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## 1970-1972 Winnebago State Hospital. 1970/1972

[s.l.]: [s.n.], 1970/1972

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Volunteers at state hospital honor Grandparents' Offer Aid for Youths  
Mrs. Orville Strutz, Appleton, received an award of \$3,000 for her work in the hospital.  
Grandparents are great. Ask any child with a vested interest in one or more.  
Plenty of grandparents enjoy the position, for a few may consider employment categories. Sociologists, anthropologists and behaviorists study grandparents' experience, pigeonhole it, and tend just as a patient in a hospital. A student admitted, she spent eight months in hospital. She and has...

WSH Gets \$100,000 for Tellurian Project

WINNEBAGO - Grandparents are great. Ask any child with a vested interest in one or more. Plenty of grandparents enjoy the position, for a few may consider employment categories. Sociologists, anthropologists and behaviorists study grandparents' experience, pigeonhole it, and tend just as a patient in a hospital. A student admitted, she spent eight months in hospital. She and has...

Abuse Treatment Center...  
Both attitudes...  
new foster...

WINNEBAGO - A grant of \$100,000, the first year of the project, authorized by the state...

Guest Speaker Will Discuss Mental Illness  
Program being installed at Winnebago State Hospital directed by McA...  
Grandparents must be within \$2,000 per year for individuals and \$2,600 for couples.  
Program Use...

Various...  
1970 - 1972

Dr. Darold Treffert At Western Drug Institute  
Director for their part of the drug problem and said doctors "probably had their drug prescription pad out too soon." He also blamed the public for insisting on being "something to pep up, calm wake up or go to sleep."  
doctor doesn't give the "drug," he said, "the feels cheated."  
who is also a Wisconsin Governor. Substances no easy...  
try's...

Hospital Official On Rights of...  
The Civil Liberties Union and other groups have focused efforts in the area of rights of the mentally ill who are in-...  
mentally ill who are in-...  
creating currents that provoke...

Winnebago State Hospital

Autistic Child Studied  
Continued  
hospital...  
age...

Alcoholic treatment center overcrowded  
MILWAUKEE (AP) - Judge Frederick P. Kessler's controversial treatment plan for drunks has led to congestion at Winnebago State Hospital's treatment center for alcoholics.  
As a result, the center is releasing patients, many of whom are back in Kessler's court in...  
"We are having so many people geared to do detoxification," Kessler, a former assumed a former County...

State law... building  
reflecting new... hospital  
regarding...  
OSHKOSH...  
pital can...  
sibility...  
offer...

Alcoholic treatment center overcrowded  
An achievement certificate has been awarded to the farms project of Winnebago State Hospital by the Hospital and Community Psychiatry Service.  
The federally funded farm is located near Highway 41, a few miles from the state hospital. Lost River School, supported by private resources, is located near Wautoma. The two provide an opportunity for learning and education and...  
hor...

Seminar is held on drug problems  
The seminar was held on drug problems...  
Berlin group...  
follow...  
proj...  
since you...  
cult seeing it through...  
patients, tired or disgusted...  
particular project, wanted to...  
craft. But one of the main aims of...  
each you to complete whatever task...



State of Wisconsin \ DEPARTMENT OF HEALTH AND SOCIAL SERVICES

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

VISITING HOURS  
WEEK DAYS 1 TO 8 P.M.  
SATURDAY AND SUNDAY  
1 TO 4 P.M. AND  
6:30 TO 8:30 P.M.

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

MR. TRUMAN Q. McNULTY  
CHAIRMAN, HEALTH AND SOCIAL SERVICES BOARD  
STATE OF WISCONSIN  
1 WEST WILSON STREET  
MADISON, WISCONSIN

DEAR MR. McNULTY:

THIS TWO-YEAR REPORT IS A CHRONICLE OF YEARS NINETY-SEVEN AND NINETY-EIGHT OF WINNEBAGO'S ONE HUNDRED-YEAR HISTORY. WHILE PROBABLY NO MORE NOR LESS SIGNIFICANT THAN ANY OF THE OTHER YEARS, THE PAST TWO HAVE BEEN HERE, AS EVERYWHERE ELSE, CHARACTERIZED BY EVER-QUICKENING CHANGE. THIS REPORT IS MEANT TO DOCUMENT THAT CHANGE, TO COMMENT ON IT, AND TO USE THAT WHICH HAS ALREADY HAPPENED AS A BASE FOR PREDICTING AND PLANNING FOR THAT WHICH WILL OCCUR. I HOPE THIS REPORT SUCCEEDS IN THOSE OBJECTIVES.

THE CONTINUED INTEREST AND SUPPORT OF THE BOARD IN THIS HOSPITAL IS DEEPLY APPRECIATED NOT JUST BY THOSE OF US ON THE STAFF HERE, BUT, MORE IMPORTANTLY, BY THOSE PATIENTS WHO COME TO US FOR CARE, AND BY THE RELATIVES AND FRIENDS OF THOSE PATIENTS.

SINCERELY,

DAROLD A. TREFFERT, M. D.  
SUPERINTENDENT  
WINNEBAGO STATE HOSPITAL



## OVERVIEW

Winnebago is more accurately described as an institute than an institution since, in addition to its heavy service function, it has serious and sizeable responsibility as well in the areas of community consultation and support, program innovation, program demonstration, training, teaching, and research.

It is a small hospital -- 794 beds -- considering that its catchment area is one-half the State (36 counties). This is possible because Wisconsin's unique county mental hospital system carries the major responsibility for the long-term patient, allowing Winnebago to concentrate on intensive treatment of the acutely ill and on the patients with highly specialized diagnostic or treatment needs.

The hospital is divided into the following services and areas of responsibility: adult psychiatric units; child-adolescent unit; children's consultation service; alcoholic unit; drug abuse unit; geriatric unit; medical-surgical unit; Winnebago County Comprehensive Mental Health Center inpatient unit; tuberculous mentally ill service; and forensic service. The latter two services have a state-wide responsibility since Winnebago is the sole commitment facility for the female mentally ill criminal offender in the State and serves a similar role for the tuberculous mentally ill.

Community out-reach is substantial with over 800 hours per month devoted to such consultation, education and training efforts beyond the case-centered consultation occurring around most referrals. Also, a Children's Consultation Service is specifically set up to promote the development of preventative mental health services in communities, to effect coordination between the hospital and community and to offer services when community resources need to be supplemented.

Training programs are in operation for psychiatrists, psychologists, social workers, professional and practical nurses, teachers, occupational therapists, chaplains, dental assistants, and dietitians. Extensive in-service training programs run continuously for psychiatric aides, nurses, and activity therapy personnel. Research has been carried out in many of the clinical areas, but have been particularly focused in the areas of disturbed children, alcoholism, suicide, and drug abuse.

