

## 1873 from institution 1973 to institute. 1973

[s.l.]: [s.n.], 1973

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1873  
FROM  
INSTITUTION

1973  
TO INSTITUTE







State of Wisconsin \ DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DECEMBER 12, 1973

DIVISION OF MENTAL HYGIENE  
WINNEBAGO MENTAL HEALTH INSTITUTE  
WINNEBAGO, WI 54985

USUAL VISITING HOURS  
WEEK DAYS 1 TO 8 P. M.  
SATURDAY AND SUNDAY  
10:00 A. M. TO 8:00 P. M.

CHILDRENS UNIT  
SAME, EXCEPT NO VISITING  
TUES AND THURS AFTERNOON

PAUL R. GLUNZ, M. D.  
CHAIRMAN  
BOARD OF HEALTH AND SOCIAL SERVICES  
1 WEST WILSON STREET  
MADISON, WISCONSIN 53702

DEAR DOCTOR GLUNZ:

THIS HOSPITAL--OVER A HUNDRED THOUSAND ADMISSIONS LATER--COMPLETED ITS 100TH YEAR ON APRIL 21, 1973. NOW, BEGINNING A SECOND CENTURY, THE HOSPITAL HAS A NEW NAME--WINNEBAGO MENTAL HEALTH INSTITUTE. WHILE THE NAME IS NEW, THE TRANSITION FROM INSTITUTION TO INSTITUTE HAS BEEN UNDERWAY FOR A WHOLE DECADE, ESPECIALLY ACCELERATED THESE PAST FIVE YEARS.

TEMPTING AS IT IS TO LOOK SENTIMENTALLY BEHIND, OR TO STARE CONTENTEDLY AT THE PRESENT, RAPID CHANGES IN NEEDS, PRIORITIES AND SYSTEMS POINT OUR GAZE AHEAD TO OUR ROLE AS AN INSTITUTE FOR "RESEARCH, SPECIALIZED PSYCHIATRIC SERVICES, CONSULTATION, QUALITY CONTROL AND MONITORING OF COUNTY PROGRAMS".

IN FULFILLING THIS NEW, HEAVY RESPONSIBILITY WE LOOK FORWARD TO THE SUPPORT OF THE BOARD OF HEALTH AND SOCIAL SERVICES. A SUPPORT WHICH IN THE PAST HAS BEEN IMPORTANT INDEED TO THE STAFF HERE, BUT MORE MEANINGFULLY, HAS BEEN CRUCIAL TO THOSE 100,000 PATIENTS ADMITTED, TREATED, AND RELEASED OVER THE PAST CENTURY.

LIKE BEGINNING ANY NEW VENTURE, WE ARE CURIOUS WHERE IT WILL TAKE US, AND ARE ANXIOUS TO GET STARTED.

SINCERELY,

DAROLD A. TREFFERT, M. D.  
DIRECTOR

WINNEBAGO MENTAL HEALTH INSTITUTE

"THE RESULTS ATTAINED IN THE PAST ONE HUNDRED YEARS ARE CERTAINLY GRATIFYING, AND SHOULD STIMULATE US TO CARRY FORWARD THE GOOD WORK, CONSTANTLY ENDEAVORING TO ADVANCE THE INTEREST OF THE PEOPLE IN WHOSE CAUSE WE ARE ALL ENGAGED, SO THAT, WHEN THE RECORD OF THE NEXT ONE HUNDRED YEARS SHALL BE WRITTEN UP, IT MAY BE SAID OF US, THAT OUR EYES WERE NOT ALTOGETHER BLINDED, OR THAT, WITH THE LIGHT WE HAD, OUR OPPORTUNITIES WERE NOT UNIMPROVED."

DR. WALTER KEMPSTER  
SUPERINTENDENT  
NORTHERN HOSPITAL FOR THE INSANE  
WINNEBAGO, WISCONSIN  
ANNUAL REPORT--1876



# WINNEBAGO MENTAL HEALTH INSTITUTE

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THOMAS J. KELLEY, M. D.

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SOCIAL SERVICE  
GREENHOUSE AND GROUNDS  
CHAPLAINCY  
VOCATIONAL REHABILITATION  
HOUSEKEEPING AND LAUNDRY

## OVERVIEW

FOR THE FIRST SIXTY YEARS OF ITS EXISTENCE, WINNEBAGO WAS CALLED NORTHERN HOSPITAL FOR THE INSANE. FOR THE NEXT FORTY YEARS IT WAS KNOWN AS WINNEBAGO STATE HOSPITAL. NOW IT IS NAMED WINNEBAGO MENTAL HEALTH INSTITUTE. CHAPTER 90, STATE LAWS OF 1973, CREATED THE INSTITUTE FOR "RESEARCH, SPECIALIZED PSYCHIATRIC SERVICES, AND CONSULTATION, QUALITY CONTROL AND MONITORING OF COUNTY PROGRAMS". ONE OTHER SUCH INSTITUTE WAS CREATED IN MADISON--MENDOTA MENTAL HEALTH INSTITUTE. EACH INSTITUTE SERVES ABOUT 36 OF THE STATE'S 72 COUNTIES.

COMPARED TO THE USUAL PUBLIC MENTAL HEALTH FACILITY, WINNEBAGO IS SMALL--ABOUT 500 PATIENTS--ESPECIALLY CONSIDERING THAT ITS CATCHMENT AREA IS ONE-HALF THE STATE. THIS IS, AND HAS BEEN, POSSIBLE BECAUSE WISCONSIN'S UNIQUE COUNTY MENTAL HOSPITAL SYSTEM HISTORICALLY HAS CARRIED RESPONSIBILITY FOR THE LONG-TERM PATIENT, ALLOWING WINNEBAGO TO CONCENTRATE ON INTENSIVE TREATMENT OF THE ACUTELY ILL AND ON PATIENTS WITH HIGHLY SPECIALIZED DIAGNOSTIC AND TREATMENT NEEDS. NOW WITH INCREASING DEVELOPMENT OF COMPREHENSIVE COMMUNITY PROGRAMS, THE INSTITUTE IS ABLE TO CONCENTRATE ITS EFFORTS STILL FURTHER ON SKILLED CONSULTATION AND TREATMENT ON SPECIALIZED AND REGIONAL PATIENT POPULATIONS.

