

MINUTES OF THE SPECIAL STUDY COMMITTEE ON SOCIAL AND REHABILITATIVE  
INSTITUTIONS

Held in Room 313-S, at the State House, at 12:30 p.m., on February 19, 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  
Robert A. Coldsnow, Legislative Counsel

Conferees present were:

Barbara L. Wiley, Personnel Director, Youth Centers at Topeka and Atchison  
Louis L. Frydman, Ph.D., Advocates for Freedom in Mental Health; Associate Professor, School of Social Welfare, University of Kansas  
(for identification only)  
David M. Head, Advocates for Freedom in Mental Health, Kansas City, Mo.

The Chairman called the meeting to order.

Ms. Wiley appeared and gave a statement (Attachment A) listing three areas of SRS policies relating to personnel as applied to employees at the state's three youth centers. Members were also furnished additional information relating to EEO and Affirmative Action plans for the centers (Attachment B); job descriptions and classifications for YSWs I, II, III, IV, V, and Youth Service Director (Attachment C); a description of training that had been or was available to employees of youth centers at Topeka and Atchison (Attachment D); a plan for YSW training (Attachment E); and a memo from Dr. Kearns (YCAA) to cottage staff regarding college courses available at Benedictine College at Atchison (Attachment F).

Ms. Wiley stated training was implemented immediately after the career ladder went into effect to qualify some employees who had been grandfathered into the ladder system or were new employees. She emphasized that, before June 18, 1979, when she was employed, YCAA and YCAT had no personnel department, and this new department is still in the process of planning personnel procedures.

In discussion, Ms. Wiley said the policies outlined in the attachments do not apply to SRS institutions other than the youth centers. She noted that evaluations had been appealed by only five employees at Atchison, and the reviewer was not the same in any instance. The supervisory level began at the YSW III level. She spends two days a week at Atchison and three days in Topeka. Before June, 1979, personnel matters were generally under the auspices of the institution's business manager with a clerk III at the Topeka center and a clerk at Atchison being responsible for the daily functions relating to personnel.

In answer to further questions, Ms. Wiley was not sure what stage the implementation of the career ladder was in when she took her position, but an executive order came from the Governor's office on July 5 to actualize the concept. There was discussion regarding the difference between job descriptions and specifications. Ms. Wiley pointed out the "specs" were developed over a twelve-year period during which time the cottage staff from the three youth centers had given input. After this, many conferences were held with the three centers' staff, the staff consisting of the Youth Service Director and the superintendent with several meetings being held with line staff and program directors on each campus. With respect to cottage parents being included in these meetings, Ms. Wiley thought they had been included prior to June 18, but she did not know for certain.

With respect to the different pay for a different shift for the YSW III classification being put into the system, Ms. Wiley thought the YSW III was assigned a pay raise and was put on the 4:00 to 12:00 p.m. shift to justify the raise, this shift having more responsibility for students at that time. Ms. Wiley said job descriptions are generic in nature, covering a large group of people. The example of work performed does not mean it would relate to each YSW III on campus, and description classifications must all be flexible. Mr. Coldsnow questioned if this variance was necessary since youth service workers are employed at only the three institutions. Ms. Wiley said it was necessary.

Mr. Coldsnow said many workers complained that the first they knew of the career ladder implementation and reclassification was when they received their September 1 pay checks with many receiving back pay to June 18. Ms. Wiley said she could not meet with everyone in the time span between June 18 and September 1. Although she, Mr. Wilson from Atchison, and Mr. Jackson from Topeka had attempted to meet with all staff, they could not talk with 118 employees personally. She noted that some employees she talked with became angry later with their classifications and said she did not give them the correct information. She said she had no control over miscommunication.

Ms. Wiley was asked if the personnel department tried to fit employees into the reclassified slots on a qualified basis. She said various options were considered in attempting to fill the positions involving YSWs II and III. One option was to open up the positions to everyone for consideration, but it was felt this was unfair. Another option was to grandfather them into the slots which was adopted. She did not know why some YSWs IV and V believed they would be able to continue to slot employees into positions, and some were angry they could not continue this practice.

In response to a question from Mr. Coldsnow, Ms. Wiley said no mandate had been issued by SRS management to its personnel department to just assign employees to their present classifications and get the matter out of a state of flux. The decision to do this was a consensus of opinion among SRS personnel management and top administrators of the youth centers.

There was discussion regarding the Benedictine courses (Attachment F). Ms. Wiley said she was involved with establishing these. One course is especially designed for beginning management. All courses are college

level, and no instructions had ever been given by her department to the college that courses must be taught at a sub-high school level because of the educational level of participating employees. She noted that people who take the time to take a course try very hard, and she did not think employees from the Atchison campus would have any problem. Employees there with GED certificates had taken college level courses and had done well. Ms. Wiley stated she would have the authority to interfere if courses for which the state is paying are not being taught at the level required.

Mr. Head appeared to express his concerns relating to problems he has encountered with SRS over the past nineteen years in abuse of confidentiality and in trying to file grievances he felt were justified as a result of his being a patient at Topeka State Hospital. His statement with documentation is attached (Attachment G).

In discussion, Mr. Head said his group is constantly frustrated because of inaction on the part of SRS regarding complaints it files concerning patients at Topeka State Hospital. He gave examples of his group not being able to get a person admitted who subsequently committed suicide. One patient was found frozen to death in a city park, and another had committed suicide. No reasons were given by SRS for these incidents, all occurring at Topeka State Hospital. The Chairman noted there was an effective grievance procedure at Osawatomie State Hospital and asked Mr. Head if he knew of any such procedure at Topeka. Mr. Head said when he discussed this with the accreditation committee in 1979, he was told the only thing to do was to direct his complaints to SRS, but nothing is accomplished by doing this. He recommended that Secretary Harder be relieved of the responsibility. Mr. Head also felt the lack of supervisory personnel in the children's section of TSH on the night shift staff should be corrected. He pointed out some aides sleep on the job because of no supervision. He noted this was a concern of the last accreditation inspection.

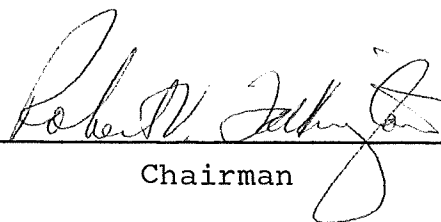
Dr. Frydman apologized to the committee for his misunderstanding of its charge. He had assumed the committee was limited to investigating sex and drugs in state institutions, his assumption being derived from newspaper accounts he had read. He listed four areas of concern: (1) liability to patients receiving, without their consent, powerful psychiatric drugs resulting in harmful, irreversible side effects which he said SRS does not deny administering; (2) liability for lawsuits for massive denial of civil rights in the use of seclusion; (3) liability for the state's failure to provide intermediate facilities for people who need help but do not need to be in a state institutional "warehouse"; and (4) liability for slander by employees who do not tell the truth. Additional information regarding these concerns can be found in Attachment H.

Dr. Frydman was requested to furnish the names and dates of particular incidents he knew of to support his statements. With respect to any names of patients who had objected to receiving drugs, Dr. Frydman said SRS does not deny forcefully administering drugs, but he knew of no patient personally who had forcefully received drugs. He said Mr. Head has ear damage because of drugs administered to him at Topeka State Hospital.

There was discussion regarding intermediate medical services for the mentally disturbed. Dr. Frydman said he had helped with such facilities and services in Poland where they had proven to be effective. He had spoken to SRS and also to Menninger's concerning this concept, but neither was interested. He mentioned a federal program, in 1975, of community support for the mentally disturbed and Kansas being one of the few states that did not participate. In his opinion, Menninger Foundation is in business to perpetuate itself and is in league with SRS. In additional remarks concerning federal funds for intermediate programs, Dr. Frydman said he had not appeared before the Ways and Means Committee for assistance but had appeared before Dr. Haines and Dr. Williams from SRS. He said the only way Kansas can receive federal funds is through SRS, and if SRS does not pursue them, there is no way of receiving these funds.

The Chairman called attention to a recent newspaper article (Attachment I) regarding the committee's recommendations as a result of its study. He stated the committee has not made any decisions and will not make any until all hearings are held.

The meeting adjourned at 1:30 p.m.



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Chairman

ATTENDANCE SHEET  
FEB. 19, 1980

<u>NAME</u>	<u>REPRESENTING</u>	<u>TOWN</u>
Jim Masenthin	Asm. CMHCs Ks.	Topeka
Mr & Mrs. David M Head	Self	Kansas City
Louis Frydman	Self	Lawrence
Gene Wilson	YCCT	Topeka
James Galvin	Washburn Univ. School of Law	Topeka
Mark Elmore	Jo. Co. M.R. Center	Overland Park
Marquette Hatchett Jewers Miller Cameron Sackman Novak, Rep. Pulliam, Jack Hamm, Chas. Klotz	Mid Ks. Dev. Serv. Inc.	Wanton

I. Personnel Policies and Procedures

Formal posting campus wide of all vacant positions  
September 11, 1979

Team interviews conducted for all vacant positions  
December 1, 1979

Exit interviews conducted for all individuals leaving employment of the  
institution  
December 1, 1979

Preliminary affirmative action plan submitted  
December 31, 1979

Personnel Policy Manual to be developed  
December 31, 1980

Performance Evaluations ---

Informal training provided as needed to supervisors in all divisions.  
Employee goal contract form put in use in November 1979 to assist  
supervisors and employees in mutually establishing performance goals.  
Emphasis is being placed on performance accountability with regard to  
job description rather than on personality or non-job related issues.

Youth Center at Topeka                      July 1, 1979 - February 1, 1980  
152 performance evaluations submitted  
2 appealed

Youth Center at Atchison                      July 1, 1979 - February 1, 1980  
50 performance evaluations submitted  
5 appealed

A complete Personnel Policies and Procedures Manual is to be developed  
by December 31, 1980 for distribution on both campuses.

II. Youth Service Worker Re-classification and Resulting Training

The Youth Centers were notified July 5, 1979 that the Youth Service Worker re-classification was to be implemented retroactive to June 18, 1979. This affected 186 positions directly. Positions were allocated a classification based on the shift including; 1) differential for night shift, 2) degree of difficulty in terms of available personnel on that shift and 3) level of responsibility. Milton Jackson, Gene Wilson and myself visited every cottage on both campuses to explain implementation proposals and receive input from staff. Ultimately, a decision was reached in conjunction with State Division of Personnel Services, SRS Personnel Management and Youth Center staff. All eligible Youth Service Workers received a 5% to 10% salary increase. Many employees were upset that individuals were "grandfathered" into their positions.

The Youth Center Administration immediately established training on both campuses to enable cottage employees to become skilled in their positions regardless of their classification. Temporary employees were hired to

enter a three month on-the-job training course. New supervisors were sent to workshops and participated in In-Service training.

Effective Supervision Workshop by State Division of Personnel Services--  
October 10, 11, 12, 1979 --- twenty received certificates  
October 30, 31, November 1, 1979 --- three received certificates

Position Description Workshop---  
March 6, 1980 - fourteen received certificates  
March 13, 1980 - twelve received certificates  
(all divisions will complete this by the end of the year)

Youth Service Worker Supervisory Training (includes Workshop and Supervision of trainees)

Youth Center at Atchison

3 completed  
6 in training

Youth Center at Topeka

10 completed  
15 in training

Youth Service Worker Beginning Level Trainees

Youth Center at Atchison

3 completed and hired  
6 in training

Youth Center at Topeka

6 completed and hired  
10 in training

It is important to note that no personnel division existed on either campus until the hiring of the Personnel Director on June 18, 1979. Consequently, the Youth Centers are in the process of establishing sound personnel policies, practices, and planning that will provide a positive environment for the growth and development of human resources.

Barbara L. Wiley,  
Personnel Director


EQUAL EMPLOYMENT OPPORTUNITY  
and  
AFFIRMATIVE ACTION PLAN  
for  
YOUTH CENTERS AT TOPEKA AND ATCHISON

Gene P. Wilson  
Superintendent  
January 1, 1980



The Secretary of the Department of Social and Rehabilitation Services has assigned to the Youth Centers at Topeka and Atchison the mission of the care, control and treatment of adjudicated adolescent delinquent males. In our attempt to perform this function, it is the responsibility of each employee to discharge his/her duties in a manner free of biases and prejudices.

We shall endeavor to provide services based on relevant criteria. No policy or procedure shall be adopted or implemented which discriminates because of race, religion, color, sex, national origin, ancestry, age or handicap in the offering of services, benefits, or employment to any individual. Discrimination due to any of the factors above will not be tolerated and allegations of same will be thoroughly investigated. The responsibility for monitoring our Affirmative Action Program is assigned to Barbara L. Wiley, Personnel Director. All employees are to give their full cooperation and support in the implementation and maintenance of our Affirmative Action Plan.

  
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Gene P. Wilson, Superintendent

1 - 2 - 80

Date

## RECRUITMENT OR ADVERTISING RESOURCES

As an Equal Employment Employer, we do not discriminate against any applicant or employee because of age, race, religion, sex, color, national origin, ancestry or handicap. Therefore, the utilization of any recruitment resource is predicated upon full compliance with our equal employment opportunity policy. In an effort to recruit qualified persons to fill positions for which there is an identified under-utilization, recruitment contacts will be maintained with the following sources:

<u>Name of Organization</u>	<u>Address</u>	<u>Contact Person &amp; Telephone Number</u>
Benedictine College	Placement Bureau Second & Division St.	367-5340
National Association for the Advancement of Colored People	1029 Walnut Atchison, Ks. 66002	Thelma Williams 367-4166
Campbell Chapel A.M.E.	713 Atchison Atchison, Ks. 66002	367-2690
Ebenezer Baptist	826 Riley Atchison, Ks. 66002	367-5146
Neighborhood Center	609 Division Atchison, Ks. 66002	Alberta Kelley 367-6986
Fort Leavenworth	Personnel Dept. Fort Leavenworth, Ks. 66048	-
Lewis Management Services	504 Shawnee Fort Leavenworth, Ks. 66048	651-6116
All Nations Pentecostal	1001 North 7th Atchison, Ks. 66002	-
Second Christian	635 "M" Street Atchison, Ks. 66002	-
Zion Baptist	821 Division Atchison, Ks. 66002	-
Coordinating Committee of the Black Community	1009 E. 6th Topeka, Kansas 66603	Leitha Bailey 354-7648
Women's Center of Topeka	1268 Western Topeka, Kansas	Kathy Calville 357-7650

<u>Name of Organization</u>	<u>Address</u>	<u>Contact Person &amp; Telephone Number</u>
El Centro De Servicios Para Mexicanos	204 N. Lime Topeka, Ks. 66601	Ray Delgado 232-8207
Indian Center of Topeka	407 W. Lyman Rd. Topeka, Ks. 66608	357-1811
Y.M.C.A.	225 W. 12th Topeka, Ks. 66612	233-1750 Joan Wagnon
L.U.L.A.C. Educational Center	214 W. 6th Street Topeka, Ks. 66603	Anne Rodrigues 357-6271
Shawnee County Community Assistance & Action, Inc.	603 Topeka Ave. Topeka, Ks. 66603	Lawrence Wilson 235-9561
National Employment Listing Service	Texas Criminal Justice Center Sam Houston State University Huntsville, Texas 77341	713/295-6211

## EEO Representatives

- A. Several employees have been designated as the institution's Equal Employment Opportunity Representatives after being recruited through appropriate posting procedures. In this capacity, the Equal Employment Opportunity Representatives are responsible for monitoring this organization's Affirmative Action Plan and Program. The names of the persons designated as the Equal Employment (EEO) Representatives are forwarded to the SRS EEO Officer as selected.

The EEO Representatives will administer the program under the supervision of the Personnel Director and the SRS EEO Officer.

- B. Duties of the EEO Representatives include, but are not limited to the following:
- 1/ Coordinating EEO related activities within the organization.
  - 2/ Providing technical assistance and/or instruction to all employees regarding the organization's Affirmative Action Plan, related laws, and any related changes.
  - 3/ Handling internal complaints, negotiating and resolving EEO related disputes.
  - 4/ Attend training programs designed to enhance knowledge and proficiency in the area of equal opportunity.
  - 5/ Keep the Personnel Director and Superintendent informed of all substantive matters relating to the organization's Affirmative Action Plan and Program.

## ANALYSIS OF WORKFORCE

By February 1, 1980, an analysis of the present workforce will be conducted to identify jobs, departments and units employing minorities, females, persons between 40 and 70 and those with identified handicaps. The employees included in this analysis are those persons reflected on our payroll. A comparison between the workforce or population in this geographical area and minority and female employees indicates any under-utilization.

Any under-utilization will be indicated on the charts and a report prepared outlining remedial recommendations and attached to the appropriate chart.

Employees will usually fall under one of the following EEO categories:

- A. Officials and Administrators: Occupations in which employees set broad policies, exercise overall responsibility for execution of these policies, or direct individual departments or special phases of the organization's operations, or provide specialized consultation on a regional, district, or area basis.
- B. Professionals: Occupations which require specialized and theoretical knowledge which is usually acquired through work experience and other training which provides comparable knowledge.
- C. Technicians: Occupations which require a combination of basic scientific or technical knowledge and manual skill which can be obtained through specialized post-secondary school education or through equivalent on-the-job training.
- D. Protective Service Workers (Security): Occupations in which workers are entrusted with safety, security and protection from destructive forces.
- E. Paraprofessionals: Occupations in which workers perform some of the duties of a professional or technician in a supportive role, which usually is required from professional or technical status.
- F. Office and Clerical: Occupations in which workers are responsible for internal and external communication, recording and retrieval of data and/or information and other paperwork required in an office.
- G. Skilled Craft Workers: Occupations in which workers perform jobs which require special manual skill.
- H. Service-Maintenance: Occupations in which workers perform duties which result in or contribute to the comfort, convenience, hygiene, or which contribute to the upkeep and care of buildings, facilities, or grounds.

## GOAL TIMETABLE

- December 1, 1979 -- All applicants for vacant positions to have team interviews with group members who will be selected because of their position's relation to that of the vacancy.
- December 1, 1979 -- Exit interviews begin to be conducted.
- January 1, 1980 -- Preliminary affirmative action plan submitted for approval
- February 1, 1980 -- Assignment of one individual in Personnel Office on each campus to do all advertising of vacancies internal and external, coordinate selection of interview team and set appointments, establishes and maintains listing of local, minority organizations and agencies.
- February 1, 1980 -- Training workshop for Equal Employment Opportunity Representatives.
- February 1, 1980 -- Analysis of Workforce to detect disparity or under-utilization.
- March 1, 1980 -- Sensitivity Training Conducted for Professional staff to specifically deal with issue of interracial communication.
- April 1, 1980 -- Revise Affirmative Action Plan.
- May 1, 1980 -- Workshop by EEO Representatives and Personnel Director on grievance procedures.
- July 1, 1980 -- Six month review of terminations and exit interview reports to detect possible discriminatory trends.
- December 31, 1980 - Distribute Personnel Policy Manual to all employees.

EMPLOYEE GOAL CONTRACT

TASK	GOAL/OBJECTIVE	TIMEFRAME	PROCESS/COMMENTS

11/79

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

YOUTH SERVICE WORKER I  
(Proposed New Class)

DEFINITION OF WORK

This is entry level and beginning para-professional work in the residential care, custody, education and treatment of delinquent and miscreant youths in a state facility.

Work initially involves learning the basic skill required in providing a wide range of services for youths by successfully completing a comprehensive in-service training program followed by assignment to an open or semi-closed cottage under the direction of a higher level Youth Service Worker to assist in providing services to residents. An incumbent in this class assists in providing counseling and developing daily living skills, implements treatment plans, and directs leisure time activities. Work also includes learning to prepare reports, provide security, and assist in crisis intervention. Work is performed within established guidelines under close supervision and is reviewed by a higher level Youth Service Worker through observations and conferences.

EXAMPLES OF WORK PERFORMED

Attends in-service training classes to acquire basic skills required in understanding, treating and controlling the behavior of delinquent and miscreant youths.

Assists in the providing of counseling for youths to provide a positive adult role model; orients new residents and helps them with their feelings about being separated from their homes.

