

MINUTES OF THE SPECIAL STUDY COMMITTEE ON SOCIAL AND REHABILITATIVE
INSTITUTIONS

Held in Room 313-S, at the Statehouse, at 12:30 p.m., on February 13, 1980.

Members present were:

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

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 appearing before the committee were:

Lou Demers, Menninger Children's Division, former YCAA employee
Bert Scott, Administrator, Horton Community Hospital
Elizabeth Spiess, Mental Health Technician III, Osawatomie State Hospital
Wilma Ripley, Mental Health Technician II, Osawatomie State Hospital

The Chairman called the meeting to order.

Mr. Demers, a former employee at the Youth Center at Atchison, appeared to present information to the committee relating to problems he experienced with the administration during the years (1973-1976) he worked as a cottage parent at this institution. He cited an example of child abuse in the beating of a resident which he reported to Superintendent Sappington with no results. He then wrote letters to both Secretary Harder and Ken Keller but was told to take the matter back to Sappington. Mr. Demers mentioned other incidents, including; his car tires were slashed after he reported a staff member had supplied marijuana to a resident; a resident was held in the bathroom until he drank a quart of prune juice because he had been talking too much; a resident had her mouth washed out with cleaning powder because she used abusive language; and a resident with a severely lacerated hand could not receive treatment because the nurse on duty said she was too busy folding the laundry.

Mr. Demers said that when he reported incidents to the administration at YCAA, he was told the residents were making up stories and the matters would be taken care of, but nothing was done. As a result of his reports, Mr. Demers said he was asked to resign by Mel Miller, program director, who threatened to disclose certain alleged damaging information in his personnel file if he did not. Mr. Demers stated he reported this threat of exposure to Supt. Sappington who did not believe Mr. Miller did this. Mr. Demers also reported the threat to Ken Keller in Topeka who also did not believe Mr. Miller made the threat. As far as Mr. Demers knew, no one in administration attempted to have a hearing on the incident. Mr. Carman asked Mr. Demers if he knew where else, higher up the ladder, he could have gone with his problem. He replied that he had written to Secretary Harder and to the Governor. Representative Hoagland asked Mr.

Demers what his recommendations would be to assure that problems such as his would not occur. He suggested that some of the staff at YCAA had been there too long. Consequently, they were getting away with activities which should not be allowed.

The Chairman asked Mr. Demers if he knew of other instances of illegal drugs or alcohol being used at YCAA. Mr. Demers stated he did not.

Mr. Scott stated he had been in health care work 15 years and had some knowledge of administrative problems as well as problems dealing with young people since, as a foster parent, he had successfully raised over fifty boys considered by society to be the least likely to succeed.

Mr. Scott stated his first contact with the Youth Center at Topeka was through one of his boys who was completing his law degree and working part-time in the Topeka Court Services office. This young man would tell of incidents taking place at this youth center, and, at that time, Mr. Scott said he tended to regard these as unavoidable evils of society. His first contact with Atchison was about a year ago when he spoke of his work with youth at a district Kiwanis meeting attended by a social worker from YCAA. She subsequently called and requested him to take a boy from the center for weekends to which he agreed. On these visits, he began to hear strange tales concerning the center which he reported to the social worker who, although she knew of the incidents, could do nothing. Mr. Scott attempted to discuss them with the boy's cottage parents, but he was told the kids were natural liars and were just trying to make the center look bad.

Mr. Scott was especially concerned with incidents of strip searching that occurred when residents returned to campus on Sunday evenings. These were categorically denied by the cottage parents when he questioned them. Three weeks later (during April or May, 1979), when he returned a student to the campus, Mr. Scott and three of his boys observed, through an open blind, the resident being strip searched. He reported the incident to the social worker, but she had no authority to do anything, and the matter was dropped. Senator Johnston asked Mr. Scott if strip searching was a policy of the institution or an independent act of the cottage parents. Mr. Scott questioned why the cottage parents denied the occurrence if it was a policy.