THE INSTITUTE HAS THE FOLLOWING SPECIALTY SERVICES: ADULT PSYCHIATRIC, ADULT BEHAVIOR MODIFICATION, YOUNG ADULT, CHILD-ADOLESCENT, AUTISTIC, CHILDREN'S CONSULTATION (CCS), INEBRIATE, DRUG ABUSE (TELLURIAN COMMUNITY), GERIATRIC, MEDICAL-SURGICAL, WINNEBAGO COUNTY COMPREHENSIVE MENTAL HEALTH CENTER, TUBERCULOUS MENTALLY ILL, AND FORENSIC. THE LATTER TWO SERVICES HAVE A STATE-WIDE RESPONSIBILITY SINCE WINNEBAGO HAS BEEN 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 OUTREACH IS SUBSTANTIAL, WITH OVER 1000 HOURS PER MONTH DEVOTED TO SUCH CONSULTATION, EDUCATION, AND TRAINING EFFORTS, IN ADDITION TO CASE-CENTERED CONSULTATION OCCURRING AROUND MOST REFERRALS. THE CHILDREN'S CONSULTATION SERVICE IS SPECIFICALLY SET UP TO PROMOTE THE DEVELOPMENT OF PREVENTATIVE MENTAL HEALTH SERVICES IN COMMUNITIES, TO EFFECT COORDINATION BETWEEN THE INSTITUTE AND THE 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, LIBRARIANS, OCCUPATIONAL THERAPISTS, CHAPLAINS, DENTAL ASSISTANTS, AND DIETITIANS. OVER 1300 STUDENTS PER YEAR FROM TWENTY DIFFERENT SCHOOLS AFFILIATE AT THE INSTITUTE, IN ADDITION TO LARGE NUMBERS OF STUDENTS WHO DO PRACTICUM WORK HERE ON A LESS FORMAL AFFILIATE BASIS. EXTENSIVE IN-SERVICE TRAINING PROGRAMS RUN CONTINUOUSLY FOR PSYCHIATRIC AIDES, NURSES, AND ACTIVITY THERAPY PERSONNEL OF BOTH THE INSTITUTE AND COMMUNITY PROGRAMS. RESEARCH HAS BEEN CARRIED OUT IN MANY OF THE CLINICAL AREAS, BUT HAS BEEN PARTICULARLY FOCUSED IN THE AREAS OF DISTURBED CHILDREN, ALCOHOLISM, BEHAVIOR MODIFICATION, SUICIDE, AND DRUG ABUSE.

THE INSTITUTE HAS A THREE-YEAR, APPROVED PSYCHIATRIC RESIDENCY PROGRAM ACCREDITED BY THE EDUCATIONAL COUNCIL OF THE AMERICAN MEDICAL ASSOCIATION. THE INSTITUTE 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 ONE OF ONLY FEW SUCH ACCREDITED FACILITIES IN PSYCHIATRIC HOSPITALS NATIONALLY.



## PROGRESS AND PROBLEMS

WITH MASSIVE CHANGES AHEAD, SCHEDULED TO BE EFFECTIVE ON 1-1-74, IT MAKES LITTLE SENSE TO DESCRIBE IN DETAIL OR DWELL AT LENGTH ON THE RELATIVELY ROUTINE EVENTS OR TRENDS (POPULATION, ETC.) OF THIS PAST YEAR. MUCH OF THAT WILL BE CHANGED DRASTICALLY BY STATUTORY AND POLICY DECISIONS. IN THAT SENSE THIS REPORT WILL BE AN EXCEPTION REPORT ONLY, HIGHLIGHTING THOSE SIGNIFICANT EVENTS OF 1972-73 WHICH MAY SPILL OVER INTO THE FUTURE FUNCTIONING OF THE INSTITUTE. OBVIOUSLY THERE IS MUCH SIGNIFICANT ACTIVITY OCCURRING DAILY WHICH IS NOT DOCUMENTED IN THIS BRIEF REPORT.

### CENTENNIAL

ON MAY 4, 1973 A CENTENNIAL SYMPOSIUM WAS HELD AT THE HOSPITAL. THE HOSPITAL WAS ACTUALLY 100 YEARS OLD ON 4-21-73. DR. IRWIN PERR, PSYCHIATRIST-ATTORNEY AND CHAIRMAN OF THE DEPARTMENT OF PSYCHIATRY AT RUTGERS, GAVE THE COMMEMORATIVE ADDRESS ENTITLED "THE RIGHTS OF THE MENTALLY ILL". SPECIAL RECOGNITION WAS PAID TO MRS. JULAINE FARROW, R.N. WHO FOR OVER 25 YEARS HAS BEEN DOCUMENTING CAREFULLY THE HISTORY OF WINNEBAGO. THIS EFFORT ON HER PART CULMINATED IN THE PUBLICATION OF A BOOK ABOUT THE HOSPITAL, AND THE PROCEEDS FROM THE SALE OF THE BOOK ARE BEING APPLIED TO THE ESTABLISHMENT OF A MENTAL HEALTH MUSEUM IN THE OLD BLACKSMITH SHOP NOW BEING RESTORED FOR THAT PURPOSE. THE MUSEUM WILL BE AN ESPECIALLY INTERESTING AND USEFUL SITE FOR TEACHING PURPOSES FOR THE MANY STUDENTS AND OTHER GROUPS WHO REGULARLY VISIT THE INSTITUTE.

### LESSARD DECISION

IN SOME MEASURE THE THEME OF LAW DAY WAS DERIVED FROM THE GREAT DEAL OF INTEREST, AND CONFUSION, THAT THE LESSARD DECISION (10-18-72) CREATED. THIS FEDERAL COURT DECISION DECLARED WISCONSIN'S COMMITMENT LAW TO BE CONSTITUTIONALLY DEFECTIVE AND OUTLINED NEW PROCEDURES AND CRITERIA FOR INVOLUNTARY COMMITMENT. DELAYS IN ENTERING JUDGMENT, UNCERTAINTY ABOUT APPEAL (THE DECISION IS NOW BEING APPEALED), AND DIVIDED OPINION ABOUT THE APPLICABILITY OF SOME PARTS OF THE DECISION ALL LED TO A VAGUENESS WHEREIN VARIOUS JUDGES EITHER ADHERED TO THE DECISION ENTIRELY, ADHERED TO IT ONLY IN PART, OR IGNORED IT ENTIRELY. AS SUCH, COMPLIANCE WITH THAT DECISION HAS BEEN SPOTTY.

THE LESSARD DECISION, WHETHER UPHELD OR NOT, HAS BEEN USEFUL IN CREATING INTEREST IN THIS DELICATE AREA AND IN SPAWNING NEW LEGISLATION. HOPEFULLY ANY SUCH LEGISLATION BEING CONSIDERED WILL CORRECT THE MAJOR DEFECTS OF LESSARD. THE MOST OMINOUS PROVISION IS A FAR TOO HARSH TEST FOR COMMITTABILITY--EXTREME LIKELIHOOD THAT IF THE PERSON IS NOT CONFINED HE WILL DO IMMEDIATE HARM TO HIMSELF OR OTHERS. THAT TEST NOT ONLY SETS UP SITUATIONS WHERE SCRUPULOUS CONCERN FOR THE PATIENT'S RIGHTS MAY OUTWEIGH CONCERN FOR THE PATIENT'S WELFARE ("DYING WITH YOUR RIGHTS ON") BUT ALSO IGNORES A LARGE SEGMENT OF THE MENTALLY ILL WHO CANNOT CARE FOR THEMSELVES, DO NEED HOSPITALIZATION, BUT FAIL TO MEET THE DUBIOUS DISTINCTION OF BEING DANGEROUS IN AN IMMEDIATE AND IMMINENT SENSE.