Provides instructions to residents for the development of daily living skills, good work and study habits, and the social skills necessary in the outside community.

Assists in the treatment of residents by implementing recommendations of professional and supervisory staff members; directs youths to an appropriate staff member for professional health, social, and psychological services.

Leads and directs youths in leisure time activities.

Learns to observe, record, and report health symptoms, behavioral characteristics, and other significant problems of residents.

Assists in providing crisis intervention by taking reasonable preventive and precautionary measures.

Performs related work as required.



YOUTH SERVICE WORKER I (cont.)  
(Proposed New Class)

REQUIRED KNOWLEDGES, ABILITIES, AND SKILLS

Knowledge of basic human physical and psychological needs.

Knowledge of basic social skills necessary in society.

Ability to be a positive adult role model.

Ability to learn to make written and oral reports.

Ability to learn to observe and understand human behaviors.

Ability to listen to and be empathetic with youths.

Ability to learn proper responses to safety and security problems.

Ability to relate to professional and supervisory staff members and to delinquent youths.

Ability to understand and use English both orally and in writing.

EDUCATION AND EXPERIENCE

Graduation from high school.

YOUTH SERVICE WORKER II  
(Proposed New Class)

DEFINITION OF WORK

This is para-professional work in residential care, custody, education and treatment of delinquent and miscreant youths in a state facility.

Work is performed in any type of residential unit as a lead worker in preparing residents for daily activities, as an additional staff member during periods in which cottage activities are the most frequent, or as the responsible staff member during periods when supervisory and professional staff are not on duty. An incumbent in this class provides counseling to youths, serves as a group leader, and counsels youths with special behavioral problems. Work also includes performing as a lead worker for Youth Service Worker I's and inspecting residential living units. Work is performed within established guidelines and is reviewed by a higher level Youth Service Worker through observation and conferences for the results achieved.

*on open or  
semi closed  
cottage*

EXAMPLES OF WORK PERFORMED

Provides counseling to youths by directing their daily activities, maintaining order during recreational activities, providing support in solving problems encountered with daily routines and helping them develop and achieve worthwhile personal goals.

Serves as the group leader to a small group of youths by reviewing and assessing their adjustment and functioning; meets daily with assigned members and counsels with them; receives detailed instructions from supervisors and professionals on the treatment strategies and techniques to be followed for individual group members.

Assists youths who are experiencing special behavioral or attitudinal problems by providing special counseling; meets with assigned youth regularly to help them resolve specific behavioral problems; reports progress of youths to the supervisor and enters such information into the records.

Performs as the lead worker when working with a Youth Service Worker I by assisting where necessary with the writing of reports, ordering of materials and supplies, and advising on procedural questions; may assume responsibility for the living unit in the absence of a higher level Youth Service Worker.

Inspects living units to report on conditions affecting the health of residents, fire protection and safety, and to locate contraband; frequently checks on youths deemed to be special risks or who are in secluded areas of a living unit; reports critical conditions and incidences to appropriate authorities.

Performs related work as required.

YOUTH SERVICE WORKER II (cont.)  
(Proposed New Class)

REQUIRED KNOWLEDGES, ABILITIES, AND SKILLS

- Knowledge of the principles of basic human behaviors.
- Knowledge of the counseling skills required for small groups.
- Knowledge of special problems and disturbances experienced by delinquent or miscreant youths.
- Ability to maintain safety and security in a residential setting.
- Ability to prepare effective and condensed written and oral reports.
- Ability to provide a healthy adult role model.
- Ability to establish and maintain effective working relationships with professionals, para-professionals, and youths.
- Ability to communicate effectively orally and in writing.

EDUCATION AND EXPERIENCE

Graduation from high school and successful completion of Youth Center Level II in-service training or comparable training approved by the appointing authority and six months of experience in the care, education and treatment of delinquent and miscreant youths. One year of additional experience in the care, education and treatment of delinquent and miscreant youths or completion of 15 semester hours at an accredited college or university in the social or behavioral sciences may be substituted for the required education and training.

YOUTH SERVICE WORKER III  
(Proposed New Class)

DEFINITION OF WORK

This is para-professional and supervisory work in the residential care, custody, education and treatment of delinquent and miscreant youths in a state facility.

*in a closed cottage*  
Work is performed as a shift supervisor in a closed or community oriented cottage, as an assistant cottage supervisor in an open or semi-closed cottage, or as an assistant safety and security program supervisor. An incumbent in this class supervises lower level Youth Service Workers, assists in the supervision of a safety and security program, and provides on-the-job training. Work also includes coordinating the completion of reports, assuming the duties of higher level Youth Service Workers in their absence, and counseling youths. Work is performed with latitude within established guidelines and is reviewed by a higher level Youth Service Worker and other professional staff through reports and conferences.

EXAMPLES OF WORK PERFORMED

Supervises lower level Youth Service Workers in a living unit within a closed or community oriented cottage during a fixed shift.

Serves as the assistant chief Youth Service Worker in charge of a semi-closed or open cottage to provide twenty-four hour services to residents.

Serves as an assistant safety and security supervisor at a facility for delinquent and miscreant youths.

Provides on-the-job instruction and orientation for Youth Service Workers supervised through explanation, demonstration, and supervision of tasks performed.

Coordinates the completion of necessary reports during the shift of supervision; requests necessary equipment and supplies to ensure the maintenance of an orderly and safe environment in a living unit.

Assumes the duties and responsibilities of a higher level Youth Service Worker in their absence.

Counsels residents, individually and in groups, to assist them in understanding and correcting behavioral and attitudinal problems.

Performs related work as required.

REQUIRED KNOWLEDGES, ABILITIES, AND SKILLS

Knowledge of the principles of supervision.

YOUTH SERVICE WORKER III (cont.)  
(Proposed New Class)

Knowledge of facility policies, rules and regulations.

Knowledge of behavioral problems characteristic of delinquent and miscreant youths and the methods of dealing effectively with those problems.

Ability to learn to supervise other persons.

Ability to counsel youths in a manner appropriate to a given problem situation.

Ability to provide on-the-job instruction.

Ability to establish and maintain good working relationships with other staff members.

Ability to write pertinent reports of behavioral activities of youths.

Ability to communicate effectively orally and in writing.

EDUCATION AND EXPERIENCE

Graduation from high school and successful completion of Youth Center Level III in-service training or comparable training approved by the appointing authority and two years of experience in the care, education and treatment of delinquent and miscreant youths. Two years of additional experience in the care, education and treatment of delinquent and miscreant youths or completion of 30 semester hours at an accredited college or university in the social or behavioral sciences may be substituted for the required education and training.

YOUTH SERVICE WORKER IV  
(Proposed New Class)

DEFINITION OF WORK

This is skilled and responsible para-professional and supervisory work in the residential care, custody, education and treatment of delinquent and miscreant youths in a state facility.

Work is performed as a cottage supervisor and administrator on call twenty-four hours in an open or semi-closed cottage, as an assistant cottage supervisor in a closed or community oriented cottage, or as a supervisor of a safety and security program in a state operated youth facility. An incumbent in this class supervises a closed or community oriented cottage during a shift when support staff professionals are not available, serves as a supervisor with twenty-four hour responsibility in an open or semi-closed cottage, or supervises a campus wide program of safety and security. Work also includes planning all activities within a living unit and assisting in preparing budgets for an assigned living unit. Work is performed with wide latitude for independent judgment within established guidelines and is reviewed by administrative superiors for results achieved through observation, reports and conferences.

EXAMPLES OF WORK PERFORMED

As assistant cottage supervisor, supervises the activities and work performed in the living units of a closed or community oriented cottage during shifts when no professional staff members are available for assistance.

Serves as a cottage supervisor responsible for the administration and management on a twenty-four hour basis of an open or semi-closed cottage.

Supervises and administers a campus wide program of safety and security for delinquent and miscreant youths.

Plans and organizes all activities within an assigned living unit; schedules staff time and assigns duties of lower level Youth Service Workers.

Participates in the preparation of the budget for a living unit for recommendation to higher authorities; prepares requisitions for supplies and materials necessary for the operation of a living unit.

Performs related work as required.

REQUIRED KNOWLEDGES, ABILITIES, AND SKILLS

Knowledge of the principles of supervision and administration.

Knowledge of agency policies and procedures.

YOUTH SERVICE WORKER IV (cont.)  
(Proposed New Class)

Ability to supervise a staff of Youth Service Workers in the care of potentially dangerous delinquent or miscreant youths.

Ability to exercise sound judgment in dealing with crisis situations involving youths.

Ability to administer a safety and security program for delinquent or miscreant youths.

Ability to establish and maintain control of a group of youths in a residential setting.

Ability to establish and maintain effective working relationships with superiors, subordinates, and youths.

Ability to communicate effectively orally and in writing.

EDUCATION AND EXPERIENCE

Graduation from high school, successful completion of Youth Center Level III in-service training or comparable training as approved by the appointing authority and three years of experience in the care, education and treatment of delinquent and miscreant youths including one year of supervisory or administrative experience. Two years of additional experience in the care, education and treatment of delinquent and miscreant youths or completion of 30 semester hours at an accredited college or university in the social or behavioral sciences may be substituted for the required education and training.

YOUTH SERVICE WORKER V  
(Proposed New Class)

DEFINITION OF WORK

This is highly responsible para-professional supervisory and administrative work requiring the highest level of skill in the residential care, custody, education and treatment of delinquent and miscreant youths in a state facility.

Work is performed as the head supervisor with complete responsibility for the twenty-four hour administration of a closed cottage at a state operated facility for the custody and treatment of youths who are exhibiting behavioral characteristics which are potentially dangerous and life threatening to themselves, other residents, and to staff members, or as the head supervisor of a community oriented and open halfway cottage from which youths are provided limited access to the open community. An incumbent in this class supervises and administers a closed cottage or community oriented residential program, and ensures appropriate staffing. Work also includes controlling destructive behaviors, serving on the treatment team, and preparing administrative reports. Work is performed with wide latitude for independent judgment within established guidelines and is reviewed by administrative supervisors for results achieved through conferences and reports.

EXAMPLES OF WORK PERFORMED

Supervises a staff of Youth Service Workers and administers a twenty-four hour program in a closed cottage for potentially dangerous delinquent and miscreant youths.

Supervises and administers a program of community oriented education, vocational training, and employment for residents in a community oriented cottage; establishes and maintains contacts with community business, education, and government leaders to develop placement opportunities for youths.

Plans, organizes, and develops activities within a closed cottage; approves the duty roster of employees and ensures that appropriate staffing is on duty twenty-four hours a day and seven days a week.

Determines what security measures are required to restrain youths who are exhibiting dangerous and destructive behaviors; directs the actions of staff member to interrupt and control destructive behaviors.

Serves as a member of the treatment team of professionals to determine which programs, methods, and experiences are appropriate for the treatment of potentially dangerous delinquent and miscreant youths.



YOUTH SERVICE WORKER V (cont.)  
(Proposed New Class)

Prepares the budgetary and other administrative reports necessary for the operation of a cottage for recommendation to higher level administrators.

Performs related work as required.

REQUIRED KNOWLEDGES, ABILITIES, AND SKILLS

Knowledge of the principles and practices of supervision and administration.

Knowledge of the functions of all programs and living units in a state facility for delinquent and miscreant youths.

Knowledge of the theory and practices in the care, education and treatment of delinquent and miscreant youths.

Ability to plan, organize, develop, and direct all the operations within an assigned cottage.

Ability to effectively supervise lower level Youth Service Workers.

Ability to demonstrate skills and techniques for the care and treatment of youths.

Ability to establish and maintain effective working relationships with superiors, subordinates, community leaders, and youths in residence.

Ability to communicate effectively orally and in writing.

EDUCATION AND EXPERIENCE

Graduation from high school, successful completion of Youth Center Level III in-service training or comparable training as approved by the appointing authority and four years of experience in the care, education and treatment of delinquent and miscreant youths including two years of supervisory or administrative experience. Two years of additional experience in the care, education and treatment of delinquent and miscreant youths or completion of 30 semester hours at an accredited college or university in the social or behavioral sciences may be substituted for the required education and training.

YOUTH SERVICE DIRECTOR  
(Proposed New Class)

DEFINITION OF WORK

This is highly responsible professional administrative and supervisory work in the residential care, custody, education and treatment of delinquent and miscreant youths in a state facility.

Work involves the responsibility for planning, organizing and directing a program to provide a wide variety of services to youths in residence at a state operated facility and to direct the supervision of all Youth Service Workers at such a facility. An incumbent in this class directs a program of activities for youths, approves staffing schedules, and assists in the planning of treatment programs for youths. Work also includes developing sound internal policies and procedures, teaching segments of youth services training, and directing the maintenance of files and records. Work is performed with wide latitude for independence and judgment within general policy guidelines and is reviewed by the Clinical Program Director and the Superintendent through conferences, reports and for results achieved.

EXAMPLES OF WORK PERFORMED

Plans, organizes, and directs a program of activities for youths at a state institution; administers a program to provide services to youths through the responsible supervision of a large staff of Youth Service Workers.

Directs the administration of youth services by approving staff work schedules to provide adequate coverage twenty-four hours a day, seven days a week; reviews and approves staff leave and transfer requests; supervises the hiring of all Youth Service Workers.

Assists in the planning of treatment programs for youths with behavioral and attitudinal problems by participating as a member of the professional treatment team; supervises Youth Service Workers in the implementation of treatment methods and techniques.

Plans and organizes the development and maintenance of sound internal work standards, policies and procedures.

Teaches segments of a formal program for the training of Youth Service Workers; evaluates the effectiveness of training programs in providing skill for Youth Service Workers; recommends modifications in training programs.

Directs the maintenance of files and records as required by law, agency policies and procedures

Performs related work as required.

YOUTH SERVICE DIRECTOR (cont.)  
(Proposed New Class)

REQUIRED KNOWLEDGES, ABILITIES, AND SKILLS

Knowledge of the principles and practices of supervision and administration.

Knowledge of the methods of dealing with delinquent and miscreant youths in a residential setting.

Knowledge of the clinical policies, procedures, and regulations of the facility of assignment.

Ability to administer a comprehensive program of youth services.

Ability to supervise and direct the work of a large staff of employees.

Ability to teach the principles and practices of providing services to youths.

Ability to understand and develop strategies to implement treatment programs for delinquent and miscreant youths.

Ability to establish and maintain effective working relationships with administrators, clinical staff, Youth Service Workers, and residents.

Ability to communicate effectively orally and in writing.

EDUCATION AND EXPERIENCE

Graduation from an accredited four year college or university with a degree in the social or behavioral sciences and four years of experience in the care, education and treatment of delinquent and miscreant youths including two years of supervisory or administrative experience. Additional experience in the care, education, and treatment of delinquent and miscreant youths may be substituted for the required education on a year for year basis.

TRAINING AVAILABLE AT THE YOUTH CENTERS AT TOPEKA AND ATCHISON

I. Prior to June 18, 1977, classes conducted on Topeka Campus.

Orientation Program (two hours per day for one week)

History, organizational chart, personnel regulations, geographical layout, etc.

Advanced Workshop Series (two hours each session over six month period)

Working with Depressed Youth  
Crisis Intervention  
Teaching Living Skills  
Counseling Skills  
Angry and Rebellious Youth  
Supervision of Staff  
Behavior Modification  
Disturbed Youth  
Small Group System

II. After June 18, 1979, classes conducted on both campuses.

Language of Responsibility

Purpose is to sensitize people to take responsibility for themselves and reflect that in the language they use.

Six hours of classroom instruction  
Two Sessions -- May 1979 and July 1979

Behavior Observation and Recording

Introduction to importance of: a) observing, b) perception, selection and alertness, c) recording legal-functional treatment of youths.

Seven classroom hours (excluding field assignments)  
Six sessions since October 1979

Team Effectiveness Training

All staff within a particular living unit learn techniques of consensus decision making and formulating measurable goals. Learn time management utilization of skills.

Twenty-four classroom hours (excluding field assignments)  
Two Sessions -- July 1979 and September 1979

Psychology of Exceptional Child

College level course on theory of learning disabilities.

Ten classroom hours  
One Session -- September to December 1979

Training Available at the Youth Centers at Topeka and Atchison  
(Continued)

Supervision of Children

Introduction to the importance of structure and routine in a residential treatment setting, behavior management and proper instruction techniques.

Seven classroom hours (excluding field assignments)  
Two Sessions -- November 1979 and December 1979

Gentle Art of Self Defense

Introduce participants to self defense and restraint techniques designed to have the least potential for injury to recipient. Prepares people to train others.

Ten classroom hours  
Five Sessions since December 1979

Youth Service Worker as a Profession

Introduction to the importance of the Youth Service Worker as a role model, hazards and stresses of Youth Service Worker and transference and countertransference.

Seven classroom hours (excluding field assignments)  
Two Session -- December 1979 and January 1980

Organizational Behavior Course

Held at Benedictine College.  
Topics include motivation, communication, job enlargement/enrichment, organizational design, planning, decision-making, leadership, managing change and conflict.

Thirty hours of classroom instruction, beginning  
February 12, 1980

*Attachment E*

PROPOSED PLAN  
FOR  
YOUTH SERVICE WORKER TRAINING  
FOR  
THE YOUTH CENTERS AT ATCHISON, BELOIT, & TOPEKA

CONTENTS

- I. INTRODUCTION - Philosophy - Areas of Training - and Model for Training
- II. YOUTH SERVICE WORKER I
  - Orientation
  - Behavior Observation and Recording
  - Supervising Children
  - Roles and Responsibility
  - Self Defense
  - First Aid
- III. YOUTH SERVICE WORKER II
  - Advanced Workshops
- IV. YOUTH SERVICE WORKER III
  - Supervision
  - Performance Evaluation
  - Interviewing Job Description
- V. YOUTH SERVICE WORKER IV - V
  - Training for Trainers
  - Supervision
  - Educational Options
- VI. TRAINING FOR INCUMBENTS -
  - YSW I's
  - YSW II's
  - YSW III's
- VII. EDUCATIONAL OPTIONS -

## I. INTRODUCTION

This proposed plan outlines the implementation of training for the Youth Service Worker Class at the three Youth Center Campuses. Variations from campus to campus will be necessary due to physical size, type of population, staffing patterns, etc., but the basic philosophy of training and core courses should be maintained.

The training will be provided for new employees coming into the system, current employees who wish to qualify for a higher class, and employees who hold a class which they do not currently meet the minimum qualifications.

Adults bring to a training environment a number of experiences, particularly when it comes to working with children. These experiences may or may not be valuable to the trainee in terms of working within a residential setting or working with disturbed adolescents. Therefore, in many cases the training will not only involve learning new skills but often re-learning patterns of relating to children. The training must be a combination of new information, structured experiences and opportunity to practice new skills. Therefore, all training should adopt the following model, and contain the following elements:

- Element 1. Pre-assessment - this may take the form of written questions, discussion, verbal questions, or some type of exercise. (written questions are generally best because they provide a written record.) The purpose of the pre-assessment is twofold, one, for the trainer to have some idea of the skill level and any changes that may take place as a function of training, two, perhaps more importantly for the trainees to begin some self-assessment and perhaps uncover the illusions of knowledge and examine their own skills.
- Element 2. Structured Exercises - this may take the form of role plays, audio-visual experience, discussions, participatory lectures, etc. The purpose of this element is to provide information skill development and practice in a structured setting.
- Element 3. Field Assignments or Exercises - this may take the form of a written assignment, a reading assignment, an observational assignment, or some other duty to take place in the working environment. The purpose of this element is to take the information and skills into the working environment and use them as a training exercise.
- Element 4. Structured Post-Assessment - this may take the form of classroom discussion, questionnaires, or other structured exercises. The purpose of this element is to provide feedback on how well the learning or skill was assimilated into the working environment.
- Element 5. Follow-Up and Continued Skill Reinforcement - this may take the form of other classes, repeating classes, directed readings, etc. The purpose of this element is that the skills needed in working with delinquent youth need constant checking and re-learning and therefore training cannot be seen in a one-time event.