Another concern expressed by Mr. Scott was that when a resident was due to leave the institution permanently, cottage parents would begin to make his life miserable by applying the institution's unbelievable regulations. He gave an example of his boy being denied a weekend camping trip because of an infraction which the cottage parents termed "horse-play in the cafeteria" with his boy being the only resident cited. When Mr. Scott reported this to the director as being unreasonable, he was told there was nothing he could do about what the cottage parents demand. His boy was afraid to report incidents to the social worker because the cottage parents would threaten him with dire things that would happen to him.

Concern was expressed by Mr. Scott regarding medical treatment at the center. Boys on campus have told him repeatedly it is impossible to see a nurse or receive medical attention unless a person is about dead. He gave an example of trying to get dental treatment for his boy, being amazed at the excuses given by the cottage parents such as there were no

funds available for dental care or that they had called a dentist for an appointment, but he was too busy to see the boy. In calling the dentist himself for an appointment for the boy, Mr. Scott discovered the cottage parents had never attempted to make one.

Mr. Scott stated it was impossible to get health records from the center when two of his boys entered public school where immunization records are required by law. He was told they had no health records on the boys. Mr. Scott said the educational system at the center was deplorable. Some boys are at the center two months before they are put into the educational system, and he has had no answer from the administration as to why this is. He said for math classes, monopoly is played; and, for science, magazines are read. Mr. Scott said if the center feels these boys are uneducable, it is wrong as he has proven otherwise with his boys.

Mr. Scott was concerned with the lack of education of some cottage parents. He noted that out of five cottage parents at Atchison, not one had a high school education, and in contacts he made in the community regarding their backgrounds and qualifications, he determined that some people would not even let them babysit in their homes. He said it was common knowledge that one was an ex-convict, and one was reputed to be a prostitute. One boy reported to the KBI that he had had sex with a cottage parent. Mr. Scott expressed great concern that no control was placed over the cottage parent element at the campus. He realized all could not have college degrees, but he felt that successful people breed success. Senator Johnston asked Mr. Scott if the state should not allow anyone convicted of a crime to work in these institutions. He replied that, in some instances, if that person was positively oriented, his past might be an asset in working with youth.

Mr. Scott stated he had attempted to talk with Dr. Kearns regarding his concerns but to no avail. Consequently, when he learned of Senator Reilly's concerns relative to state institutions, Mr. Scott contacted him.

Mr. Scott was asked if there had been any changes at Atchison in the sixty days since his concerns have been reported. He replied there have not been any. He was asked if, in his work with youth, he had had similar problems with other facilities like Atchison to which he replied that most of his boys do not come from state facilities. A major problem with the youth center, in his opinion, is the negative input given residents by cottage parents. They are told they are convicts, that they will never make good. Mr. Scott could not recall one positive thing residents ever got from cottage parents who should realize these boys have tremendous potential. He said he sees no great difference in the boys he has had from Atchison and those assigned to him from other sources.

Mrs. Spiess, a fifteen-year employee at Osawatomie State Hospital, gave a statement in support of mental health workers and the nurses at this institution (Attachment A). In answer to questions, she stated she has not worked with adolescents at Osawatomie for twelve years, and she had no knowledge of any underground railroad type of operation where friends of patients come on the grounds giving patients the opportunity to trade drugs, money, alcohol, sex, or whatever they had to be taken on out-of-town trips. She said the opportunity might exist since the hospital

grounds are open from 6:30 a.m. until 6:30 p.m. and patients, although they are checked on frequently, are allowed to come and go freely. She stated one gate was open after 6:30 p.m. with a guard on duty. She did not know if cars were checked by the guard.


Mrs. Spiess said the health service worker turnover rate was quite high. Employees at higher levels remained longer although she felt this turnover rate was higher than it should be. She felt facilities at Osawatomie were almost adequate. She said entry-level persons were on the job only two weeks before they are sent on a ward, and she felt they needed to be trained longer because employees with experience do not have the time, due partly to the burden of paperwork, to instruct them.

In response to statements on page 3 of her written testimony relating to questions that can be asked on application forms with respect to criminal records, Mrs. Spiess stated this statement was her understanding of what she had been told in this respect.

In response to further questions, Mrs. Spiess said she had never had any repercussions from reporting unprofessional conduct of other employees to her superior who generally took care of the situation. In order to do this, her superior, on a number of occasions, has had to go beyond his own level, but she was not certain to whom he would have to go to receive assistance.