THE WISCONSIN SENATE COMMITTEE ON HEALTH AND SOCIAL SERVICES HAS SET UP A SPECIAL CITIZEN SUB-COMMITTEE TO ADVISE THEM ON PROPER COMMITMENT LEGISLATION, AND DR. TREFFERT IS A MEMBER OF THAT SUB-COMMITTEE ALONG WITH THREE OTHERS. HOPEFULLY A LAW CAN EMERGE WHICH DOES ADEQUATELY PROTECT THE PATIENT'S RIGHTS, YET DOES NOT CRIMINALIZE THE MENTALLY ILL. SURELY THERE MUST BE SOME REASONABLE, MIDDLE GROUND IN THE DELICATE TASK OF BALANCING ALL THE LEGAL, CLINICAL, SOCIETAL AND HUMANE CONCERNS NECESSARILY A PART OF THE COMMITMENT DILEMMA.

## CONSUMER INTERESTS

NOT TOO DISTANT FROM THE LEGAL AND PROCEDURAL RIGHTS OF THE PATIENT, IS THAT PATIENT'S RIGHT TO PROMPT AND ADEQUATE TREATMENT. A MULTI-DISCIPLINARY PATIENT CARE EVALUATION COMMITTEE HAS BEEN FUNCTIONING THIS PAST YEAR LOOKING CRITICALLY IN A PEER-REVIEW FASHION AT PATIENT CARE IN EACH OF THE HOSPITAL'S PROGRAM AREAS. THERE IS A CITIZEN MEMBER FROM NEENAH WHO SERVES ON THIS COMMITTEE. ADDITIONALLY, EXIT INTERVIEWS WERE ESTABLISHED IN SEVERAL AREAS AS A VEHICLE FOR GETTING FEEDBACK FROM DISCHARGED PATIENTS ABOUT THE QUALITY OF TREATMENT THEY HAD RECEIVED. A FORMAL STRUCTURED INTERVIEW AND FORMAT FOR THIS PURPOSE WAS DEVELOPED, AND PRESENTLY TWO VOLUNTEERS ARE INTERVIEWING PATIENTS WHO ARE ABOUT TO BE DISCHARGED AND REPORTING THEIR FINDINGS TO THE PATIENT CARE EVALUATION COMMITTEE.

AT WINNEBAGO, AS ELSEWHERE, UTILIZATION AND PEER REVIEW ACTIVITIES ARE OF NECESSITY OCCURRING IN MORE FREQUENT AND MORE SOPHISTICATED FASHION.

## PSYCHIATRIC RESIDENCY

FIVE PHYSICIANS ARE NOW TAKING THREE-YEAR POST-GRADUATE TRAINING AT WINNEBAGO. AT THE END OF THEIR THREE YEARS THEY WILL BE SPECIALISTS IN PSYCHIATRY. WINNEBAGO HAS ONE OF THREE SUCH APPROVED PROGRAMS IN WISCONSIN, THE OTHER TWO BEING AT THE MEDICAL COLLEGE OF WISCONSIN, MILWAUKEE, AND THE UNIVERSITY OF WISCONSIN MEDICAL SCHOOL, MADISON.

THE RESIDENTS AND THEIR SCHOOL OF GRADUATION ARE:

LESLIE GOMBUS, M. D.	UNIVERSITY OF INDIANA
BARBARA MOUNTS, M. D.	UNIVERSITY OF ILLINOIS
ALAN LACLAVE, M. D.	UNIVERSITY OF INDIANA
JEROME MASSENBURG, M. D.	MEHARRI MEDICAL COLLEGE, TENN.
GEORGE MILLER, M. D.	UNIVERSITY OF INDIANA

WE HAVE BEEN MOST PLEASED WITH THE QUALITY OF THE RESIDENTS AND VIGOROUS RECRUITMENT IS UNDERWAY TO FILL ALL NINE POSITIONS. ON 11-5-73 THE HOSPITAL WAS VISITED BY DR. DONALD TAYLOR, DIRECTOR OF MENTAL HEALTH SERVICES IN SAN DIEGO, FOR AN ON-SITE EVALUATION FOR THE EDUCATIONAL ACCREDITATION COUNCIL OF THE AMERICAN MEDICAL ASSOCIATION. DR. TAYLOR, BY HIS REPORT, WAS MOST IMPRESSED WITH OUR PROGRAM, AND ESPECIALLY OUR USE OF MANY EXTRA-MURAL COMMUNITY TRAINING SITES FOR OUR RESIDENTS. WE HAVE ENJOYED SPLENDID COOPERATION FROM SUCH SITES INVOLVING A VARIETY OF PUBLIC AND PRIVATE FACILITIES IN WINNEBAGO, FOND DU LAC, WAUSHARA, GREEN LAKE, OUTAGAMIE, DODGE, AND MANITOWOC COUNTIES.

TWO RESIDENTS GRADUATED IN JUNE, 1973. DR. STEPHEN HULL HAS REMAINED ON THE STAFF AT WINNEBAGO, AND DR. JOHN STREFLING JOINED THE STAFF OF CENTRAL STATE HOSPITAL IN WAUPUN.



### FURTHER SPECIALIZATION

A MAJOR RE-ORGANIZATION OF ADULT PSYCHIATRIC SERVICES WAS IMPLEMENTED ON 11-1-72 WITH THE ADDITION OF SEVERAL NEW SPECIALIZED TREATMENT SERVICES. A SEPARATE YOUNG ADULT UNIT WAS BEGUN FOR PATIENTS BETWEEN AGES 16 AND 21. THIS GROUP, INCIDENTALLY, HAS HAD ONE OF THE FASTEST RISING ADMISSION RATES OF ALL OUR POPULATIONS THE PAST FIVE YEARS. THIS IS ALSO TRUE IN PUBLIC PSYCHIATRIC HOSPITALS NATIONALLY, AND SIMILARLY, OVER 60% OF PATIENTS IN PRIVATE PSYCHIATRIC HOSPITALS ARE NOW UNDER 21 YEARS OF AGE. SPECIAL PROGRAMS WERE ALSO BEGUN FOR THE SERIOUSLY DISTURBED, CHRONIC PATIENT, UNMANAGEABLE IN COMMUNITY SETTINGS OR THE COLONIES. THE STEP PROGRAM (SPECIAL TREATMENT FOR THE EXCEPTIONAL PATIENT) IS UNDER THE DIRECTION OF DR. GLEN SHAURETTE. THIS IS A BEHAVIOR MODIFICATION/REALITY THERAPY APPROACH TO THIS MOST DIFFICULT, TERTIARY CARE LEVEL, GROUP OF PATIENTS, AND DR. SHAURETTE'S EFFORTS HAVE GAINED A GOOD DEAL OF INTEREST STATEWIDE AS WELL AS NATIONALLY. A SPECIAL TREATMENT PROGRAM FOR THE SEX DEVIATE WAS ALSO BEGUN AS A JOINT PROJECT OF DR. RALPH BAKER AND GERALD STEIN, DIRECTOR OF SOCIAL SERVICES. WITH AN INCREASING NUMBER OF SEX DEVIATES BEING REFERRED TO WINNEBAGO FOR TREATMENT UNDER THE SEX CRIMES ACT, IT SEEMED IMPORTANT TO DESIGN A SEPARATE APPROACH TO THE SPECIAL TREATMENT NEEDS OF THIS GROUP.

