

MINUTES OF THE SPECIAL STUDY COMMITTEE ON SOCIAL AND REHABILITATIVE
INSTITUTIONS

Held in Room 254-E at the Statehouse at 12:30 p.m., on February 12, 1980.

Members present were:

Senator Robert Talkington, Chairman
Representative Joe Hoagland, Vice Chairman
Senator Mike Johnston
Representative Phil Martin
Representative Heinemann was excused

Staff present were:

Fred Carman, Revisor's Office
Emalene Correll, Legislative Research Department
Ray Hauke, Legislative Research Department
Marlin Rein, Legislative Research Department
Robert A. Coldsnow, Legislative Counsel

Conferees present were:

Phyllis Kraft, Immediate Past Chairperson, Johnson County Mental Health
Center Board
Harold (Hal) Boyts, Executive Director, Johnson County Mental Health
Center

The Chairman called the meeting to order.

Mrs. Kraft appeared to express her concerns regarding the Rainbow Facility in Kansas City. She stated the problems at Rainbow had been existent for a long time, and she became involved with them during her term as chairperson of the Johnson County Mental Health Center Board. Members of this board are appointed by the Johnson County Commissioners, and Mrs. Kraft noted they have a very real responsibility to the citizens of that county. Last year, an incident of child abuse at Rainbow served as a catalyst for the board to act immediately in an effort to improve certain situations at the facility. She noted the board had previously attempted to get changes made by meeting with Secretary Harder. When the incident of child abuse came to light, the board wrote to the Governor making four recommendations which it felt would be helpful in the operation of Rainbow (Attachment I-c). As a result, the Governor recommended certain mandatory policies to be implemented by Secretary Harder immediately (Attachment I-e), which he did. Last October, an organizational meeting of the Johnson County group was held at which time substantial proposals for improvement were developed. Although there have been three meetings of this group and SRS, none of these proposals or options have been discussed although the Governor had said he wanted the SRS and Rainbow officials to have full discussion with the Johnson County board concerning its options. Mrs. Kraft stated her group feels great frustration with the large SRS bureaucracy that forms its own plan before meetings are held, and that is all that is discussed when they do meet. When an effort was made at a November meeting to discuss the Johnson County board's option, she said Secretary Harder ended the meeting; and, in subsequent meetings, he would try to get the Wyandot Mental Health Center group to agree that problems have been solved with

the SRS proposals.

Mrs. Kraft continued by mentioning the August and September investigations at Rainbow of a patient's death and the abduction of a patient. She noted that SRS set up an intra-agency investigation which she felt should have had input from outside the department. She felt strongly that an outside agency should determine what the problems are at Rainbow. As recently as January the Governor requested Secretary Harder to meet again with the Johnson-Wyandot groups to discuss some sort of community citizens' board. She said the two centers developed an organizational chart for Rainbow with the governing board being responsible to SRS which was submitted at this meeting. However, SRS came with its own plan again. She saw no reason why a responsible governing board could not be set up although she noted the legislature probably would not allow it to take on a two-million dollar budget.

Mrs. Kraft stated the Johnson County Mental Health Center Board thinks a lot of the problems with the Rainbow unit could be solved over a period of time if the mental health, alcohol, and drug treatment centers were removed from SRS and given separate cabinet status with the person in charge being a professional in mental health. Mrs. Kraft questioned that an agency as large as SRS could make the decisions necessary for a good mental health program. She noted that management in state institutions comes from the state bureaucracy which is removed from the community itself, that people working there must rely on the bureaucracy in Topeka for decisions which results in mediocrity and a "I don't care" attitude in staff. Additional information regarding Mrs. Kraft's comments can be found within Attachment I.

Mr. Boyts stated he would take a low key approach to the Rainbow situation and would not mention problems with specific individuals except in executive session. The Chairman noted the committee has not gotten into discussions of individuals and requested Mr. Boyts to give his feelings, recommendations, and to list problems he has had with Rainbow and the Department of Social and Rehabilitation Services.

Mr. Boyts distributed a packet of material (Attachment I) and described various contents, his main emphasis being placed on Attachment I-j regarding functional problems within SRS institutions as viewed by the Johnson County Mental Health Center group with recommendations for improvement.

In answer to questions, Mr. Boyts verified that his group operates two comprehensive mental health centers in Johnson County, the one in the northeast part of the county being the one concerned with referrals to Rainbow. In order to be eligible for federal funds, Rainbow had to be affiliated with a community mental health center, and it agreed to participate with the Wyandot and Johnson County groups. There was discussion between Mr. Coldsnow and Mr. Boyts regarding funds. Mr. Boyts pointed out that \$6,000 a month of federal funds was funneled through Johnson County to the Rainbow unit, and, at the other center in Olathe, affiliated with Shawnee Mission Hospital, the Johnson County group subsidized patients and patient care, making up the difference in what the patient can pay and costs. Mr. Coldsnow questioned if any tax dollars were going out of Johnson County to Rainbow. Mr. Boyts said there were none but mentioned that occasionally some staff of Johnson County has done group therapy on a cooperative basis. Mr. Coldsnow further questioned if the Johnson County Mental Health Centers receive funds from

state grants which are distributed to all comprehensive community mental health centers. Mr. Boyts said that of so-called 649 money, Johnson County is given such funds on a proportionate basis as other centers receive. The point was made that, in addition to a 1.9 million budget to Rainbow which is for the benefit of Johnson and Wyandotte Counties, they would have other funds coming from the state that all such centers have.

In further discussion, Mr. Boyts said his group used KU Medical Center occasionally but does not have an affiliation with it such as it has with Rainbow. Mr. Coldsnow noted if the comprehensive mental health center in Johnson County continues to participate in federal funds as other state centers do and also has Rainbow available to it and the Wyandot group, that the two boards would have to be utilized in taking over the Rainbow Facility or else Wyandot would have to find another facility. Mrs. Kraft referred to a suggested organizational chart and noted that more patients from Wyandot utilize Rainbow than did Johnson County, and there was a greater number of Wyandotte County citizens on the organizational chart's board than of Johnson County.

In answer to further questions, Mr. Boyts stated both boards have talked about taking a position on the state getting out of Rainbow, but the two counties would have no way of taking over the facility unless there was a mechanism to subsidize it financially. He said their concept was to have a community governing board with the facility being operated as it is now, but receiving input from this board on policy and procedures. Mr. Coldsnow pointed out that, if Rainbow was not available, arrangements would have to be made regarding an affiliation with some other hospital. Mr. Boyts noted that before the affiliation with Rainbow, his group used the KU Medical Center.

In discussion with Representative Hoagland, Mr. Boyts said because of the child abuse case at Rainbow, the Johnson County Mental Health Center is no longer sending juvenile patients to Rainbow but uses the Florence Crittenden Home in Topeka, KU Medical Center, and an institution in Missouri as well as the Shawnee Mission Hospital. The Wyandot group still uses the Rainbow Facility.

With respect to a governing board being established, Representative Hoagland pointed out that Rainbow should not be singled out from other state institutions for this type of operation, and, due to its small catchment area, he did not think the legislature would favor sending two million dollars to Rainbow to be administered by Johnson and Wyandotte Counties. He noted the Ways and Means Committee, last year, by a one-vote margin, held off an attempt to disband Rainbow and turn it into use as a work-release program facility. Mrs. Kraft objected to this possibility and felt the unit should be operated for the needs of patients. Representative Hoagland did not think the Johnson County option for a community governing board was viable, and Mrs. Kraft noted a suggested compromise among the boards, the Governor, and SRS was for the two boards to agree to try an advisory board. Most board members were cynical about what an advisory board could accomplish since it would not have the same authority.

Senator Johnston expressed concern that a governing body would be feasible and thought it would create more problems since no one person would be in charge. He questioned why the boards believed creating a cabinet-

level position for mental health centers would solve their problems. Mr. Boyts said it would cut out an extra administrative eschelon that slows up the process. At the present time, before decisions are made, Rainbow personnel always say they must check with Topeka. In his opinion, Secretary Harder is capable and dedicated, but, at the present time, he is not able to give mental health concerns the time they deserve whereas a cabinet-level position would be full time.

Mr. Carman asked Mr. Boyts if, in his attempts to get decisions, Mr. Southwick was one of the persons at Rainbow who say they must check with Topeka. Mr. Boyts said he was. Mr. Boyts did not want to disclose in a public meeting who the person was Mr. Southwick had to check with. The Chairman requested Mr. Boyts to give this information to the committee by letter to which he agreed.

Representative Martin asked how the Johnson County group classifies communications it receives from the administration at Rainbow and SRS, positive or defensive. Mrs. Kraft said the attitude from SRS seemed to be "wait it out long enough, feed it enough paper and bureaucracy, and the problem will go away". She said there had been no change in philosophy since the Rainbow incidents came to light until the study committee was formed. Mr. Boyts said part of the problem derived from having a part-time clinical director with nobody there to solve the problems and the lower eschelon staff not being told what the philosophy is.

The Chairman said requests had been received from two individuals to give testimony in executive session. He felt the requests might be justified and stated that, if justification is established at the February 25 committee meeting, members would go into executive session at that time. The time for this meeting was set for 12:15 p.m.

