-job" basis. Although the problem of training the ancillary people - the Correction Hospital Officers - through an inservice training grant is currently being attacked, no hospital can be effectively run if the professional personnel are not imbued with modern techniques of psychiatric care. To encourage their development, it is vital that they be exposed to up-to-date treatment and therapy and oriented in rehabilitation by high level consultants drawn if possible from university psychiatric training centers. Such an affiliation has been assured from McGill University at Montreal, Quebec, 70 miles north of Dannemora. This affiliation will offer professorial level involvement to establish the unit, consult with, and assist our psychiatric professionals in the development of intensive treatment that would be fully cognizant of the pathogenesis of criminal behavior as it is intertwined with severe behaviour pathology and which will offer the progress of psychopharmacology, the institution of milieu therapy, the adaptation of individual and group psychotherapy to the psychopathological structure and dynamics of these patients, and also incorporate the contribution of allied disciplines in social work and clinical psychology.

useful and needful educational, occupational, recreational and cultural out-lets will also be supplied to patients in an effort to rehabilitate them at least to where the mental problem has subsided and they can become amenable to the idea of returning to prison "to do time" and eventually return to free society.

The type of relationship that is proposed would involve assigning a number of psychiatric people from the Department of Forensic Psychiatry of McGill University, some full time and some on a part time basis. In addition to the uniformed ward personnel, to be provided at a ratio of 1 to 4, the hospital will commit part-time services of an academic teacher, occupational therapy workers, recreation instructors, psychiatric social workers and psychiatric nurses, thus bringing the psychiatric nurse and social worker into the hospital for the first time. The Program Co-Director, a psychiatrist at the Assistant Director level, with the general guidance and supervision of the Hospital Director, and with the cooperation of the two hospital Assistant Directors, will be in charge of the unit. The psychiatrists of the existing hospital staff will be rotated into the unit as active participants and/or observers, so that the influence of the new unit will reach all members of the professional staff and consequently the entire hospital.

The proposed intensive treatment unit will serve 100 patients, fifty selected from the chronic wards of the hospital, with the criteria emphasized of immediacy of maximum expiration of sentence, and the other fifty from new admissions to form an acute intensive service.

The acute and chronic patients will be housed in geographically close but separate wards, and it is planned that all incoming patients will enter the acute section of the unit. Inasmuch as the intake is less than 200 patients a year, a fairly rapid return of the acute prison referral is anticipated if the program is successful. If full treatment efforts do not, however, result in amelioration of symptoms, the patient will then enter the regular hospital population, and in order, will be remanded back to chronic intensive treatment, determined by the immediacy of maximum expiration of sentence. In a hospital whose population does not exceed 600 patients, increased efforts can be directed at the chronic patient. It is anticipated that within a two year period, all of the chronic patients will be rotated through intensive treatment.

The make-up of the unit is left open at this time in order to draw heavily from the suggestions for administrative format from the McGill University affiliation. It is anticipated, however, that all aspects of modern psychiatric treatment facilities, that do not violate the need for security with convicted felons, will be incorporated.

This will include drug treatment, individual and group psychotherapy, occupational therapy, recreational therapy, educational therapy, and other forms of treatment that are appropriate to this kind of patient, as for example, a patient-seminar on how to get along in prison, conducted by a person from the prison to which the patients will be returned. For the most part no matter what prison they come from, all patients recovered

from their symptoms are returned to Clinton Prison, a maximum security prison operated by the State of New York, and also located in Dannemora. This has certain unique advantages which will allow integration of treatment efforts at Dannemora State Hospital with follow-up measures at the prison. No psychiatric treatment is currently offered at Clinton Prison.

To the new intensive treatment unit will be assigned Correction Hospital Officers who have demonstrated special proficiency in the NIMH Inservice training program which has been in operation at Dannemora State Hospital since July of 1965. Ratio of employee to patient can be adequate as a result of the recent drastic reduction in patient population described in the early part of this application. These officers will be given the opportunity to put into operation much of the therapy and practical advice that has been stressed in the inservice training program, in order to improve the image of the hospital and change the operation from a purely custodial institution to a treatment hospital. These officers will be afforded the opportunity to participate in case conferences and demonstrations of treatment efforts and treatment planning.