Mrs. Ripley stated she has never experienced any difficulty in processing complaints through the appropriate channels all the way to the superintendent of the institution. A copy of Mrs. Ripley's letter to the committee is attached (Attachment B). In answer to questions, Mrs. Ripley said there was a written policy on procedures to be followed regarding the reporting of complaints. The committee requested a copy of the policy. She thought her superior probably went to Secretary Harder for assistance if needed. She did not know about the position of Director of Institutions.

The meeting adjourned at 1:30 p.m.


Chairman

ATTENDANCE SHEET
FEB. 13, 1980

<u>NAME</u>	<u>REPRESENTING</u>	<u>TOWN</u>
Jack Pulliam	Self	Topeka
Sharon Gordon		"
Pat McKinley	Mental Health Assn in KS	Topeka
Betty Stowers	✓	✓
Cameron		
Hamm		
Wabma		

Osawatomie, Kansas 66064
February 8, 1980

Honorable Robert A. Coldsnow & Special Study Committee Members:

Instead of talking about the horrible things that have happened at the state hospital which brought this investigation about, let me turn it around and spend just a few minutes commenting on some of the things which have not apparently been said that need to be said.

Some of this inadequate communication is understandable, but much bitterness, anger, resentment, and criticism that has occurred is often directed at the wrong people and for the wrong reasons.

Who are the Mental Health Technicians? What kind of people are they? What do they do? Who are these people who take care of mentally ill persons -- that is, those who take care of them most directly?

Mental Health Technicians have a healthy respect for other people. We have respect for ourselves. That is why I am here today!

Within the psychiatric hospital setting, Mental Health Technicians are paraprofessionals who demonstrate a high level of responsibility, especially when an milieu therapy approach is used.

Our paraprofessional staff members tend to be warm people concerned for others' well-being. They have well developed interpersonal communication skills. They are equally at ease voicing their feelings and ideas or listening to others. We have confidence in our skills and competencies. From the results of our work, we have seen ourselves as being genuinely helpful to our clients and communities. We feel a great deal of individual pride in our work and group pride in our programs. However, for the responsibilities placed on us in a health care setting and the work that we have to do in life and death situations, our salaries are too low and not commensurate with our responsibilities.

The conception of inpatient services has changed markedly in recent years, from the old situation of caring for hopeless seniles and schizophrenics living out the rest of their lives in the hospital, to the new change providing active treatment and rehabilitation, enabling most patients to return to productive living and working.

The Mental Health Technician at Osawatomie State Hospital is a vital therapeutic link to the patient. The technician has more contact with

the patient than others have. Within our hands rests a very vital tool in offering healing to patients.

There has been a growing effort to humanize the hospital and to raise the patient's general status in the hospital. Closed wards have been opened. Various degrees of patient government have been introduced. Recreational and work facilities have been improved. These changes have been carried through chiefly by non-professional or semi-professional personnel such as we in the nursing service. The Mental Health Technicians are the primary agents for bringing about the new effective milieu in the hospital.

The term "mental health worker" is used to designate those individuals who, through experience and/or inservice training, or formal education, or all three, function in psychiatric facilities under a number of different job titles such as Mental Health Worker, Psychiatric Technician, or Psychiatric Aide.

In the past, the Mental Health Worker, more specifically, the Psychiatric Aide, has been the one most continuously involved in the care-giving process in psychiatric hospitals, yet the one who has been considered the least capable from the point of view of education, training, and expertise, as well as physical and emotional aptitude of providing creative input into the therapeutic process. Today, however, through their training, experience, and general capability, mental health workers are entering the care-giving process in a more positive and creative manner. The intent of the accreditation standards covering mental health workers is to upgrade the general quality of these personnel by setting minimum qualifications for recruitment and by requiring hospitals to ensure that such personnel are trained sufficiently to enter the care-giving process.

The Mental Health Technician does individual counselling, group therapy, and family therapy. Paraprofessionals are an important, although often invisible, part of our mental health service system. Without them, many clients would not be served or would be served poorly. We hope that these descriptions of the tasks paraprofessionals are providing will help give this significant group the attention that it so well deserves.