## II. YOUTH SERVICE WORKER I

This to be a three month long training experience broken down into three non-sequential units or blocks. A trainee may enter at the beginning of any month and the first week of each month is orientation to be taken only once. YSW I's in training should work a normal Youth Service Worker shift, either 2 p.m. to 10 p.m., 3 p.m. to 11 p.m., 6 to 2, etc., and have a cottage as the base which would be rotated each month. Each YSW I in training will have a YSW III as a training supervisor and evaluator. This assignment will also be changed each month. Each Youth Service Worker I should have the opportunity to work in the different types of cottages. In keeping with the training model classes should be held to provide elements 2 and 4 of the training model.

The following learning objectives should be fairly universal for the three facilities.

### Orientation:

1. Understand the training program.
2. Learn the physical plan of the Youth Center.
3. Meet the administrative personnel.
4. Learn the place of the YSW in the juvenile justice system.
5. Learn the organization of the Youth Center
6. Experience a case study.

### General Practices Unit A:

1. Become familiar with Civil Service rules and regulations.
2. Become familiar with Youth Center rules governing child care.
3. Become familiar with fire, safety, and disaster procedures.
4. Become familiar with housekeeping and hygiene skills.
5. Procedures for dealing with medical complaints.
6. Skill in observing students.
7. Skill in reporting incidents.
8. Become familiar with understanding one's self in relation to the work.

### Crisis Preparation Unit B:

1. Skill in handling a medical emergency.
2. Skill in defending one's self against physical attack.
3. Skill in giving instructions.
4. Skill in using the Behavior Management System.

### Activity Skills Unit C:

1. Skill in structuring activities.
2. Familiarization with shifts and responsibilities.
3. The understanding and the philosophy and goals of residential treatment.

The essence of this aspect of the training is three core courses which should be provided one each month. The courses; Behavior Observation and Recording, Supervising Youth, and The Youth Service Worker As A Professional, should be universal to the three campuses and available to all Youth Service Workers. These three courses represent the basic training units and are prerequisites for all other training.



### Competency

Competency based evaluation of the Youth Service I training will be done in the following manner. Forty percent will be dependent upon the evaluation of the trainees performance each month by the Youth Service Worker III in the work environment. Thirty percent based on the successful completion of classroom assignments and exercises, and thirty percent based on the evaluation of the trainee's answers to the written summary questions given at the end of each month.

### Time Table

The Youth Service I training should begin November 1979. This training is an on-going process. Training will be held each month.

## III. YOUTH SERVICE WORKER II TRAINING

This training will consist of advanced experience in direct services to miscreant and delinquent youth. Youth Service Workers IV and V (who have had training in developing training) will develop a area of expertise and provide training experiences within each area. Suggested topics are for example. Suicidal Youth, Homesick Youth, The Angry Rebellious Youth, Self-Defense, The A.W.O.L. Risk, Providing Structure, the Development of the Personality, Defense Mechanisms, the Importance of Family, Human Sexuality, Counseling, Crisis Intervention, Behavior Contracting, Teaching Survival Skills and others. Under the guidance of the training department each Youth Service Worker IV and V will develop a training experience on a given topic and make it available on a regular basis. This training will follow the training model and generally consist of two two hour classes. For example, in keeping with the training model, a course on counseling in a crisis will be developed and held routinely by a Youth Service Worker IV which will consist of a pre-assessment, a classroom experience, an on-the job- assignment, a follow-up classroom experience, and follow up training such as repeat of the course in the future.

### Competency

To achieve eligibility for a Youth Service Worker II a prospective worker will have to successfully complete 30 classroom hours of this advanced training. Once these classes are established, a pre-requisite being one of the three basic courses, will be established along with each course. For example, the course mentioned above on counseling after a crisis would have as a prerequisite the behavior observation and recording class.

### Time Table

This training could begin as early as April 1, 1980. With a pool of YSW IV and V's providing training the classes could be offered frequently and at convenient times for all YSW's.

#### IV. YOUTH SERVICE WORKER III TRAINING

This training experience consists primarily of supervisory administrative skilled development. Training focuses on the areas of selecting, supervising, evaluating other Youth Service Workers. The basic element of the training is the three month long structured evaluation of the Youth Service Worker I Trainee. All the elements of the training model are contained within this training period. Element I: A meeting is held at the beginning of the three month period in which supervisory skills assessment is done primarily through discussion. Element II: Consists of classroom meetings as a group at the end of each month. Element III: Consists of weekly contact logs and learning objective checklists which are compiled each week. Element IV: Consists of a final meeting in which the total three month package is examined. Element V: Consists of repeat of the course at periodic intervals.

In addition eligibility for a Youth Service Worker III requires 8 hours of attendance at a workshop provided by Youth Center personnel or other training agencies. The content of these workshops must deal with supervision, leadership, job descriptions, performance evaluation or other related topics.

##### Competency

Competency is primarily related to successful completion of the training courses; however, intermediate steps along the way include a monthly comparison of the evaluation of the trainee with previous evaluation, current Youth Service Worker IV and V evaluation, and the training department observation. Competency in the workshops will be dependent upon the criteria established at the time of each workshop.

##### Time Table

The formal training should begin November 1, 1978.

#### V. YOUTH SERVICE WORKER IV & V TRAINING

Focus of this area in addition to the administrative and supervisory skills is training model, and educational or self improvement options. In order to be eligible to promote to a Youth Service Worker IV or V requires the educational and experiential qualifications in the job specifications and at least 8 hours of training on The Youth Center training model. Competency is based on successful completion of the college courses or other educational experiences as described in the job specification. Competency on the training model training will be based on successful completion of the training model workshop as assessed by the training department on each campus.

##### Time Table

The first training on the training model will be provided in March 1980.

## VI. TRAINING FOR INCUMBENTS

There are a number of Youth Service Workers holding positions who have not met the prescribed training requirements. Many of these employees have a great deal of experience and some re-shifting of the training model may be necessary.

### Youth Service Worker I

All Youth Service Worker I's should be required to take the three core courses; Behavior Observation and Recording which is 6 classroom hours supervising children which is 6 classroom hours and the Youth Service Worker as a Professional which is 6 classroom hours. These courses are currently being offered and will be offered at least once each every 3 months (on the Atchison Campus the Behavior Observation and Recording class will be offered for the third time in December and over half of the Youth Service Workers will have attended at that time.) Additional courses will be offered as the need arises and by July of 1980 the course will have been offered sufficiently for all Youth Service Workers to have attended.

### Youth Service Worker II's

The basic courses described above are prerequisites for Level II training and therefore should be attended by all incumbent Youth Service Worker II's. As stated above these courses will be offered at least four times each year and more often as needed to provide opportunity for all Youth Service Workers to attend by July of 1980. In addition, Youth Service Worker II's should take at least 16 hours of the Level II training. These courses should be offered sufficiently so that all incumbent Youth Service Worker II's will be able to attend prior to December of 1980.

### Youth Service Worker III's

This training for incumbents particularly the three month experiential aspect is currently being offered and all incumbent Youth Service Worker III's will have had the opportunity offered by March of 1980.

## VII. EDUCATIONAL OPTIONS

This area of training involves personal growth and development through educational experiences. Currently the plan is for contractual services with Benedictine's College, Washburn University, and Cloud County Junion College to provide these opportunities to Youth Service staff either at reduced or no charge at all. These arrangements have begun and it appears that these opportunities will be available January 1980. In addition, professional staff employed at the Youth Centers are capable and competent in providing course work material on the job. College level courses such as personality development, exceptional children, organizational behavior, the borderline personality, etc., have in the past and will in the future be offered to Youth Center staff. This aspect of the training is to a large extent on a voluntary basis and training personnel at the Youth Centers will serve as facilitators and recorders rather than as active a role in organizing this aspect of the training as the other areas.

YCAT TRAINING CALENDAR

Classroom Contents: 3:00 P.M. - 5:00 P.M. Training Classroom

OCTOBER - 1979

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 Orientation Introduction & Assignments	2 Orientation Tour of Campus	3 Orientation YCAT Organization	4 Orientation Case Study	5 Cottage	6 RTO
7 RTO	8 Rules & Regulations	9 Cottage	10 Fire & Safety	11 Personal Awareness	12 Housekeeping Procedures	13 Cottage
14 RTO	15 RTO	16 Medical Procedures	17 Evaluating Medical Complaints	18 Evaluating Medical Complaints	19 Behavior Observation & Recording	20 Cottage
21 Cottage	22 RTO	23 RTO	24 Behavior Observation & Recording	25 Personal Awareness	26 Behavior Observation & Recording	27 Cottage
28 Cottage	29 Review & Evaluation	30 RTO	31 RTO			

YCAT TRAINING CALENDAR

Classroom Contents: 3:00 P.M. - 5:00 P.M. Training Classroom

NOVEMBER - 1979

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1 Orientation Introduction	2 Orientation Organization of YCAT	3 Cottage
4 Cottage	5 Orientation Case Study	6 Orientation Tour of Campus	7 RTO	8 RTO	9 MEDICATION Familiarization with Medicines	10 Cottage
11 Supervising Children	12 Red Cross First Aid 1:00 P.M.-9:00 P.M.	13 Medication	14 Medication	15 RTO	16 RTO	17 RTO
18 Cottage	19 Supervising Children	20 Medication Follow Up	21 Supervising Children	22 Holiday	23 Holiday RTO	24 RTO
25 RTO	26 Self Defense	27 Self Defense	28 Self Defense	29 Self Defense	30 Self Defense	

YCAT Training Calendar  
 Classroom Content: 3:00 P.M. - 5:00 P.M.  
 Training Classroom  
 DECEMBER 1979

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1 Review & Evaluation
2 RTO	3 RTO	4 Orientation Tour of Campus	5 Orientation ----- FIRST AIDE 1-9	6 Orientation Organization Of YCAT	7 Orientation Case Study	8 Cottage
9 Cottage	10 RTO	11 RTO	12 The YSW Roles & Responsibilities	13 Housekeeping Follow Up	14 The YSW Roles & Responsibilities	15 Cottage
16 Cottage	17 The YSW Roles & Responsibilities	18 RTO	19 RTO	20 Level System Exercise	21 Cottage	22 Cottage
23 Cottage	24 Holiday	25 Holiday	26 RTO	27 RTO	28 Review Evaluation	29 Cottage
30 Cottage	31 Holiday					

ATCHISON, KANSAS

FROM: Mr. Wilson

MEMORANDUM

DATE: February 1, 1980

SUBJECT: Continuing Education Course  
at Benedictine College

The Organizational Behavioral Course that will begin February 12, 1980, will include topics on motivation, communication, job enlargement/enrichment, organizational design, planning, decision-making, leadership, managing change and conflict.

These classes will be Tuesdays and Thursdays from 9 AM until 10:30 AM on North Campus in Bishop Fink Hall Room 12. This class will provide 30 hours of instruction in a ten-week period.

The tentative text is "The Organization Game" by Robert H. Miles and W. Allen Randolph.

There is no cost to the employee for this course.

This is a continuing education course that employees will receive in-service training hour credits for taking. Benedictine College will issue a certificate of completion for the completion of the course.

NOTE: This class will begin February 12 instead of February 5 as previously announced because the texts will not arrive until then.

vj

MEMO

TO - All Cottage Staff

Date - 7-24-79

From - Dr. Kearns

RE - Educational Training

In the past several months, we have been conferring with Mr. Bill Sutton and Dr. Gury Burkart of Benedictine College, regarding the educational training that Benedictine might offer which would fit with the provisions of the career ladder program. Mr. Sutton and Dr. Burkart have been very receptive and encouraging, and have indicated that Benedictine can tailor educational opportunities to meet the needs of the YCAA staff in terms of subject matter, and in scheduling convenient times and places courses will be taught. Tuition costs appear to be very reasonable and within the range of YCAA staff wishing to invest in their future.

Below is a copy of a memorandum as received from Mr. Bill Sutton, Director of College Relations, Benedictine College. Mr. Sutton and Dr. Burkart will be present at the next monthly Youth Service Worker Meeting to answer questions.

"Based upon our past several meetings I am sending you the following information for you to distribute to your employees. These courses, programs, ideas, etc., will be very useful to your employees in meeting the new requirements for the step-pay-system.

Listed below are a series of course schedules ( 1979-80) and projections for the spring and fall of 1980-81.

<p><u>Fall 1979</u></p> <p>Introductory Sociology          Juvenile Delinquency          Criminology</p> <p>-----</p> <p>Introductory Psychology          Developmental Psychology          (Infancy thru Young Adulthood)</p>	<p><u>Spring 1979</u></p> <p>Intro Sociology          Social Problem          Corrections in Amer.</p> <p>-----</p> <p>Introductory Psych          Abnormal Psychology          Clinical Psychology</p>	<p><u>Summer</u></p> <p>If numbers warrant          could teach Intro Soc,          Social Problems, Delin-          quency or any other          class requested.</p>
<p><u>Fall 1980</u></p> <p>Introductory Sociology          Race and Ethnic Groups          Marriage and Family          Probation and Parole          Introduction to Criminal          Justice</p> <p>-----</p> <p>Introductory Psychology          Developmental Psych I          Therories of Personality</p>	<p><u>Spring 1980</u></p> <p>Introductory Sociology          Social Problems          Juvenile Delinquency</p> <p>-----</p> <p>Introductory Psychology          Abnormal Psychology          Clinical Psychology</p>	

The above courses are offered in the morning and afternoon Monday through Friday - we could adjust the times to meet the needs of the YouthCenter Staff.

Also, as we discussed, a broad variety of short courses, seminars, workshops, and other activities could be prepared for your staff.

The cost for attending the regularly scheduled day courses will depend upon the educational status of the various staff members. Most staff members would probably qualify for the "Back-to-School" program and only need to pay a \$20 tuition the first semester for one course. Each individual would be reviewed to determine his/her status. As soon as time and your schedule permit Dr. Burkart and I would be happy to discuss this at your staff meetings

( Mr. Wilson and myself will be glad to answer any questions you may have before our next monthly Youth Service Meeting. )

Terrence Kearns  
Terrence Kearns, Program Director



TO: All Cottage Staff

MEMORANDUM

FROM: Mr. Wilson & Ms. Wiley

RE: College Courses at Benedictine

DATE: August 9, 1979

Enrollment for college courses at Benedictine College will be on August 27, 1979, with classes beginning August 29, 1979.

Any individual fifty-five years or older may take any number of courses free of charge for full college credit. This has no affect on choice of courses or number of hours selected.

For those individuals who had been out of school for five years or more, the tuition will be only \$20.00 for the first course and full tutition of ~~\$20.00~~<sup>\$10 per credit hour</sup> for any additional courses taken the same semester. This is under the "Back to School" program. Mr. Sutton indicated that this five year criteria may be flexible so please contact him if you have any questions regarding this.

Taking six hours (or more) of course work per semester will make an individual eligible to apply for federal funds for tuition assistance. The amount of interest in the courses offered this year may generate assistance in Benedictine's having additional federal tuition assistance in the coming years.

If necessary arrangements can be made to reschedule or readjust work schedules so that individuals may attend the class they have chosen. Every full-time employee will continue to work a forty-hour work week. At the present time no night courses are available.

If you are interested in any of the courses available at Benedictine College or desire educational counseling, please contact Bill Sutton 367-5340 ext. ~~204~~<sup>500</sup> (home phone 367-3549) or Dr. Gary Burkhart, 367-6110 ext. 216. Feel free to contact Barbara Wiley if you desire job counseling.

FALL 1979

Monday, Wednesday, Friday (except where indicated)

Introductory Psychology	8 - 8:50 am; 10:20 - 11:10 am; 11:30 - 12:20 pm; 2:10 - 3:00 pm
Juvenile Delinquency	Tuesdays and Thursdays 9:10 - 10:25 am
Criminology	9:10 - 10 am
Introductory Sociology	9:10 - 10 am; 10:20 - 11:10 am; 1 - 1:50 pm
Developmental Psychology	2:10 - 3 pm
(Infancy through young adulthood)	

SPRING 1980

(class hours unknown at this time)

Introductory Sociology  
Social Problems  
Corrections in America  
Introductory Psychology  
Abnormal Psychology  
Clinical Psychology

SUMMER 1980

If number of enrollees warrant, any class could be scheduled, possibly on YCAA Campus. However, the "Back to School" reduction in tuition would not apply.

vj

MEMORANDUM

TO: ALL COTTAGE STAFF

RE: Correction of tuition prices  
listed in Memo of August 9, 1979

DATE: August 10, 1979

For those individuals who have been out of school for five years or more, the tuition will be only \$20.00 for one course for the first semester.

If you wish to take more than one course, then the cost is \$92.00 per credit hour (all courses listed under Fall 1979 are 3 credit hour courses).

However, by taking six hours or more per semester you are eligible for federal funds for tuition.

For further information or answers to questions, contact Bill Sutton,  
367-5340 ext. 204.

vj

David M. Head

Thank you for allowing me to make this presentation. The occurrences of sexual abuse at Osawatomie State Hospital and the Rainbow Unit led to these hearings. The problems cited are more wide-spread than Dr. Harder would permit you to believe. I will be speaking today on my experiences while institutionalized in Topeka State Hospital and of my relationship with the various levels of SRS. Although my experiences took place in the 1960's and early 1970's, these experiences are still occurring now.

The stories that follow are referred to as "war stories" by those of us who have been institutionalized. I have yet to meet an individual, even those with "good experiences" in the hospital, to not come out with at least one war story that involved them personally.

When I was first admitted on the Children's Unit in the early '60's, there was a practice on the Boy's Section of having cock fights most Saturday mornings. On Saturday mornings there was limited supervisory staff. One aide in particular, Charles Scott, kept track of the various disagreements between patients during the week and then on Saturday morning, the two individuals involved were required to fight it out. If one of the individuals didn't want to fight, it was permitted that the other person still beat him. This fighting existed for more than two years while I was on the Children's Unit and was stopped after a patient was severely enough injured that supervisory staff could no longer ignore them.

One patient on the Children's Unit, Jack M., was suffering from kidney failure and was, therefore, catheterized. We all know that children can be cruel in their criticism of other children. In his frustration, he would lash back verbally at both patients and staff. Retribution was swift; patients would attack him, sure that the staff would turn the other way. Because the staff was insulted by his behavior, they offered little or no protection to him.

On another occasion, I was permitted to beat a patient, James L. He and I had a disagreement. The aid, Charles Scott, said that the patient had been "misbehaving" and I had his permission to beat on James L. until Mr. Scott determined

that "he'd had enough". I was then called off.

What about aids actually abusing patients? Only one aid in the time I was hospitalized was fired, however, beatings were much more frequent than this would indicate. The aid that was dismissed, Johnny Johnson, beat patients with regularity. This was ignored until he finally beat Marvin S. to the point that Marvin had to be placed in the hospital. Many aids with reputations for violence are still employed by the Hospital. Leo Thompson tried to stop a fight between two patients, James D. and Claude D. While breaking up this fight, Thompson was accidentally struck. A patient was assisting in breaking up the fight and held James D. back. William Crutcher, an aid, held Claude D. Thompson first beat James D. in the face and abdomen and then turned his attack on Claude D.

The worst beating I took personally on the Children's Unit occurred in April of 1962 when I was 14. I was playing cards between rooms with another patient. The aid, Henry Mays, didn't think we should be playing cards. Without warning, Mays decided that I should go into seclusion. At this point, I started to resist, to pull away from Mays' grip. He started beating me and I began fighting back. Two other aids, Wayne Wheeler and Wayne Wright joined Mr. Mays. In the process, all three aids battered me. I was placed in seclusion. (See Exhibit ). The aid, in his incident report, stated that I had eaten a pencil and, also, been cut by a nail. I did not eat a pencil or get cut by a nail. There were no supporting signatures for witnesses (this is the only incident report that didn't have the required supporting signatures) even though there was a supervisory nurse on duty, Mrs. King. The Doctor on Duty signed off that seclusion was required, but this occurred later in the day. There was no medical treatment recorded on that day for real injuries or those cited by the aid in his report.

Henry Mays, the aid mentioned above, was a known alcoholic. He would come in on afternoon shift and announce to the patients that "you, you and you are on my \_\_\_\_\_ list". Before the evening was over, each individual had something occur to them, usually seclusion. These incidents were reported. The response that was given

was that the nurses were dependent upon the aids for protection and would not take action.

