

History of County Homes in Wisconsin

The beginnings of the county home system in Wisconsin began in the mid to late 1800's in response to need. Today members of the Wisconsin Association of County Homes still reflect on that early mission by responding to local needs with services in the long-term care system that cannot be found elsewhere. Wisconsin county facilities often fulfill a specialized care need that is not available through other long term care resources. The role has evolved over time, from those early days to today.

The very early beginning started as county governments found themselves dealing with more and more people that were referred to in early writings as "paupers". A pauper refers to a person destitute of property or means of livelihood and later came to reflect a recipient of governmental relief or public charity. This group of people needed assistance in the provision of basic needs – food and water, warmth, security and safety. At first, "paupers" may have been cared for by contracts at personal residences and/or farms within the county. The excellent care and treatment was at the expense of the county. As the number of people needing these services grew, more counties turned to owning their own farms to provide a home for this group. After the Civil War caring for widows and orphans of those who had served and died added to those numbers. Thus the county farm was born; sometimes referred to the "poor farm". Not only was the intent to provide the basic needs to live but also to provide a sense of belongingness in building of relationships and friendships as well as a feeling of accomplishment through participation in the activities of daily life. Individual self-fulfillment was also a goal as those living and working together found themselves achieving self-potential in meaningful work as well as creative activities. Initially the county farms provided accommodations for both paupers as well as care for the insane but did not provide skilled medical treatment or care that was needed for patients ('inmates') of mental hospitals. The buildings and land were built/purchased through county funding systems of general taxation. Throughout Wisconsin, continued payment and support for the county farms came from the land with the hope they would be self-supporting.

Soon it became apparent there were different needs for different people living on county farms. In the late 1800's, Dorothea Dix began a campaign to help mental patients in their release from Wisconsin jails and prisons where they were incarcerated. At this time the understanding of mental illness was minimal and the general public had difficulty accepting behaviors seen as abnormal. Two large state institutions were established for their treatment, plus several "colonies" for the developmental disabled. During the late 1880s and early 1890s, counties were at odds with the State of Wisconsin about the State wanting to build additions to their State institutions (like Mendota) or build new State institutions that were larger and distant from most counties. The State of Wisconsin eventually relented and allowed counties to build their own mental hospitals (insane asylums) and would reimburse counties to take care of their own citizens. Thus, the development of "county homes" or mental hospitals came into being throughout Wisconsin following this decision by the Legislature. This system made way for the realization that many of these people should be living in their own counties, closer to families and in smaller living situations. "County Insane Asylums" were established in over thirty Wisconsin counties; some with existing county farms and others separately. The purpose was to provide "a comfortable, wholesome home for the afflicted to be happy." Specialty buildings may also have been part of the early systems, example being one county had a building for those afflicted with leprosy.

The county farm system produced almost everything required for life on the farm. Work was performed by those living on the farm. Female inmates, as they were called, labored mainly in the buildings while male inmates provided labor to work according to "their strength on the farm." The farm consisted of gardens and orchards for fresh fruits and vegetables and canned for meals in seasons when fresh wasn't

available. There were bee boxes for honey, slaughter houses, chicken coops, tobacco sheds and greenhouses. And barns for cattle, hogs and horses. Cattle were milked and the animals provided meat for meals. Many of the dairy herds within the county farms had long lineage and high yielding production. Annual plans included self-sustaining farming methods that included for many county farms, additional income as they sold extra crops to the surrounding community members. Timber on the land was used for county farm needs and also sold for income. The women sewed aprons, dresses, vests, nightgowns, quilts, dresser scarves and made doilies. During war time they participated in the effort by making bandages. Fun and leisure was also part of the day-to-day. There were bowling alleys with leagues that competed, chapels for religious services by volunteer clergy, picnics and other events in addition to living spaces to share as all families do. In addition, many county farms had a cemetery on the land for those need a place of final rest.

Staff at county farms varied but usually included a Superintendent who was responsible for the over-all running of the farm as a whole; the staff, the programs and agriculturally. Other staff included a matron, day attendants and night attendants in the living areas and staff to manage the crops and animals on the farm. In 1879, a Superintendents' salary may have been about \$92.00 per week or \$4,500.00 per year. Those early costs of care were about \$3.00 per week with some farms getting about half that or \$1.50 per week from the government. Others were expected to be self-supporting. This varied throughout the state early on and continues to vary, county by county today. County farms/homes were and continue to be supervised by the active role of Boards that oversee the organizations and the executives of those organizations. The Boards may differ in make-up by county but have their roots in members from the County Board of Supervisors.

The evolution continued for the county farms as private industry became involved in the long term care needs of citizens. In addition, state and federal regulations, licensures and reimbursements required the reaction of forward thinking persons involved in the county homes systems. Initially county farms/homes were established under the concept of protective and custodial care in a humane and kind settings for the indigent, developmentally ill and chronic mentally ill. In the late 1920's and early 1930's names of the places began to change, reflecting County Hospital rather than County Farm or County Home. Other systems of support within the county assisted people differently as time moved on and generations changed. County facilities responded by looking at what care needs were not being met or what needs were expected in the future. Programs and ideas were spurred that continued to provided services for those less fortunate or in need of specialized care. Changes continued to be seen. In the 1940's and 1950's they included fire alarm and safety systems, inter-communication systems, modern dairy equipment with the addition of bakeries, beauty shops and chapels as part of the organizations. The 1960's brought a focus on the need for psychiatric services, therapy spaces and pharmacy services. One thing was very apparent, those working in the county home system had to be adaptable, open to change and creativity. With the evolution of regulation and licensure, the 1970's to 1990's brought big changes, including increased privatization of long term care. County farming operations began to close and currently there are no working farming operations although some counties still manage cropland through rental agreements.

Names changed over the years - The Poor Farm, The County Asylum, Mental Hospital, County Farm, County Hospital, Health Care Center, Skilled Nursing and Rehab etc. – as did management styles and services. Currently there are 34 counties (January 2017) with long term care facilities. Each has found their niche in providing care/services but collectively come together to serve those with special needs whether medically, mentally or physically. Often these are needs not being met through other long term

care providers and so members of the Wisconsin Association of County Homes continue to fulfill the early mission of responding to local community needs!

Note: This is a collective narrative based on information from specific county organizations as well as articles on the history of county farms in Wisconsin. This is not meant to be official in nature merely a narrative summary.