TREATMENT PROGRAMS ARE NOW ALL SPECIALIZED AROUND THE UNIQUE TREATMENT NEEDS OF SEPARATE AGE OR DISABILITY GROUPS. PROGRAMS CURRENT AND TO BE CONTINUED AS PART OF THE INSTITUTE INCLUDE THE FOLLOWING:

1. CHILD-ADOLESCENT UNIT
2. WATERWOOD SCHOOL
3. AUTISM UNIT
4. CHILDREN'S CONSULTATION SERVICE
5. YOUNG ADULT UNIT
6. ALCOHOLIC TREATMENT UNIT
7. TELLURIAN COMMUNITY
8. GERIATRIC UNIT
9. ADULT SPECIAL TREATMENT (BEHAVIOR MODIFICATION)
10. ADULT PSYCHIATRIC INCLUDING WINNEBAGO COUNTY UNIT
11. FORENSIC AND SEX DEVIATE
12. TUBERCULOUS MENTALLY ILL
13. MEDICAL-SURGICAL/INFIRMARY

### VOLUNTEERS

VOLUNTEERISM HAS ALWAYS BEEN MUCH A PART OF THE WINNEBAGO PROGRAM. IN TIME VOLUNTEERED THIS REPRESENTS 17,500 HOURS; IN MONIES AND MATERIAL THIS REPRESENTS NEARLY \$56,000.00. ONE SPECIAL PROJECT AHEAD IS THAT CHOSEN BY THE FUTURE BUSINESS LEADERS OF AMERICA ORGANIZATION. THEY HAVE DECIDED TO LAUNCH A CAMPAIGN STATEWIDE TO PURCHASE A NEW BUS FOR THE HOSPITAL. WE ARE ATTEMPTING TO INVOLVE VOLUNTEERS IN DIFFERENT MEANINGFUL WAYS SUCH AS THAT DESCRIBED ABOVE DOING EXIT INTERVIEWS AND AS PART OF CITIZEN PARTICIPATION IN REVIEW AND EVALUATION EFFORTS. OUR NEW SPECIALIZED SERVICES WILL REQUIRE A SPECIAL KIND OF VOLUNTEER BUT IT APPEARS WE WILL HAVE NO SCARCITY OF INTERESTED PERSONS TO CHOOSE FROM.

## TRAINING AND RESEARCH

NEGOTIATIONS HAVE BEGUN TOWARD ESTABLISHING CLINICAL CLERKSHIPS IN PSYCHIATRY FOR MEDICAL STUDENTS FOR CREDIT. THIS WOULD INVOLVE STUDENTS FROM WISCONSIN MEDICAL SCHOOLS AS WELL AS OTHER STATES. AS MEDICAL EDUCATION BECOMES MORE ELECTIVE, AND MORE DE-CENTRALIZED, WE FEEL OUR SETTING IS AN IDEAL ONE FOR A MEDICAL STUDENT SEEKING A PRIME ELECTIVE TRAINING SITE IN PSYCHIATRY.

THE CLERGY SEMINAR, GENERAL PRACTITIONERS SEMINAR, AND DRUG ABUSE SEMINAR HAVE BECOME ANNUAL EVENTS NOW WITH A GREAT DEAL OF STATEWIDE INTEREST EACH YEAR. OVER 400 PERSONS PARTICIPATED IN THESE IN 1972-73. THOSE WILL BE CONTINUED, AND ADDED WILL BE AN ANNUAL SEMINAR FOR ALCOHOLISM COUNSELORS, WITH THE FIRST SCHEDULED FOR NOVEMBER 28-30, 1973.

STUDENTS IN INCREASING NUMBERS AND INCREASING DISCIPLINES CONTINUE TO LOOK TO WINNEBAGO AS A TRAINING AND EXPERIENCE SITE. OVER 1500 STUDENTS FROM MORE THAN 20 UNIVERSITIES, COLLEGES, AND TECHNICAL SCHOOLS COMPLETED FORMAL AFFILIATION IN TEN DIFFERENT DISCIPLINES. IN ADDITION TO FORMAL AFFILIATION, NUMEROUS OTHERS GAINED PRACTICUM EXPERIENCE AS UNDERGRADUATE OR GRADUATE STUDENTS IN SOCIAL WORK, PSYCHOLOGY, SPECIAL EDUCATION, AND LIBRARY SCIENCE.

ONE CLEAR TASK AHEAD, ALREADY STARTED, IS DEVELOPMENT OF A BETTER, MORE REFINED SYSTEM FOR CAPTURING DETAILED INFORMATION ABOUT STAFF MAN-HOURS INVESTED IN TEACHING, TRAINING, AND EDUCATION EFFORTS.

FORMAL RESEARCH ACTIVITIES CONTINUE IN THE AREAS OF INFANTILE AUTISM, SUICIDE PREDICTION, COMPUTER ASSISTED INTERVIEWS, BEHAVIOR MODIFICATION, FOLLOW-UP STUDIES ON TREATMENT EFFECTIVENESS IN ALCOHOLISM AND DRUG ABUSE, FOLLOW-UP STUDIES ON TREATMENT EFFECTIVENESS IN CHILD-ADOLESCENT PROGRAMMING, AND ALTERNATIVE TREATMENT APPROACHES TO THE PERCEPTUALLY HANDICAPPED CHILD. HERE AGAIN A MAJOR EFFORT IS UNDERWAY TO CAPTURE MORE ACCURATELY THE NUMBER OF MAN-HOURS WHICH GO INTO WHICH PROJECTS SO THIS PARAMETER OF ACTIVITY CAN BE MORE ACCURATELY REPORTED IN THE FUTURE.

## STAFF CUTS

THIRTY-NINE POSITIONS WERE DELETED FROM THE BUDGET IN THE 1971-73 BIENNIUM. THE 1973-75 BIENNIUM REQUIRES 143 ADDITIONAL POSITIONS TO BE DROPPED. THIS IN SPITE OF AN ADMISSION RATE THAT HAS RISEN 10% IN THE PAST FIVE YEARS AND ROSE ANOTHER 6% IN 1972-73! AS POINTED OUT IN PRIOR REPORTS, IN A SPECIALIZED FACILITY SUCH AS WINNEBAGO, NUMBER OF ADMISSIONS AND COMPLEXITY OF TREATMENT NEEDS ARE MORE CRUCIAL DETERMINANT OF STAFFING REQUIREMENTS THAN AVERAGE DAILY POPULATION. YET STAFF ALLOCATIONS CONTINUE TO BE MADE LARGELY ON THE BASIS OF THE NUMBER OF PATIENTS RESIDENT. MEASURING WORK-LOAD OF A HOSPITAL BY THE NUMBER OF BEDS OCCUPIED WOULD BE COMPARABLE TO MEASURING THE WORK-LOAD OF A UNIVERSITY ONLY BY HOW MANY STUDENTS LIVE ON CAMPUS. THERE IS OBVIOUSLY, NECESSARILY, AND NOW STATUTORILY REQUIRED, MUCH ACTIVITY OCCURRING EXTRA-MURALLY AND ALTERNATIVELY TO MERE IN-PATIENT CARE WHICH WILL NEED TO BE CONSIDERED WHEN ARRIVING AT RESOURCE ALLOCATION.