The night shift was a special problem. Aids would come in and sleep through the shift. One aide in particular, Leonard Powell, would come in shower, shave and leave again. He would return shortly before the day shift supervisory staff came on duty. Because of this, there was little protection on the ward from either awakened aids or from homosexual assault from other patients. I generally asked to be placed in a locked room at night to be protected from homosexual assaults. On one occasion, an aid, Mr. Gatewood, decided to make evening rounds. He caught a patient in the course of a homosexual act. The patient began beating the aid. Other patients were required to stop the assault since the other aid had left for the evening. A current employee advises me that aids sleeping on night shift is still prevalent. This person has reported this to the appropriate personnel and nothing has been done. I do not have permission to release the name of this individual because of possible retaliation by aids and other staff members.

Even on the Adult, the behavior of aids was a problem. An elderly man was admitted to the ward. He was severely disoriented and did not know where he was or even which room he was in. There was another patient on the ward known for his violent behavior. This patient had already injured several patients. The elderly patient, Arthur J., wandered into the violent patient's room believing it to be the men's room. Arthur J. was severely beaten. The aids returned Arthur J. to his room and applied hot compresses to his legs. The compresses were extremely hot and severely burned the old man (I saw his legs myself). He was left on the ward for 3 or 4 days in this condition. Finally, he was moved to the hospital where he died 45 minutes later.

A patient, on another occasion, was admitted from Douglas County. She was combative and therefore, placed immediately in seclusion. She was placed in the room next to mine. She was given a shot of medication by force at that time. The aid involved was Richard Craig, still employed. Early the next morning, I was permitted to take

a smoke break. After I was returned to my seclusion room, I heard the patient in the next room banging on the door and request assistance from the aids. No aids came. I listened to this woman die. The woman had never seen the Doctor while there. I believe that she may have died from the medication given.

As I stated above, there was sufficient homosexual activity on the ward that I requested to be locked into a room at night rather than risk being assaulted. Homosexuality, though, was a greater problem on the Adult Unit. On one occasion, while in the men's room, I was attacked by another patient and had a chlorine cleanser thrown in my face. I have been unable to locate the incident report that was supposedly filed on this incident while reviewing my clinical file. One aid on this ward was a homosexual, Theron Calloway. He is no longer employed by the Hospital although I have not been able to determine whether he was fired or left voluntarily. One patient, Larry D., reported that he had been subjected to Calloway's charms. Unfortunately, he was known for telling stories and the matter was never investigated. However, one evening there was a fire on the ward and Larry used this opportunity to escape. He never returned.

Basil T. had transferred in from the Hutchinson Reformatory. When he began forming a relationship with one of the female patients, Calloway began harrassing him, insisting that he should be "playing with the boys". The patient reported this behavior through the regular channels and to Dr. Dewdney. When the harrassment continued, Basil advised both Calloway and Dr. Dewdney that he would kill the aid if it did not stop. No attempt was made to talk to the aid. Later, Basil broke out a window on the ward and using a large piece of the shattered glass, he attacked Calloway, injuring Calloway's leg. The patient was given a choice of 6 months in seclusion or returning to the Reformatory. He chose the Reformatory. Calloway was transferred to another ward and, shortly thereafter, left the hospital's employ.

Although there was limited heterosexual activity between patients, there was a great deal between aids and patients. Between 1965 and 1971, there were several aids fired for this. Eugene Jolly, Jr., Willie Ford, Robert Senegos were all fired

for having sexual relations with patients. Charles Scott, mentioned previously, was believed to have solicited one of the girls on the Children's Unit in exchange for which she would receive special privileges. One aid<sup>e</sup>, now employed in another hospital, advised me that he left because this matter was not properly investigated. I feel he will not speak out even now because his current employment could be jeopardized. James Johnson was not fired but was known to have had sexual relations with a patient who had escaped. Oddly enough, a female aid, doing this same thing was fired.

As you can see from above, seclusion was used for control or punishment. In the 8 years of my hospitalization, I was in seclusion for a total of 5 1/2 years. The majority of the last 3 years, I was in seclusion continuously. This was part of my treatment plan. Any time I disagreed with a staff member, questioned an order or, even, requested a priest, I was placed in seclusion.

On the Children's Unit, I was in seclusion periodically along with other patients because many of the aids held two jobs and wanted to catnap. They would allow a few patients to remain on the ward to listen for the supervisory nurse.

Even in 1979, seclusion was not used solely for therapeutic purposes. Dr. Walter Menninger in the University Daily Kansas of K.U. is quoted on May 2, 1979 as saying ". . . sometimes seclusion was used in place of staff."

Illegal drugs and alcohol were readily available to patients on the ward. Marijuana, for instance, was available on Boisen South and North in 1967-1970. I believe that Robert Senegos, aid, was the supplier of these drugs. He is the aid mentioned above as being fired for having sexual relations with a patient. Shortly after his discharge, he was arrested for selling drugs and sent to the penitentiary.

Alcohol was provided to patients by the Dietary Employees. This was especially dangerous as alcohol combined with the type and dosage of drugs given to patients could cause serious side effects and even death. Even knowing this, aids<sup>e</sup> gave shots to Joe H and Erik W. when they were found drunk on the ward. The aids<sup>e</sup> in



this incident were Thaddeus Ferguson and Shirley Hale. The supervisory nurse was Ruth Green.

In 1968, the aids<sup>2</sup> went on strike and, as a result, the supply of drugs and alcohol were cut off. During this time, two patients, Joe H. and Jack W., attacked a third patient who had work privileges and attempted to rob him of his pay using a 2x4. They were stopped by other patients. Joe and Jack were planning to purchase alcohol and drugs from an outside supplier.

Prescription drugs are also abused, but in this instance, by aids. When placed in seclusion, patients are sometimes given an additional shot of medication which is later signed off on by the doctor. Many patients regularly receive more than the maximum amount listed in the Physician's Desk Reference. Much of the drugs in "crises" situations are prescribed by aids<sup>2</sup>. On one occasion, I was given sodium amytal by <sup>Johnny</sup> JOHNSON, no longer employed. Sodium amytal is a post-surgical sedative. The doctor came to the ward later in the day and signed off on the report.

I would like to add some final war stories occurring in the last several years.

David E. was a patient on Awl Ward. Aids<sup>6</sup> were to check on him every 15 minutes because of his alleged emotional state. The aid<sup>1</sup> did check him around 11:30 p.m. Forty-five minutes later, the aid<sup>2</sup> returned and found that David had hanged himself using a sweater which he had looped through the handle of the locker in his room. Various parties have requested that this be investigated, including a request directly to Dr. Burdzik by members of Advocates for Freedom in Mental Health. David stood nearly 6 foot tall, the handle of the locker was approximately 3 feet from the floor. The requests for investigation have been met with the response that the family has requested that the matter be closed.

In the winter of 1978, a patient reportedly would not follow the treatment program planned for him. He was discharged from the Hospital even though those in charge knew he had no money and no place to stay. He went to Gage Park to sleep and was found frozen to death the next morning. I do not have the patient's name. Friends who were looking into this matter advised me of this situation.

In December of 1977, Randy W., was released from a private institution when his hospitalization ran out. He asked to be admitted to the Hospital since he was afraid that he would kill himself. The Doctor on Duty would not admit him. He sought assistance in entering the Hospital from the Patient's Rights Center. Martha Brown, an employee at that time, tried throughout the day to have Randy W. admitted to the Hospital. At one point, one of the Hospital employees suggested that Randy was probably a spy for the Patient's Rights Center. That night, Randy placed a bullet through his head.

Survival belongs to the fittest in institutions, and this is true of both adults and children. Oddly enough, these are the places where we send our loved-ones. Surviving in an institution teaches one to be violent, teaches one that the rules of society no longer apply even for those who live in society and only work at the institution. It teaches one to not be responsible for themselves and that they have no control over their own lives and, ultimately, it teaches them that the only place they can survive is the institution.

I would like to point out that I have reported all the events cited above as they occurred. I reported them after my release. I reported them to the Legal Division. In November of 1977, I reported them to the Joint Commission on Accreditation with Dr. Burdzik and Dr. Menninger in attendance. Why do I continue reporting these same incidents? Most of the aids<sup>e</sup><sub>A</sub> involved are still employed by the Hospital. I believe the same techniques such as overmedication and seclusion are still used as part of the "treatment" plan. Doctors still are referring to reports by patients of abuse as fantasy or as manipulative attempts to split the staff (See enclosed ). Paraphrasing Jack Southwick in the Kansas City shortly after the abuses at Rainbow were made public, "These people are ill." This was his justification for not investigating the complaints. It is said in one of the reports on me that I devided aids<sup>e</sup><sub>A</sub> into "good guys" and "bad guys". Surely, after the information provided above, one cannot believe that this is part of my "illness".

~~I would like to describe some of the violations of rights that took place in the Hospital which involved me beginning with my original commitment in 1960.~~

1

Part 2

62

IN THE PROBATE COURT OF SHAWNEE COUNTY KANSAS

In The Matter Of The Hospitalization

FILED

Of David Michael Head

No. 13146

MAR 9 1965

PETITION

Comes now Cora L. Head, a <sup>respectable</sup> ~~reputable~~ citizen whose address is 228 Harrison, Topeka, Kansas and alleges and states to the Court:

That David Michael Head, aged 17, who was born at St. Louis, Mo on March 9, 1948 is a resident of Shawnee County, Kansas, and that his present address is 228 Harrison, Topeka, Kansas, where he may now be found.

That said person is so far disordered in his mind as to endanger health, person or property, or as to render him a proper person for care and treatment in a hospital for insanity or mental disease.

That said person's condition is such that his own welfare and that of others requires his immediate restraint.

That the names, residences and addresses of the nearest relatives of said persons are as follows:

Dr. Head Mrs Head, parents 228 Harrison, Topeka, Kansas  
3 brothers and 2 sisters

That said person has been examined by Theodore Young M.D., a physician, and said physician's report in triplicate is filed herewith.

That the truth of the statements made in this petition may be proved by at least two witnesses, whose names and addresses are as follows: Father Javron and  
Father Hayes of Assumption Parish

WHEREFORE, the Petitioner prays that this petition be set for hearing; that prior to such hearing, the Probate Judge in his discretion refer said person to a proper hospital or psychiatric physician for a complete physical and mental examination and for treatment as provided by law, and that if upon hearing in due course upon this petition, said David Michael Head be adjudged insane that he be committed to a hospital for insanity or mental disease.

Cora L. Head  
Petitioner

STATE OF KANSAS, SHAWNEE COUNTY, SS.

I, Cora L. Head, mother, of lawful age, first being duly sworn on oath state that I am the petitioner above named, that I have read the above and foregoing petition and that the statements and allegations therein contained are true; so help me God.

Cora L. Head  
Petitioner

Subscribed and sworn to before me this 9 day of March, 1965.

Julia J. Bryden  
Probate Judge Notary Public

(seal)

COMMISSION EXPIRES  
1-28-67

2

APPLICATION FOR ADMISSION  
REFERRAL FOR PSYCHIATRIC EXAMINATION \*

6-3

IN THE PROBATE COURT OF Shawnee COUNTY, KANSAS

MAR 9 1965  
M. J. [Signature]  
PROBATE JUDGE

In the Matter of the Alleged

{Insanity of David Michael Head  
{Incompetency

Address 228 Harrison, Topeka, Kansas

Case No. 13146

ORDER

WHEREAS on the 9 day of March, 1965, a petition was filed in this court by Cora L. Head alleging that David Michael Head is insane (incompetent).

This court being duly advised in the premises finds that the said person should be referred for examination as provided in Section 59-2260, G. S. 1957, Supp., and Section 59-2002, G. S. 1957 Supp.; and further finds the apparent nature and degree of mental disability \_\_\_\_\_

Now, THEREFORE, It is ordered that the said person be referred and delivered to: (Check one)

- \_\_\_\_\_ Psychiatric Receiving Ward, University of Kansas Medical School;
- \_\_\_\_\_ The nearest U. S. Veterans' Administration Hospital;
- Topeka State Hospital;
- \_\_\_\_\_ Dr. \_\_\_\_\_, Psychiatrist,

for examination and treatment and that a report of said examination be returned to this court.

IN WITNESS WHEREOF, I have signed my name and affixed the seal of this court this 9 day of March, 1965

[Signature]  
Probate Judge

SEAL

RESIDENCE, FINANCIAL RESPONSIBILITY, REASONS FOR REFERRAL

Statement of Residence:

I have determined this person's residence to be: City of Topeka  
County of Shawnee, State of Kansas

Statement of Financial Responsibility: (Applies only to State Hospitals under State Department of Social Welfare.)

The charges for maintenance, care and treatment at the rate of \$28 per week from the patient or his estate, or \$12 per week from the responsible relatives, will be paid by:

(Name) Family \_\_\_\_\_

(Address) \_\_\_\_\_

Statement of Reasons for Referral:

Dr. Theodore Young and other evidence

[Signature]  
Probate Judge

\* NOTE: (1) When used for referrals to state hospitals to be forwarded in duplicate to Division of Institutional Management, State Department of Social Welfare, State Office Bldg., Topeka, Kansas.  
When used for referrals to the psychiatric receiving ward or elsewhere to be forwarded in duplicate directly to such agency.  
(2) Information requested on reverse side of this form is basic part of this application and must also be completed in full.

(Over)

APPLICATION FOR ADMISSION  
STATE HOSPITALS FOR THE INSANE\*

FINDINGS OF COMMISSION

STATE OF KANSAS, COUNTY OF Shawnee, ss.:

IN THE MATTER OF THE ALLEGED INSANITY OF David Michael Head

We, the undersigned, duly licensed doctors of medicine, appointed by the Court as a Commission to assist at the hearing on the petition in the above-entitled cause, having examined the above alleged insane person and having heard the evidence, find that David Michael Head is insane and a proper person for care and treatment in a hospital for insanity or mental disease under the provisions of the statutes. Facts indicating insanity observed by us are as follows:

16 yrs. Showed up on hospital grounds with 2 loaded pistols  
said he wanted to kill his mother. had childhood senizophrenia  
when 4 years old. Attempted suicide once. Very assaultive at times.  
Needs isolation from his own family. Self destructive behavior.

WITNESS OUR HANDS IN THE COUNTY AND STATE AFORESAID, this 13 day of May, 19 65

G. L. Kerley M. D.  
L. G. Schwartz M. D.

ORDER OF INSANITY

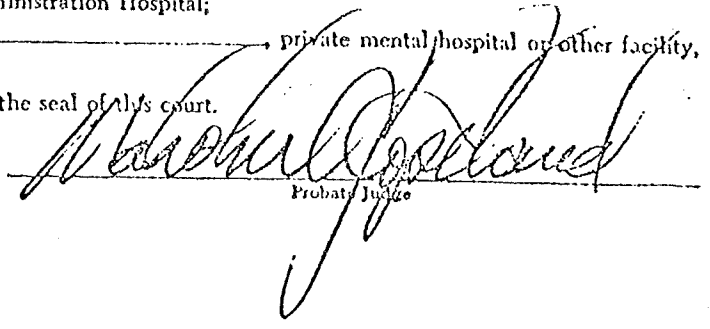
I, the undersigned, Probate Judge for the County of Shawnee, State of Kansas, do on this 13 day of May, 19 65, hereby approve and adopt the foregoing medical certificate of the Commission duly appointed by me, the contents of the same having been certified to before me under oath, and enter judgment that the said David Michael Head is an insane person, and I hereby commit the said person to:

(Check one.)

- A state hospital for the insane;
- A United States Veterans' Administration Hospital;
- private mental hospital or other facility,

for care and treatment.

IN WITNESS WHEREOF, I have signed my name and affixed the seal of this court.

  
Probate Judge

SEAL

\* NOTE:

- (1) When this form is used for applications for admission of patients adjudged insane to a state hospital, it is to be forwarded in duplicate to Division of Institutional Management, State Department of Social Welfare, State Office Building, Topeka, Kansas.
- (2) When this form is used for commitment to a veterans' hospital or private mental hospital, it is to be forwarded in duplicate directly to such facility.

ack  
11/1

P.O. Box 8094  
Topeka, Kansas 66608  
April 9, 1977

Dr. E. G. Burdzik  
Superintendent  
Topeka State Hospital  
Topeka, Kansas 66606

Dear Dr. Burdzik:

In the matter of Settlement Order, dated March 14, 1977, Paragraph 3 states as follows: I am to issue to you written instructions concerning the disposition of a letter currently contained in my clinical file from Dr. James E. Bonnar (not James E. Bahner, M.D.) dated November 25, 1977. It is to stay in my clinical file since removal at this time would tend to show, by implication, that I would agree with a wrong. My clinical file shows date of discharge of November 1970. This is the second occasion that and improper data has been entered in my clinical file after being discharged. There are applicable statues and regulations. It is quite apparent that your hospital has violated certain rights of mine continually. Now I want you to set in motion applicable statues, and regulations to determine who placed Dr. Bonnar's report in my clinical file. Your hospital has invaded my privacy, violated my Dr-patient priviledge continually, now it is up to you to implement the correct procedure and to advise me how said letter was placed in my clinical file. Dr. Bonnar has advised me that he did not furnish Topeka State Hospital a copy of the letter in question and likewise, I did not.

Sincerely,

David M. Head

STATE OF KANSAS  
ROBERT F. BENNETT, GOVERNOR



SOCIAL AND  
REHABILITATION SERVICES  
STATE OFFICE BLDG.  
TOPEKA, KANSAS 66612  
ROBERT C. HARDER, SECRETARY

TOPEKA STATE HOSPITAL  
2700 WEST SIXTH  
TOPEKA, KANSAS 66606

EBERHARD G. BURDZIK, M. D. SUPERINTENDENT

April 15, 1977

Mr. David M. Head  
P. O. Box 8094  
Topeka, Kansas 66608

Dear Mr. Head:

In answer to your two letters of April 9, 1977, and April 10, 1977:

In regard to the letter of Dr. James M. Bonnar, dated November 25, 1975, in your clinical file, I repeat my previous answer on the same subject: Neither did I place this letter in your record, nor did I instruct anybody to do so. I have no knowledge how this letter got into your file.

In regard to the alleged two pistols in your possession at the time of your admission to Topeka State Hospital on March 11, 1965: The record (of which you have a copy) indicates, that the City Police (Topeka) was called prior to your admission, that they apprehended you, and that you were there-after admitted. I could neither find a documentation that any Topeka State Hospital employee received the two pistols in question, nor could I locate them. You may wish to inquire about this matter with the Topeka Police Department.

I hope this answers your questions.

Very truly yours,

A handwritten signature in cursive script that reads "E G Burdzik, MD".

Eberhard G. Burdzik, M. D.  
Superintendent

EGB:blh

1610 Valentine, #3E  
Kansas City, Mo. 64111  
June 10, 1977

Chief of Police Howard  
Topeka, Police Department  
435 Jackson  
Topeka, Kansas 66603

Dear Chief Howard:

Enclosed is a letter from Dr. Eberhard G. Burdzik, M.D., Superintendent, Topeka State Hospital.

In his second paragraph, he suggests I make an inquiry with the Topeka Police Department. This is an inquiry to determine what happened to the two alleged pistols. Your Department will no even show an arrest for the day in question since I at least have inquired that far. I would appreciate an answer to the following questions.

1. Who initiated the response of the Department, i.e., Topeka Police Department, on the afternoon of March 11, 1965 around 4:00 PM?
2. Did the officers of the Topeka Police Department find two fire-arms or pistols, etc. in my possession on the afternoon in question?
3. Why wasn't the arrest recorded and why wasn't I turned over to the Topeka Police Department since an alleged crime had supposedly taken place?

Sincerely,

David M. Head



Department of Police



Topeka, Kansas  
66603  
Fred H. Howard II  
Chief of Police

June 15, 1977

Mr. David M. Head  
1610 Valentine  
#3E  
Kansas City, MO 64111

Dear Mr. Head:

I wish to acknowledge your letter wherein specific requests were made to ascertain the disposition of your case on or about March 11, 1965.