The meeting adjourned at 1:30 p.m.



Chairman

ATTENDANCE SHEET

Feb. 12, 1980

<u>NAME</u>	<u>REPRESENTING</u>	<u>TOWN</u>
Paul M. Klotz	ASSOC. of Comm. Mental Health Mental Health Assn in KS	Topeka
Pat McKinley		Topeka ✓
Betty Stowers	✓	Topeka
Sharon Gordon		Topeka
Sarah Lee	Topeka Cap Journ.	Topeka
Hal Boyts, Min.	Jo Co. Mental Hlth	Johnson County
Glynn KRAFT, Pres of Min	Jo Co Mental Hlth	" "
Rich Greene	Senator Winter	Topeka
Cindy Keim	ASSOC. of Human Services Tech.	Topeka
DAVID SACKMILL	Div. of BUDGET	"
Robert Epps	Planning & Research	"
Dennis Fugley	N.A.S.W.	"
Ethel May Miller	Ks. Assn. for Retarded Citizens	"
Pat Boyts	Johnson Co Mental Health Center	

Wyandot Mental Health Center, inc. (a)

EATON AT 36TH AVE. • KANSAS CITY, KANSAS 66103 • P.O. BOX 3228 • PHONE: 831-9500
 EXTENSIONS AT: 420 PARK ST. • BONNER SPRINGS, KANSAS 66012 • P.O. BOX 57 • PHONE 441-1400
 GATEWAY ONE • FOURTH AND STATE • KANSAS CITY, KANSAS 66101

STEVEN J. SOLOMON, PH.D.
 EXECUTIVE DIRECTOR

June 7, 1979

IBARRA, M.D.
 MEDICAL DIRECTOR

JUN 8 1979

GEORGE J. KIMES, M.A.
 DIRECTOR, CONSULTATION
 AND EDUCATION SERVICES

Dr. Max Teng
 Acting Superintendent/Medical Director
 Rainbow Unit
 P. O. Box 3208
 Kansas City, Kansas 66103

PAMELA GUNNELL, M.A.
 DIRECTOR, RESOURCE
 PLANNING AND EVALUATION

Dear Dr. Teng:

BARBARA ROBERTS,
 PRESIDENT, BOARD
 OF DIRECTORS

I am writing to you in your capacity as Acting Superintendent and as Medical Director of the Rainbow Mental Health Facility. The issue at hand concerns administrative actions undertaken at Rainbow to deal with matters seriously affecting the treatment of children placed at the Rainbow Facility.

I have indirectly been informed of possible sexual abuse of some residents housed in the C-1 and C-2 cottages by a Rainbow Unit staff member, a security officer. In compliance with relative statutes and professional ethics, I have this day forwarded an official request to Mr. James Wann, SRS, that his staff conduct an investigation into this matter. Additionally, other alleged events have been reported to me by Janet Banker of our staff that relate to potential sexual abuse of adolescents residing in the C-3 cottage. I have conferred with Hal Boyts, Executive Director of the Johnson County Mental Health Center and with Dr. Ibarra and Dr. Harry Brown, Clinical Directors of the Wyandot Mental Health Center regarding these matters. Certainly we have grave concerns about the alleged incidents, and expect thorough investigation of these by appropriate legal authority. Additionally, on the basis of reports from Rainbow Facility staff, we have serious questions with regard to the administrative handling of these matters. It appears to us at this point that either a clear policy for reporting alleged abuse of patients does not exist at Rainbow, or that such policy is not practiced.

We fully intend to review closely the sequence of allegations and the administrative procedure used to



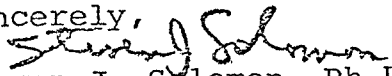
deal with them. We request your support in this effort by immediately convening a meeting of representatives of the Mental Health Centers, State Authority, and a recognized expert in this area - we suggest Dr. Paul Laybourne for this role. We believe an investigation of this type would include interviews with administrators, staff, and patients of the Rainbow facility and that the work of the group be directed by either the "outside" authority or State Authority.


It is clear that we view these matters with the utmost seriousness and the viability of the Rainbow Facility program for children remains in question if these concerns are not resolved. We therefore require the following:

1. The completion of a document outlining administrative procedures used to deal with alleged incidents of abuse that surface during the investigation.
2. A written outline of specific, concrete actions to be taken against any staff, volunteer, or administrative person at the Rainbow Facility whose performance as assessed by the investigative group was significantly detrimental to the safety and well-being of the children or who failed to comply with relevant statutes.
3. Establishment of a written policy concerning the reporting, investigation, and follow-through on alleged incidents of sexual or physical abuse of patients by volunteers or staff at the Rainbow Mental Health Facility.

Until these requirements are forthcoming and appropriate steps taken in this matter, the Mental Health Centers for Wyandotte and Johnson County will refrain from processing admissions to the Children's program of the Rainbow Mental Health Facility.

Sincerely,


Steven J. Solomon, Ph.D.
Executive Director
WYANDOT MENTAL HEALTH CENTER


Hal Boyts, M.S.W.
Executive Director
JOHNSON COUNTY MENTAL
HEALTH CENTER

SJS/jj

CC: Robert C. Harder
Ken G. Keller
Howard V. Williams, Jr., M.D.
Jack Southwick
David Porter, M.D.

✓ BCC: Hal Boyts

STATE OF KANSAS
JOHN CARLIN, GOVERNOR



SOCIAL & REHABILITATION SERVICES
STATE OFFICE BUILDING
TOPEKA, KANSAS 66612
ROBERT C. HARDER, SECRETARY

AUG 13 1979 I-(b)

RAINBOW MENTAL HEALTH FACILITY

JACK L. SOUTHWICK, SUPERINTENDENT
2205 WEST 36TH STREET
BOX 3208
KANSAS CITY, KANSAS 66103
(913) 384-1880

August 10, 1979

Mr. Harold Boyts, Executive Director
Johnson County Mental Health Center
6000 Lamar
Mission, Kansas 66202

Dear Hal:

This letter is in response to your letter of August 8, 1979, requesting additional information concerning D and J

31 yr. old female 17 yr. old female

First, concerning D let me highlight the information passed on to your staff July 28. D was found dead about 7:00 a.m. July 28th on her bed at Rainbow. She was last seen alive at about 10:30 p.m., July 27th, on the cottage going to bed. At 10:00 p.m. she had been returned to the cottage, having been found walking in front of A-building. At that time she had also been observed to be taking pills. The O.D. ordered a search, and a sack of medications was removed from her belongings.

On admission, a complete physical was done which showed her to have been a healthy female.

As you know, we requested both the K.B.I. and the Wyandotte County Coroner to investigate the death. Only a preliminary oral report has been received, which states:

- 1) death caused by lung congestion and soft dilated heart,
- 2) no evidence of death by force,
- 3) qualitative blood and stomach contents analysis revealed presence of phenothiazines (her regularly prescribed medication was Mellaril),
- 4) quantitative report of samples have not returned from Denver lab.

The Coroner has promised us a full report as soon as it is available and we will inform you of his findings.

J returned to Rainbow from a home visit on Sunday evening, August 5th. She was dropped at the front door of A-building by her mother. J went directly to C-3 cottage and, finding the cottage door locked, left her suitcase by the door and walked to the Seven-Eleven Store near 39th & Rainbow. The other patients and staff from C-3 had not yet returned from a movie, which is why the cottage was locked. J did not report to anyone, nor did anyone notice her before she went to the store.

After the staff returned from the movie and found her suitcase, a search was started for her. Mrs. was called to be advised that J was missing.

The following day, August 6th, J phoned her mother from KUMC. She said she had been abducted by four males at the Seven-Eleven Store and one of the males had kept her at his home through the night, where she was beaten and raped. Mrs. took her daughter to Shawnee-Mission Medical Center where, I understand, the rape was confirmed by medical examination.

Mrs. and J, were seen by Suzanne Culter, J Treatment Coordinator, on the 6th, to discuss the incident and make plans for the immediate future. The incident was reported to the police on that day. On August 7th, J was interviewed by the police, and told them the name and address of the man involved. Treatment at Rainbow continues to focus to help both the parents and J work with their feelings about the incident. MOCSA has assisted Rainbow staff in this process.

To my knowledge, the suspect male has not yet been picked up.

On August 9th, a threatening phone call concerning J was received at the Rainbow switchboard. The police, J and her parents have been informed of the call. J is now on Constant Observation, one-to-one status, for her safety. Discussions continue at this time with the Police, J, and her parents about how to best provide for her safety.

The staff on duty for C-3 the evening of August 5th were:

3 p.m. to 11 p.m. - Dr. Giap, M.D.
Ernest Etier, R.N.
Dan Edoff, LMHT

11 p.m. to 7 a.m. - Dr. Giap, M.D.
Gladys Hodges, R.N.
Max Kimmel, LMHT

Sincerely yours,

Jack
Jack L. Southwick
Superintendent

JLS:md

JOHNSON COUNTY KANSAS

Mental Health Center Board

6000 LAMAR

SHAWNEE MISSION, KANSAS 66202

913-384-1100

Harold Boyts,
Executive Director

September 13, 1979

Honorable John Carlin
State Capitol
Topeka, Kansas 66612

Dear Governor Carlin:

The Johnson County Mental Health Center Governing Board, at its regular meeting on September 11th, directed that a letter be sent to you regarding a matter of grave concern that our Board has related to the care and treatment we can anticipate for our clients who are referred to the Rainbow Unit.