## PERSONNEL PROBLEMS

JUST AS THE PATIENT WORK-LOAD HAS BECOME MORE COMPLEX AND SPECIALIZED, SO HAVE THE COMPLEXITIES OF STAFFING THE FACILITY BECOME INTENSIFIED. WE ARE DEALING NOW WITH THREE NEW LABOR CONTRACTS WITH AS MANY AS 16 SEPARATE CONTRACTS POSSIBLE, EACH WITH THEIR SEPARATE VACATION, FRINGE BENEFIT PACKAGES, ETC. WITH MORE CONTRACTS, GRIEVANCE ACTIVITY ACCELERATES, CONSUMING STAFF TIME. THE AFFIRMATIVE ACTION PROGRAM REQUIRED A GREAT DEAL OF TIME AND ATTENTION. BOTH OF THESE PHENOMENA ARE QUITE IN KEEPING WITH WHAT IS HAPPENING ELSEWHERE BUT NO NEW RESOURCES EVER SEEM TO BE ATTACHED, AT THE OPERATING UNIT LEVEL, TO DEAL WITH THESE NEW DIMENSIONS. THE SEVERAL PROJECTS WE HAD HOPED WOULD FREE UP TIME TO DEAL WITH THESE NEW DEMANDS HAVE PROVIDED NO RELIEF, AND IN FACT, BEEN MORE TIME CONSUMING. DELEGATED EXAMINATION AND DELEGATED RECRUITMENT HAVE BEEN DELEGATION IN NAME ONLY, AND DELAYS IN PROCESSING ANNOUNCEMENTS, CERTIFICATION REQUESTS, AND JOB DESCRIPTIONS CONTINUE TO BE BOTTLED UP CENTRALLY.

IN GENERAL WE HAVE ENJOYED A GOOD, AMIABLE RELATIONSHIP WITH THE UNIONS HERE. DURING THE YEAR 17 GRIEVANCES WERE FILED, WHICH IS CERTAINLY A REASONABLE NUMBER INDEED CONSIDERING THE SIZE OF THE WORK FORCE HERE.

\* \* \* \* \*

THE STATISTICAL DATA REGARDING POPULATION MOVEMENT IS A PART OF THIS REPORT AS IS FISCAL AND COST INFORMATION. SEVERAL LETTERS ARE ATTACHED ALSO RELATIVE TO SIGNIFICANT ACHIEVEMENTS OR SITE VISITS. THESE ARE SELF-EXPLANATORY. IT SHOULD BE POINTED OUT, HOWEVER, THAT THE ACHIEVEMENT AWARD FOR THE FARMS PROJECT WAS CHOSEN AS ONE OF SIX INNOVATIVE PROGRAMS NATIONALLY IN HOSPITAL AND COMMUNITY PSYCHIATRIC FACILITIES. THIS IS THE FIRST PROJECT IN WISCONSIN TO BE SO HONORED.

## PLANS AND GOALS

THE OVERALL GOAL IS, OF COURSE, TO COMPLETE THE TRANSITION FROM INSTITUTION TO INSTITUTE. THIS GOAL, THIS TRANSITION FROM GENERALIZED TO SPECIALIZED SERVICES, FROM CENTRALIZED STATE PROGRAMS TO DECENTRALIZED COMMUNITY PROGRAMS, IS ONE WITH WHICH WE WHOLEHEARTEDLY AGREE. IN FACT, WE PARTICIPATED WITH THE DIVISION OF MENTAL HYGIENE IN THE DRAWING UP OF A PLAN FOR THE SMOOTH AND ORDERLY CARRYING OUT OF THIS TRANSITION OVER A THREE OR FOUR-YEAR TIME FRAME. THE BUDGET BILL ALLOWED NO ORDERLY TRANSITION TIME, AND SET A TARGET DATE OF LESS THAN SIX MONTHS FOR WHAT SHOULD REQUIRE THREE OR FOUR YEARS. WE WILL DO OUR BEST, NEVERTHELESS, TO MEET THIS TIME FRAME.

THERE IS A RISK IN SO DOING, HOWEVER, FOR UNTIL ALL COMMUNITIES PROPERLY GEAR UP TOWARD PROVIDING AT LEAST QUALITY PRIMARY LEVEL SERVICES, THERE WILL BE CONTINUED PRESSURE ON US TO PROVIDE SUCH SERVICES, EVEN THOUGH WE HAVE BEEN STRIPPED OF RESOURCES AND SANCTION FOR THAT FUNCTION. YET PATIENTS IN NEED OF CARE WILL CONTINUE TO COME. WE CAN COMFORTABLY REFER THOSE BACK TO THE COMMUNITY WHERE THERE ARE ADEQUATE RESOURCES TO MEET THEIR TREATMENT NEEDS. AS A MATTER OF MEDICAL CONSCIENCE, AND OF HUMANE CONCERN, WE WILL FIND IT DIFFICULT INDEED TO TURN PEOPLE AWAY WHO REQUIRE TREATMENT BUT WHO ARE FROM COMMUNITIES WHERE SUCH TREATMENT CAPABILITY HAS NOT YET BEEN ESTABLISHED. HOPEFULLY SOME REMEDIAL ACTION CAN OCCUR SOON TO RESTORE SOME DELETED POSITIONS HERE WHICH WOULD THEN ALLOW US TO CARRY OUT PRIMARY CARE WHERE IT MAKES SENSE TO DO SO. IF NOT, WE FACE SEVERAL ALTERNATIVES. FIRST, WE MUST TURN PEOPLE AWAY WHO NEED CARE AND FOR WHOM NO ALTERNATIVES YET EXIST IN THEIR COMMUNITIES, OR, SECOND, WE CAN TRY TO FUNCTION BOTH AS A SIZEABLE TREATMENT FACILITY AND AN INSTITUTE, EVEN THOUGH FUNDED FOR ONLY THE INSTITUTE ROLE. IN TRYING TO DO BOTH, WE MAY FIND OURSELVES NOT DOING EITHER VERY WELL.

THE DILEMMA IS OBVIOUS. WE KNOW FULL WELL WE WILL BE UNDER IMMEDIATE SCRUTINY TO SEE HOW WELL WE ARE FUNCTIONING AS AN INSTITUTE AND WILL BE EVALUATED ON THAT BASIS. YET THE TEMPTATION, AND PROBABLY RESPONSIBILITY, WILL EXIST AS WELL TO CONTINUE TO PROVIDE USUAL TREATMENT SERVICES UNTIL ADEQUATE ALTERNATIVES DO EXIST IN ALL COMMUNITIES. YET, FOR THAT LATTER FUNCTION, OUR RESOURCES HAVE DECREASED.