In response to question #1, the Topeka Police Department records section does not disclose any incident involving you on the afternoon of March 11, 1965. Since there is no activity record regarding you on that specific date, then response to question #2 would be to the effect that no records are in our possession which would indicate that you possessed firearms on that specific date. In response to question #3, "Why wasn't the arrest recorded..." and my only response to that could be that no arrest occurred. The other portion of your question, "...why wasn't I turned over to the Topeka Police Department..." seems to me to be in conflict that if you were in the custody of police officers renders question moot.

Sincerely,

FRED H. HOWARD, II  
Chief of Police

FH:ju

DOCTOR'S ORDERS  
(Sign all orders)

DATE AND TIME		ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP			
4-3-65		(1) Seclusion - except for scheduled breaks	C. Blundworth	J. J.
4-8-65		(1) Dentist will call for appt soon. Make appt + we will make plans	C. Blundworth	J. J.
4-8-65		(1) Discontinue breaks (2) Tetanus toxoid 0.5 cc IM (3) Bacitracin ointment to knee B.I.D.	C. Blundworth	J. J.
4-9-65		(1) Phurelone - shampoo every 3rd day (2) Phurelone scrub of face daily	C. Blundworth	J. J.
4-17-65		(1) Resume exercise period 15 min twice daily Monday	C. Blundworth	J. J.
4-22-65		(1) Way later to hall games in P.M. + portable radio	C. Blundworth	J. J.
4-30-65		(1) Discontinue breaks	C. Blundworth	J. J.
4-31-65		(1) Bacitracin ointment to face B.I.D.	C. Blundworth	J. J.
5-18-65		(1) 15 minute exercise breaks B.I.D.	C. Blundworth	J. J.
5-22-65		(1) Way make phone call Wed	C. Blundworth	J. J.
5-27-65		(1) Give radio in the room Wed	C. Blundworth	J. J.
6-2-65		(1) <del>Mr. William Brady</del> to visit in David Used in interviewing office 11 AM Wed	C. Blundworth	J. J.
6-4-65		(1) 3-15 min breaks daily	C. Blundworth	J. J.
6-11-65		(1) 30 minute session on the wheel daily on 1/1 basis + 15 min exercise session daily	C. Blundworth	J. J.
6-28-65		(1) One hour session on the wheel on 1/1 basis + 1 exercise session (2) Weigh weekly	C. Blundworth	J. J.

Statement by Walter J. Esler, Jr. regarding a conversation with one Mr. William Brady, atty., on or about May 21, 1976. Mr. Esler is acting as a friend of David E. Head.

On several occasions, David Head had told me that while he was in Topeka State Hospital in 1965, he met with a gentleman who he understood to be a Mr. Brady, an attorney. According to Mr. Head, this gentleman represented himself as an attorney retained to represent Mr. Head in his Involuntary commitment hearing. This was at the time of Mr. Head's 1965 commitment. Mr. Head had been held continuously in solitary confinement at Topeka State Hospital since the time of his arrest on or about March 11, 1965. The gentleman who represented himself as Mr. Head's Attorney, according to Mr. Head, promised that Mr. Head would be released from solitary confinement if he would sign a document which he had presented to Mr. Head.

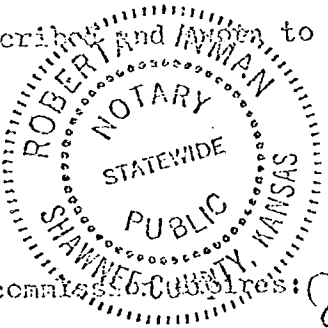
I called a Mr. Brady's office, on behalf of Mr. Head, on or about May 21, 1976. I spoke to a man, by telephone, who represented himself as Mr. Brady. He denied representing Mr. Head but said he had been a close friend of Mr. Head's father and may have represented Mr. Head's father. I repeated my question, whether he had ever represented David Head and if he had ever spoken to David Head during that time as a representative of Mr. Head's father. He denied this.

STATE OF KANSAS, COUNTY OF SHAWNEE) ss:

Walter J. Esler, of lawful age, being first duly sworn on oath, deposes and states that he has read the foregoing statement, knows the contents thereof, and that all of the statements made therein are true and correct to the best of his knowledge and belief.

*[Handwritten signature]*

Subscribed and sworn to before me on this 9th day of September 1977.



Robert A. Inman  
Notary Public

My commission expires: June 21, 1980



September 5, 1977

To Whom it may Concern:

Concerning the petition for David Michael Head to be committed to a hospital for the insane that I was reported to have signed, I know nothing of such a statement. On the petition it lists my address as Assumption Parish and the date, March 9, 1965. I was at St. Dominic's in Holton Kansas from August 5, 1964 on, therefore could not have been at Assumption Parish in 1965.

I also question this statement since my name is not spelled correctly, the correct spelling is Hays not Hayes. I seriously question that any statement was signed by me so spelled.

I have no memory of signing any statement or of having making any statement to have a Mr. David M. Head sent to the State Hospital.

If there are any further questions, I would be free and eager to answer them.

Sincerely yours,

Rev. Edward M. Hays  
Shantivanam, House of Prayer  
Easton, Kansas 66020

Conversation by phone, 20 May, 1976, 6:00pm (Approx.).  
W. Esler as friend of Dave Head.

Father Hays - Archdiocesan House of Prayer.

Summary: Fr. Hays stated that he could not reveal anything learned through confession and ministry.

Sept 1, 1960 to August 5, 1964 -

- Father Hays was a Youth Minister, at the Youth Center in Topska. (Entire period)
- He also taught at Hayden High School.
- Was also Chaplain at City and Cty. Jails. (Entire period)
- Took one-year course of study - Pastoral Ministry (Menn. Psych & Religion).

Father Hays states that he never made any statement about David Head.

Father Hays states that he never knew any member of the Head family. He did not have any knowledge of any member of the Head family - He does not even remember the name.

He states that he has never been involved in the commitment of any person, in any way, and has never urged commitment of any person (one exception, His family once considered commitment of his father, they did not commit him.)

He has no idea how he came to be on court record as having knowledge of David Head - or of being on record as a witness to aberrant behavior - or of any behavior of any kind.

Conversation with Dr. Theodore Young - Approx. June, 1976. W. Esler and Dave Head.

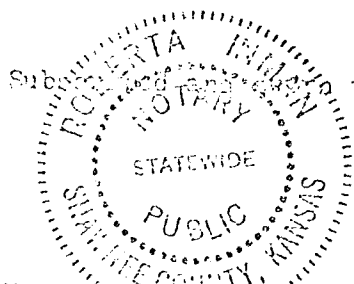
Dr. Young indicated to both of the above individuals that he would not have recommended commitment of Mr. Head since under the law, at that time, Mr. Head would not have met the guidelines for commitment.

STATE OF KANSAS, COUNTY OF SHAWNEE) ss:

Walter J. Esler, Jr., of lawful age, being first duly sworn on oath, deposes and states that he has read the foregoing statements, knows the contents thereof, and that all of the statements made therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me on this 9th day of September 1977.

Roberta Gunnan  
Notary Public



My commission expires: June 21, 1980

AFFIDAVIT

State of Kansas  
County of Shawnee

ss:

I, David M. Head, of lawful age, after being first duly sworn upon his solemn oath, deposes and states:

- 1. On October 19, 1977, I had an interview with Edwin Z. Levy, M.D., Menninger Foundation, Topeka, Kansas, regarding my records at that institution.
- 2. The purpose of this interview was to ascertain the validity of a diagnosis supposedly made of me as a four-year-old, that diagnosis being that I suffered from childhood schizophrenia; and, that this diagnosis was referred to in the Commission findings of my 1965 commitment to Topeka State Hospital.
- 3. In those records, there was nowhere indicated a finding of childhood schizophrenia.

\_\_\_\_\_  
Affidant - David M. Head

Subscribed and sworn to before me on the \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_.

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Statement by Walter J. Esler, Jr., on September 7, 1977, regarding con  
with one Dr. Theodore Young, Medical Arts Building West, 1001 Horne, Top  
in June 1976. Mr. Esler is acting in the capacity as a friend to David M.

During June, 1976, I accompanied David M. Head to the offices of Dr.  
Theodore Young, at which time we presented to the receptionist a signed,  
notarized authorization releasing any and all contents of David M. Head's  
medical records to me. After a few minutes, we met with Dr. Young. Druing the  
conversation that followed, David M. Head showed Dr. Young a copy of a petition  
for determination of a mentally ill person which document also included a  
determination of/and order of committment for committment to Topeka State  
Hospital. The petition, dated March 9, 1965, was shown as filed on the same  
date. This petition contained following statement, " and, that said person  
has been examined by Theodore Young, M.D., a physician, and said physican's  
report in triplicate is filed herewith". Dr. Young was asked by Mr. Head  
whether he had ever submitted to the court or, had prepareddfor submission to  
the court, any statement concerning David M. Head, his emotional or mental  
health. Dr. Young denied that he had done so. Dr. Young then stated he  
had prepared David Head's mother a letter concerning David's mental health.  
This letter, according to Dr. Young, contained no unfavorable conclusions  
concerning David Head's mental health. Dr. Young then denied ever having  
made any statements that David M. Head was a mentally ill person in the above  
mentioned letter.

\_\_\_\_\_  
Affiant - Walter J. Esler, Jr.

Subscribed and sworn to before me on the \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_.

My Commission expires \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Cora Head

6-15

CASE SUMMARY  
HEAD, Cora L.

*Jan 8*

C. A. Barnhill, M. D./ed  
March 29, 1965

DESCRIPTIVE DATA:

Cora Head is a 52-year-old, white, married, Catholic nurse. She is the wife of a local physician and the mother of six children, from Topeka, Kansas. She applied for evaluation at this time as a result of recommendations made to her by the AGC in connection with the evaluation of her oldest son, John Head.

This Case Summary is being prepared for a staff conference attended by members of all the teams presently treating members of this family.

CLINICAL DATA:

1. Chief Complaint: The patient does not understand how her family situation has gotten into such a mess.

2. Background: Mrs. Head was born on a farm near Philadelphia, Pennsylvania, in 1912. She is the fourth of five daughters born to a dentist and his wife. Though there were bright spots in her childhood, the patient cannot remember being particularly happy. Her father actually lived with his secretary and nurse, an affair which started before the patient was born. Her mother suffered with this affair, actively participating in an effort to maintain an appropriate social facade. Her father's secretary lived in the family home. Her father married this woman shortly after the death of the patient's mother in 1939. The patient was fond of her father and frequently helped him professionally and financially. She did not approve of his affair with his secretary, though the secretary was nice to her, and felt that she would never be able to trust men. Her father still lives, age 74, in the family home with his second wife in North Hampton, Pennsylvania.

The patient's mother had most of the responsibility for the care of the five girls. She worked them on the farm and disciplined them. She seemed rather harsh to the patient. She made no secret of her unhappy marital situation but made no effort to break it up. The patient closest to her Aunt Cora, her father's only sister and the person for whom the patient was named. Aunt Cora and her husband had no children and at one time wished to adopt the patient. The patient considered her their favorite and spent many summers and vacations with them. Aunt Cora was a registered nurse. The patient's aunt and uncle were financially well-to-do and liberal in their gifts to the patient. Her pleasant memories are usually associated with her visits to Aunt Cora's home. She still wears a diamond and emerald dinner ring given to her as a high school graduation present by Aunt Cora. When Aunt Cora died, her estate was left to her husband, who in turn willed it to their caretaker, essentially omitting the patient from their will. The patient did receive \$1,000, evidently through the graciousness of the caretaker.

The patient's four sisters are married and living in the East. The three oldest sisters are school teachers and the younger sister is a nurse anesthetist. The patient remains on good terms with her sisters but does not feel close

1



January 26, 1976

MR. CHARLES V. HAMM  
General Counsel  
Department of Social and Rehabilitation Serv.  
State House Office Building  
Topeka, Kansas

Dear Charles:

Please be advised that I represent Mrs. Cora L. Head as well as her son, John Head, with regards to a situation as follows.

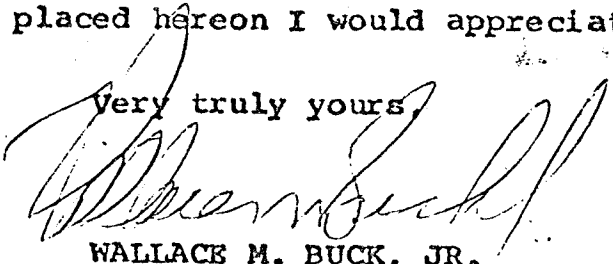
My clients have advised me that each of them presently have confidential files on file with your department. I have been further advised that matters contained in these confidential files, said matters being strictly personal to each, have been placed in files of others and in addition information contained therein has been made accessible to others. It is my understanding that this personal file material has been given to and seen by others without either express or implied permission obtained from either.

I have been informed that matters above referred to occurred during the Summer and Fall, 1975. Further, I understand you are personally aware of these matters as same have at one time or another been intermingled with files and other matters involving another son of Mrs. Head, i.e. David Head.

My clients have expressed some concern as to what they have learned and believe to have happened with reference to their personal files and matters contained therein and would ask of you to forward your response to the undersigned setting forth what your files and records reveal and your admitting or denying information as related to me by my clients.

Because of the importance placed hereon I would appreciate your earliest reply.

Very truly yours,



WALLACE M. BUCK, JR.

WMB/jc  
cc: Client ✓



ROBERT F. BENNETT, Governor

State Office Building  
 TOPEKA, KANSAS 66612  
 ROBERT C. HARDER, Secretary

Division of  
 Social Services

Division of  
 Vocational Rehabilitation

Division of  
 Mental Health and Retardation

Division of  
 Children and Youth

March 4, 1976

*Rec'd  
 2-5-76 J*

Re: Cora L. Head and John Head

Probasco & Buck  
 Attorneys at Law  
 708 Merchants Tower  
 Topeka, Kansas 66612

Attention Wallace M. Buck, Jr.

Gentlemen:

In response to your letter of January 26, 1976, this is to advise that I am unaware of any files in our department on Cora L. Head or John Head. At one time Mrs. Cora L. Head was employed at the Kansas Neurological Institute and filed a claim with workmen's compensation and we have that file regarding her claim. We do have a file on her son, David Head. Several months ago another son, Steven Head, came to my office and requested that we not release information in David Head's file to David if the information contained matters involving other members of the family. David was present at that meeting and he agreed that he would not make copies of such information, although he had requested and was allowed to make copies of the rest of his file. Later David was involved in a divorce action and the Court ordered David to authorize the attorney for his wife, Mr. Wilburn Dillon, access to David's file. Some information in his file was used in the divorce action.

Other than the workmen's compensation claim and any personnel file on Mrs. Head at K.N.I., I am unaware of any other personal files on either John or Cora Head.

Sincerely yours,

Charles V. Hamm, General Counsel  
 Legal Division

CVH:mis

Jan 14, 1975

R E C E I P T

Received of David M. Head the sum of Twenty-four Dollars (\$24.00)

for payment of 24 pages of case record. (By check)

Charles D. Hamm  
Atty - State Dept of Soc. Pub. Services

Dr. Kowalski 6-19

DAVID HEAD: 7-9-65. The teacher only met with David once this week for he was in restraints on the other class day (Thursday). David is working on correspondence studies from Kansas University in English and Civics. David worked well during class, but stuttered when asking questions pertaining to the final examination in Civics. Would the questions be over any thing that he hadn't studied. The teacher reassured David that the exam would probably cover the material he had studied.

Harry Sutton; 7-9-65. Harry is a fast worker in class but he makes careless mistakes in his hurry to complete the assignment. He refuses to admit that he could have made a mistake until it is pointed out to him in detail. Harry has spoken out when the teacher was calling on someone else to answer. Harry was not in class on Thursday (7-8-65); it was reported in class that Harry went swimming.

Richard Benedict: 7-9-65, Rich was shy and quiet at first, reluctant to ask questions or to ask for help. He has improved in this since the beginning of the class. Rich has taken work to the ward during this week; he seems pleased at being able to take the work and said that it gives him something to do on the ward at night. The homework has been done well.

ERIC JOHNSON: 7-9-65. Eric is working well in class although his work is slow. He appears to enjoy the class and he is eager to start each day and works well until the end of the period. Eric has displayed unusual mannerisms and sounds while he is working and has touched the teacher several times each class period as though he was feeling for something. Eric says that he doesn't like to say "Hi". He stated that he likes to have people hit him; to show that they like him. Eric looked suspiciously at the teacher's supervisor when she visited the classroom on Thursday for 15 Minutes.

DAVID HEAD

BER

OUTSTANDING ACCOUNTS

Topeka State Hospital

Sheet 1 of 2

1. Name	2. Case Number	3. Date of Initial Admission	4. Date of Discharge	5. Balance Due	6. Remarks
Armstrong, John Ray	27703	10-7-63	1-16-64	\$ 43.72	
Balzer, Cheryl Ann	TC 26092	5-16-61	6-6-62	628.00	
Benson, F. Ashley	25473	6-8-60	11-18-63	4,544.00	
Blackwell, Charles F.	25722	10-20-60	9-26-62	310.00	
Blood, Mary Helen	TC 25645	9-2-60	1-26-62	354.00	
Boling, Carol Ann	TC 24839	6-2-59	6-25-60	2,876.33	
Brammin, Douglas Dale	26067	5-5-62	4-11-64	2,256.43	
Braswell, Joseph Jack, Jr.	A 43	1-5-59	1-16-59	38.00	
Buchanan, John	TC 24840	6-9-60	7-28-61	140.93	
Carter, Janet Kay Wilson	26323	9-11-61	9-21-63	480.00	
Chamberlain, Robert G.	TC 25300	3-12-63	6-1-64	108.00	
Collins, James Monroe	26000	3-11-61	7-19-61	280.00	
Cooper, James Warren	26556	1-25-62	7-24-62	374.00	
Cox, Barbara Elaine	26511	1-3-62	2-4-63	85.00	
Duncan, Bonnie Jo	25966	3-16-61	12-23-61	3,386.71	
Fritzler, John Allen	TC 24846	7-7-59	4-22-60	28.00	
Gepner, Karen Sue	TC 27749	10-25-63	2-3-64	288.00	
Gilbert, Thomas Edward	TC 24847	4-28-59	9-2-60	48.00	
Grams, Charles E.	24873	3-29-63	4-26-65	43.00	
Greep, Glenda	TC 25212	3-22-61	11-20-61	878.56	
Head, David M.	25785	12-7-60	3-19-64	829.68	
Hill, William Gray	26018	4-10-61	4-1-64	1,068.00	
Jayne, James	TC 24940	8-12-59	7-31-61	53.14	
Johnson, James Patrick	24854	1-4-62	4-2-63	2,437.14	
Julian, Cynthia Ann	TC 25129	12-3-59	4-6-60	39.00	
Koontz, Frances	25382	4-27-60	1-9-63	42.86	
Kuhlmann, Dick Lee	25776	11-28-60	1-3-63	539.91	
Lasater, Eugene	TC 25185	1-12-60	8-2-60	42.43	
Leer, Larry Dean	TC 26716	4-20-62	9-21-62	.65	
Lindsey, Jerome Harlyn	TC 26538	1-17-62	2-14-63	67.26	
McFarland, Robert Lea	27010	9-21-62	10-10-63	121.00	
Markwell, Robert Rea	TC 24855	1-12-60	9-7-60	819.00	

6-20

OUTSTANDING ACCOUNTS

Topeka State Hospital

Sheet 2 of 2

1. Name	2. Case Number	3. Date of Initial Admission	4. Date of Discharge	5. Balance Due	6. Remarks
Marney, Frances	TC 25393	5-3-60	12-15-61	1,341.78	
Mayhan, Joy Lee	TC 25319	3-24-60	12-30-60	882.00	
Meiners, Michael Eugene	TC 24856	11-3-60	8-7-61	796.14	
Morrill, Michael Edward	25015	9-28-59	1-30-63	1,791.28	
Moyer, Margaret Sue	26922	8-8-62	7-11-63	146.00	
Needham, Shirley	26125	6-2-62	5-28-63	1,194.00	
Neuhauser, Katherine	25682	10-13-60	6-3-63	1,622.00	
Patrick, Patricia Ann	TC 27098	11-9-62	9-25-63	127.00	
Rader, Galen Harold	TC 26303	8-30-61	8-22-63	510.01	
Saccheri, Benny Tom, Jr.	TC 24859	2-7-59	8-24-59	1,656.00	
Sames, Kathryn Mary	24793	6-1-62	6-1-59	483.92	
Schlezel, Roger Dean	TC 25070	10-26-60	6-29-62	1,882.00	
Smith, Louis Earl	TC 27051	10-10-62	7-11-63	75.00	
Speers, Lyla Yvonne	TC 26311	9-6-61	9-27-62	93.55	
Stuart, Peter Michael	TC 26008	4-3-63	3-31-64	3,067.00	
Thomas, Jacquelyn	TC 25097	11-9-59	6-26-62	264.00	
Thompson, Chad Rodney	TC 26759	5-11-62	8-17-63	1,138.00	
Tower, Deanna	TC 25069	10-26-59	1-20-61	353.15	
Valdivia, Mary Ann	27279	2-27-63	3-4-64	1,232.00	
Vaughn, Lavada Kay	TC 26079	5-11-61	7-14-61	46.43	
Ward, Ernestine	TC 25750	11-9-60	3-26-61	98.57	
Williams, Eugene	TC 24853	9-30-59	11-14-62	11.75	
			Total	39,062.33	

E-20 p.2

ADVOCATES FOR FREEDOM IN MENTAL HEALTH

928 North 62 Street  
Kansas City, Kansas

1-913-334-3491

January 23, 1979

Eberhard G. Burdzik, M.D.  
Superintendent  
Topeka State Hospital  
2700 West Sixth  
Topeka, Kansas 66606

Dear Dr. Burdzik,

We have carefully examined the two booklets currently issued by your hospital relating to patients rights: "While You're Here: A Guide for Patients," dated "Rev. 11/76," and "Rights and Responsibilities," dated April 1977. It is intriguing that a booklet issued five months after the "Guide" should contain nothing but the SRS administrative "reforms" that were issued in 1973 in an attempt to sabotage legislative efforts to pass a Patients Rights bill. The "Guide" at least represents an attempt to comply with the new law. The fact is that the Kansas Legislature did pass Senate Bill 26, that the new legislation went into effect on July 1, 1976, and that all SRS residential facilities must abide by it, regardless of how they may feel about it.

