M I N U T E S

SPECIAL COMMITTEE ON INSTITUTIONS

September 13 and 14, 1976

Members Present

Senator Arden Booth, Chairman
Representative R.C. Zajic, Vice-Chairman
Representative Eugene Anderson
Representative Glee Jones
Representative Ardena Matlack
Representative Rip Reeves
Representative Jim Ungerer
Representative Billie Joe Wisdom

Staff Present

John Schott, Kansas Legislative Research Department
Bill Edds, Revisor of Statutes Office
Sherman Parks, Jr., Revisor of Statutes Office

Area Legislators

Senator Joe Warren (September 13)
Representative Duane S. McGill (September 13)

September 13, 1976

Winfield State Hospital and Training Center

Chairman Booth opened the meeting by introducing the members and staff of the Special Committee on Institutions and introduced Senator Joe Warren and Representative Duane S. McGill.

Following several introductory remarks, Senator Booth turned the meeting over to Mr. Robert K. Dean, Superintendent of the Winfield State Hospital and Training Center. Mr. Dean explained that WSH currently has 550 residents, most of whom are severely or profoundly mentally retarded. He noted that the daily census at the institution has been steadily declining and that the population is expected to level off at about 500 patients.

When asked for the reason for the declining census, Mr. Dean stated that the increase in local facilities and services, specifically the special education programs in the public schools, and a growing number of adult care homes, sheltered workshops and group living homes for the retarded have served to lower the institution population. Many of the mildly or moderately retarded individuals who 15 years ago would have been placed at Winfield are now functioning within the society. Winfield State Hospital now has those individuals who function at very low levels.

In reviewing the staffing at Winfield State Hospital, Mr. Dean pointed out that the resident-staff ratio is the best ever in the history of the institution. There are 772 staff positions and approximately 750 working positions, with 15 job vacancies.

In a discussion of patient costs at the institution, Mr. Dean stated that the FY 1976 cost per day per resident is $39. That figure is estimated to increase

to $43 during FY 1977. The FY 1977 budget of Winfield State Hospital is $9.3 million. Of this amount, approximately $3 million consists of reimbursements to the institution from insurors and other third party payers.

In reviewing the physical plant at Winfield, Mr. Dean explained that at the north end of the campus there are several old buildings which are scheduled to be torn down. He also told the Committee that in the FY 1978 budget there is a request for capital improvement, specifically a new activity and therapy building.

In response to a question from a Committee member concerning employee turnover, Mr. Dean noted that turnover at Winfield State Hospital is not great and certainly is not as rapid as in larger cities. He noted that the greatest employee need at this point in time was for skilled, male, mental health technicians.

In response to Committee questions concerning the age, behavior and intelligence level of the patients at Winfield State Hospital, Mr. Dean provided the Committee with a breakdown of the patient population by these criteria (see Attachment No. I). He also provided the Committee with information concerning children at the hospital (see Attachment No. II).

In summary, the primary operation at Winfield State Hospital is through five treatment teams which have been established to compliment the various patient population groups. These five teams perform services and are designed to provide continuity of treatment for the patient groups according to the needs and ability of each group.

Following limited further discussion, the Committee adjourned for lunch and a tour of the institution.

Afternoon Session

Following the tour of the Winfield State Hospital and Training Center, the Committee reconvened and discussed the next Committee meeting. It was determined that the next meeting would be October 18 and 19, with the meeting beginning at 9:00 a.m. both days. It was recommended that the Committee hear representatives from the Kansas Council on Crime and Delinquency, the Ombudsman for Corrections, and several employees of the Department of Social and Rehabilitation Services in Kansas City, Kansas.

The Committee then began a discussion of the needs at Winfield State Hospital. Mr. Dean indicated that at this time the greatest need of WSH was a new modern activity and therapy building with adequate working space for patients at the institution. Mr. Dean also stated that the institution, due to declining population, was loosing positions for institutional personnel. He felt that these cuts should not continue since a higher patient-staff ratio could jeopardize the progress being made by the residents at Winfield State Hospital.

Following limited further discussion, the Committee thanked Mr. Dean and the staff for the presentation and adjourned until 10:00 a.m., September 14 at the Toronto Honor Camp.

September 14, 1976

Toronto Honor Camp

Chairman Booth called the meeting to order at 10:00 a.m. He introduced the members of the Committee and then introduced Mr. Bob Hannigan, Director of the Toronto Honor Camp.

Mr. Hannigan began by providing the Committee with a brief history of the Toronto Honor Camp, as well as the former honor camps at Pomona, Tuttle Creek and Perry Reservoirs. The camp is designed for a maximum inmate population of 50, but the current count is 51 inmates. There are 16 full-time employees at this installation.