The hospital has a three-year approved psychiatric residency program accredited by the Education Council of the American Medical Association. The hospital is accredited by the Joint Commission on Accreditation of Hospitals and is certified as a participating hospital for Health Insurance under Social Security. The Dental Clinic is accredited by the American Dental Association, and is only one of few such accredited facilities in psychiatric hospitals nationally.



## STAFF ORGANIZATION

Darold A. Treffert, M.D.	Superintendent
Thomas J. Kelley, M.D.	Director--Clinical Services
Paul H. Thies	Director--Management Services

## ASSISTANT CLINICAL DIRECTORS

Ralph K. Baker, M.D.	Adult Services
Edward R. Loftus, M.D.	Medical-Surgical-Geriatrics
Gerald H. Gammell, M.D.	Training and Research Department
John B. McAndrew, M.D.	Child-Adolescent Services

## DEPARTMENT HEADS

Geraldine Behm, R.T., R.E.T.	X-Ray
Gertrude Bengtson, R.N., M.S.	Nursing
Donald Blaisdell	Laboratory
Frank Blake, M.S.	Medical Records
Mary Campfield	Professional Library
Paul Dreifuerst, M.S.	Child-Adolescent Education
Clifford Frey, D.D.S.	Dentistry
George Gerhardt, R.Ph.	Pharmacy
H. David Goers	Personnel
Hugh Jones	Engineering
Richard W. Krajeck	Registrar
Burton S. Menzel	Business Office
Nancy Norgord, O.T.R.	Activity Therapy
Richard Oberts	Food Service
James O'Reilly	Volunteer Services
Gerald Stein, M.S.W.	Social Service
Edwin Stenback	Greenhouse and Grounds
Dayton VanDeusen	Chaplaincy
Sylvester Verbeten	Vocational Rehabilitation
Thomas Vienola	Housekeeping and Laundry

## POPULATION AND PROGRAM TRENDS

A five-year national trend in the United States in all state and county mental hospitals shows that:

- (1) the number of state hospitals has increased from 307 to 321
- (2) admissions to these hospitals have risen 20%
- (3) resident population has dropped 18%
- (4) Child-Adolescent admissions have risen 150%

Experience here at Winnebago over 5 years mirrors that national trend

- (1) *admissions have risen 10.1%*
- (2) *length of stay has shortened 19.3%*
- (3) *hence resident population has dropped 18.1%*
- (4) *Child-Adolescent admissions have risen 116.8%*

There were 2091 admissions (not including returns from unauthorized absence) in 1970-71 and 2021 in 1971-72. Average daily census for the two-year period was 553.5 patients. Length of stay of the discharged patient was approximately 46 days and 65% of the population stayed less than 3 months. For the two-year period, 107 admissions were under 12, 898 under 21 and 43% -- nearly half -- of the resident population was under 21 years of age.

While more and more patients are admitted and discharged, the number actually resident dropped principally because of shorter length of stay. Contributing to the lower resident census as well, however, is extensive use of home visits and trial visits. The actual number of patients enrolled on any given day is about 60 higher than the reported in-patient daily census since on the average about that many patients are on visits on any given day.

A less quantifiable change, but one equally important, is marked qualitative change in population with more and more difficult, specialized or so-called tertiary care type cases among both the child and adult admissions. For example, over 50% of the so-called "first" admissions to this hospital have received prior hospital treatment in another state or county mental institution, and many more have already been in private or general hospital psychiatric units.



POPULATION TRENDS

<u>Admissions</u>	<u>1961-62 to 1969-70</u>	<u>1970-71</u>	<u>1971-72</u>
Total	1950	2236	2202
21 and under	248	477	421
12 and under	26	60	47
65 and older	262	160	145
Inebriates	396	577	612
Drug Addicts	11	23	25
Transfers	166	191	195
Forensic	16	52	50
% Voluntary	44.2%	55.9%	52.7%
<u>Average Daily Population</u>	710	565	540
<u>Length of Stay</u>	64 Days	46 Days	46 Days
<u>Re-Admission Rate</u>	34.4%	32.2%	30.5%