Since its opening approximately six years ago, the Rainbow Facility has had numerous problems in both program and management as evidenced in various reviews of the program and site visits by authorities. In the past year, allegations of inappropriate treatment procedures, confirmed sexual abuse of children and the death of a patient resulted in our Center placing a moratorium on the utilization of certain units of that facility. It is our strong conviction that these situations require far-reaching and dramatic changes. The information and events that have transpired in connection with these and other situations, whether confirmed or simply alleged, have a common theme, which appears to be lack of due concern for patients' needs and inappropriate or lack of appropriate response. Whether this stems from poor communication, lack of accountability, inadequate training or whatever, patient care has obviously suffered and does not meet minimal, acceptable standards. This has resulted in a total lack of confidence in the program and an outright fear of the utilization of certain specific components. The current situation has been well documented in a report to Dr. Harder, dated August 1979, submitted by medical and legal personnel within S.R.S.

It is truly frustrating and bewildering that these incidents have taken place after our concerns were brought to the attention of authorities, including the Secretary of S.R.S. as recently as a meeting with him in May. We have been aware of the many problems with program and management for several years, but our attempts to suggest alternatives have met with little or no progress toward any kind of solution.

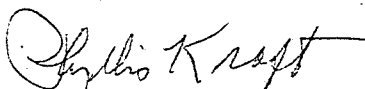
To the degree that a program reflects the leadership it receives, and since the Johnson County Mental Health Center Board does not have sufficient authority to require accountability of staff, it therefore, calls upon the Secretary of Social and Rehabilitative Services to find new leadership for the Rainbow Facility. The options which we would recommend for your consideration are:

- 1) That the Rainbow Unit contract for professional services for the treatment program with a local community entity along the same, or a similar model as that used for providing educational services at the facility.
- 2) That a non-profit corporation be formed for the operation of Rainbow which would contract with the State for services to patients unable to pay the full cost of their treatment.
- 3) That Rainbow contract with either Wyandot or Johnson County Mental Health Centers for professional and medical supervision of the treatment programs.
- 4) That the State delegate governance authority to a Board of Directors composed of citizens from both Wyandotte and Johnson Counties to operate the facility for the State, enabling local control of a State facility.

It is our hope that you will consider these recommendations as an indication of our sincere concern and desire to find some method of improving a needed facility which seems to have degenerated despite our pleas for help in the past. We would be most happy to meet with you to discuss this in more detail or to provide further data regarding these problems.

As a matter of interest, you may wish to know that the local media have been following these situations and are aware of this Board's intent to share their concern with you.

Sincerely,



Phyllis Kraft
Chairperson

PK:jd

cc: Dr. Robert Harder
Ken Keller
Jack Southwick
Dr. David Porter

OPTION 1

Proposal

The Rainbow Facility would provide professional services for its treatment program through a contract with a local community entity.

Objective

To provide professional services as needed by the facility through a locally based organization working within a structure that would provide a smooth interface with outpatient programs and other local agencies.

Structure

An organization would be chartered with bylaws and meet IRS 501 (c) 3 requirements. Appointment to the board would be determined by the bylaws, such as: three appointments by Wyandot Mental Health, three by Johnson County Mental Health, one by Kansas University Medical Center and one by Social and Rehabilitative Services. The function of the organization could be substantially broader than simply providing services to the Rainbow Facility. It could include other specialized services to Mental Health Centers, be the initiator of demonstration programs, start new services such as community group homes, and generally serve as a clearing house and local resource center.

Funding

- A. Private Foundation Grants
- B. Federal Project Grants
- C. Service Contracts
 - 1. State (for RMHF professional staff and perhaps others)
 - 2. Local
 - 3. Business and Industry
 - 4. Other

Fiscal Implications

The amounts currently budgeted for professional staff would be adequate. Although six positions are budgeted, five full-time physicians employed with the \$230,510 would provide average full-time salaries of \$46,102 (FY '81). Four psychologists are budgeted at an average of \$22,415 each per year which is very competitive in Kansas City. The average salary of \$16,318 for the five social workers may be low but the program may not need five full-time social workers. Turnover in positions would free up some money with which to improve compensation for social work services.

While no reduction nor increase in state support would be expected during the first year, a reduction would be expected due to eventual increase in patient revenues. Patient revenues would increase directly in proportion to increased admissions permitted by a shorter length of stay.

A more favorable fiscal situation for the state should result although no great changes would be made.

Certain Particulars

This option could be modeled after the Greater Kansas City Mental Health Foundation. It would not be limited by state or county personnel policies, nor salary plans that may be below the existing market.

Persons employed by this entity could be contracted to work in both inpatient and outpatient services. Some quality personnel may be attracted to the Rainbow Facility by a combination of opportunities that could be negotiated through the "Foundation". Also, the Foundation approach would be more attractive to private trusts and foundations as a means of supporting innovative programs or research. Community Centers need such a liaison also to tap private resources.

OPTION 2

Proposal

A non-profit corporation would be formed to operate the Rainbow Facility as a community oriented mental health hospital, which would in turn contract with the State for services to persons unable to pay.

Objective

To develop a community hospital taking advantage of the characteristics of private facilities, but being able to serve the entire community through a subsidy on individual patients as needed.

Structure

A 501 (c) 3 corporation would be developed with bylaws that would provide for a board of local residents appointed by the local authorities. The model would be that of a free-standing hospital affiliated with the two Mental Health Centers and the KU Medical Center.

Funding

- A. Fees from patients
- B. Grants as available
- C. A subsidy of individuals by the State for that part of service costs patients are not able to pay, as determined by a formula negotiated with SRS.

Fiscal Implications

This model would permit a major reduction in state support. The Rainbow Mental Health Facility would operate as a free-standing psychiatric hospital with contracts with both Community Mental Health Centers and SRS and have an open medical staff.

Assuming RMHF could become accredited by the Joint Commission on Accreditation of Hospitals, as much as 80% of childrens services would

be expected to be paid by personal, third party and Title XIX sources. One-half of adult inpatient services should be covered by the individuals' own resources. The State would be responsible for costs that individuals could not pay according to a predetermined formula. The overall effect should be to reduce state funding by over half. Experience of other free-standing and community mental health programs have had such experiences.

Certain Particulars

The organization would assume the State's contracts to provide inpatient and partial hospitalization elements for the local comprehensive mental health services. The organization would hire its own staff, set its own policies, etc. The facility would be leased from the State for one dollar a year and other considerations. It might need a regular business oriented governing board supplemented by an advisory group representative of the groups served and in proportion to patients area of residence.

A critical step would be to find competent board members and administrative staff. Some sort of phase in or grant would be required in order to avoid a cash flow problem during conversion.

OPTION 3

Proposal

The Rainbow Mental Health Facility would contract with the Wyandot and Johnson County Mental Health Centers for professional and medical supervision of treatment programs.

Objectives

To provide professional services for the inpatient and partial hospitalization facility by the same staffs that are responsible for the respective comprehensive mental health programs and build in continuity of care.

Structure

A given Mental Health Center would provide all professional staff on one or more units (cottages) as negotiated with SRS. Such staff would work under the direction of the Medical and Clinical Directors of the outpatient program. Professional services at the Rainbow Facility would be provided in a way similar to how outside staff provide professional services to their patients in an open hospital. Staff would be regular employees of their respective Mental Health Centers. As an example, Johnson County might contract to provide professional staff for A-2 and A-3 because A-2 has been historically a Johnson County Unit and A-3 tends to have a higher number of Johnson County residents than other units. Wyandotte County having two-thirds or more of the patients at the Rainbow Facility and having a majority on the remaining four units, might provide professional services on those units. Such would be done regardless of the patients' county of residence.

Funding

The Rainbow Facility (SRS) would reimburse the respective Mental Health Centers for their actual cost of staff time per a written agreement with "not to exceed" limitations in the agreement.

Fiscal Implications

Similar to option number one. The amount budgeted for professional staff is adequate. Therefore, no increase in state funding would be necessary. Changes in staffing would likely involve bringing more outpatient staff in and placing some inpatient staff outside for comparable amounts of time. Except for perhaps decreasing the overall amount of psychiatric time, the full-time equivalency would not vary much.

As in the other proposals, patient revenues would increase with a shorter length of stay because more patients would be paying their ability.

Certain Particulars

The Centers would be responsible for providing social work, psychological and psychiatric services for the inpatient and partial hospitalization programs. In practice, certain existing outpatient staff would be assigned inpatient and partial hospitalization responsibilities. Certain other staff might have primarily inpatient assignments, but would also handle a small outpatient case load, attend outpatient staff meetings, meet with outpatient units, etc. Existing staff in outpatient centers would be given inpatient responsibilities and would include, but not be limited to, the Medical Director, Director of Children's Services, Director of Substance Abuse, Clinical Director and the Case Manager. These individuals would follow patients who had been transferred from outpatient services, attend staff meetings, review all admissions, plan discharges and participate in other ongoing therapeutic procedures as appropriate.