Following his remarks, Mr. Hannigan responded to questions. In response to a question concerning the educational activities at Tornonto Honor Camp, Mr. Hannigan

pointed out that through contractual arrangements the GED and four advanced courses are offered to inmates. In 1975 ten inmates received their GED, and in 1976 12 inmates received a GED.

In response to a question concerning the relationship of the camp with the surrounding community, Mr. Hannigan stated that there had been four escapes during the past year and that the overall relationship with the community is good. He noted that inmates are taken to church in the local community and also go to several of the outlying communities on shopping trips.

Activities at the Toronto Honor Camp include a work detail each day for inmates. Some inmates work within the camp, while others work on the grounds or on an inmate construction crew. Recreational activities include basketball, baseball, etc. There is an Alcholics Anonymous Chapter at Toronto.

In discussing the inmates at Toronto Honor Camp, it was explained that most of the inmates are there on a voluntary basis after they had been cleared through appropriate channels in the Department of Corrections. Several of the inmates are protective custody inmates who have been sent to Toronto for their own protection.

In response to a question, Mr. Hannigan pointed out that there is no maximum time limit for staying at Toronto and that one inmate stayed as long as seven years.

Following several additional questions the Committee adjourned for a tour of the facilities in the Honor Camp. Following the tour, the Committee had lunch at the institution and began discussion of items which were to be included in the final report.

Following extended discussion, it was decided that a preliminary draft of the report would be forwarded to both the Chairman and the Vice-Chairman for review. Following their review, a copy of the draft report would be sent to the entire membership of the Committee prior to the next meeting.

It was moved and seconded that the minutes of the August 5 and 6 meeting be approved. Motion carried.

There being no further business the meeting was adjourned.

Prepared by John Schott

Approved by Committee on:

_____
Date

ATTACHMENT I

WINFIELD STATE HOSPITAL AND TRAINING CENTER
RESIDENT PATIENTS AS OF AUGUST, 1976 BY ADAPTIVE BEHAVIOR, MEASURED INTELLIGENCE, AGE
Current Age Level

Measured Intelligence	Under 5 Adaptive Behavior				5-9 Years Adaptive Behavior				10-14 Years Adaptive Behavior				15-17 Years Adaptive Behavior				18-20 Years Adaptive Behavior				21-over Adaptive Behavior			
	Mld	Mod	Sev	Pro	Mld	Mod	Sev	Pro	Mld	Mod	Sev	Pro	Mld	Mod	Sev	Pro	Mld	Mod	Sev	Pro	Mld	Mod	Sev	Pro
NO RETARDATION Level -0																								
Ambulatory																					*	*		
Needs Asst.								-																
Non-Amb.																								*
MILD Level -I																								
Ambulatory																						2%		
Needs Asst.																								
Non-Amb.			*		*					*													*	*
MODERATE Level -II																								
Ambulatory					*													*				1%	1%	
Needs Asst.																								
Non-Amb.															*									1%
SEVERE Level -III																								
Ambulatory					*	*	*				*											*	3%	*
Needs Asst.			*				*								*								1%	*
Non-Amb.			*	*			*			*					*	*							*	1%
PROFOUND Level -IV																								
Ambulatory							1%	*		*	1%					2%				1%			5%	31%
Needs Asst.								*		*	1%				*					1%				3%
Non-Amb.				2%			*	6%			6%					4%				3%				19%

TOTALS--556 Patients

Totals Recap

M.L. -0 1%
M.I. -1 3%
M.I. -2 3%
M.I. -3 9%
M.I. -4 85%

Ambulatory-49%
Needs Asst- 6%
Non-Amb. -45%

A.B. -0 0%---0 pts.
A.B. -1 1%---4 pts.
A.B. -2 4%--21 pts.
A.B. -3 13%--75 pts.
A.B. -4 82%-456 pts.

Under 5 Years	3%
5-9 Years	9%
10-14 Years	9%
15-17 Years	6%
18-20 Years	4%
21 & Over	68%

No. of Pts. 21-30 Years	170
" " " 31-40 Years	119
" " " 41-50 Years	58
" " " 51-60 Years	27
" " " 61 & over	5

*Less than 1%

ATTACHMENT II

AUG 12 197

[redacted], Misty Dawn
DOB: 5/24/73

Unknown prenatal influence

Spasticity, quadriplegic, mild
undetermined genetic mechanism present
microcephaly, secondary
visually handicapped
no speech
Needs nursing care for control of skin lesions

[redacted], Randa Rynae
DOB: 7/20/74

Unknown prenatal influence, other (unspecified)

Chondromaiacia of larynx, camptodactyly
thumbs and index fingers
hypotonia, quadriplegia
visually handicapped

Randa has a tracheotomy and requires frequent suctioning. She is a slow eater, is on a special diet and must be fed.