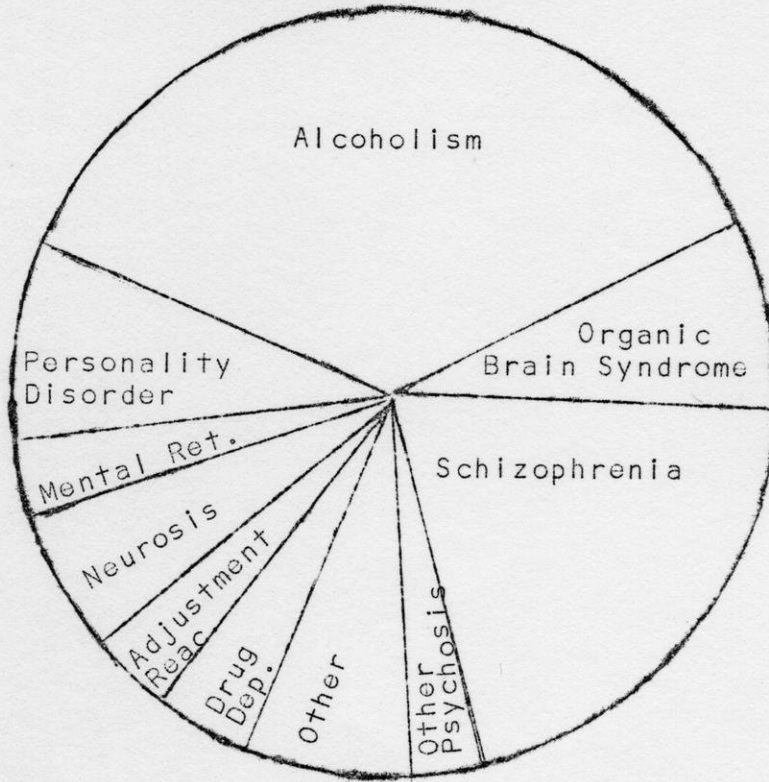
ADMISSION AND DISCHARGE DATA

1970-72

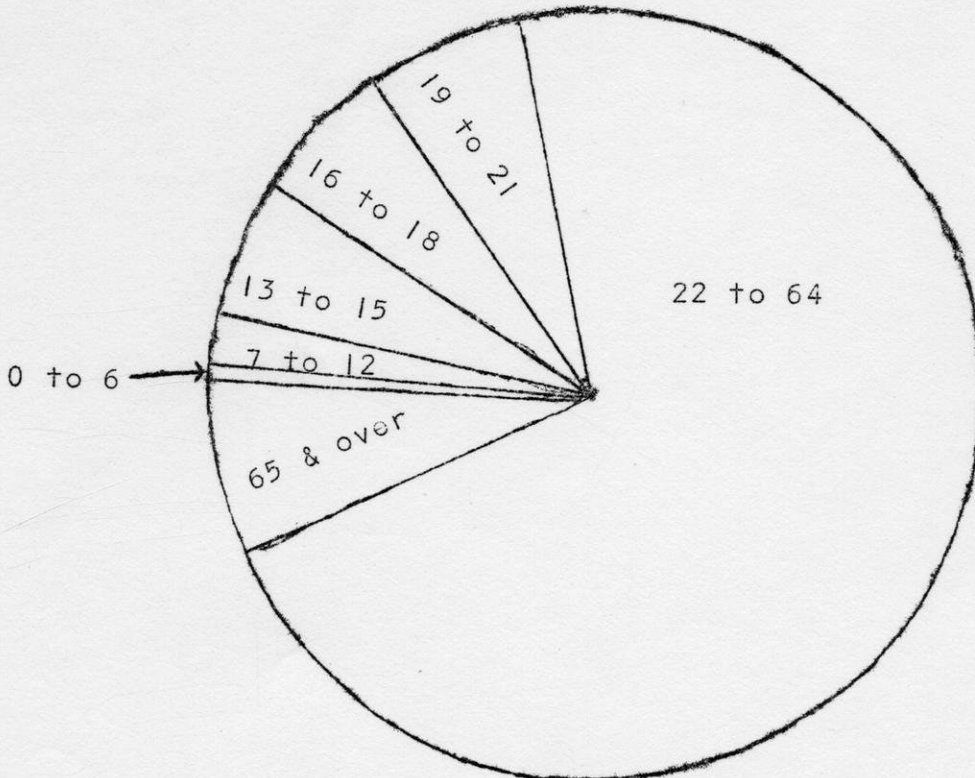
<u>Admissions</u>	1970-71	1971-72
First Admissions	1128	1118
Re-Admissions	635	593
Return from conditional leave	85	78
Return from Family Care	33	12
Return from Court	17	23
Return from General Hospital	2	2
Transfers In	191	195
	<hr/>	<hr/>
Sub-Total	2091	2021
Return from Unauthorized Absence	<u>145</u>	<u>181</u>
Total	2236	2202
 <u>Home Visits</u>	 5215	 4835
 <u>Separations</u>		
Discharges	1258	1221
Conditional Leave	249	281
Deaths	43	30
Transfers Out	383	359
Return to Court	38	50
Family Care	40	19
Deportations	8	8
Other (General Hospital, Parole)	4	2
	<hr/>	<hr/>
Sub-Total	2023	1970
Unauthorized Leave	<u>182</u>	<u>248</u>
Total	2205	2218

1971-72

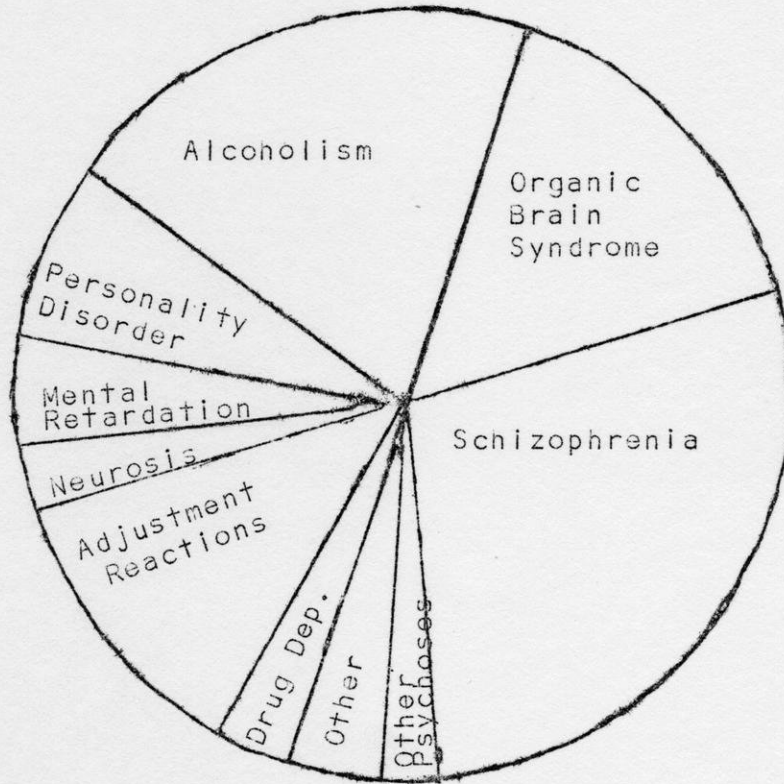
ADMISSIONS BY DIAGNOSIS



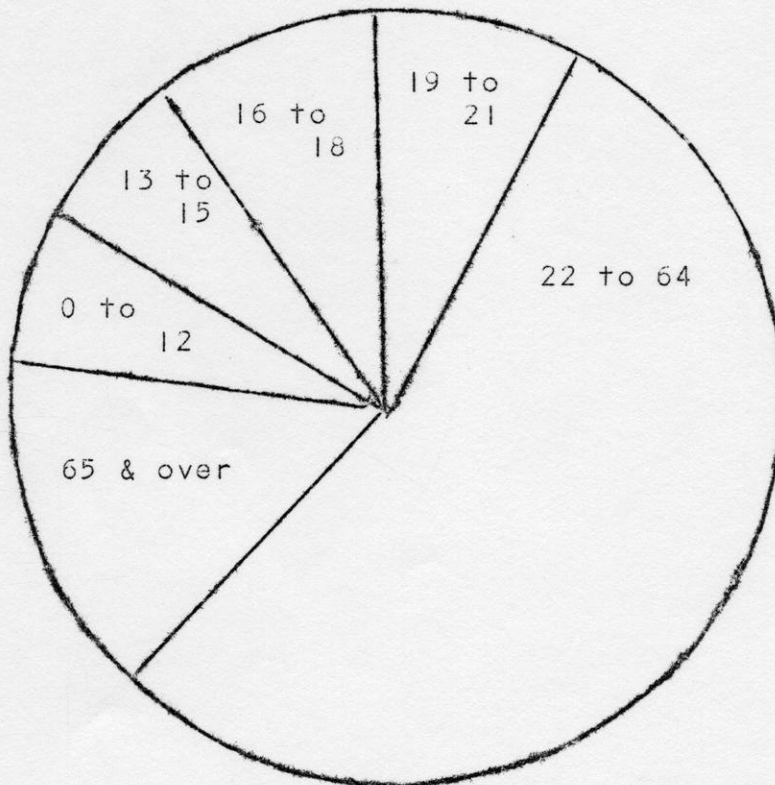
ADMISSIONS BY AGE



RESIDENTS BY DIAGNOSIS



RESIDENTS BY AGE





## COSTS

In view of the foregoing--sustained high admission rate of increasingly specialized and complex cases with a decreasing length of stay due to treatment input with resultant lower average daily census--it is not surprising that costs continue to rise.