A difficulty might be experienced in that administration and professional staffs, as in general hospitals, would not necessarily always have the same priorities in mind.

OPTION 4

The State Legislature would delegate limited governing authority to a board composed of citizens from Wyandotte and Johnson Counties to operate the Facility for the State.

Objectives

To provide local citizen direction for the state operated program by giving a local board statutory authority to operate the facility but not to exceed certain state policies, such as in the area of personnel, purchasing, budgeting, etc. Otherwise, the board would set priorities and give direction to the Superintendent.

Structure

The organizational structure would remain very much as is, with the exception that staff would first of all answer to the local board.

Funding

Funding would continue to be as at present.

Fiscal Implications

There are no apparent changes from the current budget request.

Other Particulars

This rather unorthodox proposal would perhaps have difficulty fitting into the administrative line of accountability within SRS. The main difference between this and the present model with the Joint Coordinating Committee is that such a governing board would have statutory authority and decisions made by the board would be binding, rather than advisory. The board appointments could be from the two counties in a proportion similar to the number of patients from each area.

OPTION 5

Proposal: A contract would be negotiated between SRS and an independent management firm which would administer the facility with the assistance of a community advisory board made up of representatives from Wyandotte and Johnson County.

Objective: To provide management and organization by a highly sophisticated entity with experience in running community based hospitals. It would demonstrate the feasibility of blending professional hospital management skills and a community oriented mental health philosophy to meet the challenge of providing quality services in a historically state facility.

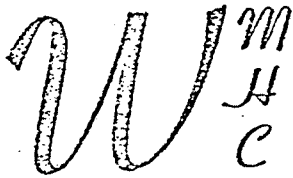
Structure: A not-for-profit management organization would be secured to take over and operate the facility on a contract basis with SRS. They would have all management and program authority and function with the assistance of an advisory board. The management group would assume the obligations which the facility currently has to provide services for the two catchment areas as part of comprehensive programming. The advisory board would contain a combination of private mental health practitioners in the community, lay people in the community and Mental Health Center representatives. The population groups to be served would be represented proportionately on the board with regard to residence and ethnic groups.

Funding: Sources of funding would be the same as now.

Fiscal Implications: The amounts currently budgeted would probably provide the basic cost. It is anticipated that more direct payment fees and third party fees could be realized given a different structural approach. Such an improvement in outside revenues should more than offset additional management costs.

The State obligation would probably remain approximately the same for the time being.

Certain Particulars: Such an approach would bring in professional management from a party not currently involved. Such a model might improve the ability of the facility to deliver services, as well as demonstrate whether or not something such as this should be tried in other State institutions. The contract would be for a limited period of time and could be modified or renegotiated according to the needs of the State and local communities.



Wyandot Mental Health Center, inc.

EATON AT 36TH AVE. • KANSAS CITY, KANSAS 66103 • P.O. BOX 3228 • PHONE: 831-9500
EXTENSIONS AT: 420 PARK ST. • BONNER SPRINGS, KANSAS 66012 • P.O. BOX 57 • PHONE 441-1400
GATEWAY ONE • FOURTH AND STATE • KANSAS CITY, KANSAS 66101

LEN J. SOLOMON, PH.D.
EXECUTIVE DIRECTOR

September 14, 1979

SEP 17 1979

G. IBARRA, M.D.
MEDICAL DIRECTOR

DAVID PORTER, M.D.
PRESIDENT, BOARD OF DIRECTORS

Honorable John Carlin
State Capitol
Topeka, Kansas 66612

Dear Governor Carlin:

This letter is to express our concern and interest in the recent events surrounding the program and administration of the Rainbow Mental Health Facility. As the primary referring agency utilizing the services available at Rainbow we recognize both the need for inpatient/partial care in Wyandotte County and the decreasing confidence in the quality of care provided there. The Wyandot Mental Health Center serves a wide variety of community agencies who depend on us for properly screening and referring individuals into the Rainbow program. The services potentially available at Rainbow are simply not provided by any other agency in the community. We hope, therefore, to work with you to develop the kind of program at Rainbow that is responsive to community needs by providing the highest quality of patient care.

At our regularly scheduled Board meeting of September 13, matters relating to the Rainbow Facility were discussed at length. On behalf of the Board I would like to bring the following issues and concerns to your attention:

- 1) Inadequate coverage for around-the-clock patient care. According to Rainbow administration budgetary limitations prevent assigning enough staff to assure proper monitoring of treatment programs and patient/staff behavior. We have grave concern about inadequate staffing during night and weekend hours.
- 2) Internal confusion regarding clinical and administrative authority and accountability. Staff of the Wyandot Mental Health Center spend considerable time with Rainbow staff at all levels. We have a problem identifying the nature of authority and accountability lines, and have observed that Rainbow staff have the same problem. A real consequence of this confusion is that no one takes ultimate responsibility for patient care.

Member



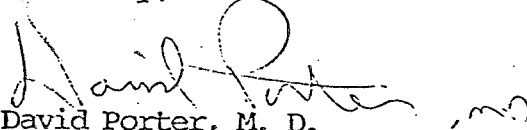
Page 2
Governor Carlin
September 14, 1979

- 3) Poor communication with administration and key staff. It is our responsibility to be fully informed of issues effecting patient care. Such information is often difficult to extract. As the referring agency we feel responsibility to make suggestions and question treatment programs if the need arises. On numerous occasions our participation has not been well received.

- 4) Lack of confidence in the Rainbow program. As a result of the above issues we have lost confidence in the leadership and total patient environment of the Rainbow Facility. Because the problems seem to impact more acutely on the Children's inpatient programs we will suspend admissions to the Children's program until we observe significant change and progress in the areas outlined. We feel this action is necessary because of our obligation to guarantee proper patient care.

There are other issues with which the Board is concerned. Because of the seriousness of the problems and their effect on the total community, concerned staff and Board members would like to meet with you at an early date. I will request that Mrs. Carol Potter, a Board member, contact your office to set up an appointment date.

Sincerely,



David Porter, M. D.
President
Board of Directors

DP/jj

CC: Dr. Robert Harder
Ken Keller
Jack Southwick

✓ BCC: Phyllis Kraft

STATE OF KANSAS



OFFICE OF THE GOVERNOR

State Capitol
Topeka 66612

John Carlin Governor

September 28, 1979

Phyllis Kraft, Chairperson
Johnson County Mental Health
Center Board
6000 Lamar
Shawnee Mission, Kansas 66202

Dear Ms. Kraft:

I have reviewed your letter of September 13, 1979 in regard to the operation of the Rainbow Mental Health Facility. I have also reviewed with my staff the reports and recommendations submitted by the Secretary of Social and Rehabilitation Services.

Immediate action is to be taken toward implementing the following recommendations:

- (1) That outside expert professional clinical consultation be secured to approve of and improve on certain unconventional or radical treatment therapies which might be required for certain patients.
- (2) That the agency director and senior staff increase the amount of supervision and counselling they provide the staff of the facility; document areas of expected improvement, and terminate employees if progress is not indicated within 30 to 60 days.
- (3) That the Department of Social and Rehabilitation Services assign one key staff member to work with the Rainbow Mental Health Facility Director to provide assistance and support as needed. This staff member should be assigned for two to three consecutive days per work week for a period of one to two months.
- (4) That a professional advisory committee be established to review treatment and programming procedures at Rainbow Mental Health Facility. Staff from the Johnson and Wyandot Mental Health Centers and Social and Rehabilitation Services should be regularly and fully included in this review process.
- (5) That Rainbow Mental Health Facility with the help of Social and Rehabilitation Services increase its recruitment efforts to fill one vacant psychiatrist position.

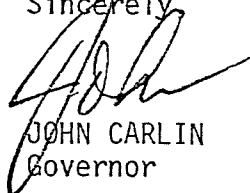
Phyllis Kraft
September 28, 1979
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- (6) That Rainbow Mental Health Facility thoroughly review the use of all Psychiatric Aide, Mental Health Technician, and Registered Nurse positions to determine if additional positions are needed for adequate cottage staffing, with special attention to shift coverage 3:00 p.m. to 7:00 a.m.
- (7) That Rainbow Mental Health Facility increase its efforts to reduce turnover in the Psychiatric Aide, Mental Health Technician, and Graduate Nurse classifications. The turnover rate for FY 1979 of 37% in the Psychiatric Aide classification, 39% in the Mental Health Technician classification, and 71% (5 of 7 positions) in the Graduate Nurse classification must be reduced.
- (8) That Rainbow Mental Health Facility proceed with their plans to request an accreditation survey by the Joint Commission on the Accreditation of Hospitals (set for October 1979).
- (9) That Rainbow Mental Health Facility provide Johnson County Mental Health Center and Wyandot County Mental Health Center with quarterly reports of expenditures and income based on the federal fiscal year which will allow the centers to project total federal earnings for the period on a timely basis.