We are calling upon you:

1. To immediately cease and disist from distributing the "Rights and Responsibilities" booklet.
2. Since "Rights and Responsibilities" has already been made available to your patients, and since the "Guide" contains certain misinformation, that you distribute to each patient presently in your hospital and to each patient admitted until the "Guide" is revised, a copy of the booklet issued by the Patients Rights Center.
3. To correct the "Guide" to conform with the rights provided for in the new law, such as:
  - A. That patients be advised that they cannot be put into seclusion or restraints unless their ward physician determines that this is the least drastic measure to prevent substantial bodily injury.
  - B. That patients must be released from seclusion or restraints within three hours without medical re-evaluation (except for the hours of midnight to 8AM, unless necessary).
  - C. That the right to mail any correspondence that does not violate postal regulations cannot be restricted under any circumstances.

- D. That if the staff denies a patient's right to mail or receive unopened correspondence, such correspondence shall be opened and examined in front of the patient.
- E. Your listing of the "right to send or receive sealed mail" in the section which allows the staff to withhold rights is misleading as it fails to recognize the inalienable right of all patients, under this Act as well as under the U.S. Constitution, to mail and receive uncensored mail.
- F. Your claim that the law allows patients to be deprived of certain rights, such as making telephone calls or having visitors, for "therapeutic reasons" is fallacious. You cannot claim that you are unaware of this as we, and the Patients Rights Center staff, have conveyed this to you on several occasions. If you do not accept our definition of "good cause," the least you should do is to leave the phrase "for good cause" as it appears in the law, and not substitute for it your misleading interpretation.
- G. The law requires that in any denial of a patient's rights, a statement explaining the restrictions shall be immediately entered in the medical record and that a copy be made available for the patient and his/her legal representative. Don't you believe that the patient should know this?
- H. While you do note the patient's right to "Petition for Judicial Release," this is meaningless unless the patient is informed that he has an absolute right to a full new hearing after six months of involuntary detention.

We expect these omissions and distortions to be corrected forthwith. We ask that SRS legal staff review the document for further inaccuracies. It is your and their responsibility, not ours, to protect the rights of patients held in your institution. We presume that you are well aware that the new Act mandates that patients be fully informed of their rights (KSA 59-2904, 2905, and 2929). Sections 59-2929 and 2932 provide criminal penalties for willful violations of patients rights. We believe that two-and-one-half years is time enough for you to bring your hospital into compliance with the new law.

Please advise us of the steps you are taking to come into compliance with the law. If we do not hear from you shortly, we will assume that you refuse to abide by the new law and we will then take whatever steps are necessary to hold you responsible for your actions. Feel free to contact us in this matter.

Yours truly,

Dennis Budd, Chairperson  
 Advocates for Freedom in Mental Health



1) Treatment is getting held on by two aids and the other one works you over.

2) Treatment is getting put in restraints for your milk on the floor and for knocking the door while the aids lean to you and then come back and say you going in restraints note also they were kicking and bull shitting in the office while the office door open and all the time they come back and lock door open and ~~it~~ also the time they come back and lock door open and it was pending for 30 minutes  
1 and I can go on about this!

3) Treatment is to be tied down to a bed for 24 hours

4) Treatment is to have an well chased you to when you say something to him he slams you on the head about to break your sodium form the liver

5) Treatment is saying when you react disappointed you suppose to be upset ever stand.

6) Treatment is being tied down to a bed can't use the bath room

7) Treatment is not let you see your family for three weeks

8. ~~Not let it~~ Treatment is not letting me see my father all the things they knew he was dying

9. Treatment is not let you here but 45 minutes at the funeral

10. Treatment is two years in suburban  
land can give a good rest

11. Treatment is not letting you here or to my agency since after asking for it.

SPECIAL INCIDENT REPORT

PATIENT'S NAME (Last, First, Middle)

HEAD, DAVID

CASE NO.

WARD

Boys

DESCRIPTION OF INCIDENT IN DETAIL: (Use reverse side of sheet if necessary)

Pt. became disturbed while on day hall @ 5:35 P.M.  
 Was sent to rm. but became more disturbed & it  
 was necessary to lock his door. Pt. began to beat  
 fist on door wall. Everything removed from rm. except  
 bedding. Pt. also had a pencil & a nail concealed  
 in rm. to aide's knowledge. Pt. ate pencil & threatened  
 to eat nail also. D.D. was called at approx. 6:25 P.M. &  
 thiazine IM - 50 mgm. given. Aide left rm. & pt  
 tied a sheet around his neck and to door & tried to  
 hang himself. Aide discovered Pt. approx 3 min. (over)

Signature of employee witnesses:

Charge Attendant

Henry C. Mays

Nurse in Charge of Section

PHYSICIAN'S REPORT:

7:30 4/5/62  
Date and Hour Patient Seen by Doctor

Pt. seen. He appeared quite angry. He was quiet about  
 and aside from red marks @ neck, cuts & bruises on Rt. hand & arm  
 No abdominal symptoms.

Rec. Seclude to mattress only. Restraints p.u.  
 Watch @ 3 min.

Reviewed by

Superintendent or Clinical Director

Dr. [Signature]

[Signature]  
Nurse in Charge of Section

after he lost consciousness. Given artificial respiration until he revived. Pt. was incontinent during incident. Incident occurred at 6:42. O.D. notified. Staff saw pt about 20 mins after being called.

4/6/69 Incident noted. Effective immediately, patients being secluded will be accompanied into seclusion by an aide. Physical and/or medicinal restraint will be administered sufficient to permit the aide to remain in the room without having to struggle with the patient. When conditions absolutely prohibit this an aide is to remain in the seclusion area where all patients in seclusion can be checked at short intervals.

Ernest D

PATIENT INJURY

TOPEKA STATE HOSPITAL

2. Patient's name: HEAD, David  
Last First Middle

3. Case Number: \_\_\_\_\_ Age: 17 Sex: MALE

4. Date of Accident: 12-15-65 Time: 9:35 AM

5. Place of Accident: (ward, building, etc) Wdsv. Bowen South R

6. Description of Accident PT Resisting to be put in cuff Restraints.

What was patient doing when accident occurred? Fighting

How did the accident happen? Shuffling & PT in Seclusion Room

Additional information (use reverse side of sheet if necessary)

7. Nature, details and extent of injury - Part of body affected  
Nose bleed Lt. Nasal "Slight Nose Bleed"

8. What safety measures would have prevented the accident?

SIGNATURE OF EMPLOYEE WITNESSES

J. Crowley, R.N.

L. V. Abrahamson  
Charge Aide

J. Forrest, RN  
Nurse in charge of Section

PHYSICIAN'S REPORT

12-15-65  
Date and hour patient seen by doctor

As above - nose bleed under control  
- very slight - treatment not necessary

Reviewed by \_\_\_\_\_  
Superintendent of Clinical Director

B. Jones  
Signature of ward physician

Please submit one (1) copy of this form to the Division of Institutional Management within ten (10) days after the accident.  
Higgy Hardey & N

24th Sept 1975  
10-3-75

KANSAS STATE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES  
TOPEKA DISTRICT SRS OFFICE

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize Topeka State Hospital

to furnish appropriate information regarding social history, medical and/or psychiatric history, and psychological testing of PAUL MHEA  
(NAME)

228 Harrison  
(ADDRESS)

TO\* W. Manly Stone Sr. M.D. Topeka District SRS office This

information to be used for (my, his, her) further treatment.

SIGNED: Paul Mhea  
Person Responsible for Patient

ADDRESS: 228 Harrison

Self  
Relationship to Patient

DATE: 7-24-75

WITNESS: M. Stone

ADDRESS: \_\_\_\_\_

\*(For Physicians, Medical Directors of Hospitals and Social Agencies to whom information is to be sent.)

file  
156

OCT 1 2 27 PM '75

IN THE DISTRICT COURT OF SHAWNEE COUNTY, KANSAS  
4th DIVISION

COURT OF DISTRICT COURT

DAVID MICHAEL HEAD, )  
Plaintiff, )  
VS. )  
ANN LOUISE HEAD, )  
Defendant. )

NO. 128248

MOTION TO REQUIRE PLAINTIFF  
TO AUTHORIZE MEDICAL RELEASE

COMES NOW the defendant, Ann Louise Head, by and through her attorney, Wilburn Dillon, Jr., and moves the court for an order requiring the plaintiff, David Michael Head, to authorize the defendant's attorney to obtain all past and present medical records of the plaintiff and to permit the reading and copying of any of such records or reports.

In support of said motion, it is shown to the court that the principal issue herein is the custody of the minor child of the parties, Lisa Ann Head, born May 4, 1974. That this matter has been referred to the Court Services for Home Studies of both parties and reports have been duly filed herein. That the Home Study of the plaintiff expressly omits any consideration of these records as they were unavailable to the social worker. Further, that the deposition of the plaintiff has been set for October 18, 1975, and said records are necessary for the defendant's counsel to prepare an advance for the taking of said deposition. That the medical and psychiatric condition of the plaintiff is an issue in this case as the same bears on his abilities to act in the best interests and welfare of the minor child of the parties.

Wherefore, the defendant requests the court order the plaintiff, David Michael Head, to forthwith execute such documents as are necessary for the defendant's attorney to obtain all medical records as requested.

Wilburn Dillon, Jr.  
Wilburn Dillon, Jr.

(264)  
page

NOTICE OF HEARING

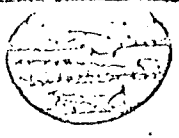
To David Michael Head, plaintiff herein, and Douglas A. Minchcliff, his attorney of record:

Please take notice that the above Motion will be called for hearing before the 4th Division of the Shawnee County District Court, on October 3, 1975, at 4 p.m.

Wilburn Dillon, Jr.  
Wilburn Dillon, Jr.

60-205  
-200

G-27



TOPEKA, KANSAS 66601  
ROBERT C. HANSEN, Secretary

Division of Social Services      Division of Vocational Rehabilitation      Division of Mental Health and Retardation      Division of Children and Youth

ERT F. BENNETT, Governor

Topeka District Office, P. O. Box 1424, Topeka, Kansas 66601

September 11, 1975

RE: Head, David  
Head, Lisa (minor daughter)

Ms. Anne Francis  
Domestic Relations Counselor  
for Court Services  
Shawnee County Courthouse  
Topeka, Kansas 66603

Dear Ms. Francis:

Enclosed is the home study as requested on David Head and his infant daughter, Lisa. As I stated earlier, we have never received information from Topeka State Hospital and the papers that Mr. Head has in his possession were in such a state of disorder, I could find nothing to help me in my assessment. I have been informed that Mr. Head's file is in the Department of Social and Rehabilitation Services' Legal Division, as Mr. Head is suing the state of Kansas in relationship to his hospitalization. The details of the suit are not clear to me. I feel you would probably have less problem getting the record if they were subpoenaed directly by the judge.

As the study will indicate, references have been very favorable in behalf of Mr. Head and I feel the references are reliable.

Sincerely yours,

*Mary Jane Stauffer*  
(Ms.) Mary Jane Stauffer  
Social Worker

*Franklin Ross*  
(Mr.) Franklin Ross, MSW  
Supervisor

MJS:FR:nh

Enclosure



P.O. Box 8094  
Topeka, Kansas 66608  
March 29, 1977

Dr. Robert C. Harder, Secretary  
Social and Rehabilitation Services  
State Office Building, 6th Floor  
Topeka, Kansas 66612

Dear Dr. Harder:

On March 4, 1977, I wrote a letter (copy attached) to Ms. Mary Jane Stauffer, Social Worker, SRS, requesting the following information:

- 1) Who was responsible for the refusal of access to my clinical records (see attached released dated 7/24/75), and;
- 2) Why was a subpoena necessary when a release had been signed nearly 2 months before (see attached letter from Ms. Stauffer to Ms. Anne Francis dated 9/11/75).

Dr. Harder, I feel, since the Legal Division of SRS held those records at that time, the refusal must have come from that office. I also feel that that refusal had a detrimental effect on the custody of my daughter.

As you will note in my letter to Ms. Stauffer, I requested a response in 10 days. I have given her more than adequate time to contact me. I am now requesting that you intervene in this matter.

Sincerely,

David M. Head

Attachments: (3)

copy - file



6-29

STATE OF KANSAS

*Office of the Attorney General*

1st Floor, State Capitol Bldg. (913) 296-2215 Topeka, Kansas 66612

CURT T. SCHNEIDER  
Attorney General

April 29, 1975

Opinion No. 75- 194

Mr. Charles V. Hamm, General Counsel  
Legal Division  
Social and Rehabilitation Division  
State Office Building  
Topeka, Kansas 66612

Dear Mr. Hamm:

You inquire concerning K.S.A. 59-2931, and in particular, as it applies to requests by the Kansas Bureau of Investigation, Federal Bureau of Investigation, police and sheriffs' departments, and other law enforcement agencies to inspect or copy medical and hospital records of present or past patients of the Larned State Hospital. You have further requested a definition of "concerned State agency" as the term is used in K.S.A. 59-2931(2)(B).

Relative to law enforcement agencies, this statute provides in pertinent part:

"The probate court, hospital or medical records of any "patient" or former "patient" that are in the possession of any probate court, "psychiatric hospital," "general hospital" or "other facility for 'care of treatment'" shall be privileged and shall not be disclosed except as

- (1) otherwise provided in this act; or
- (2) under any of the following conditions:

\* \* \*

(C) Upon the order of any court of record after a determination by the court issuing the order that such records are necessary for the conduct of proceedings before it and are otherwise admissible in evidence."

G-(29) P2

A salutary purpose of this statute is to protect patients and former patients from the adverse social and personal consequences of public disclosure of their hospital and medical records. Towards this end, the legislature has mandated that such records are to be privileged and disclosed only in accordance with the provisions specified in K.S.A. 59-2931.

Under subsection (2) (C), before the probate, medical, or hospital records of any patient or former patient may be released, two conditions must be met: there must first be a determination by the court issuing the order that such records are necessary for the conduct of proceedings before it, and these records must otherwise be admissible into evidence. Absence of either condition prohibits disclosure.

In common legal parlance, "proceedings" before a court require the commencement of either a civil or criminal action over which the particular court has proper personal and subject matter jurisdiction. In the instance of civil matters, a proceeding begins with the filing of a petition. [K.S.A. 60-203.] In criminal matters, the commencement of a prosecution begins with the filing of a complaint with the magistrate. K.S.A. 22-2301. Mere investigations by law enforcement agencies preliminary to an action are not "proceedings" before a court and are not legitimized as such by the investigating agency obtaining a court order to the effect that the probate medical, or hospital records are necessary to conduct a particular investigation.

When disclosure is sought of patient records upon the order of a court of record which recites a determination that the records are "necessary for the conduct of proceedings before it," the court must also determine that the records are "otherwise admissible in evidence." Where disclosure is sought merely in the course of an investigation, and there is no adversary proceeding pending before a court in which questions of evidentiary admissibility may be heard and determined, the requirements of the statute are not met.

If production and disclosure is sought in a pending proceeding by other than the patient or his representative, the court has some basis to determine admissibility only after the patient, in whom the statute vests a qualified privilege as to these records, or his representative has an opportunity to be heard on the question of admissibility. Admissibility is rarely determined or determinable in vacuo. Admissibility often turns on questions of relevance, competence, materiality and the like, and unless the question of admissibility are ruled upon by the court in an adversary proceeding, there has been no determination of admissibility which is binding upon the parties to the proceeding and thus binding upon the custodian of the records.

Subsection (2) (B) authorizes disclosure

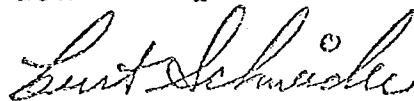
"Upon the sole consent of the 'head of the hospital' or the head of the 'other facility for "care or treatment"' who has the records after a statement, in writing, by such head that such disclosure is necessary for the 'care or treatment' of the 'patient' or 'former patient.' However, such head may make such disclosure to the 'patient' or former 'patient', his next of kin, any concerned state agency, state or national accreditation agency, or scholarly investigator without making such determination."

[Emphasis supplied.]

Although the purpose of the entire section purports to be to prescribe restrictive conditions under which disclosure of medical and hospital patient records may be made, the last sentence of the above-quoted paragraph appears to vest virtually unlimited discretion in the head of the hospital or other facility concerning disclosure to the patient or his next of kin, state or national accreditation agencies, scholarly investigators, or "any concerned state agency." One is moved to inquire with what the state agency is supposed to be concerned to be eligible for disclosure under this provision. The statute gives little guidance.

Reasonably construed in light of the little guidance furnished by the language of this paragraph, this language must be deemed to authorize disclosure of records to any state agency which, in the conduct of its official business and affairs, is concerned or interested in the care and treatment afforded the patient. Once such a showing is made, it rests within the discretion of the head of the facility to determine whether disclosure shall be made.

Yours very truly,



CURT T. SCHNEIDER  
Attorney General

CTS/HTW/ksn

Thank you for permitting me to testify before you. I feel the evidence I am submitting will be of value in your evaluation of this facility.

My name is David Head and I am a former patient of Topeka State Hospital. I was admitted to the adolescent section in 1960 and was transferred to the adult section in 1964. I was discharged as restored in 1965, readmitted one month later, discharged in September 1968. I was readmitted for short periods up through 1970.

I intend to show the damage to a human being that can ensue from incarceration in an institution such as Topeka State Hospital, even years after discharge by covering two areas in the record keeping aspects of my case: 1) The misuses and manipulation of my records, and 2) The use of third-party records to keep a check on me. I sincerely hope this information will result in Topeka State Hospital to be more accountable to the people they serve.

I will begin by showing what has happened to my medical records in the 8 years since my last admission and how they have not been used in my behalf.