The information above documents the wide range of jobs in which paraprofessionals currently are working and the high quality of the services they are capable of providing.

The current practice in the recruitment of the majority of the non-professional mental health workers is to employ them and then to attempt

to train them.

We need to develop a workable, effective system of standards for entry-level training that will upgrade the treatment programs by upgrading the skills of people coming into the program. The argument being that, if you upgrade the standards and the work of the intermediary personnel, you will eventually improve the system. If you want to improve the system, the only way of doing it is by improving the standards of the people who spend the most of their time with patients.

Hiring regulations prohibit asking in pre-employment interviews questions which could weed-out undesirable employees.

Also, the main difficulty we have found in getting good quality personnel is, quite frankly, the pay scale. Starting pay is very low for psychiatric aides. Consequently, Kansas psychiatric hospitals do not attract a very high caliber of personnel, and there is a manpower shortage at our hospital. Frequently, we have one psychiatric aide working a ward of twenty-five patients, when we should have at least two psychiatric aides. And one of those psychiatric aides should be experienced, not both be young and just newly trained.

Our salaries are not enough to recruit the highly competent people we need. There is an inability to offer suitable salary and tenure of position in order to attract and hold highly qualified people capable of withstanding the stresses and strains of mental health work. Consequently, the turnover rate of personnel at our hospital is high.

Recruitment is a slow process, leaving vacancies in some areas or necessitating changing staff from one area to another, which means interruptions in services to patients and families. Changes in personnel in the programs affect the therapist-patient-family relationships. A depleted staff also affects staff attitudes. Therapists under stress tend to become discouraged more quickly when results are not immediately apparent. Staff turnover also means continuous reorientation of new employees to the program and, consequently, less attention paid to the patient care.

The patient is caught in the middle of this muddle, and his care and treatment suffer. Humane and competent treatment is required and patients are not getting it all the time right now because of lack of personnel and/or inexperienced personnel because of high turnover.

Osawatomie State Hospital has gained accreditation through the Joint Commission. To receive accreditation, a psychiatric hospital must

be in substantial compliance with the standards for psychiatric facilities which are contained in the Accreditation Manual for Psychiatric Facilities. These standards are basic, national standards that indicate how psychiatric hospitals should operate.

We have received a two-year accreditation each time we have been surveyed since 1970, except for 1975, when we were given a one-year accreditation, due to fire and safety reasons. This indicates a high level of quality treatment. We are presently the only state facility in Kansas which has gained a two-year accreditation. This automatically reflects on the abilities and standard of care that Mental Health Technicians have given in the past ten years.

We have achieved a standard of care not found in another state facility in Kansas and yet the standards of our care are being questioned. I, for one, frankly admit we are meeting the standards but the quality at times is lacking. That, however, is no cause for tearing down and attacking the enormous accomplishment we have achieved the past ten years, which no other Kansas state psychiatric facility can come close to.

I feel that the newspapers and legislators have unfairly judged the majority of well trained, alert, dedicated nursing staff at Osawatomie State Hospital. The newspapers and media have reported and related the regrettable events at Osawatomie State Hospital, but also have overstated the amount of neglect and misconduct of the direct-care person. I want you to realize that our people are educated, dedicated, well trained, as well as licensed by the Kansas State Board of Nursing.

I think it is necessary for you, today, to know some background information about our psychiatric nursing personnel or psychiatric aides.

The Health Service Worker is on the lowest rung of the career ladder of the psychiatric aide personnel. The Health Service Worker has two weeks of class orientation prior to accepting responsibility of orderly duties.

The next step up is the Psychiatric Aide. The Psychiatric Aide is trained for three months. The program is accredited through both the Kansas State Board of Nursing and Allen County Community Junior College, and the three months of training is eligible for fourteen hours of college credit thru that college.

The next step up is the Licensed Mental Health Technician. Our Licensed Mental Health Technicians are in training for six months prior to

taking the Kansas State Board of Nursing licensure exam. The six months of additional training is eligible for twenty-six additional college credits. You must understand that the training for the licensed Mental Health Technician level is forty college credit hours toward an Associate of Arts degree in Mental Health Technology at Allen County Community Junior College at Iola, Kansas.