I have also instructed the Secretary of Social and Rehabilitation Services to convene a meeting with staff and/or Board members of the Centers to consider the alternatives recommended in the letter from the Johnson County Mental Health Center Board. Staff are to consider these options plus any other alternatives which might improve operations, programming, and treatment for all admissions. I will expect to receive position papers on each alternative explored.

I appreciate your continuing interest in the Rainbow Facility.

Sincerely,



JOHN CARLIN
Governor

JC:bkh

cc: Robert C. Harder
Jack Southwick
Harold Boyts ✓

STATE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

AUG 31 1979

MEMORANDUM

FROM: Mr. Hamm, Ms. Rislove & Dr. Williams

RE: Rainbow Interim Report

DATE: August 15, 1979

The treatment situation at Rainbow is acute and immediate definitive action should be taken to correct the problem of internal control, community confidence and relationships and contact with key community professionals in agencies and private practice.

I. Problem of internal control is made up primarily of:

1. Failure to follow-up written policies and procedures.
2. To much liberty to make decisions.
3. To much authority on each cottage.
4. To much control by individual treatment coordinators.

II. Problem of community relationships:

1. Immediate steps to contact:
 - a. Courts
 - b. SRS
 - c. Centers in Johnson and Wyandotte Counties
 - d. KUMC
2. Written plan to accomplish these contacts and make Rainbow more open to these agencies.
3. Defined attitudes toward these agencies.

III. Problem of individual contacts:

1. Reinvite liaison staff from Johnson County, etc.

IV. Reactivate subcommittee to Secretary's Mental Health Committee.

V. Immediate action on:

- a. Designation of strong supervisory authority in office of Clinical Director in area of clinical treatment program.
- b. Enforcement of rules and regulations, hospital written policies and procedures.
- c. Establishment of human rights committee.
- d. Activation of required professional advisory committee. (P.L. 94-63)
- e. Immediate consideration of termination of questionable employees as determined by Superintendent.

Nothing in the above implies that all treatment procedures are bad. There is much justifiably to defend at Rainbow.

September 14, 1979

Memo to: Dr. Robert C. Harder

Re: Report Concerning Site Visits to Rainbow Mental Health Facility

Submitted by: Mr. Charles V. Hamm, General Counsel, Legal Division
 Dr. H. V. Williams, Director, Community Mental Health Services
 Mrs. Becky Rislove, Utilization Review Coordinator, Medical Services Section.

Purpose of Site Visits:

The Committee was designated to visit the Kansas City area to further inform Dr. Harder about allegations raised against conditions and treatment techniques at Rainbow Mental Health Facility. These allegations were brought by a former employee, by Johnson County Mental Health Center personnel, and SRS Area Office personnel, and were brought coincidentally into focus by the Larry Pollock incident. Larry Pollock was a Security Guard at Rainbow MHF and the treatment staff reported incidents of his sexual molestation of patients. The Committee was to interview staff, read medical records, read personnel records, consider staffing patterns and practices, observe patient care, as well as hold interviews with complainants.

The function of the Committee was hampered from the beginning by the fact that there was a concurrent investigation jointly by the local County Attorney's Office and the Kansas Bureau of Investigation. The Committee did not have access to the material within that official investigation and had to surmise to a great degree the depth of that investigation from press announcements and limited communications to the effect that no charges of criminal conduct would be made other than against a single individual, namely Mr. Pollock, a Security Officer employed at Rainbow.

It is to be noted that the action against Mr. Pollock from the time of suspicion to the time of conviction proceeded with unusual rapidity in comparison with the average criminal proceedings. The surfacing of the sexual abuse was by treatment personnel who took a cooperative and essential role in the law enforcement process. Except for Mr. Pollock there were no other allegations or other findings of sexual child abuse.

Scope of Committee Action:

Beginning July 19, 1979 the Committee visited the Rainbow MHC and the community five full working days in order to become familiar with the personnel records, the patient charts of Cottage Two for a full year, to hold interviews with staff at Rainbow at all levels, with the Director and selected staff of each of the two Community Mental Health Centers in Johnson and Wyandotte Counties, with Dr. Leybourne of KUMC, and with representatives of local SRS offices.

The Committee, of necessity, had to form its own impression of the legal implications concerning violation of Kansas Statutes in the absence of access to the KBI investigative material. However the interests of the Committee ranged further than simply the existence or non-existence of criminal action or neglect upon the part of Staff. Equal, if not more effort, was made to understand group attitudes, effectiveness of communication, administrative reliability, and professional conduct, and cooperativeness and collaboration between units inside Rainbow and agencies outside Rainbow.

General Observations:

While the primary concern of the Committee was to discover problems and recommend solutions, there were some observations not related to difficulties which the Committee takes some pleasure in reporting. No one completely condemned the Rainbow program, and even severe critics of the program made explicit that over the course of time the people most intimately acquainted with the treatment program were prepared to defend the program against the allegations brought up from time to time. There were frequent comments concerning the hard work performed and the dedication to the well-being of the patient and the sincere belief on the part of Rainbow staff in its mission to help its clients. The Committee received descriptions from outside trained observers that the staff held sincere and intense dedication to the patient without intent to harm or punish patients. Further it was reported to the Committee that there had been outstanding therapeutic results with a number of exceedingly difficult child patients who had been admitted to Rainbow after proving untreatable in the less restrictive community. The Committee accepts as valid these evidences of accomplishments by the Rainbow program, but will confine the bulk of the report to description of problems and recommendations for resolutions.

Progress of the Site Visits:

The initial days of the site visits were devoted to becoming acquainted with key management staff rather than treatment personnel, with becoming acquainted with the personnel files and ward records, primarily with Cottage Two patients, and with the minutes and recommendations of a Special Committee -- called the Treatment Evaluation Committee -- which had met over the time period of April 17 to June 12, 1978. This report specifically stated that there was no evidence of punitive, inappropriate, or extreme treatment methods. The report did recommend that "other forms of reinforcement might be substituted for food without significant impact on the overall effectiveness of the behavioral therapy modalities."

Early in the visits it became clear that the intense focus of investigative procedures had placed a severe strain on personnel who had long been proud of the treatment program and results which they had developed and which were under question. Inquiries initially made by the Committee Members had been answered a number of times before by staff, and while it was clear staff wanted to be cooperative, there was concern about being drawn from accustomed duties to comply with the necessities of the investigation. Therefore, examination of the records and interviewing outside sources became first priority. As stated above, most outside trained personnel were in agreement with the treatment program as designed for Rainbow, and the degree of approval seemed directly related to the degree of close observation available to the outside person. However, no outside trained mental health worker agreed that those treatment programs, directly or indirectly making use of food as a reinforcer had been designed by the observer, and all of them stated that they would choose alternate methods to deal with the patients' problems as illustrated in actual and hypothetical cases presented to them by the Committee members.

A number of the more extreme allegations noted below came from third and fourth hand reports. The Committee made diligent efforts to trace each allegation to a direct, primary source. The Committee reached the conclusion that a number of the allegations had been enlarged, unintentionally perhaps, in being passed mouth to mouth through separate stages, or else had been momentarily observed without knowledge of the actual and true circumstances surrounding the observed behavior. The ward incidents were, however, in their true form the kind of behaviors which are subject to misinterpretation, subject to questions, and based on sets of ideas that are subject to controversy and disagreement. Even where justified by intimate knowledge of patient conflict and emotional development, the procedures were on occasion still misunderstood or challenged by persons with equal professional qualifications.

Very useful information in understanding both the long-term assets and long-term difficulties came from Dr. Soloman, Dr. Leybourne, and Mr. Boyts who were seen for interviews in that temporal order. Each stated where they saw some strengths in the program, and offered the names of additional personnel from whom we could gain information. It was possible to compare all opinions in a way that helped make the written records make sense in the environment of the community as a whole. The recommendations which are made below were influenced a great deal by the relevant observations made through their help.

As the interviews progressed a progressively more detailed picture of actual ward practices and events was obtained. It is the view of the Committee that:

1. There is intense interest upon part of staff to give great attention to minute details of the patients' ward adjustment with genuine therapeutic intent.
2. That both the records and staff interviews reflect a great concentration of authority and decision-making in the person of the individual treatment coordinator, which authority is used to promulgate detailed oral orders.
3. That most charting occurs by aide staff and charting often does not link the well written treatment plans established by the team with ward events. Less frequent notes by treatment coordinators compensate in part for this lack of clarity in the written record.
4. Each cottage has developed a distinct system of behavior modification rules which are well understood by staff and clients of that cottage but difficult to trace by outside observers.
5. The individualistic systems of treatment approaches (effective as they may be) contribute to the difficulties in communication and contribute to a psychological isolation of cottage staff from other units and from elements in the community.
6. The difficulties in communication seem to contribute to an image of a superior attitude, in dealing with outside elements, especially social agencies, centers, and courts.
7. There seems to be evidence that there is a lack of administrative follow through to assure that all written hospital policies are adhered to by staff. This affects particularly admissions and discharges from the hospital.

8. A number of the above details can and should be remedied, and it should be understood that they should not exist.
9. The treatment coordinator is vested in practice with supervisory and decision-making functions which on paper are accorded to physician and nurse in the organizational chart.