THE WAY OUT OF THE DILEMMA WOULD BE TO HAVE LEGISLATION APPROVED TO ALLOW CERTAIN COUNTIES, ESPECIALLY THE SMALLER ONES, TO TAKE THE MONEY APPROPRIATED FOR PURCHASE OF PRIMARY LEVEL SERVICES AND ALLOW THOSE COUNTIES TO PURCHASE SUCH SERVICES FROM THE INSTITUTE UNTIL SUCH TIME AS THOSE COUNTIES CAN REASONABLY GEAR UP TO PROVIDE ADEQUATE SERVICES LOCALLY. THIS MONEY WOULD BE APPLIED TO THE INSTITUTE BUDGETS FOR STAFF TO CARRY OUT THIS FUNCTION IN THE TRANSITION INTERIM.

IT SHOULD BE POINTED OUT THAT A REVENUE ACCOUNT FOR THE INSTITUTES WOULD BE A TIMELY, ECONOMICAL, AND PRACTICAL MOVE IN GENERAL SINCE IN THAT WAY SOME OF THE INSTITUTE FUNCTIONS--SOME TRAINING, TEACHING, ETC.--COULD BE CARRIED ON IN A REVOLVING FUND TYPE APPROPRIATION. SEVERAL OF OUR AFFILIATING NURSING SCHOOLS HAVE ALREADY EXPRESSED THEIR WILLINGNESS AND DESIRE TO CARRY ON OUR TEACHING FUNCTION FOR THEIR STUDENTS IN JUST THAT MANNER.

IF LEGISLATIVE APPROVAL CAN BE OBTAINED FOR BOTH THESE MOVES, REALLY TECHNICALITIES RATHER THAN NEW APPROPRIATION, MUCH TURMOIL CAN, WE FEEL, BE AVOIDED.



## SIGNIFICANT EVENTS

- 9-10-72 ANNUAL AWARDS DAY FOR VOLUNTEERS WAS HELD
- 9-15-72 DR. LEO HOLLISTER OF CALIFORNIA MET WITH STAFF AND TALKED ABOUT PSYCHOPHARMACOLOGY
- 9-29-72 DR. BENJAMIN GLOVER SPOKE TO STAFF AND VISITORS ON SEXUALITY AND SEXUAL KNOWLEDGE
- 10-16-72 SEMINAR WAS SPONSORED BY CHILDREN'S CONSULTATION SERVICE, "THE CARE AND FEEDING OF YOUR MENTAL HEALTH CONSULTANT", 100 PEOPLE ATTENDED
- 10-20-72 LOUIS W. STAMPS, PH. D. SPOKE TO STAFF ABOUT "GROUP PSYCHOTHERAPY, FAMILY THERAPY, CHILD PSYCHOTHERAPY"
- 11-1-72 RE-ORGANIZATION AND CONSOLIDATION OF ADULT SERVICES
- 11-8-72 ANNUAL GENERAL PRACTITIONERS SEMINAR ON TOPIC OF DRUG ABUSE
- 11-11-72 TWO-DAY CLERGY SEMINAR, 243 ATTENDED
- 11-16-72 ALCOHOLIC TREATMENT UNIT HELD ITS 7TH ANNIVERSARY COMMEMORATIVE DAY
- 11-17-72 D. E. LEMASTERS, PH. D. PRESENTED TO STAFF, "FAMILY PROBLEMS"
- 12-15-72 DR. RICHARD DALY PRESENTED TO STAFF, "MEDICAL GENETICS IN RELATION TO NEUROLOGY AND CRIMINOLOGY"
- 1-18-73 VISIT BY STATE BOARD OF HEALTH AND SOCIAL SERVICES
- 1-19-73 DR. CARL WHITAKER, M. D. SPOKE TO STAFF AND VISITORS ABOUT "FAMILY LIFE PROBLEMS"
- 2-16-73 RICHARD M. MCFALL, PH. D. PRESENTED "BEHAVIORAL MODIFICATION" PROGRAM
- 3-16-73 ANDRIS ZIEMELIS, PH. D. VISITED THE INSTITUTE AND DISCUSSED AND DEMONSTRATED PSYCHOLOGICAL INSTRUMENTS
- 4-12-73 THIRD ANNUAL DRUG CONFERENCE HELD
- 4-21-73 FLAG RAISING AND BELL RINGING CEREMONY IN OBSERVANCE OF 100TH ANNIVERSARY OF OPENING OF THE HOSPITAL
- 5-2-73 CENTENNIAL MUSEUM COLLECTION DISPLAY FOR EMPLOYEES
- 5-4-73 FORMAL CENTENNIAL PROGRAM. ADDRESS BY DR. IRWIN PERR, PSYCHIATRIST-ATTORNEY AND CHAIRMAN OF DEPARTMENT OF PSYCHIATRY AT RUTGERS UNIVERSITY ON "THE RIGHTS OF THE MENTALLY ILL". SPECIAL RECOGNITION TO MRS. JULAINE FARROW, R. N., HOSPITAL HISTORIAN.

POPULATION TRENDS

<u>Admissions</u>	<u>1961-62 to 1970-71</u>	<u>1971-72</u>	<u>1972-73</u>
Total	1982	2202	2336
21 and under	273	421	393
12 and under	30	47	50
65 and older	251	145	182
Inebriates	416	612	854
Drug Addicts	12	25	28
Transfers	169	195	193
Forensic	20	50	50
% Voluntary	45.5	52.7	54.5
 <u>Average Daily Population</u>	 694	 540	 503
 <u>Length of Stay</u>	 62 days	 46 days	 42 days
 <u>Re-Admission Rate</u>	 34.2%	 30.5%	 36.5%



ADMISSION AND DISCHARGE DATA

1972-73

Admissions

First Admissions	1081
Re-Admissions	732
Return from Conditional Leave	65
Return from Family Care	31
Return from Court	25
Return from General Hospital	0
Transfers In	193

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Sub Total	2127
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Return from Unauthorized Absence	209
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Total	2336
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Home Visits 3844

Separations

Discharges	1429
Conditional Leave	223
Deaths	34
Transfers Out	305
Family Care	39
Deportations	8
Other (General Hospital, Parole, Return to Court)	44

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Sub Total	2082
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Unauthorized Leave	293
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Total	2375
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COMPARATIVE ADMISSION DATA

<u>Admissions</u>	<u>1971-1972</u>	<u>% Change</u>	<u>1972-1973</u>	<u>% Of Total</u>
Male	1,459	(+13.4)	1,635	70.0
Female	<u>743</u>	<u>(- 5.7)</u>	<u>701</u>	<u>30.0</u>
Total (Inc. Returns & Transfers)	2,202	(+ 6.1	2,336	100.0%
Inebriate	612	(+39.5)	854	(42.7)
Drug Addict	25	(+12.0)	28	( 1.4)
Voluntary	527	(- 5.5)	498	(14.7)
Observation Cases (Criminal)	289(47)	(-13.5)	250(46)	(12.5)
Section Cases	3	(+33.3)	4	( .2)
Without Papers	94	(- 8.5)	86	( 4.3)
Committed Mentally Ill	161	(-42.2)	93	( 4.6)
TRF (Medical-Surgical)	<u>195(72)</u>	<u>(- 1.0)</u>	<u>193(75)</u>	<u>( 9.6)</u>
Total Admissions	1,906	(+ 5.2)	2,006	(100.0)
RCR	78	(-16.7)	65	(19.7)
RUA	181	(+15.5)	209	(63.3)
RFAC	12	(+158.3)	31	( 9.4)
RFC	23	(+ 8.7)	25	( 7.6)
RGH	<u>2</u>	<u>          </u>	<u>          </u>	<u>          </u>
Total Returns	296	(+ 1.4)	330	(100.0)
Return Home Visits (number)	4,153	(-19.1)	3,356	
65 years and older	145	(+25.5)	182	
12 and younger	47	(+ 6.2)	50	
13-15	120	(-19.2)	97	
16-18	118	(+ 5.1)	124	
19-21	136	(-10.3)	122	