Thus, the aim of this plan is to provide model, up-to-date psychiatric services in a criminal mental hospital where professional services have lagged behind New York State's burgeoning efforts in the mental health field. A patient in a criminal mental hospital too long has been a neglected offspring of psychiatry, and

is often considered unamenable to treatment and poor rehabilitation material. If all-out efforts can be focused on an intensive treatment unit, many objectives can be achieved.

The main emphasis will be on improved patient care which will decrease the length of hospitalization and hopefully prevent patients from deteriorating and becoming costly and permanent wards of the State. New hope will be extended to patients whose chronic pattern of withdrawal and assaultiveness has relegated them to back-ward settings that serve only to perpetuate inadequate adjustments. It is felt that such an intensive treatment service, forged to a top flight academic medical setting, will have an enormous impact on the rest of the institution, for what is learned and taught here will ultimately be transferred to the institution at large. Dannemora State Hospital is a time-bound institution, in an isolated section of the State, little influenced by what has been happening to the modern mental hospital. It is hoped that with this coordinated step, which will ally it with an outside teaching agency, Dannemora State Hospital can be transformed, and the image and the actual operation of a pre-Pinel type of institution changed to one that can take its place with the best as a model of Correctional psychiatric procedure.

Evaluation

The evaluation of the Hospital Improvement Program will be achieved by a comparative study of rate-of-recovery of previous years with the operations in the intensive treatment unit. Re-hospitalization rate will also be studied. With the cooperation of the New York State Department of Correction and the New York

State Department of Mental Hygiene, follow-up studies of the patients can be assured. As previously mentioned, patients are returned to prison, usually Clinton Prison in Dannemora, or are transferred to civil hospitals in the Department of Mental Hygiene.

This program of evaluation and follow-up can be conducted by the staff of Dannemora State Hospital with the help of the research department of the State University College at Plattsburgh, New York. The administration and faculty of the college are making major contributions to the inservice training program, and assurance has been given of their continued assistance and cooperation.

It is expected that the following professional personnel will participate in the projected program:

Bruno Cormier -

Educational Background

M. D., University of Montreal, 1948

Clinical Experience

Clinical Assistant, Allen Memorial Institute 1953-55

Assistant Psychiatrist, Allen Memorial Institute 1955 -

Psychiatrist, St. Vincent de Paul Penitentiary 1956 -

Assoc. Psychiatrist, Royal Victoria Hospital 1956 -

Teaching Experience

Ass't Professor in Psychiatry, McGill University 1959 -

Ludwig Fink -

Educational Background

M. D.: University of Turin, Italy 1938

Clinical Experience

Resident Psychiatrist, Syracuse State School 1947

Senior Psychiatrist " " "

Supervising Psychiatrist, Kings Park State Hospital 1953-1960

Medical Director, Long Island Consultation Center 1958-60

Assistant Director, Dannemora State Hospital 1960 -

Teaching Experience

Instructor in Psychiatry, Kings Park State Hospital
School of Nursing 1953-56

Instructor in Psychiatry, New York Medical College 1957-59

Brocks Anderson -

Educational Background

A. B. degree in Economics and Psychology, St. Johns College,
Maryland, 1935

Ph. D. degree in Sociology, New York University, 1945

Teaching Experience

Instructor in Economics and Sociology, Westminister College,
Utah, 1939-43

Assistant Professor of Sociology, Winthrop College,
South Carolina, 1947-49

Acting Chairman, Department of Sociology, Marietta College,
Ohio, 1949-52

Professor of Sociology, Washington College, Maryland, 1952-62

Teaching Experience

Associate Professor of Sociology, State University College, Plattsburgh, New York, 1962-present. Instructor of Criminology course for eight semesters.

Dante A. Santora -

Educational Background

BA in Psychology and Sociology, Brooklyn College 1947

60 Hours graduate work in Psychology and Sociology at Brooklyn College, C.C.N.Y. and the New School for Social Research.

Clinical Experience

Psychological Ass't, Kings County, Psychiatric Hospital 1947-48

Intern Psychologist, " " " " 1948-49

Clinical Psychologist to Associate Clinical Psychologist, N.Y.S. Dept. of Mental Hygiene and Correction 1950-

Fellow of Clinical Psychology, Brooklyn Juvenile Guidance Center 1953

Associate Clinical Psychologist 1962 - 1965

Director of Psychological Services, Clinton County Mental Health Services 1965 to date.