On September 13, 1974, Charles V. Hamm, Legal Division, SRS, acquired my clinical file from the Medical Records Section, Topeka State Hospital. The file remained in Legal Division until October, 1976. Please note that the date of my last discharge was November 30, 1970. I was told that no annotation was recorded on the charge-out record giving the reason for the movement of my records from the medical to the legal division. My understanding from Medical Records personnel is that a reason must be given for removal of files from that area. I believe the reason that the records were sent to Mr. Hamm by the former Supervisor of the Medical Records Section, Mr. Virgil Crowe, was, in part, because I had signed a release of information for Dr. Louis Frydman of the University of Kansas, School of Social Work, to review them. This release was witnessed by Ms. Elzora Homan, ART, Topeka State Hospital, to assure its validity. Dr. Frydman is on record as having views which oppose those of SRS and the State Hospital. When Dr. Frydman presented the release in early 1975, he was refused access to my files by Hal E. Des Jardines, Staff Attorney, Legal Division, SRS.

At the end of 1974, I was allowed access to my clinical file by Dr. Eberhard G. Burdzik, Superintendent, Topeka State Hospital. He informed me that I would have to review and copy the file in the Legal Division, SRS.

I would like to state at this time that my records included confidential reports on my Mother, brothers and sisters. Dr. Burdzik should have reviewed, or designated someone to review, the records and remove the confidential material prior to review by me or anyone else. Also included in my file was a newspaper clipping describing a criminal action in Topeka but containing no names; a police report, which was unverified and later proven to be inaccurate (I was in the hospital in the process of undergoing surgery at the time of the incident); and "evidence" used by the commission to recommit me in 1965, that "evidence" having no validated record to support it. None of the above information has been corrected to this date. Some of this information was added to the file while I was not a patient and had no connection with this institution. One letter from a Dr. James Bonnar, Lawrence, Kansas, was included in my file sometime during 1976, 6 years after my last discharge and while the records were in the Legal Division. I will cover this letter specifically in the next section of this interview.

Early in 1975, Mr. Hamm allowed me to copy information from my file which included a report from one Dr. Barnhill, dated March 29, 1965. This was a confidential report which pertained to my Mother. Mr. Hamm made no effort to review any of this information.

In March, 1975, I again requested to copy material from the file. In that material was a report from Dr. Garry Porter, a psychiatrist who had treated me. The Porter report included information pertaining to other individuals. Mr. Hamm at this time did review the material I was trying to copy and refused me a copy of the Porter report. Mr. Hamm indicated that the report referred to other family members and could not be released to me without valid medical releases from the parties mentioned. This inconsistency of release and non-release of information continued throughout the 25 months that Legal Division was carrying out the responsibilities of Medical Records.

On June 20, 1975, I filed for separate maintenance against my wife, pending meeting the requirements for filing of a divorce. During the course of this divorce, (finalized in July, 1976), information selected from my records was made available to the Counsel for the adversary by the Legal Division staff while being denied to those individuals who could assist me.

For example; in July, 1975, I signed a medical release to Mary Jane Stauffer, Social Worker, SRS, who was requested by Court Services to do a home study on me and my daughter in a custody dispute. Ms. Stauffer presented this medical release to Medical Records Section at Topeka State Hospital on 2 separate occasions and was informed that the records were not available because they were in Legal Division of SRS, due to litigation. However, there was no litigation. On October 3, 1975, Legal Division returned parts of my file to Medical Records Section, Topeka State Hospital. Of that material, Ms. Stauffer was sent 1 admission and 2 discharge summaries. In essence, Legal Division had determined the material Ms. Stauffer could review for purposes of the home study by only returning parts of the file to the Medical Records Section. Even so, this material was sent to Ms. Stauffer after she had completed the home study and had already sent a report to court services.

On that same October 3, 1975, Mr. Wilburn Dillon, attorney for my ex-wife, made a motion to the court that I be required to sign a medical release to him because the records had not been made available to Ms. Stauffer and he felt they were pertinent to the custody matter. I feel Ms. Stauffer would have had more expertise in medical records and would have been able to recognize the inaccuracies in the records. She could have determined the pertinent material and prevented Mr. Dillon from acquiring the release which permitted his review, not only of the inaccuracies, but also the review of the confidential material pertaining to other members of my family, who were not at issue in the divorce.

In July, 1975, Mr. Hamm, one of my brothers and I had entered into a verbal agreement that no information relating to others would be released from my file. This agreement was violated by permitting Mr. Dillon's review of the file.

Withheld from both Mr. Dillon and Ms. Stauffer were over 500 pages of reports which could have been of benefit to me and which were newly discovered in February of this year. These pages were suddenly located after I requested an administrative appeal to determine if there were other records.

It is interesting to note that Mr. Dillon was not allowed to review the Barnhill report which had been released to me but was allowed to review the Porter report to which I had been denied access. I believe that the Legal Division, as agent of the hospital, had the authority to prevent the review of the confidential information. It appears, again, that they selectively released information.

Finally, late in 1976, I applied for Social Security Disability Benefits. I signed a valid Medical Release. Again, the records were denied by Legal Division to the Disability Determination Unit, which determines disability for the Social Security Administration. Since no determination could be made without the records, I was unable to receive Social Security, Supplemental Security Insurance or Welfare benefits due to my disability until January of this year.

Thus, the medical records have been used over and over again to my detriment, creating great emotional and financial damages. The inaccuracies of the news clippings, police report and faulty evidence for the commitment made me appear dangerous and unfit to maintain custody of my daughter. The release of confidential information created family friction and was detrimental because information once again concerning family members would become public, causing them deep embarrassment. Finally, my distress over the release of this information and the conflict created by the release, caused me to undergo a voluntary hospitalization at Stormont-Vail in Topeka and St. Mary's Hospital in Kansas City in April and May 1976.

As I stated earlier, I would like to discuss the inclusion of a letter from one Dr. James Bonnar, Lawrence, Ks., into my clinical file in more detail.



In January, 1976, I applied for Vocational Rehabilitation services. My case worker was Peter Young. I had submitted a letter from Dr. Bonnar, dated November 25, 1975, to Mr. Young, so that I would not have to undergo psychological services as part of my rehabilitation. This letter was an evaluation of my emotional state and background and indicated I was not in need of psychological services. Shortly thereafter, I withdrew my request for Vocational Rehabilitation services because I had been selected as a CETA trainee for the Kansas Neurological Institute.

In April and May, 1976, as mentioned before, I underwent hospitalization at Stormont-Vail and St. Mary's Hospitals.

In October, 1976, I reapplied for Vocational Rehabilitation services. This time my counselor was Richard Santner. When he looked through my file, there was no letter from Dr. Bonnar. I again submitted copies of the Dr. Bonnar letter so that I might forego psychological services. I submitted these letters in good faith.

On December 20, 1976, I discovered what I believe to be the originally submitted letter from Dr. Bonnar in my clinical file which had now been returned to Medical Records Section. This letter was apparently added while in the Legal Division for the period September 1974 through October 1976. At this time, I tried to get an explanation from Medical Records staff on how the letter had been included in that file. Staff from the Legal Division deny that the letter was included while the records were in their office.

I have used correspondence, interviews, and Freedom of Information requests at the Vocational Rehabilitation office to ascertain if anyone in that office had distributed the Bonnar letter. All parties involved have denied any knowledge of how the letter was distributed.

I was allowed to review the Vocational Rehabilitation file in August, 1977. I requested a second opportunity to review the file in September. When I arrived at that office, I was informed that they did not have the "time to answer my questions" and I was threatened with arrest. I returned approximately 1 month ago to again attempt to review my file. At this time I was told I could not review the file and when I

refused to leave, was arrested. No charges have been filed on that arrest. I have talked to the Director of Vocational Rehabilitation Services, Mr. Frank Hoge, and he has assigned a Mr. Palmer to assist me in locating any information possible. Mr. Palmer, however, has run into as much of a deadend as I have.

The fact that this letter was released, to whom I do not know, and without my written permission is in violation of Federal law and regulations, as well as the State Plan of the State of Kansas.

By inference and implication from the above information, I believe that Legal Division has had my Vocational Rehabilitation file. And in fact, Mr. Hamm of the Legal Division indicated to me verbally in mid-April of this year that he had seen the Vocational Rehabilitation file. He has since denied that statement in writing. I believe this is also in violation of Federal Law since I had not given permission for movement of this file.

In April of this year, I moved to Kansas City, Missouri for Vocational Rehabilitation services. I felt that there was nowhere in Kansas that I could be assured that my confidentiality would be maintained. Since part of the determination for Vocational Rehabilitation services was made from my clinical file, it was also made from inaccurate and tainted records. It appears to me that any and all parts of my Vocational Rehabilitation file could turn up anywhere and be used to my detriment. In effect the illegal and unethical handling of my records by Topeka State Hospital has forced me literally to move out of my home State to a State where I can have a new start on my quest for human dignity. It does seem to me that Topeka State Hospital should have been helping rather than hindering me to achieve this goal.

To summarize, 1) the records, their use and misuse, have caused great personal problems in terms of family relationships and rights, 2) the records have been denied to authorized persons, 3) confidential reports have been released to me and others, 4) inaccurate and uncorrected information has been retained in the file, 5) Topeka State Hospital and their designatee, Legal Division, has released the file information to anyone of their choosing and 6) they have denied information to me necessary to maintain my physical and emotional state.

I will be happy to answer any questions you might have about the above information and will be willing to submit additional evidence to support the above statements if necessary.

Thank you.

LOUIS L. FRYDMAN, Ph. D.  
~~--- 139 PROWIDENCE ROAD ---~~ 1616 Stratford Rd.  
LAWRENCE, KANSAS 66044

913-842-4088

June 24, 1979

Myrene McAninch, Ph.D.  
Director, Accreditation Program  
Joint Commission on Accreditation  
of Hospitals  
875 North Michigan Avenue  
Chicago, Illinois 60611

Dear Dr. McAninch,

I am writing to you to share my concern about violations of the Accreditation Commission's procedures relating to my May 22, 1979 testimony before a JCAH survey team at Topeka State Hospital. I, as well as an associate of mine, David Head, the Chairperson of the Advocates for Freedom in Mental Health, were scheduled to appear and present extensive testimony on the hospital, the results of much arduous preparation. We were notified on May 3 that we were allocated 30 minutes each for our presentations and were planning accordingly when, we received notification on May 12, only ten days before the date we were scheduled to appear, that our time had been cut back to 15 minutes each, "due to the large number of people asking for an interview." Mr. Head and I arrived at the scheduled time and were peremptorily informed that we had only 10 minutes each. By the time I got seated, looked around the room to see who was present, and was introduced to the two JCAH surveyors, my time was practically up. While I tried to present the gist of my concerns in the few remaining minutes, one of the surveyors kept impatiently glancing at his watch. Both surveyors looked bored---neither even tried to make a comment or ask a question. It is true that upon my leaving, there were about 10 persons seated in the waiting room. There is no doubt in my mind that either Topeka State Hospital or the Kansas Dept. of Social and Rehabilitation Services (SRS) which funds and controls it, had "packed the house" so as to prevent the surveyors from hearing the well-prepared critics of the Hospital. I doubt that anyone in that waiting room had come there on his own initiative or had anything to say except how pleased they were that the Hospital had taken their patient-relatives off their hands. The fact is that never before have more than one or two individuals wished to appear before the JCAH. I do not believe that ever before did a patient at the hospital or a member of his family ask to appear before the surveyors. Why, all of a sudden, did so many wish to do so (by the looks of those waiting to speak, it was clear they were poor people who, in all probability, had somehow been persuaded to appear) on behalf of the hospital? And how come their requests for information interviews were not received by JCAH at least two weeks prior to the surveyors' visit? If the requests were received at least two weeks prior to the visit, then why was my time reduced even from the miserly 15 minutes to only 10 at the moment that I arrived to give my testimony? At worst, why didn't the Hospital Superintendent at least have the courtesy to call me that morning

so that I might be prepared for the reduction in time? He certainly knows my phone number and has phoned me in the past.

You may wonder why I did not express my concerns about Topeka State Hospital to the JCAH in writing. The fact is that the last time I appeared before the JCAH surveyors, in June 1974, I did submit my comments in writing. Although I was assured that my testimony would be kept confidential, a copy was made available to the Chancellor of my University, to my legislator, and to one of the hospital's section chiefs who used it as a basis for a \$400,000 lawsuit against me. Dr. Robert Harder, the Secretary of Kansas SRS was the individual who actually sent a copy of my testimony to my Chancellor. Furthermore, copies of my testimony were surreptitiously circulated in SRS offices and elsewhere. Finally, members of the state hospital's staff published a defamatory letter about me in which they claimed that I had misrepresented the hospital in my testimony. At the same time, Topeka State Hospital officials, while withholding from me as well as from the public, the Commission's findings and reports, have selectively and misleadingly released self-serving accounts of these reports to the mass media (see my enclosed letter to Dr. Harder dated 11-22-78). The fact is that neither the hospital nor SRS have ever taken any action against those who were guilty of wrongfully circulating the document, without my knowledge or consent, those who defamed me, or those who have distorted the Commission's reports before the public.

It appears that after making it crystal clear that anyone who dares to submit written testimony about the intolerable conditions at Topeka State Hospital can expect to suffer severe reprisals, the hospital apparently proceeded to hand pick "community representatives" and thus allowed virtually no opportunity for legitimate critics to orally present their side of the story.

I am requesting that you send your representatives back to Topeka, at the Hospital's expense, to hear Mr. Head and myself, and to take another look at the facility, thus righting the wrong that has apparently been perpetrated. I am also asking that sanctions be taken against the hospital for its abuse of my prior testimony, for their apparent manipulation of the people who appeared before the JCAH surveyors last month, and for their misuse of the Commission's earlier reports. In view of the Hospital's proven manipulations relating to the accreditation findings, I am requesting that henceforth the Commission release its findings directly to the public.

Sincerely yours,

*Louis L. Frydman, Ph.D.*

Louis L. Frydman, Ph.D.

1302 E. 82nd Terr., Apt. 6  
Kansas City, Missouri 64131  
July 14, 1979

Myrene McAninch, Ph.D  
Director, Accreditation Program  
Joint Commission on Accreditation  
of Hospitals  
875 North Michigan Avenue  
Chicago, Illinois 60611

Dear Dr. McAninch:

This letter is in protest to the manner in which the survey for Topeka State Hospital was conducted.

My understanding of the procedure to be followed was that a person requesting to speak was to be notified at least 2 weeks in advance of the date of the survey and the time allotted.

These requirements were met in Dr. Burdzik's letter to me of May 3, 1979. However, I received a follow-up letter May 12, 1979, advising me that the allotted time was changed from 30 to 15 minutes. The reason given was the sudden number of requests to speak before the accreditation committee. This sudden influx of interested speakers resulted in a less effective presentation on my part since I could not give all details of each of the topics that I wished to discuss. I believe that this was intentional on the part of Dr. Burdzik.

In addition, at the time of the presentation, I was advised that even more speakers were now on the agenda and my presentation was to be cut even further to 10 minutes. This was done in the presence of your surveyors who apparently condoned this deck-stacking.

The actions of the hospital in playing musical-chairs with the time allotted and the agenda is inexcusable. The taxpayers pay for a fair and objective evaluation, including criticisms, and should know the actual state of the Hospital before risking the placement of a loved-one at that institution.

Dr. Frydman, who wrote to you on June 24, 1979, as well as myself, a former patient at Topeka State Hospital, are long-standing critics of the methods employed by the hospital and its parent agency, Social and Rehabilitation Services. This newest ploy by the hospital in attempting to limit the speaking time and attempting to discredit our statements by bringing in "fans" who care little about the rights of the institutionalized is a great disservice to the people of Kansas.

I was under the impression that your surveyors were to be impartial, objective and knowledgeable of the accreditation manual requirements. It appears that they were none of these.

If your committee does not prohibit such behavior from your surveyors or the Hospital staff, it will jeopardize your own standing as a fair and impartial evaluator of any hospital.

Sincerely,

David H. Hood

John E. Affeldt, M.D.  
President

July 20, 1979

David M. Head  
1302 E. 82nd Terrace, Apt. 6  
Kansas City, MO 64131

Dear Mr. Head:

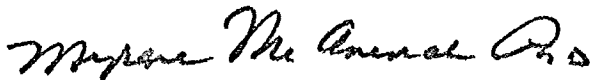
This is in response to your letter of July 14, 1979 in which you stated your criticisms of the Topeka State Hospital survey.

The Topeka State Hospital survey is in the midst of the review process, therefore it seems that the most prudent action would be to attach this correspondence to the report so that it would be available to the various committees as they review Topeka State Hospital. Please be advised that your letter is one of many pieces of documentation that will be taken into consideration in arriving at an accreditation decision.

The Joint Commission does not approve of manipulating the Public Information Interview in order to restrict the number of presenters or the time that they have to present, therefore if you would wish the Joint Commission to initiate an inquiry into the Public Information Interview process at the Topeka State Hospital please state this in writing and address it to my attention. At that time we will request a rebuttal by the facility.

Please be assured of our interest in this situation and of our willingness to be of assistance to you.

Sincerely,



Myrene McAninch, Ph.D.  
Director  
AP/PF

MM/TM:js

cc: Tom McMullin

G-33 p2

2. Compliance of the facility with the Mental Health Code, as revised in 1976. For a starter please examine the two brochures, one titled "Rights and Responsibilities" and the other "While You're Here", both published after the new law came into effect, and both made available to patients until December 1978, when a strong protest by a patients' rights organization resulted in the withdrawal of the more offending booklet.

3. The average length of stay upon discharge. You will need to come to your own conclusion whether the unusually long stay, about four times the national average, is due to patients' treatment needs, as the facility avers, or to the training needs of the Menninger Foundation School of Psychiatry.

4. The ratio of nurses and nurses aides to patients. There appears to be very little nursing staff around, and those who are around prefer to stay behind their enclosed cubicles rather than interact with patients (except when the JCAH surveyors are visiting). The situation appears especially critical on the night shift, when the staff coverage appears well below accreditation requirements.

Thank you for considering my deeply felt concerns. Please let me know of any action taken by JCAH in relation to them.

Sincerely,

*Louis L. Frydman*  
Louis L. Frydman, Ph.D.



LOUIS L. FRYDMAN, Ph. D.  
~~XXXXXXXXXXXX~~ 1616 Stratford Road  
LAWRENCE, KANSAS 66044

913-842-4083

July 27, 1979

Myrene McAninch, Ph.D., Director  
Joint Commission on Accreditation of Hospitals  
875 North Michigan Avenue  
Chicago, Illinois 60611

Dear Dr. McAninch,

Thank you for your letter of July 12, 1979.

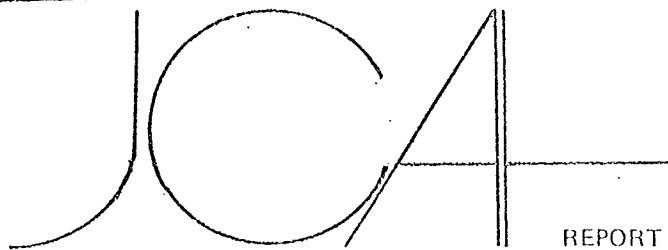
I am pleased that you will look into the Topeka State Hospital's denial to me of an opportunity to present the testimony I have prepared. I would be interested in knowing the result of your exploration of this matter with the surveyors.

You are correct in noting my reluctance to share, in writing, any information that will be conveyed to the Topeka facility. My concerns are very well founded - I would be glad to share them all with you if you're interested.

I appreciate the fact that you are obliged to share with the facility being surveyed all information received by you. But isn't the facility, as its responsibility under the contract, obliged not to take any punitive action against those who testify before your Commission and not to distort before the public the testimony presented as well as the Commission's findings? If you allow the facility to take whatever action it wishes to harrass and intimidate those who appear before you, and to distort your findings while keeping your reports hidden from the public, doesn't your survey become a mockery? I understand that you represent the medical providers, not the public or the consumers. But aren't you concerned about maintaining some credibility of the treatment facilities as well as your own organization as a standard-setting accreditation body? If you condone the abuse of the testimony presented before you, as well as of your own reports, how can you expect to be taken seriously? If you really want to get at the truth, what about doing something to protect those who appear before you?