[redacted], Aaron
DOB: 2/9/76

Perinatal hypoxia - meconium aspiration
with pneumonitis

Spasticity, quadriplegia, severe
major motor seizures

Aaron requires frequent suctioning. Reflexes to handle own secretions do not function. Must be fed, very slow eater. Poor tongue control and sucking and swallowing reflex.

[redacted], Christopher
DOB: 8/9/72

Cerebral white matter, degenerative
metachromic leukodystrophy

Spasticity, quadriplegia, mild
visually handicapped
no speech

Christopher has a gastrostomy. Requires vitamin A free diet - special formula and is hyper-irritable.

[redacted], Mary
DOB: 3/27/76

Meningomyelocele & hydrocephalus

Motor dysfunction, other, paraplegia, severe
visually handicapped

Mary requires special care in that her bladder needs to be massaged and pumped and she needs assistance to have stools. She must be turned frequently and she is a resident which has hydrocephalus which has drained. She has spina bifada.

[redacted], Mark
OB: 5/22/74

Microcephaly, primary

Convulsive disorder

Mark requires frequent suctioning and occasional oxygen. Excess mucous and trouble breathing - unable to handle own secretions.

[redacted], Jonathan
DOB: 8/30/67

Tumors - intracranial neoplasm; diencephalic syndrome, astrocytoma, Grade I

Motor dysfuction, other
undertermined genetic mechanism present, probably polygenetic
hydrocephalus, secondary
blind and hearing handicapped
major motor seizures

Needs total nursing care due to progressive deterioration.

[redacted], Francine
DOB: 2/9/62

Microcephaly, primary

Spasticity, quadriplegia, severe
hearing and visually handicapped
no speech
convulsive disorder

Self abusive, requires close supervision at all times and must be fed.

[redacted], Cindy
DOB: 2/28/73

Cerebral malformation; other, unspecified

Undetermined genetic mechanism present, probably polygenetic; microcephaly, secondary
visually handicapped
no speech; psychiatric impairment, other

Total nursing care, can't roll over, must be turned.

[redacted], Michael
DOB: 12/29/66

Postnatal intoxication hyperbilirubinemia-kernicterus

Spasticity, quadriplegia, severe
convulsive disorder, unspecified

Legs stiff but can move arms.

[redacted], Lee Allen
DOB: 3/7/63

Hydrocephalus

Spasticity, quadriplegia, severe
visually handicapped

Total care. Fed by levine tube most of the time must be turned frequently. Caution must be used in turning head.

[redacted], Mandy
DOB: 9/19/75

Toxemia of pregnancy

Hydrocephalus, secondary
disorders of perception and expression, other
convulsive disorder

Mandy needs to be turned frequently
because of the rapid progressive hydrocephalus.
Caution must be used in turning the head.

[redacted], Jeremy
DOB: 5/27/75

Hydrocephalus

Convulsive disorder

13

*NOTE: All of the above children must be fed, diapered and lifted.

[redacted], Brandy
DOB: 3/3/76
admitted

(Presently at Wesley Medical Center)

Hydrocephalus

This child's present medical care
consists primarily of feeding, she is
on no medications at present. Must be
fed every 2 to 3 hours. She is a
difficult feeder and has a colostomy
which requires appropriate care. Head
circumference is still growing but not
rapidly. Requires oxygen periodically.

[redacted], Douglas
DOB: 1/17/73

(Presently at University of Denver Medical Center

To be admitted this month

When three years old, he sustained a
cardiopulmonary arrest due to upper airway
obstruction and aspiration apparently
secondary to a previously undetected laryngeal
webbing.

Doug has a gastrostomy and tracheotomy.
Needs constant tracheotomy care with suction
and nebulizing mist to the tracheotomy area.
Has intermittent seizure-like activity. Needs
moving and turning at frequent intervals.

[redacted], Kari Lee
DOB: 1/4/76

(Presently living at home)

admitted

Hydrocephalus with open spine and bladder
on outside of the body.

Must be fed through a tube directly into
her stomach. Baby must be watched constantly
as the brain is damaged to the extent that it
forgets to tell the lungs to breath; Kari
turns blue and stiff and artificial respiration
is needed. Frequent feedings are needed, also.

[redacted], Jenny
DOB: 5/11/74

(Presently at KNI)

To be admitted this month

Unknown prenatal influence; toxoplasmosis, congenital (possible); microcephaly, secondary. Visually handicapped; No speech; Major motor seizures; spasticity, quadriplegic, mild.

Jenny needs more intensive training than she is receiving.