List of specific allegations relating to treatment techniques reported to the Committee by a former employee:

1. Long (5 day) confinements - for offenses - Confinement means requiring child to remain in bed or restricted to one area.
2. Tabasco sauce soaked in dirty sock - stuck in mouth for swearing.
3. Child forced to eat vomitus.
4. Ten kids standing in corner with bags kept over their heads.
5. Requiring child to carry a baby bottle around.
6. Requiring child to write "I won't suck things" and wear a sign around neck for 24 hours saying "I suck things."

Additional concerns reported to the Committee:

The Wyandotte Area Office Director, and SS Chief appeared to be frustrated by their relationship to the Rainbow MHC staff. It seemed that the Rainbow MHC staff feel they are the experts and everyone they deal with should just believe that to be true - if there were questions about treatment as a whole or on a particular client they were to be asked and the explanation not questioned. It also seems that the Wyandotte Area Office does not accept that attitude and resents the fact that Rainbow MHC should expect them to.

Additional concerns of Johnson County Mental Health Center:

That certain continuity of care was disrupted when Rainbow staff notified the Director of the Johnson County MHC that the Coordinator of Children Services was persona-non-grata at Rainbow.

That routine admission and discharge procedures were not consistently followed.

That Center staff were not consistently permitted to participate in treatment planning.

Findings as to the Specific Allegations:

1. Treatment methods. The Committee noted on examination of the records that seclusion (locked confinement) was adequately documented and justified. Confinement as defined in the complaint is used in treatment but the Committee found no evidence that confinement lasted five (5) days, and in most instances the "restriction" of the child was either self-imposed or staff directed. The restriction of the child was usually by requiring the child to sit on his or her bed or to sit in a special time-out room with the door open. The institution has a written procedure for therapeutic control of patients by seclusion and/or restraint, a copy of which is attached.
2. It was reported to the Committee that Tobasco sauce soaked in a dirty sock was used as a punishment for swearing. The Committee was told of one or two charts they might look at which would substantiate the complaint. The Committee reviewed the records mentioned and could find no documentation of the use of Tobasco sauce. We did see Tobasco sauce on the unit and it was explained that on occasion, one or two times per month, Tobasco sauce was used as a negative reinforcer for swearing. This would be accomplished by putting one or two drops of Tobasco sauce on the child's tongue. In some cases the child would put the sauce on his own tongue as a self-imposed negative reinforcer. It was further explained that there are three levels of swearing. The first level, which is ignored, are common cuss words, damn, hell, etc. The second level are more socially forbidden in nature, and the third level are personalized, profane, hostile, and aggressive remarks. This was explained by a treatment coordinator but we cannot assure ourselves that the aid staff is aware of the three levels and when to apply negative reinforcement. In interviewing the original complainant we were told that another employee could verify the dirty sock incident which allegedly occurred a couple of years ago. The second employee denied any knowledge of the use of a dirty sock but did verify the use of Tobasco sauce as outlined above. This is an example of exaggeration of an incident where an actual fact did occur but not to the degree of severity as reported by the complaint.
3. Child forced to eat vomitus. The Committee found no evidence that any child had been forced to eat vomitus. No witness could be found to confirm. Many of the children have problems with eating. We found one incident where a

- child who refused to eat was required to wear the food. This was done by smearing the food on the child's chest under his T-shirt and he had to go to class and ultimately home (this was a day patient) and the mother reported this to the area SRS office. Staff at Rainbow confirmed that the incident had occurred and was, in that case, considered a treatment method.
4. Ten kids standing in corners with bags over their heads. The Committee was given the approximate date of this incident and the names of some of the children involved. The records were reviewed and there was no mention of this incident. It was explained by staff that the children had misbehaved at a restaurant and that on returning to the ward were told that there had to be a consequence for their behavior and they chose to stand in corners with paper bags over their heads and to be quiet and not talk.
 5. Requiring child to carry a baby bottle. We were not able to verify this incident. However, it may be related to the next item.
 6. Requiring a child to write "I won't suck things" and wear a sign around her neck for 24 hours saying "I suck things". The original complainant told the Committee that she observed this incident personally and that it involved a specific child. The complainant indicated the child was required to write the phrase listed above 100 times. The Committee reviewed this patient's chart and a summary of what was recorded is as follows: The date of this incident is 8-24-78. The record shows:

"The child stated 'I just wanted something to chew on.' The aide observed the 8-year old patient, who stated the above when asked at bed time what she was chewing on. She showed this writer a 1 1/2" by 1" plastic doll shirt. Analysis of the situation - the child seems to chew on different types of small objects. She has been told of the hazards, i.e., choking and germs, but doesn't seem to take them into consideration. The plan - drop one level to social isolation. _____ will be required to write 50 sentences, 'I will put nothing in my mouth but food.' She will also be requested to carry around a pacifier tomorrow."

The former nurse who told us of this incident described it as follows: "The child was caught sucking a small piece of plastic. The psychiatric aide grabbed the child and for 30 minutes was holding the child and shouting at the child 'it's dangerous to suck things', 'you could have swallowed it', 'it's dirty', 'I love you, that's why I am so concerned

about you', 'you could get sick', 'it's covered with fly shit'." After this lengthy demonstration the child was made to write "I won't suck things" or something similar, but was also made to wear a sign around her neck for 24 hours saying "I suck things".

The Committee was told of one other incident where a child was made to wear a sign, although we did not verify this from the record. This incident involved a small boy who was always stealing articles and he had printed on his T-shirt something like "I steal things" and he wore the T-shirt to class and for an undetermined length of time.

We found no evidence of what could be described as physical abuse such as bruises or injuries, nor have we heard any allegations that these things occur. We determined that in the case of each of the foregoing complaints an incident did occur, but we were unable to document that it was as exaggerated as told to us by the complainant. However, the complainant has not worked for the institution for over six months and all of the incidents that she had reported were at least six months, and in many instances, a couple of years old.

In the course of our investigation we discovered one incident that occurred the night before our first visit. That incident involved a young girl who had refused to eat her noon lunch or a portion thereof. The girl was a problem eater and the record had adequate documentation of this fact. While the exact details are hard to reconstruct, the aide that came on duty at 3:00 p.m. told us he was advised by the aide whom he relieved that this patient must eat the coleslaw that she had not eaten at lunch before she could have supper. This afternoon aide was apparently going to require the patient to eat the coleslaw when the afternoon RN intervened and said that the child should not be required to eat coleslaw that had been setting in the ward for six hours. The afternoon aide reported that he was upset about the incident because the nurse had countermanded an order of the treatment coordinator passed down to him by the morning aide who worked with the treatment coordinator. In discussing this matter with the treatment coordinator it was verified that the incident did occur, but the treatment coordinator understood that the food on the child's tray involved more than just coleslaw and that it was ridiculous for anyone to think that she would order the child be required to eat the food on the tray since the food had been thrown on the floor by the child and picked up and put back on the tray. She admitted that the morning aide had given these instructions in the change of shift to the afternoon aide and the morning aide had admitted the same. It was discovered

that the afternoon aide was upset over the incident because the afternoon RN had allowed the child to sit on the nurse's lap while she fed the child crackers and peanut butter. The afternoon aide understood that the child was required to sit in the time-out room with the coleslaw on the floor in front of her. The treatment coordinator told us that she never intended for the child to have to eat the food because she recognized that it was dirty, but that she had ordered that the child take the tray to her room and sit on her bed and look at the food. This incident illustrates the confused lines of authority and communications.

The Committee interviewed SRS personnel personally and on several other times by letter and telephone calls. The Committee was given convincing accounts justifying the complaints about attitude. We were told of one instance where a residential facility, when learning that the child that SRS was asking them to accept had been treated by Rainbow, the facility was willing to accept the child until they discovered that a staff member at Rainbow was going to continue counselling with the child. This specific instance involved the Chief Social Worker at Rainbow and the facility reported to SRS that they did not want to work with the child since they would have to be working with the Chief Social Worker from Rainbow.

Findings regarding additional concerns of Johnson County Mental Health Center:

The Committee found that it is true that a staff member at Johnson County was barred from staff conferences at Rainbow. This could be expected to disrupt continuity of care. The specific incident happened as follows. College students majoring in special education were "interning" or "observing" at both Rainbow MHF and Johnson County MHF. Two of the students assigned to Rainbow complained to the student assigned to Johnson County about the treatment methods used at Rainbow. Through this route Dr. Martha Beatty, Children's Coordinator, Johnson County MHF, who had been attending weekly treatment team meetings at Rainbow told the Coordinator of Children's Services at Rainbow about the students reporting treatment irregularities. According to Dr. Beatty the Rainbow staff immediately accused her of being disloyal and not supportive of the Rainbow treatment program and advised her that she was in essence persona non grata and that she should not come to any more treatment team or staff meetings. This incident occurred in December, 1978, and at the time of our investigation she had not been invited back nor had she been back. Dr. Casper, Rainbow's Children's Coordinator, verified the incident but told a slightly different version. His version was that Dr. Beatty and the staff at

Johnson County had taken the students' complaints and discussed them with the Johnson County Mental Health Center Board and had, in a sense, already found Rainbow guilty. Dr. Beatty reported to us that the purpose of her reporting these alleged treatment irregularities to Dr. Casper was to inform him of the matter and not to accuse him or Rainbow. Dr. Casper contends the report by Dr. Beatty was of a different nature--more in the vein of delivering a final judgment than a message. In any event, the decision of the staff at Rainbow created a serious communication gap between Johnson County and Rainbow.