Daily per capita costs, including physicians' services, was \$38.62 for 1970-71, and \$44.37 for 1971-72. The 1970-71 figure compares to a then daily average cost of \$92.18 daily cost for general hospital care nationally, which figure does not include physicians' costs. In comparing total cost of operation, percentage increase over the past seven years here to corresponding data for all U.S. hospitals, *and correcting for change in bed capacity and/or utilization*, such costs here rose approximately 25% less than the national general hospital experience over a six-year span.

Intensive treatment of a high turnover, specialized inpatient population is expensive and requires highly skilled staff in adequate numbers. Per capita cost as a measure of program expense, especially on a comparative basis, fails to reflect accurately the benefit of investment in active treatment since it not only treats static and dynamic populations as if they were the same, but also works counter-productively incentive-wise to reducing population. Likewise, assuming that since one has fewer patients in residence one simply needs fewer staff overlooks the more resource-related statistic of admissions and discharges.

Nevertheless, 39 positions were dropped between July 1, 1971 and December, 1972. These drops were accomplished without any lay-offs using normal attrition, retirements and vacancies. Total number of employees for November, 1972, for example was 805 compared to 833 in November, 1971. Cost implications of this are of course obvious.

COST DATA 1970-72

	<u>1970-71</u>	<u>1971-72</u>
Salary Expenditures	\$ 6,531,542.76	\$ 6,953,653.55
Operation Expenditures	746,004.09	744,494.46
Trust Fund	10,767.94	11,843.24
Federal Grants	69,739.70	89,797.42
	<hr/>	<hr/>
TOTAL	\$ 7,358,054.49	\$ 7,799,788.67

	<u>1970-71</u>	<u>1971-72</u>	<u>Total to Date</u>
Medicare, Part A	273,229.88	262,872.63	1,737,118.59
Medicaid	363,472.65	253,130.83	2,071,076.08
Other Collections	1,155,525.69	1,314,746.39	
County Charge Backs	2,441,840.78	2,640,129.00	
	<hr/>	<hr/>	
TOTAL	\$ 4,234,069.00	\$ 4,470,878.85	



## ADULT SERVICES

Nowhere is the trend toward specialized services for this hospital more evident than on the adult psychiatric services, to which about one-half of the over 2000 admissions per year are first admitted. One-third of those admissions were between ages 16 and 21, which represents a nearly 30% rise in two years of this age group. Patients with drug abuse problems represent another specialized sub-group even within that young adult population.

County hospitals continue to seek specialized services for some particularly difficult and complex patients, asking for treatment recommendations and consultative advice. In 1970-71, 94, and in 1971-72, 105 such patients were received from county hospitals for evaluation and treatment. Most were returned to county hospitals improved, with new treatment plans and goals. Many times, additionally, consultation occurred on cases never actually transferred but where instead information was provided either by direct staff visit or by phone.

Another specialized service -- forensic psychiatry -- continues to be highly used. In 1970-71, for example, 62 criminal admissions were received, 43 on observation status, and the remainder as transfers from Taycheedah or Central State, or as commitments, in the case of women, as not able to stand trial or not guilty by reason of insanity. This hospital serves the entire state as the sole facility for commitment of the mentally ill female criminal offender; Central State Hospital, of course, serves that same function for males for the entire state. These criminal observation cases were in addition to approximately 200 medical observation cases seen annually on the adult services.

A survey of admissions by counties to adult services shows that even in those counties with comprehensive facilities, the admission load here has not changed drastically quantitatively. This is due to the fact that those counties, even with developing services, are now sending those patients requiring specialized as opposed to generalized services. This again is not unique to this hospital but mirrors closely national experience.

In view of the need for specialized services, planning for a rather massive re-arrangement of the adult services was in the planning stages throughout 1971-72, and on 11-1-72 such re-arrangement occurred. Consequently the adult services are now arranged as follows: three adult co-educational units; a co-educational young adult unit; an inebriate unit; a drug abuse unit (Tellurian Community); and two behavior modification units, one male and one female. By this consolidation, one 48-bed unit was vacated entirely.



## CHILD-ADOLESCENT SERVICES

There are two divisions to the Child-Adolescent Unit--the Child-Adolescent Inpatient Service (CAS), and the Children's Consultation Service. 155 children were admitted to the CAS in 1970-71 and 149 in 1971-72. There is a continuing trend toward increasing admissions of youngsters age 12 and under, and the hospital has been averaging a daily in-patient census of about 60 such patients. The increased numbers of these admissions, coupled with the patent unsuitability of Hughes Hall for providing optimum care for these children since the wards cannot be subdivided into units of less than 25 children, has resulted in having to establish for the first time a waiting list for children under 12 with major mental illness.

As a natural consequence of spiraling admissions of children, the school has increased in size, with average peak population of 175 for the two-year period. With only 12 teacher positions budgeted in addition to the principal, some classes have now reached a size which clearly impedes adequate instruction for emotionally disturbed youngsters. The school is well below the Bureau of Handicapped Children's recommended ratio of 1 teacher to 8 children, yet additional teachers were denied in the budget process.

The Children's Consultation Service saw a total of 119 out-patients, and 55 in-patients, for a total of 174 cases in 1970-71, and 211 cases (32 admitted) in 1971-72. This is compared to 140 children seen in 1969-70. It can be seen then that out-patient evaluation is used wherever possible. There was a marked increase in community contacts, including several seminars held at the hospital for sharing with communities ways in which emotionally disturbed youngsters can be handled in local resources. 338 teachers attended the interesting, practical "What to do if" seminar sponsored by CCS.