Teaching Experience

Visiting Lecturer in Psychology, State University of New York, Champlain College 1954

Faculty Member, Champlain Valley School of Nursing, 1963

(Mrs.) Viola McGrath, O.T.R. -

Director of Occupational Therapy Services

Department of Mental Hygiene

(Mrs.) Viola McGrath, O.T.R. - (Cont'd)

Education

Columbia University - 1944-45

New York University - 1946-48 - B.S. degree and certificate in Occupational Therapy

Cornell University - 1949 - Education and Vocational Guidance

New York University - 1950 - Abnormal Psychology

Special Courses and Committees

Training Institute for Group Leaders - 1954

NIMH Preparatory Commission - 1955-56

Participant in Allenberry Conference on Occupational Therapy 1957 (proceedings published)

Albany Regional Interdepartmental Rehabilitation Committee 1962 - present

Merit Award Committee, 1958-64

Interdepartmental Health and Hospital Committee on Libraries 1963 - present

Experience

Director of Occupational Therapy Services 1960 to present

Assistant Director of Occupational Therapy Services 1958-1960

Supervisor of Occupational Therapy, Kings Park State Hospital, 1953-58

Senior Occupational Therapist, Kings Park State Hospital, 1949-53

Occupational Therapist, Willard State Hospital, 1948-49

Membership in Professional Organizations

American Occupational Therapy Association - Member of Council on Clinical Practice

(Mrs.) Viola McGrath, O.T.R. - (Cont'd)

Membership in Professional Organizations (Cont'd)

New York State and Capitol District Occupational Therapy Associations

Past Chairman and Program Chairman of Long Island Occupational Therapy District

American Association on Mental Deficiency

National Rehabilitation Association

Harold Abel

Director of Mental Hygiene Recreation Services

Department of Mental Hygiene

Education:	School--Syracuse University	Major:
	B.A. + B.S.	Physical Education
	Year 1930-1931	Recreation
		Science

Experiences

Director of Mental Hygiene

Recreation Services

Dept. of Mental Hygiene 1951 to present

Recreation Instructor

Pilgrim State Hospital, Brentwood, N. Y. 1936-1951

Community Recreation Advisor

Town of Brentwood - Brentwood School 1944-1951

Harold Abel

Experiences (Cont'd)

Playground Director, New York City Parks	1935-1936
Teacher, New York City Schools	1935-1936
Athletic Director, Jones Beach	1933-1933
Teacher -- Syracuse University	1926-1931
also Y.M.C.A. Work	

Fields of Interest:

Recreation Therapy for the mentally ill
Recreation Therapy for the mentally retarded
Education in fields of mental health,
recreational therapy,
education,
corrective therapy,
community recreation,
volunteers

Member:

National Recreation Association
American Recreation Society
N. Y. S. Recreation and Park Society
American Association for Health, Education and Recreation
National Association of Recreational Therapists

Liconse

N. Y. State to teach Physical Education - Science

In addition to the above, the program is assured of the assistance of the following whose credentials are not available at this writing:

State University College at Plattsburgh, New York

Dr. Paul Bernstein,
chairman of the Department of Social Sciences

Dr. Brooks Anderson,
professor of Sociology and Criminology

New York State Department of Correction, Albany, New York

Leonard Horan, Director of Correctional Training

Herbert L. Bryan, Director of the Division of Research

Price Chenault, Director
Division of Education

New York State Department of Mental Hygiene

Dr. Philip Wexler, Director of Professional Training

Evelyn S. Perry, Director of Mental Hygiene Education Services

? ?
Assistant Commissioner
Division of Research

Lillian V. Salsman, Director of Nursing
R.N.

Continuation (Budget Request A-1)

Dannemora State Hospital

Personnel who will

be involved in the Program

	% of time on this Project
Program director (Hospital Director)	5%
Assistant director	5%
Institution teacher	10%
Occupational therapy instructors (2)	100%
Recreation instructors (2)	100%
Psychiatric social workers (2)	25%
Psychiatric nurses (8)	100%
Uniformed Custodial Personnel (50)	100%