The Committee finds that according to state policy differences of opinion about admission and discharge should be settled in the coordinating committee.

We were made well aware of the concerns through specific examples over a long period of time. The issues are sufficiently complicated by the administrative structure to require further investigation to confirm the concerns as fact. In the organization the mechanism to solve such problems has been provided for by the existence of the coordinating counsel which is meeting regularly. We find that there is a clash of opinion on admission and discharge criteria. The Johnson County Mental Health Center is wanting to determine internal placement within Rainbow rather than just arranging for admission to Rainbow.

We discovered that Wyandotte Mental Health Center does have rather consistent participation in treatment planning and in interviewing Wyandotte Mental Health Center staff we were told of cooperation and received positive reports regarding the treatment program. It appears that they fully participated in that treatment program of the patients at Rainbow in which they had an interest. This was not true of the Johnson County Health Center.

Commentary:

Some immediate measures are needed to restore staff morale, staff efficiency, constructive (rather than destructive) communication between units in the hospital and between Rainbow and its sister agencies. Delay will only aggravate a situation wherein it cannot be disputed that:

- (1) A non-treatment staff employee has been convicted of child abuse.
- (2) That food has been made the center of treatment against the gentle advice of an expert review committee.

- (3) That food as a treatment method has been questioned by a number of trained people.
- (4) That two KBI investigations have been considered necessary by law enforcement personnel, the results of which are not available to this Committee.
- (5) That an eloped patient has been assaulted off grounds.

All these factors contribute to a deterioration of the Rainbow program unless reversed with vigor, and in order to do so the Committee has made a set of recommendations for consideration by the Secretary.

STATE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

This was submitted to Jack Southwick on August 16 for him to develop an action plan.

MEMORANDUM

FROM: Mr. Hann, Ms. Rislove & Dr. WilliamsRE: Rainbow Interim ReportDATE: August 15, 1979

The treatment situation at Rainbow is acute and immediate definitive action should be taken to correct the problem of internal control, community confidence and relationships and contact with key community professionals in agencies and private practice.

I. Problem of internal control is made up primarily of:

1. Failure to follow-up written policies and procedures.
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4. Too much control by individual treatment coordinators.

II. Problem of community relationships:

1. Immediate steps to contact:
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2. Written plan to accomplish these contacts and make Rainbow more open to these agencies.
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III. Problem of individual contacts:

1. Reinvite liaison staff from Johnson County, etc.

IV. Reactivate subcommittee to Secretary's Mental Health Committee.

V. Immediate action on:

- a. Designation of strong supervisory authority in office of Clinical Director in area of clinical treatment program.
- b. Enforcement of rules and regulations, hospital written policies and procedures.
- c. Establishment of human rights committee.
- d. Activation of required professional advisory committee. (P.L. 94-63)
- e. Immediate consideration of termination of questionable employees as determined by Superintendent.

Nothing in the above implies that all treatment procedures are bad. There is much justifiably to defend at Rainbow.

PROPOSAL FOR DEALING WITH THE MANAGEMENT PROBLEMS
OF THE RAINBOW MENTAL HEALTH FACILITY

The following proposal is a two-step approach to dealing with the questions and concerns about the management structure for the Rainbow Mental Health Facility. It has the objectives of normalizing the transfer of patients in and out of the facility as soon as possible, as well as the development of a mechanism for significant community input into the administration and programming of the Facility.

Normal client transfers and utilization of the Facility would resume following the implementation of certain policies and procedures outlined in the November position paper by Wyandot MHC and others called for by Johnson County MHC as specified in the attached documents. Fiscal issues contained therein would be dealt with as recommendations to the Legislature by the Governor.

The second step would include a change in the statutes which would:

(a) authorize and charge a "policy board" of local people; and (b) permit that board to engage a management firm for the direct operation of the facility.

Objective

This proposal would meet the objectives of having more community input into the operation and programming of the Facility, bring expert hospital management to the program, create an opportunity for a new and perhaps a more objective approach to binding the programs together. In the meantime, joint services would be normalized as much as possible without jeopardizing the implementation of the foregoing longer range goals.

Step One

The Johnson County Mental Health Center has created a list of twelve items which need to be addressed with the Rainbow Unit in improving services and

continuity of care. As part of current discussions, Wyandot MHC has developed a list of ten "necessary actions" that are required in order to make the Rainbow Unit acceptable as it is now organized. Some of these items can be addressed immediately, but numbers two and five have budgetary implications which cannot be implemented on a regular basis until July of 1980. These are all items on which work could proceed and which would have the effect of immediately improving patient care and making the Facility a safer place for patients.

Step Two

A commitment would be made by the Governor which would have the support of SRS and the communities to ask the Legislature to pass a statute authorizing the Governor to appoint a governing board of local individuals which would be responsible for setting policy for the Rainbow Facility. This board would have the authority to set policy in all areas, not prohibited by statute. Additionally, it would have the authority to engage a management firm to administer and program the Facility.

Structure

The policy board appointed by the Governor would contain a combination of private mental health practitioners in the community, lay people in the community and local Mental Health Center representatives. The population groups to be served would be represented proportionately on the board. This board would secure a management firm to organize and administer the facility. The management firm would continue to observe certain policies regarding comprehensive mental health policies, state fiscal policies and such policies as enacted by the governing board.

The two Mental Health Centers would officially recognize the authority of the policy board and renegotiate affiliation agreements which would be consistent with operating comprehensive community mental health programs.

The program could continue to operate with basically the same types and number of positions as currently. The sources of funding and the amount of funding needed would be approximately the same as now. It is assumed that any increased cost of management would be offset by additional income realized from an improved system of collecting fees from patients. The state fiscal obligations would be no more than under the present structure.

Adopted by Johnson County Mental Health Center Board 11-13-79

CONSIDERATIONS IN NORMALIZING PATIENT TRANSFERS BETWEEN
PARTIAL HOSPITALIZATION/INPATIENT AND OUTPATIENT SERVICES
(Rainbow Mental Health Facility and Johnson County Mental Health Center)

General:

1. Recompile all policies and procedures as determined in the Joint Coordinating Committee on October 4th and review them for their current application.
2. Conduct reorientation sessions for all outpatient, partial hospitalization and inpatient staff, so that all staff have maximum opportunity to not only understand policies relating to their specific area of work, but also know what to expect at all points of interface between the agencies.
3. Plan and carry out inservice training on ethical and professional considerations of working within the comprehensive mental health programs. This would apply to all levels of staff, including clerical.
4. Agree to specific time tables for reporting statistical and financial information as needed in state and federal reporting.
5. Agreement on policies and procedures concerning patients at the Rainbow Facility who walk away, refuse to cooperate in treatment, make suicidal or homicidal threats, take unprescribed medication, require emergency medical services, or like things.

Children:

6. Agreement on procedures within the Rainbow Facility for reporting unusual situations in treatment and inappropriate actions of staff. Specific situations need to be determined and appropriate responses set for each. This would include what the contacts should be with parents and legal guardians.
7. Agreement on staffing pattern to provide adequate supervision of patients.
8. The means of providing adequate supervision of staff for assuring appropriate quality of care.
9. Agreement on how liaison planning and continuity of care will be carried out.
10. Agreement upon the means of reviewing all treatment modalities used with children, including the requirement of prior approval of unusual or previously unused techniques.

Adult:

11. Determination of the liaison and treatment planning to be carried on for patients housed on, and/or treated by staff on cottages A-1 and A-2.
12. Determination of liaison and treatment planning for patients being served by the Substance Abuse program.

Oct. 1979

Necessary Actions:

1. Clear delineation of authority and responsibility of the Joint Coordinating Committee, including
 - a. consistent membership of Director of Community Services of SRS
 - b. development and review of operating policies and procedures
 - c. involvement in review, selection, and personnel status change of key staff.
2. Development of program capability for temporary holding/monitoring of adults experiencing psychiatric emergencies.
Ref: Minutes of Special Sub-committee of Secretary's Advisory Committee - Johnson/Wyandotte Counties.
3. Development of system for sharing staff between Centers and Rainbow on a contract basis.
4. Develop mechanism whereby key staff of Centers and Rainbow can provide formal/written appraisal of key staff performance within the affiliated agency.

5. Development of more consistent and comprehensive staffing level and coverage plan to meet unique demands of the Rainbow program.

Ref.: Internal budgetary/program report developed by Southwick/Nemec.

6. Development of Professional Advisory Council.

Ref.: Southwick response to Williams report.

7. Development of Community Advisory Council.

Ref.: Southwick response to Williams report.

8. Delineation and assessment of administrative/authority/accountability lines within Rainbow program.

Ref.: Conclusions/future plans stemming from Eddy's Management Consultation, October, 1979; Southwick response to Williams report and Governor's letter to Harder.