A significant new dimension was added to the school program in 1970 with the inauguration of a combined work-study program. The work portion is based on a rented near-by farm. This program meets the needs of those older students who have not mastered academic skills and for whom high school graduation was not a realistic goal. The overall impression of this program was positive, and, in fact, it is one of one hundred programs nation-wide to receive special recognition for excellence from the agency providing the federal funding for such programs. The farm project led also to the establishment of the Lost River School near Wautoma, using private resources, demonstrating community-based alternatives to 24-hour residential care for youths who, because of academic, behavioral or emotional difficulties, cannot succeed within the usual classroom setting or community.

The two projects combined--The Farms--won special national recognition from the American Psychiatric Association when the project was chosen as one of the top six innovative programs in hospital and community psychiatric facilities nation-wide. A certificate was awarded the hospital at the Annual Hospital and Community Psychiatric Institute in St. Louis. This is the first such program in Wisconsin to be so honored by the American Psychiatric Association.

A major disappointment occurred, and a major impediment continued, with the denial of the request for a Children's Cottage. Total funds requested were \$1.3 million, compared to remodeling costs of approximately \$900,000. Hughes Hall was built as a maximum security building for disturbed adults and is obviously unsuitable for treatment programming for children. Such a cottage continues to be required for children under 12, seriously disturbed, to provide space for care and treatment of those children who cannot receive this care in existing community programs. This facility has of course now been requested in the 1973-75 biennial budget document.

#### MEDICAL-SURGICAL-GERIATRIC SERVICES

During 1970-71 this hospital was given state-wide responsibility as the treatment center within the Department for the tuberculous mentally ill. As such the unit serves as the referral center to which any of the other state institutions or county hospitals refer cases of suspected or confirmed tuberculosis in patients in those facilities. There were 15 such admissions in 1970-71 and over 50% had active T.B. In 1971-72, 25 such patients were referred but only 8 had confirmed adult or re-infection tuberculosis. In support of this unit special laboratory and x-ray equipment have been purchased. Again, this population points up the highly specialized type services being developed here.

Admissions to 3K, the Medical-Surgical infirmary unit, averaged 225 for each of the two years, with 97 of those direct county admissions for medical-surgical services in 1970-71 and 90 such patients in 1971-72.

On 8-1-70, patients over 65 were begun to be admitted directly to the Geriatric Unit. Formerly they first were admitted to the adult services and referred to the Geriatric Unit. Generally, those patients on the Geriatric Unit here present difficult medical and psychiatric treatment and disposition problems in that they are patients so physically ill that their medical needs cannot be met in the usual county hospital, yet they are so mentally disturbed that their psychiatric needs cannot be met in the usual nursing home. While most geriatric patients can be cared for in community facilities, assuming such facilities are available, this specialized reservoir of patients with high medical and psychiatric needs continue to be a responsibility of this hospital.



## ALCOHOLIC TREATMENT UNIT

The ATU is a very active, specialized, separate service, having admitted 577 alcoholics in 1970-71, and 654 in 1971-72. This represents approximately 25% of the admission load to the whole hospital. Two significant program dimensions have occurred on this unit.

The first was a move away from a standardized treatment approach toward more individually tailored, specific treatment plans for each patient. This concept will be tested rigorously for effectiveness by use of an NIMH grant in the amount of \$93,000.00 for a two-year period. This grant is entitled "Specific Treatment in Sub-groups of Alcoholics". The vigorous follow-up built into the project should be most useful in answering often-asked questions about length of stay in relation to re-admissions, cost-benefit ratio of various approaches, and program effectiveness in general.

The second new dimension was the setting up of a special unit within the ATU for the chronic repeater who tends to be a difficult patient both for the community and for state treatment programs. These patients are individuals who have been shuttled from agency to agency and yet remain a tremendous problem to themselves or their families in the community. By making a more intensive, long-term effort, it is hoped these persons can be rehabilitated, using whatever special techniques or resources are needed to do so.

## DRUG DEPENDENCY UNIT

Since 1968 there has been a perceptible increase in the number of patients admitted where drug dependence (other than alcohol) is a significant part of the admission profile. In 1970-71, for example, there were 219 such admissions but only 30 of these entered actually on drug addict commitments. Most of these admissions represent young adults (75% under age 30) and the majority are poly-drug users including heroin in some instances (13%). Highest percentages include hallucinogens and stimulants. (25% and 20% respectively).

While community programs can effectively offer services such as hotlines, detox units, rap houses, etc., a need exists for a regional program for drug-dependent patients whose treatment needs exceed local capability and who remain untouched by short-term, non-residential approaches. The Tellurian Community therefore was set up and functions as a long-term, residential approach toward the deeper problems of the drug dependent patients and their whole life style, only a part of which is the abuse of drugs.

This life style change unit--a street program in a straight setting--is partially underwritten cost-wise by a five-year NIMH Hospital Improvement Grant of approximately \$400,000. A research format is built into the program as well.

## TRAINING, EDUCATION, AND RESEARCH

Clearly, the most significant event over the past two years in this department, and for the entire hospital, was approval by the American Medical Association Educational Council on 10-29-70 of a three-year psychiatric residency program. This represents a tremendous compliment to the staff in that this program gained approval at a time when few such stand-alone programs are being approved, and, in fact, when approval is being withdrawn from many such programs. While it is a splendid opportunity to develop a quality training program, it is as well a serious responsibility to make our proposed paper program a working reality. This program represents the only post-graduate physicians' training program in northeastern Wisconsin.

Approval was sought, and granted on 4-5-71, for a two-year NIMH research program in alcoholism, entitled "Specific Treatment in Sub-groups of Alcoholics", already described previously. Other research programs are under way continuously, with the results of such findings being applied here, in the community, and disseminated nationally through publications in a variety of professional journals. Current areas of inquiry include alcoholism, drug abuse, suicide, psychotropic drugs in the treatment of children and adults, schizophrenia, simplified psychological testing for diagnostic purposes, desensitization treatment approaches, and follow-up studies on discharged alcoholics, and children with major mental illness.

The beginning of wisdom is to call things by their right name. Once that occurs, specific study on cause, treatment and cure can occur. In a hospital that spends \$8 million per year for treatment, some sizeable portion of funds must be committed to research to seek the causes of those conditions we so desperately, and expensively now only treat rather than prevent. It is precisely in a setting such as this--a clinical setting with a present patient population and skilled staff--from which meaningful and practical research can emanate, rather than from an isolated, insulated, distant laboratory, with neither the interest in nor the patient population for inquiry into major mental illness--its causes, treatment, cure, and finally, prevention.