COMPARATIVE DISCHARGE DATA

<u>Separations</u>	<u>1971-1972</u>	<u>% of Change</u>	<u>1972-1973</u>	<u>% of Total</u>
Discharges	1,221	(+17.0)	1,429	(60.3)
Conditional Leave	281	(-20.6)	223	( 9.4)
Deaths	30	(+13.3)	34	( 1.4)
Transfers	359	(-15.0)	305	(12.8)
Deportations	8	( --- )	8	( 0.3)
Unauthorized Leave	248	(+18.1)	293	(12.3)
Family Care Placement	19	(+105.2)	39	( 1.6)
Other (RTC, GH, Parole)	<u>52</u>	<u>(+15.4)</u>	<u>44</u>	<u>( 1.9)</u>
Total Separations	2,218		2,375	(100.0)
Home Visits (number)	4,835	(-20.5)	3,844	
Home Visit Days	40,251	(-18.0)	33,008	

COST DATA 1972-73

	<u>1971-72</u>	<u>1972-73</u>
Salary Expenditures	\$ 6,953,653.55	\$ 7,317,540.90
Operation Expenditures	744,494.46	823,499.70
Trust Fund	11,843.24	13,816.16
Federal Grants	89,797.42	232,450.65
Fringe Benefits	1,232,689.18	1,395,078.46
	<hr/>	<hr/>
TOTAL	\$ 9,032,477.85	\$ 9,782,385.87
Medicare, Part A	\$ 262,872.63	\$ 329,354.36
Medicaid	253,130.83	298,103.28
Other Collections	1,314,746.39	1,230,715.71
County Charge Backs	2,640,129.00	2,692,753.67
TOTAL	\$ 4,470,878.85	\$ 4,550,927.02

In view of a maintained high admission rate of increasingly specialized and complex cases, coupled with a decreasing length of stay and resultant lower average daily census because of more intensive, effective treatment, it is not surprising that costs continue to rise when measured only in terms of daily per capita cost.

Daily per capita costs, including physicians' services, was \$44.37 for 1971-72 and \$48.21 for 1972-73. The 1971-72 figure compares to a then average cost of \$102.63 daily for general hospital care nationally, which figure does not include physicians' costs. In comparing total cost of operation, percentage increase over the past eight 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 seven-year span.



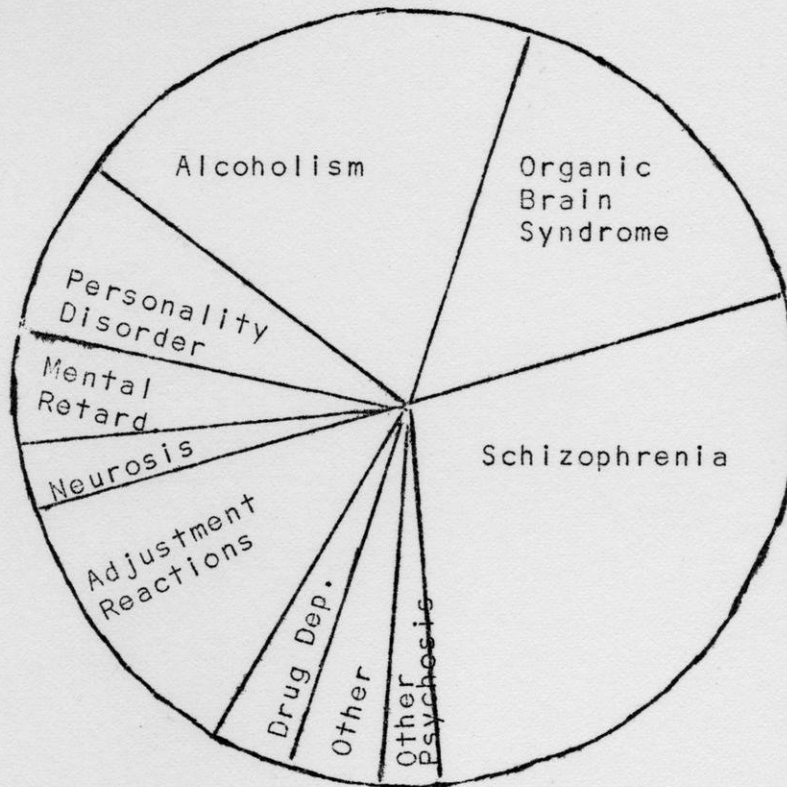
ADMISSIONS DURING FISCAL 1972-73 BY PROGRAMS AND COUNTIES

County	Child Adolescent (15 & under)+	Adult +	Alcoholic +	Geriatric* +	Hospital Total
Ashland	1	3	1	0	5
Bayfield	0	1	1	2	4
Brown	18	48	32	0	98
Calumet	4	7	2	4	17
Dodge	4	9	5	3	21
Door	1	14	7	1	23
Florence	0	4	0	0	4
Fond du Lac	13	34	14	3	64
Forest	0	6	1	0	7
Green Lake	2	19	6	3	30
Iron	0	2	0	0	2
Kewaunee	1	3	1	0	5
Langlade	1	6	0	1	8
Lincoln	1	2	1	1	5
Manitowoc	4	15	2	0	21
Marathon	4	5	2	3	14
Marinette	7	22	4	1	34
Marquette	2	7	2	0	11
Menominee	4	4	20	0	28
Milwaukee	10	108	497	2	617
Oconto	2	8	2	3	15
Oneida	0	12	3	1	16
Outagamie	4	66	10	8	88
Ozaukee	3	11	6	0	20
Portage	1	9	10	3	23
Price	0	1	0	2	3
Racine	14	36	5	0	55
Sawyer	1	7	1	2	11
Shawano	1	18	11	7	37
Sheboygan	2	7	4	0	13
State at Large	6	82	113	2	203
Taylor	0	5	0	0	5
Vilas	0	1	1	2	4
Washington	2	12	8	1	23
Waukesha	0	8	12	0	20
Waupaca	2	34	6	5	47
Waushara	0	10	1	6	17
Winnebago	23	167	39	42	271
Wood	2	10	8	2	22
N/A (Sex Dev.)	0	7	0	0	7
Undetermined	3	14	1	3	21
Mendota District	4	46	9	8	67
TOTAL	147	890	848	121	2,006