Several of the Mental Health Technicians at Osawatomie have, on their own time and money, gone to college and received the Associate of Arts, two-year college degree. I am one of them. Others have even received their bachelor's degree. I, again, am one of them. Others are working towards the master's degree. I am working towards my master's.

We Mental Health Technicians at Osawatomie State Hospital want the full story to come to "light". However, I personally question the fact that no one I have talked to has the slightest notion of what information is contained in the KBI report so that something can be done about the alleged misconduct.

I, for one, would appreciate an "on-site" visit to Osawatomie by the 1980 Special Study Committee on Social and Rehabilitative Institutions. I would like for you to meet the people on the job who work at Osawatomie. Our people are hard working and, for the most part, "straight-laced" persons.

I would like for you to meet these treatment people tagged unfairly by the papers as "Penthouse magazine article characters", and see for yourself that these allegations are untrue for the greater majority of the treatment staff.

As a dedicated worker of 13 years at Osawatomie, I resent being tarred with this brush in such a cavalier, unwarranted fashion.

I agree that the drug abuse and mistreatment of patients should be corrected promptly, but our legislators should also do more than condemn the people at Osawatomie State Hospital. I believe that they should seek to improve the underlying causes, such as low pay and shortage of staff.

The burden of proof, I believe, in this investigation, should be on the person making the accusations; not on us, who are trying to do a good job.

You are never going to change the situation of people making all kinds of accusations after they have been dismissed or dissatisfied with their job

situation.

I ask the question why were these accusations not brought to the attention of the person's supervisor and the superintendent of the hospital? Why did they keep their mouth shut until now about alleged misconduct? I have never been afraid to report any kind of misconduct among my fellow employees, and I have never suffered, in turn, from it in my job, and those people I reported admitted they were wrong. They didn't like it -- but they shaped up to the standards.

Why didn't these accusers of our alleged misconduct at the hospital report these alleged misconduct situations to the people concerned?

What are these people making the accusations against the hospital afraid of? Why didn't they report it to their supervisors where constructive action could have been taken and people reprimanded, called on the carpet, and called to account for it?

As far as I am concerned, such people who save up stuff and do not report it are as much at fault for any problems at the hospital as those who are so-called involved in "Booze, Drugs, and Sex."

I believe that the present inadequate staffing pattern is because of the many vacancies, and turnover and low pay are the real villains in this story. Legislators have the power to solve the problem if they choose to do so.

However, while legislators too often only add another layer of bureaucracy to solve a problem such as this, they have the potential for providing an effective, cohesive force and leadership for finally solving this problem.

Elizabeth Spiess, MHT III
Elizabeth Spiess, MHT III

ES:lc

1025 Chestnut
Osawatomie, Kansas 66064
February 8, 1980

The Honorable Robert A. Coldsnow
Legal Counsel to the Legislature
Room 449-N
State House
Topeka, Kansas 66612

Dear Mr. Coldsnow:

I read an article written by Mr. Martin Hawver which commented on reports to a legislative panel which is investigating state hospitals and youth rehabilitation facilities. Obviously those reporting to the panel gave information to the panel which they felt you should have. The article ended with the statement, "The committee is requesting persons who have information about bad management practices or patient abuse ..." to contact you. Since I have knowledge only of the incidents which were reported immediately as being inappropriate, questionable or unacceptable, I am unable to add to the information on "bad practices."

For 22 years I have been involved in direct patient care as a Mental Health Technician here at Osawatomie State Hospital. The past two years I have functioned in the role of Patients' Representative. I assure you that every complaint on the part of a patient indicating any form of abuse is investigated. Many times these complaints are reported by staff, other times by patients who utilize the grievance procedure for protection of their rights. Often the results of such investigations do not make for contented employees which, in my opinion, is their problem, if evidence of misconduct has been substantiated.

Those of us who are committed to seeing that those we serve receive quality care highly resent the implication that we are doing otherwise.

If you have any questions, I will be with the group that has an appointment for an interview with the committee.

Sincerely yours,



(Mrs.) Wilma Ripley, M.H.T.II
Patients' Representative
Osawatomie State Hospital