The training and education programs continue to grow. In the two-year period 1970-72, over 1250 students, representing 20 universities, colleges, and technical schools, completed formal affiliation in professional degree and diploma nursing, social work, occupational therapy, chaplaincy, special education, library science, dentistry and dietetics. In addition to formal affiliation, numerous other students gained practicum field experience here as a part of undergraduate or graduate training programs in social work, psychology, and special education. Formal affiliation has been effected with the University of Wisconsin-Oshkosh in library science in the medical library, patient library and school library. In order to facilitate that affiliation all three libraries have now been consolidated into a single library department.

Numerous seminars for various disciplines and a variety of topics are held regularly touching many community professionals and non-professionals. These are listed elsewhere under Significant Events.



## SUPPORT AND VOLUNTEER SERVICES

As the result of a hospital survey conducted on September 24 and 25, 1970, the hospital received a two-year accreditation by the Joint Commission on Accreditation of Hospitals. Eight recommendations were made, all of which were minor in nature, except for one recommendation that "Hazardous areas in buildings of fire-resistive construction must be protected by an automatic fire extinguishing system". The Division of Business Management estimated cost of the changes necessary to correct this deficiency is approximately \$106,000 as a minimum. Paramount here of course is the fact that a safety hazard does exist and must be corrected. Beyond that, if these deficiencies are not corrected, Joint Commission Accreditation will be lost, and with it, eligibility for the approximate \$600,000 per year from Medicare and Medicaid programs, as well as probably a majority of over \$1,000,000 collected through hospital insurance, which in many cases will only pay if care is rendered in an accredited facility. It would appear that there is little option except to spend the necessary \$100,000 both to correct the hazard and to qualify for much of the nearly \$2 million revenue made available by virtue of being accredited. Joint Commission accreditation is accepted by the federal programs as eligibility for reimbursement. If accreditation were lost, identical standards would need to be met anyway to qualify for federal monies.

Labor relations continue to consume a great deal of time under the provisions of the contract. However, in spite of the size of our work force and the complexities of the contract in 1970-71, for example, only eleven grievances were filed, nine of which went to the third step, and one to arbitration. In the one case that went to arbitration, Management's position was upheld. In general, the relationship here between Management and the Union has stabilized, is good, and is amiable. In May, 1971, a new contract was reached with the Wisconsin Nurses Association, and a contract has been established with teachers here as well.

Volunteer Services continue to be a tremendous input into our program. Approximately 20,000 hours of time are donated by volunteers each year to the hospital. The monetary value of donations, in addition to the time, comes to nearly \$50,000 per year. The Fashion Korner operation particularly is an excellent tool to have groups be of help to us, and to bring a number of groups into contact with and knowledgeable about the hospital. A concerted effort has been made recently to increase the number of younger volunteers to meet an increasing interest in and wish to be involved with the hospital and its programs on the part of younger people.

The physical plant has a replacement value of approximately \$18 million. The two pressing needs at the moment are for a cottage for young disturbed children, and for the monies necessary to meet Joint Commission accreditation recommendations. The Picnic Point Campsite, erected with donated monies from around the state, continues to be a popular spot for a variety of groups of mentally handicapped from throughout the state and its usefulness and utility will be enhanced by the addition of a shower facility.

SIGNIFICANT EVENTS: Two Years in Summary

1970-71

- 8-1-70 Direct admissions to Geriatrics began
- 9-13-70 Volunteer Recognition Dinner
- 9-14-70 "Drug Seminar" -- 513 professionals attended
- 9-24-70 Joint Commission on Accreditation visit with subsequent two-year approval
- 10-21-70 "Sexual Counseling" Seminar -- 50 physicians attended
- 10-29-70 Approval of 3-year Psychiatric Residency Program by American Board of Psychiatry and Neurology and American Medical Association
- 11-9-70 "Drugs: A Pastoral Concern", attended by 350 clergymen
- 2-5-71 WSU-Oshkosh began Library Science affiliation
- 3-1-71 Social Service approved for Graduate Social Work Trainees
- 3-27-71 "What to do if" -- attended by 184 area teachers
- 4-3-71 "What to do if" -- attended by 204 area teachers
- 4-5-71 Grant, "Specific Treatment in Sub-groups of Alcoholics", approved by NIMH. Amount -- \$93,000.00
- 5-12-71 "Interviewing Techniques" -- 45 social workers attended
- 5-26-71 Visit by State Board of Health and Social Services

1971-72

- 9-12-71 Volunteer Recognition Day
- 9-22-71 "Child-Adolescent Problems" -- 60 physicians attended
- 10-26-71 to 10-29-71 "Beyond Drug Abuse" -- a seminar for community workers in drug abuse
- 11-14-71 "Alcoholism: A Pastoral Concern" -- 240 clergymen attended
- 2-2-72 Mental Health Seminar with Winnebago County Mental Health Association -- 150 students, teachers attended
- 4-13-72 to 4-15-72 Drug Abuse Workshop for CESA 3
- 5-1-72 Drug Abuse Treatment and Community Consultation Unit Grant (HIP) granted (\$400,000.00)
- 5-4-72 Child-Adolescent Seminar for Staff and Parents: Dr. Edward Ritvo -- UCLA
- 5-12-72 Governor Lucey visited the hospital



## PLANS, OBJECTIVES AND GOALS

A variety of people, sometimes including but certainly not limited to ourselves, are planning and designing the future form of the whole mental health delivery system in Wisconsin generally, and Winnebago's role in it specifically. While much remains unsettled and awaits legislature shaping, what seems clear is that a truly comprehensive network of quality services will require a continued community-state partnership. Hopefully an even broader range of primary, generalized services will be provided locally with Winnebago serving, for its catchment area, as a regional, tertiary facility with clinical responsibility for diagnostically or therapeutic complex, specialized cases. Freed of some of its generalized caseload, hospital resources can be deployed to further community consultation, local program monitoring, program demonstration, teaching, training and research.

While this transition from institution to institute has really been already underway for about five years, actual legislative designation and plan implementation would accelerate that process with the hospital being renamed Winnebago Mental Health Institute as a part of that process.

The above are of longer-range objectives, however; specific goals for the next two years include:

1. Obtain approval for construction of a badly-needed Children's Cottage.
2. Correct the safety and sprinkler system defects outlined by the Joint Commission on Hospital Accreditation.
3. Re-organize and consolidate the Adult Services to both increase efficiency and effectiveness as well as produce new specialty services for young adults and for behavior modification approaches.
4. Improve ward coverage patterns through use of partial shift help for peak coverage periods scheduled in other than the traditional shift rotation manner.
5. Complete the Alcoholism Unit Study.
6. Begin additional research projects in the areas of Infantile Autism, suicide, and drug abuse using the computer assisted interview.
7. Better document hospital resources already being used in community consultation.
8. Expand activities in community consultation.