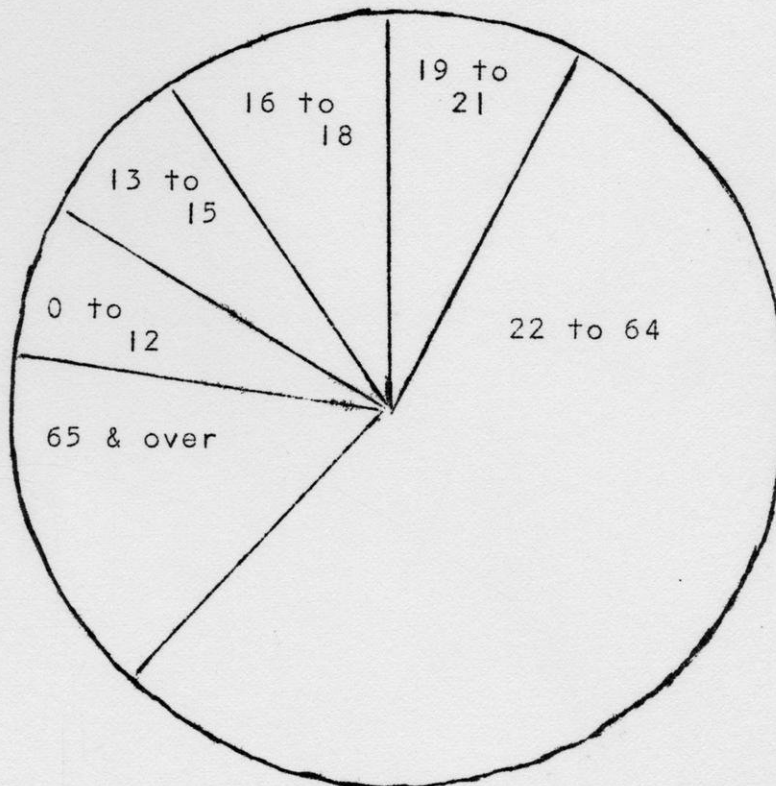
Adm. = 2,006 (Excludes RCL's, RUA's, RFAC's, RFC's)

\*These figures do not include geriatric alcoholics.

# RESIDENTS BY DIAGNOSIS

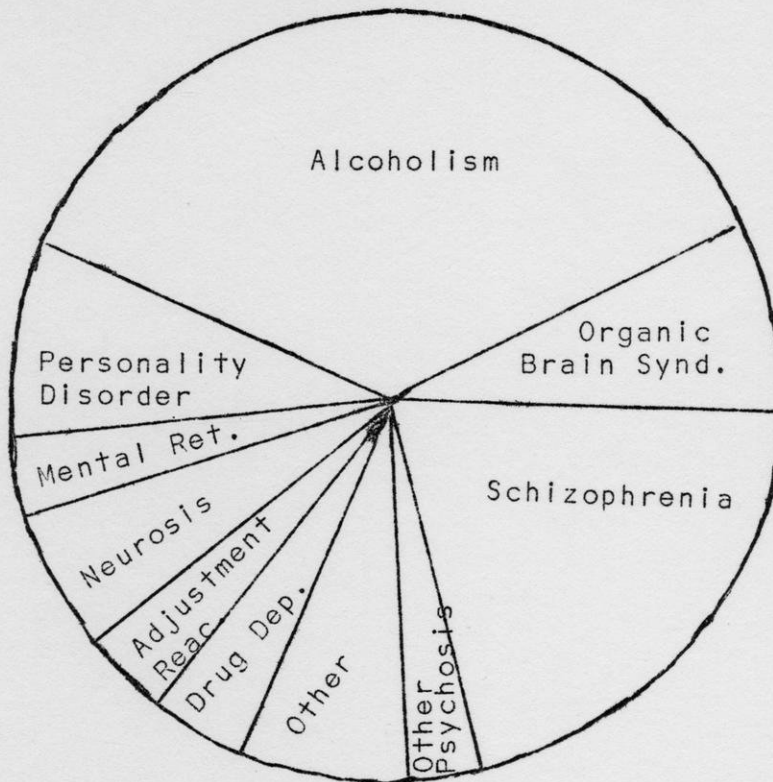


# RESIDENTS BY AGE

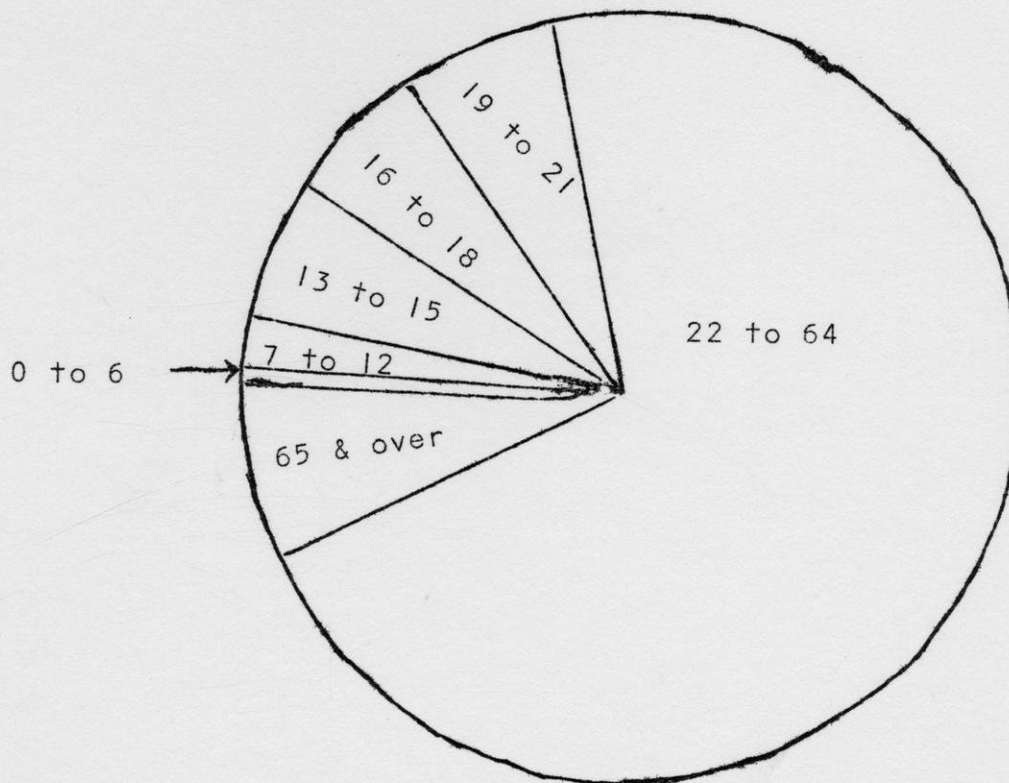




1972-73  
ADMISSIONS BY DIAGNOSIS



ADMISSIONS BY AGE





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:

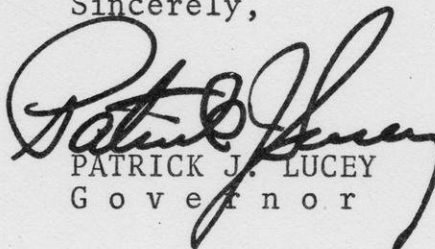
Thank you for your kind comments regarding my visit to Winnebago State Hospital. It was an enlightening experience for me, and I enjoyed meeting you and your dedicated staff.

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  
Governor

PJL:spo

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





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

HHW:AM:lg

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