9. Reinforce current communication between middle management levels of affiliated agencies.

- a. review current pattern of meetings between Center and Rainbow staff.
 - b. include representatives of the Centers within the General Staff Conference at Rainbow.
10. Impact of the foregoing would be continually assessed by the Joint Coordinating Committee and in October, 1980 by the Secretary's ad hoc committee to review options for the governance of the Rainbow Facility.

Budgetary Implications:

1. The Southwick/Nemec report on the staff coverage issue addresses options and budgetary implications for providing more appropriate staffing pattern.
2. The cost for development of "holding" capability at Rainbow requires closer review of the following factors:
 - a. Structural changes within the physical plant
 - b. Possible increased security personnel
 - c. Possible increased service personnel
 - d. Reduction in overall costs as result of detaining temporary psychiatric emergencies locally.

Submitted by:

WYANDOT MENTAL HEALTH CENTER, INC.

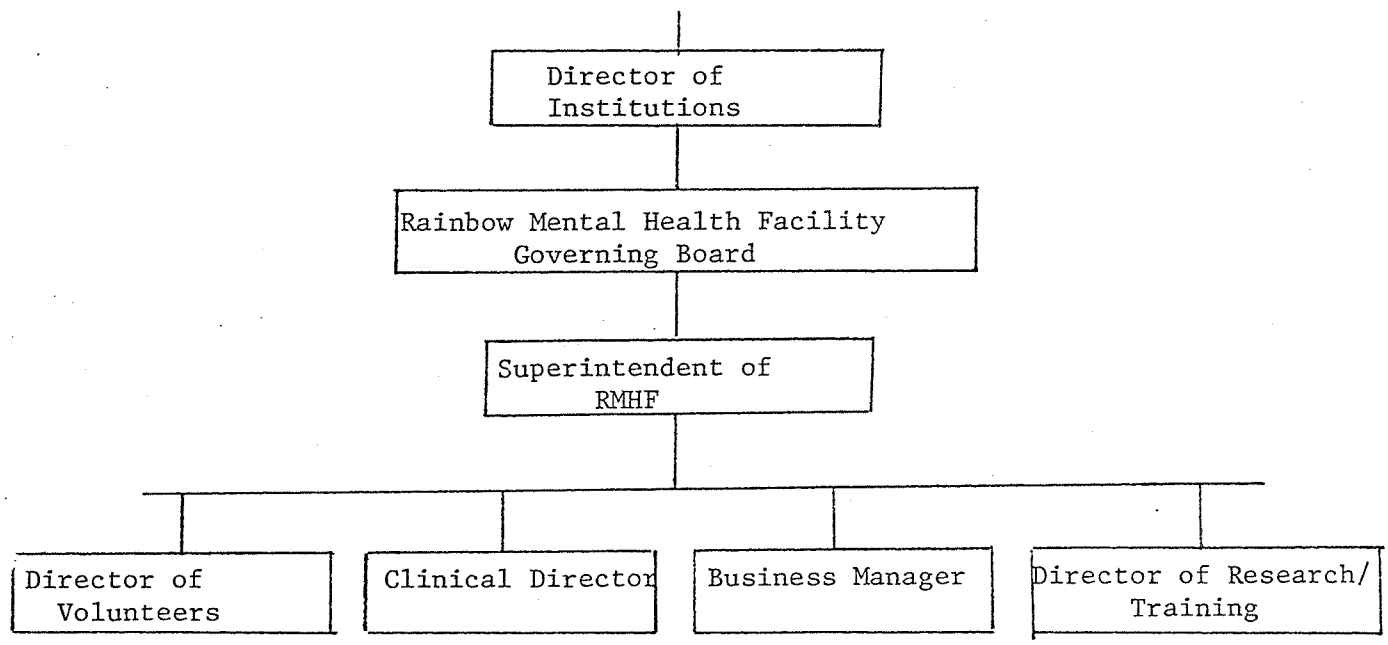
COMMUNITY GOVERNING BOARD FOR
RAINBOW MENTAL HEALTH FACILITY

The addition of a community governing board for the Rainbow Unit may be unique within the Department of Social and Rehabilitative Services but has strong foundations in community mental health. In this case, a board to represent Johnson and Wyandotte county would be placed in the administrative line of accountability between the Director of State Institutions and the Superintendent of the Rainbow Facility. This is similar to the mental health board in Johnson and other counties whereby the governing board is accountable to a higher authority to run the program according to fiscal and personnel policies superimposed by the higher authority.

The model offered at the present time would maintain the administrative structure that currently exists including the joint coordinating committee whose purpose it is to coordinate programs at the staff level and implement board policy. That committee would continue to represent the various elements of the comprehensive programs.

The governing board could consist of 12 to 15 people with 3 or 4 representing Johnson County and the balance Wyandotte County as a means of having representation on the board related to the proportion of clients from the respective counties. Terms should be 3 years with the initial appointments being made by the two existing county boards.

Further details have not been proposed but would be contingent upon the adoption of the locally derived governing board concept.



Proposed by Wyandot and Johnson County Mental Health Boards, January 15, 1980

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JOHNSON COUNTY MENTAL HEALTH CENTER
AN UNDERSTANDING OF FUNCTIONAL PROBLEMS
WITHIN SRS INSTITUTIONS

SRS institutions have more problems than should be expected. No mental health program will always avoid personnel problems, program miscues and communication difficulties; however, a series of serious problems is a different matter. In studying a number of unrelated problems at the Rainbow Mental Health Facility, we have come to the conclusion that the main problems are larger than individual employees with poor judgment or defective personalities. In fact, the Rainbow Facility is not that different from other SRS institutions. We are confident the Rainbow Facility problems reflect two basic problems relevant to all SRS institutions:

1. The SRS umbrella agency is too large.
2. The administration of SRS is too centralized and autocratic for administering professional services within institutions.

Our examinations reveal the following:

Regarding the Size of SRS

FACT: Mental health and retardation programs alone account for over 4,800 employees and over 87 million dollars of expenditures.

1. Only part time of a cabinet level position is given to mental health and retardation concerns. Institutions receive only a fraction of the attention of the person responsible to the legislature and governor for their operation.
2. The current organization puts an extra echelon of distance between mental health officials and the governor/legislature, resulting in subtle feelings of less control--less accountability--less responsibility on the part of those operating the institutions.
3. The welfare attitudes and organization of SRS for administering social welfare programs tend to interfere with developing the most desirable policies and procedures within which mental health professionals care for patients. More policies and procedures need to be developed at the institutional level in order to reflect differences in areas and clientele served.

FACT: The school program at the Rainbow Facility is recognized as an outstandingly good service. It is operated and controlled as part of the local school system.

Regarding Administration

We are cognizant that the current administration has assets. It is convenient to have a Secretary who is willing to personally assume all responsibility, answer all questions, defend unpopular decisions, and generally take a lot of heat that would otherwise be directed at the governor and legislature. However, this autocratic style with tightly held control also contributes to management problems all up and down the administrative structure. Its effect is observable in how the person working in an institution does his/her job.

1. Lack of delegation of authority to go along with responsibility discourages the best use of talents and skills:
 - middle managers respond defensively instead of assertively in the face of problems and, likewise, tend to not seize opportunities for change.
 - actions tend to be those that can be defended to the Secretary who may or may not understand the full meaning of the situation.
 - a defensive, staff oriented "mind set" determines the tone for programming at an institution.
2. The more creative professionally trained people frequently leave employment where they don't have a sense of participation in managing their own work and assuming responsibility for it. Those who stay employed at institutions tend to:
 - withdraw and create their own bailiwick,
 - develop informal liaisons with other staff to act independently or circumvent policies,
 - invest interests elsewhere (i.e., private practice) and give minimally to the job.
3. "Don't care" attitudes create situations in which:
 - staff neglect responsibility and do a poor job of supervising those under them.
 - inappropriate behavior by employees is not reported or dealt with.
 - details of patient care get postponed or overlooked.
 - communication with outside persons/agencies also gets postponed or overlooked.
4. What the employee can get from the job becomes more important than what the employee can contribute to patient care as evidenced in:
 - high absenteeism
 - mediocre performance that becomes the norm.
 - severe cases in which patients are exploited.

Recommendation

It is strongly recommended that mental health and similar professional service programs, such as mental retardation and substance abuse, be separated from social welfare programs under the SRS umbrella. This would allow the following:

1. The installation of a cabinet level position to lead a department with homogenous functions and staffing.
2. The opportunity to develop top leadership that would give full time in mental health and retardation to:
 - a. improving the management of institutions.
 - b. reconciling legislative/executive intentions with service delivery problems within institutions.
 - c. integrating state and community programs.
3. The development of a better sense of self-esteem and commitment from within to carry out the purposes of the institutions. A new identity and renewed mission statement would:
 - a. encourage more innovation and creativity.
 - b. emphasize "professionalism" and professional responsibilities throughout institutions.
 - c. encourage new leadership to emerge from within to deal with everyday problems and issues.

While many improvements can be made within individual institutions (some have been made at the Rainbow Unit), the most significant improvement that can be made at the present is to make a change at the top which could improve the internal functioning of all institutions.