ADMISSIONS DURING FISCAL 1971-72 BY PROGRAMS AND COUNTIES

County	Child				Hospital Total
	Adolescent (15 & Under + Adult + Alcoholic + Geriatric* +				
Ashland	2	5	2	0	9
Bayfield	0	5	2	0	7
Brown	14	37	17	1	69
Calumet	4	15	5	3	27
Dodge	2	17	10	2	31
Door	5	13	4	2	24
Florence	0	3	0	1	4
Fond du Lac	10	43	10	1	64
Forest	0	4	1	3	8
Green Lake	0	23	9	1	33
Iron	0	2	1	1	4
Kewaunee	0	10	0	1	11
Langlade	0	11	5	1	17
Lincoln	0	5	0	0	5
Manitowoc	5	22	2	1	30
Marathon	7	32	4	0	43
Marinette	4	20	3	2	17
Marquette	0	12	3	2	17
Menominee	0	7	21	0	28
Milwaukee	10	109	326	2	447
Oconto	0	15	5	1	21
Oneida	1	20	8	2	31
Outagamie	17	74	15	5	111
Ozaukee	1	9	5	1	16
Portage	5	26	12	3	46
Price	0	4	0	1	5
Racine	21	30	1	0	52
Sawyer	0	4	4	2	10
Shawano	1	24	17	6	48
Sheboygan	3	8	1	1	13
State-at-Large	10	108	29	6	153
Taylor	0	1	0	0	1
Vilas	0	4	2	2	8
Washington	8	15	9	0	32
Waukesha	0	8	14	0	22
Waupaca	5	34	11	13	63
Waushara	1	20	5	4	30
Winnebago	28	158	32	39	257
Wood	1	8	10	1	20
Mendota District	<u>1</u>	<u>49</u>	<u>6</u>	<u>5</u>	<u>61</u>
TOTAL	166	1,014	611	115	1,906

Adm. = 1,906 (Excludes RCL's, RUA's, RFAC's, RFC's)

\* These figures do not include geriatric alcoholics.





STATE OF WISCONSIN  
OFFICE OF THE GOVERNOR  
MADISON, WISCONSIN 53702

PATRICK J. LUCEY  
GOVERNOR

July 17, 1972

Dr. Darold A. Treffert, M.D.  
Superintendent  
Winnebago State Hospital  
Winnebago, Wisconsin 54985

Dear Dr. Treffert:

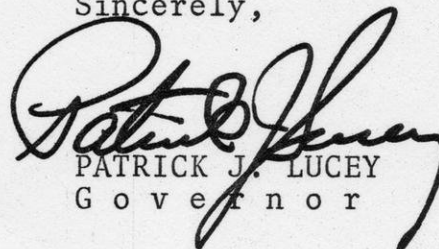
Thank you for your kind comments regarding my visit to Winnebago State Hospital. It was an enlightening experience for me, and I enjoyed meeting you and your dedicated staff.

In response to the accreditation difficulties which you pointed out to us, I have asked the Department of Health and Social Services to expedite correction of the fire hazards. It is my understanding that the Department will be requesting the necessary funds at the August Building Commission meeting to provide the required sprinkling system.

As you know, the improvement of living quarters for handicapped youth is a more difficult problem because funding authorization is not available to handle the magnitude of that request. Since your Department is currently preparing its 1973-75 building program request, I have asked them to carefully evaluate this request with other priority projects. While I am impressed with the needs which you have shown us, I cannot determine, at this time, how your needs will compare with those at other institutions which I have visited. I can assure you that I will give serious consideration to your request, but it will be a difficult decision since the state can afford only the most critical building projects in the 1973-75 biennium.

Thank you for your cooperation, patience and dedication.

Sincerely,

  
PATRICK J. LUCEY  
G o v e r n o r

PJL:spo

cc: Mr. Francis Powers, Health & Social Services  
Mr. Paul Brown, Director, Bureau of Facilities Mgmt.

# JOINT COMMISSION ON ACCREDITATION OF HOSPITALS

645 N. MICHIGAN AVE., CHICAGO, ILLINOIS 60611, TEL. 642-6061

JOHN D. PORTERFIELD, M.D., Director

## MEMBER ORGANIZATIONS

AMERICAN COLLEGE OF PHYSICIANS  
AMERICAN COLLEGE OF SURGEONS  
AMERICAN HOSPITAL ASSOCIATION  
AMERICAN MEDICAL ASSOCIATION

Darold A. Treffert, M.D.  
Administrator  
Winnebago State Hospital  
Winnebago, Wisconsin 54985

Dear Doctor Treffert:

The Board of Commissioners of the Joint Commission on Accreditation of Hospitals has approved the recommendation that your hospital be accredited for a period of two years or until a subsequent survey is conducted. This is the result of the evaluation of the hospital survey conducted on the date and by the field representative indicated below.

Attached are the recommendations for the improvement of the quality of patient care based on the findings of the survey. These warrant your attention and should be put into effect before the next visit of a representative of the Commission.

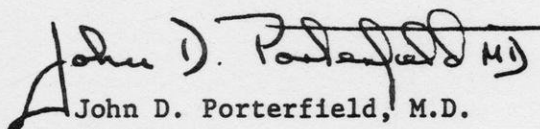
Copies of this letter with recommendations have been sent to the chief of staff and president of the governing board of your hospital. Since this report is confidential on the part of the Commission, the release of its contents is a matter for your mutual consideration and decision. Any publicity emanating from this report must of necessity come from your authorized spokesman.

Your hospital is entitled to a Certificate of Accreditation. To be certain that our information is correct, we ask that you please complete and return the enclosed form.

If any question should arise relating to this letter or to the accreditation status of your hospital, please communicate with Otto Arndal, M.D., Assistant Director, Hospital Accreditation Program, Joint Commission on Accreditation of Hospitals.

The Commission wishes to commend you for maintaining standards deserving of accreditation and for your constant effort to improve the quality of patient care. Please be assured of our interest and of our willingness to be of all possible help to you.

Sincerely yours,

  
John D. Porterfield, M.D.  
Director

cc: Leonard J. Ganser, M.D., President of the Governing Board  
Thomas J. Kelley, M.D., Chief of the Medical Staff  
SURVEYOR: LAWRENCE H. SIEGEL, M.D., MARIE J. BLUME, R.N.  
DATE OF SURVEY: SEPTEMBER 24, 25, 1970



# American Psychiatric Association



## Hospital & Community Psychiatry Service

WALTER E. BARTON, M.D., Medical Director

HENRY H. WORK, M.D., Chief, Professional Services

CENTRAL OFFICE: 1700 EIGHTEENTH STREET NW WASHINGTON DC 20009

PHONE: AREA CODE 202-232-7878

September 20, 1972

Darold A. Treffert, M.D.  
Winnebago State Hospital  
Winnebago, Wisconsin 54985

Dear Doctor Treffert:

The winning programs for the 1972 competition for the Hospital & Community Psychiatry Service Achievement Awards were selected in May by the Achievement Awards Board and the winners have been notified.

Although the Board did not select the Farms Project of Winnebago State Hospital to receive the gold award, the members did feel that this program was so meritorious as to receive a certificate of special recognition, and have authorized us to have such a certificate made and sent to you. We had expected to have the certificate ready at this time but we now hope to have it completed in two weeks and will mail it to you then.

I congratulate you and your staff on this well-deserved recognition.

Sincerely,

*Henry H. Work, M.D. /amw*  
Henry H. Work, M.D.  
Chief, Professional Services

HHW:AM:lg



COUNCIL ON  
MEDICAL EDUCATION

## AMERICAN MEDICAL ASSOCIATION

535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS 60610 • PHONE (312) 527-1500 • TWX 910-221-0300

November 16, 1970

G. O. Lysloff, M.D.  
Director, Education and Research  
Winnebago State Hospital  
Box H  
Winnebago, Wisconsin 54985

Dear Doctor Lysloff:

At a recent meeting, the Residency Review Committee for Psychiatry and Neurology, representing the American Board of Psychiatry and Neurology and the Council on Medical Education, approved the residency program in psychiatry at Winnebago State Hospital, for three years of training, on a provisional basis.

It is expected the program will be resurveyed in approximately two years, by a Field Representative of the AMA's Department of Graduate Medical Education.

With best wishes for the success of this educational program.

Yours very sincerely,

George Mixter, Jr., M.D.  
Secretary  
Residency Review Committee  
for Psychiatry and Neurology

GM:tkw

cc: American Board of Psychiatry and Neurology (2)  
Administrator: Winnebago State Hospital





DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
OFFICE OF EDUCATION  
WASHINGTON, D.C. 20002

DEAR PROGRAM DIRECTOR,

THE BUREAU OF EDUCATION FOR THE HANDICAPPED HAS EMPLOYED THE SERVICES OF ABT ASSOCIATES INC. OF CAMBRIDGE, MASSACHUSETTS TO CONDUCT A STUDY TO, "ASSESS, DOCUMENT AND SPREAD EXEMPLARY PROGRAMS IN EDUCATION OF THE HANDICAPPED." YOUR PROGRAM HAS BEEN SELECTED AS ONE OF FIFTY PROGRAMS WHICH THE BUREAU WISHES TO STUDY MORE CLOSELY, IN ORDER TO ASSESS IT'S EXEMPLARY FEATURES AND REPLICABILITY. TWENTY PROGRAMS WILL EVENTUALLY BE CHOSEN BY THE CONTRACTOR FOR IN-DEPTH CASE STUDY AND NATIONAL DISSEMINATION.

THE BEH STAFF IN WASHINGTON, D.C. HAVE WORKED CLOSELY WITH ABT ASSOCIATES IN DESIGNING THIS STUDY AND FEEL THAT IT IS A VERY IMPORTANT EFFORT WHICH DESERVES FULL COOPERATION ON ALL LEVELS. WE STRONGLY URGE YOUR SUPPORT AND CONTRIBUTION TO THIS EFFORT FOR THE FUTURE BENEFIT OF EDUCATIONAL PROGRAMS FOR HANDICAPPED PEOPLE.

SINCERELY,

EDWIN W. MARTIN  
ASSOCIATE COMMISSIONER  
BUREAU OF EDUCATION FOR THE HANDICAPPED

ABT ASSOCIATES INC.  
55 WHEELER STREET, CAMBRIDGE, MASSACHUSETTS 02138  
TELEPHONE • AREA 617-492-7100

September 4, 1972

Mr. Paul Dreifuerst  
Institute for Emotionally Disturbed Children  
Winnebago State Hospital  
Box H  
Winnebago, Wisconsin

Dear Mr. Dreifuerst:

The purpose of this letter is to introduce ourselves to you and to acquaint you with a study that we will be conducting for the Bureau of Education for the Handicapped in Washington, D.C. over the next year. It is our understanding that you have already been informed by either BEH or your State Education Agency that your program has been chosen as one of fifty (50) exemplary programs to be included in our study to, "Assess, Document and Spread Exemplary Programs in Education of the Handicapped" on a national scale. We look forward to working with you in the very near future. A brief explanation of who and what Abt Associates Inc. is as well as an overview of the study we will be conducting and the role we hope your program will play in it should help to put your selection in context.

Abt Associates Inc. is a social science research and consulting firm begun in 1965 with central offices located in Cambridge, Massachusetts. The staff of the company numbers approximately 200, of whom 130 are full-time professional staff. The company is organized into six (6) areas, each one specializing in a different area of social science research (Human Development, Education, Manpower, Technology, Economic Development, and Health). The primary clients of the company are the United States Federal Government, state and local government agencies, foreign governments, universities and private companies.

In June, 1972, Abt Associates Inc. was awarded a contract by the Bureau of Education for the Handicapped to "Assess, Document, and Spread Exemplary Programs in Education of the Handicapped" in the areas of Early Childhood Education, Manpower, Career Education, and Full Services. Basically, we, in conjunction with BEH, are to select from the sample of fifty (50) exemplary programs, twenty (20) projects which will be visited by our staff. After the visits to these sites, we will write case studies on each of these twenty (20) projects which will be disseminated nationally to aid agencies, schools and programs in developing and implementing quality programs for the education of handicapped persons. The case studies will focus on the operation of the projects and their exemplary elements.



As mentioned previously, your program has been selected by BEH for initial screening in this project. BEH personnel have developed a variety of criteria for selecting the twenty (20) programs from this initial sample. Abt staff will apply these criteria to each of the fifty (50) programs after conducting telephone interviews with the Directors and reviewing each program's files in Washington, D.C. On the basis of the information collected, the programs will be narrowed down to twenty (20) for in-depth study.

During the month of August, an Abt staff member involved in this project will be calling your program in hopes of speaking with you personally for approximately ten minutes. At this time, we will be asking a number of questions which will help us put your program into a better perspective than is possible from a mere reading of program materials. So that you can be prepared for our call, we have included the attached list of the types of information we will be requesting over the phone.

Sincerely,

*Ruth Freedman*

Ruth Freedman, Project Director

*Patricia Cook*

Patricia Cook, Deputy Project Director

RF/PC:rmg  
Enclosure