Without going into details because of the serious risk of reprisals, I am requesting that you give close attention to the following:

1. The rate of seclusion, or rather "seclusion treatment", as the facility prefers to call this means of control and punishment. In Mr. J.H. St. Louis' letter to the Superintendent of the Topeka State Hospital, dated August 8, 1974, he notes that "the Committee expressed concern regarding the frequent use of seclusion at Topeka State Hospital". In July 1976 a strong patients' rights bill was enacted by the Kansas Legislature, severely limiting the use of seclusion. There can be no question that seclusion continues to be used at the hospital in an illegal and wrongful manner. I would like to know how the facility has justified this sad state of affairs to you, and I would like to have an opportunity for rebuttal.



Joint Commission on Accreditation of Hospitals  
875 North Michigan Avenue  
Chicago, Illinois 60611

G-35

American College of Physicians  
American College of Surgeons  
American Hospital Association  
American Medical Association  
President/ John E. Affeldt, M.D.

REPORT

## POLICY & PROCEDURE ON INFORMATION INTERVIEWS WITH PUBLIC REPRESENTATIVES DURING FACILITY/PROGRAM ACCREDITATION SURVEY

(Amended by the Board of Commissioners, April 26, 1975)

(Adopted by the Accreditation Council for Psychiatric Facilities, July 30-31, 1976)

A health or health-related facility/program that seeks accreditation is required to provide certification or documentation of compliance with certain standards. In submitting its application for an accreditation survey, the facility/program authorizes the Joint Commission to obtain, or it shall provide, as required, official records and reports of public or publicly recognized licensing, examining, reviewing, or planning bodies. All pertinent information received from these sources is considered in the accreditation survey process. In addition, the Joint Commission will provide an opportunity during the on-site survey for the presentation of information by representatives of consumers and the public. Anyone believing he has pertinent and valid information about the conformance to accreditation standards by a facility/program may request an interview for the presentation of this information.

Each facility/program to be surveyed is notified four to six weeks prior to the survey of the date(s) on which the survey will be conducted, and of the names(s) of the surveyor(s) who will conduct it. The facility/program is expected to post notice in a public place on the premises announcing the date of survey and stating that there is an opportunity for a public information interview. Such public notice must be posted four weeks prior to the survey date, with an indication that requests for an information interview must be received by the Joint Commission two weeks prior to the survey. The facility/program is not required to publish information concerning the survey through the mass media. However, the facility/program is expected to share this survey information with anyone upon request and to preserve any letters requesting a public information interview.

A request from consumer, or public representatives, or from facility/program personnel for an interview must be made in writing, and it must be received by the Joint Commission at least two weeks prior to the actual initiation of the on-site survey. The facility/program is expected to refer any such requests it receives to the Joint Commission. The Joint Commission will acknowledge each request, and will send a copy of this acknowledgement to the facility/program. The facility/program shall be responsible for notifying the interviewee of the exact date, time, and place of the interview.

Information interviews are usually conducted during the morning of the first survey day, and normally do not exceed two hours in length. However, the time and length of the interview should be mutually agreeable to all parties concerned. The facility/program will be expected to provide reasonable accommodation. One surveyor will chair the interview session and receive the information. In cases in which there is more than one surveyor, all members of the survey team need not be present, but facility/program representatives will be expected to attend.

The interview will consist only of the orderly receipt of information offered, verbally or in writing, within the prescribed time limit. All information received by this method will be fully considered for pertinence and verification, as is that from other sources, and the findings included in the survey report. Further rights of participation in the survey inure to any outside source of information only when granted by the facility/program.

All information obtained by the Joint Commission in the accreditation survey process, including the public information interview, and the content of the survey report are considered to be confidential matters between the Joint Commission and the surveyed facility/program. The survey report will be provided only to the surveyed facility/program.

Nothing in the above policy will preclude the right of the Joint Commission to make an interim unscheduled survey of any accredited facility/program for due cause.

1302 E. 82nd Terr. #6  
Kansas City, MO 64131  
November 8, 1979

Honorable Robert Stephen  
Attorney General  
State Judicial Center  
Topeka, Kansas 66612

Dear Mr. Stephen:

We, Advocates for Freedom in Mental Health, were pleased to hear of the recent investigation of Osawatomie State Hospital by the Kansas Bureau of Investigation. We had heard rumors similar to those described by the Kansas City Star in the November 4, 1979 and November 6, 1979 articles. At the recent meeting with your office and SRS staff members, however, we were cautioned not to discuss these matters by Jim Flory of your staff because of pending litigation and criminal charges.

As a group, we feel there are other issues to be addressed which have been pointed out to SRS and to your Office. While the drug and sexual abuses are legitimate issues, we feel they detract from what our group feels are the more important areas of patient rights violations such as seclusion at Topeka State and Osawatomie State Hospitals and the lack of a grievance procedure, especially at Topeka State (See enclosed copy of Topeka State Hospital's Joint Commission Report of October, 1979). These abuses are in direct violation of Administrative Regulations and the Legislative intent of the Mental Health Code.

Because there is no assurance that complaints and grievances will be investigated, (and complaints and grievances have been directed to Topeka State Hospital, SRS Legal Division and Dr. Harder himself and subsequently ignored), we fear a repeat of all of these issues, not only at Osawatomie, but at all the Institutions currently being administered by SRS. The Legislature can enact any legislation they wish to protect the rights of those entrusted to the care of SRS, but what good is this legislation if those designated to carry out the law ignore the intent of the Legislature as well as the letter of the law. What has happened at the Rainbow Unit of Osawatomie is a painful reminder of what does happen when patient's rights are not fully protected as well as being an outstanding example of the lack of a grievance procedure for the violated individuals.

Members of our group are available for input into your investigation as well as the KBI's investigation. Please feel free to contact us. We hope to keep communications open with you and your office.

Sincerely,

*David M. Head*      *Sharon L. Jacobs*

David M. Head  
Co-Chairperson

Sharon L. Jacobs  
Co-Chairperson

CC: Gov. John Carlin  
James Flory  
KBI  
Sen. Edward Reilly

**Presentation on Kansas State Hospitals**  
**before the**  
**Special Investigative Committee on S.R.S.**  
**Sen. Robert Talkington, Chairman**

**February 19, 1980**

**by**

**Louis L. Frydman, Ph.D.**  
**Associate Professor**  
**School of Social Welfare**  
**University of Kansas**  
**(for identification only)**  
**Member: Advocates for Freedom**  
**in Mental Health**

Thank you for allowing me to appear before you. I am very pleased that the Kansas legislature has finally decided to launch an investigation into the operation of our state institutions. It is distressing to me, however, that the focus of this investigation is apparently limited to "sex and drugs." While I will essentially keep within these bounds, I hope that you will expand your inquiry to include the subject of the failure of the state institutions to comply with the laws of the State of Kansas. I will say a few words about this after making some remarks on the main topics.

From what I have read in the press, it appears that your concern about sex centers on evidence that there is sexual activity between staff and patients, as well as between patients, in our state institutions. I fully share your concern that sexual involvement between staff and patients in these facilities must be condemned and that the staff members involved be held fully accountable for their wrongful actions. I am, nevertheless, intrigued by the seeming fact that the staff members accused of these acts hold the lowest paid and least respected positions. I have yet to hear about a professional staff member being sexually involved with a patient. This is likely to be interpreted by institutional psychiatry as a reflection of the allegedly high level of professional commitment to patients. To the contrary, my belief is that professional staff members consider state hospital patients to be so far beneath them, so alien to them, that the thought of intimate contact between them on any level, does not even enter the professionals' minds. The lower level staff, underpaid and overworked as they are, identify more with the patients, get to know them better, and are more attracted by them. It is unfortunate that this familiarity may well lead to sexual encounters which, because of the relatively powerful positions of even the low ranking staff members, must be seen as exploitative in nature. However, I wish there were also some way to charge the professionals for their failure to see patients as their human equals.

Sex between legally competent patients is another matter. Psychiatrists, the Topeka psychiatric community in particular, generally view state hospital patients as mindless incompetents, devoid of normal needs and strivings, sexual feelings in particular. I clearly recall the alarm expressed in June 1973 by the psychiatric representatives on the Mental Health Service Delivery System over the recognition in Senate Bill 239, the earliest version of the patients' rights bill which was passed by the Kansas legislature in 1976, of the right of patients to conjugal visits. The questions raised by these worthy professionals included: what if a patient sought sexual relations with his/her spouse and his/her therapist

felt that such an experience would be "anti-therapeutic" what if a patient had diminished capacity to consent?

I responded that there was actually little cause for alarm as the generally heavy use of psychotropic drugs effectively eliminates sexual desire in most patients. However, in those few cases where the drugs do not completely repress all desire, there is indeed the possibility that the patient might enjoy a sexual experience and feel better about himself or herself as the result.

However, the legislature succumbed to the strong pressure of the psychiatric community and Senate Bill 239's "right to conjugal visits" was eventually diluted by the phrase "if facilities are available for such visits." Furthermore, the director of each facility was allowed to deny patients this right "for good cause only," and this phrase has been effectively misinterpreted by the superintendents as synonymous with "for therapeutic reasons." I have yet to hear that any of our state institutions have set aside any facilities for conjugal visits, and I have yet to hear of any psychiatrist viewing such visits as therapeutic.

I am thus distressed to read about the legislature being up in arms about patients having sex with one another, rather than congratulating such patients for acting normally in spite of living in a sickening and repressive environment. I can understand why psychiatrists wish to deny sexuality to the patients under their control. I do not, however, understand why the legislature sits idly by while psychiatrists deprive legally competent citizens and taxpayers of the State of Kansas of their right to consensual sexual involvement, and instead actively take the staff to task for allowing such involvements to take place. How would you feel if a patients' rights group expressed concern about your active sexual lives and demanded that you cease and desist from such activities?

Next, I will briefly discuss the real issue of drug abuse in our state institutions. What confronts us are two distinct types of drug abuses, one a very serious one, the other a rather insignificant one. The serious drug abuse is perpetrated by none others than the medical staffs of our state institutions with, as well as without, the consent of the patients involved. Virtually each and every patient is, or is in danger of being, forced to ingest hazardous drugs which induce irreversible neurological damage. If a patient refuses to take such drugs orally, they are forcefully injected into his bloodstream, even in the absence of any emergency. Nobody at any level of the SRS hierarchy denies this fact or does anything about it. Even the Kansas legislature conveniently continues to look the other way even now that it has become obvious that patients' constitutional

rights, as well as the sanctity of their bodies, are thereby violated. The latest Federal court ruling in a closely-watched Massachusetts case recognizes the right of even committed patients to refuse psychiatric drugs as well as "seclusion" except for life-threatening emergencies (Rogers v. Okin, 1979). The Journal of the American Psychiatric Association, after many years of silence, is finally publishing articles which fully acknowledge the great danger of tardive dyskinesia, a serious and irreversible neurological disease, resulting from the ingestion of neuroleptic drugs. Damage suits over these side-effects, especially in cases where the patients have not been forewarned or have not given consent, are alarming psychiatrists all over the country. But in Kansas state institutions it's business as usual, while the K.B.I. is sent on a wild-goose chase involving far-fetched allegations about "street drugs" finding their way into state institutions. SRS administrators have gone so far as to refuse to grant me access to any information relating to the number of gallons of the various psychiatric drugs purchased by each of the three Kansas state hospitals in a given year. If these are helpful medications, not mind control drugs, why is SRS so secretive about this information?

This brings me to the second issue relating to drug abuse allegations. I have little reason to deny that undoubtedly such drugs have been given or sold to patients in our state institutions. The fact, however, is that our population of state hospital patients is generally socio-economically deprived; if they had money they would either have hired private attorneys to regain their freedom or they would have sought private psychiatric facilities where their freedom and dignity would be more respected. It is thus unlikely that most state hospital patients have the resources to buy "street drugs." What is important for us to realize is that these drugs are most unlikely to be as harmful as the drugs that are pushed and forced upon the patients by the medical staff. In fact, there is a good possibility that what alarms the medical staff about the introduction of non-prescribed drugs is the fact that they may allow the patients some relief, some enjoyment, and thus make it more difficult for the staff to fully control them. Again, I can see why the staff may be concerned, but I can not understand why such an august body as our State Legislature, which has never questioned the harmful and involuntary administration of powerful psychiatric drugs, would launch a major investigation into the comparatively minor and harmless, even though technically illegal, voluntary use of so-called "street drugs." There is enough material here to write a Broadway comedy, if only the consequences to the unfortunate patients were not so tragic.

I am calling upon you gentlemen to not only investigate the real issues relating to sex and drugs, but to expand the investigation to include at least two additional areas: staff use of seclusion as an illicit means to terrorize patients, and the continued failure of the state psychiatric hospitals to abide by the major revision of the Kansas Mental Health Code which was enacted in the Spring of 1976.

Prior to July 1, 1976 when the new law came into effect, seclusion was virtually unrestricted. Any patient could be secluded whenever the staff deemed it to be "medically indicated." The use of indefinite solitary confinement, which is what seclusion is really all about, is widely known to be the ultimate weapon of patient oppression and control. Topeka State Hospital became so notorious for its widespread use of this practice that in 1974 a protest march against the hospital was organized by members of the nationwide patients' rights movement. The 1976 legislation finally set up strict limitations on the use of seclusion. Patients could no longer be secluded unless it was determined that such a procedure was required to prevent substantial bodily injury. Seclusion had to be the least restrictive measure necessary to prevent such injury and the duration of seclusion could not exceed three hours without medical re-evaluation.

The state institutions at first took the new restrictions seriously, and the incidence of seclusion plummeted. As time went on, however, it became increasingly apparent that the institutional staff as well as the SRS leadership were much more interested in keeping the patients in line than in complying with the law. Within one year after the passage of the 1976 legislation, seclusion rates returned to their former incredibly high levels, clearly confirming that staff-determined "medical need" had again become the standard for seclusion, the laws of the State of Kansas notwithstanding. The Kansas legislature, the office of the Attorney General, the Kansas judiciary, the SRS legal staff, the SRS Secretary, etc., all of whom have been made aware of the situation, apparently couldn't care less. It is ironic that Kansas legislators, after rising to the occasion and passing a strong patients' rights bill, chose to sit back and leave the implementation of the new law totally in the hands of hospital psychiatrists, the very individuals whose oppressive practices had made the law necessary.

While the statistical data clearly show that abuse of seclusion is widespread in our state institutions, it is difficult to prove such abuse in individual cases. First of all, the information about individual cases is kept secret "to protect the patient's confidentiality." When permission is obtained from a patient, the superintendents tend to use their discretionary powers to keep the information from



becoming public. Even when access to a patient's records is obtained, it comes down to disproving a psychiatrist's contention that without seclusion substantial bodily injury would have occurred. As it is virtually impossible to get one psychiatrist to testify against another even if a patient could afford the cost, and as the courts worship testimony by a "duly licensed physician", the patient has little chance to prevail.

However, in other areas in which the laws are violated, the evidence is indisputable. As of September 1979, more than three years after the passage of the new law, only one of the three state psychiatric institutions, Osawatomie State Hospital, had made an effort to inform each patient in writing, upon his or her admission to the hospital, of his or her rights as a patient, as required by the new law. A second institution, Topeka State Hospital, had been issuing two booklets to patients, both published after the new law came into effect. One booklet had totally ignored the passage of the new law and its provisions, the other had distorted the provisions of the new law so as to make it appear that the patient had much fewer rights than the law actually provided. The third institution, Larned State Hospital, had not even bothered to prepare any written information on patients' rights. The SRS legal staff, apparently fully aware of this lamentable state of affairs, had done nothing to bring the institutions into compliance with the law. Only in the last few months, under heavy pressure by a Kansas patients' rights organization, the Advocates for Freedom in Mental Health, has Osawatomie State Hospital more fully informed patients of all their rights under the law, and Larned has drafted its first patients' rights brochure. Topeka State Hospital has withdrawn one of its distorted brochures, but has made no efforts to correct the other one.

Gentlemen, it is now approaching four full years since Senate Bill 26, the patients' rights legislation, was signed into law. Don't you think that blatant disregard of our state laws by tax-supported institutions deserves legislative scrutiny?

I have much more I would like to present to you and would be glad to return for this purpose if the purview of the Committee's inquiry is expanded. I hope and pray that you will see our state institutions for what they are and take whatever action is necessary to either drastically reform them or replace them with facilities that respond to the needs as well as respect the dignity and the legal rights of our troubled citizens. Personally, I doubt that this can be accomplished without a fundamental shake-up of the current SRS superstructure along with the abandonment of the medical model of mental disturbance.

Thank you.

# No major change

## foreseen for SRS

By MARTIN HAWVER  
Legislative Writer

A loose consensus of members of a



Sen. Bob Talkington

five-man panel investigating the Department of Social and Rehabilitation Services indicates no major overhaul is in store for the state's biggest bureaucracy.

But in separate interviews, some members of that special SRS investigat-

ing committee have said they will give serious consideration to suggestions they split off control of juvenile offenders from the social service agency.

Members of the panel indicated a confidence in SRS management, and believe personnel policies and personality conflicts may be the heart of recent criticism of SRS.

The committee has heard more than

three weeks of testimony — almost uniformly critical — about the department that controls a budget larger than all the state's colleges combined.

The hearings have become a wailing wall for SRS employee complaints and a focus of horror stories of patient abuse.

The committee was formed to investigate SRS after a summer's storm of complaints of patient abuse, mismanagement and staff turmoil at the 11 resident institutions under its control.

"It's just going to take a lot of time to sort it all out," said committee chairman Sen. Robert Talkington, R-Iola.

"We've heard a lot of complaints, a lot of suggestions, and we're just going to have to sift through them," he said.

Those complaints have ranged from a report of strip searches of a resident at the Youth Center at Atchison, to a woman who complained she didn't get a higher level job because she had two months too little service time.

The committee has repeatedly heard witnesses say that SRS should be stripped of all responsibility for housing and rehabilitating juvenile offenders, which it holds at youth centers in Topeka and Atchison.

Committee member Rep. Joe Hoagland, R-Overland Park, said he hasn't heard enough to decide, "but it is an issue that we are going to have to consider."

"There are a lot of points you can make for shifting the youth centers to the Department of Corrections, and it's been done in other states

"If nothing else, it would keep people's records together because 90 percent of the inmates at state penal institutions have had juvenile court records. Just from the standpoint of having all their treatment records together, that is an idea that we should at least consider," Hoagland said.

"We've also heard of a lot of just plain personality problems, too," he said.

Rep. Phil Martin, D-Larned, said "We really need time in the committee to sit down and digest what we've heard.

"And we are going to need staffwork on the idea of putting all the correctional facilities, juvenile or not, under one agency. That's been done elsewhere and we need to find out how it's worked," Martin said.

"But I don't know what we really need to do yet, haven't heard enough yet," he said.

The committee has been briefed just once by SRS Secretary Robert Harder, during which the chief of the state's largest department said he won't stand for patient abuse, and that he has issued a flurry of directives, policy statements and "secretary's letters" ordering compliance with regulations.

"We have to have him back, him and probably some of his top staff," said Rep. David Heinemann, R-Garden City.

"We've heard the complaints, bunches of complaints, and we need to bounce them off him."

"I think for sure, we've run across some problems with the agency that need addressing, but I don't know whether that addressing has to be done by law, or what," Heinemann said.

"I think we have to realize that the committee meetings as a whole, and the publicity we are focusing on SRS, will result in some changes, some sharpening-up of practices, that always happens when you focus on something," he said.

"There are just a lot of complaints, a lot of problems that we are going to have to deal with," Heinemann said.

"There are a lot of complaints, personnel complaints, and it looks like some staff problems, orders not being carried out, lack of direction, lack of policy handbooks, but I think we can pull them together," he said.

Committee member Sen. Mike Johnston, D-Parsons, said, "So far, I haven't heard anything that strikes directly at the structure of SRS. I don't think that the basic structure of the agency has been significantly criticized to make me think that we need to

Attachment I

Topeka Capital Journal, Sunday, February 17, 1980

"But there are problems that have been outlined, and maybe that's what our committee can do best, to focus on those problems, to sort them out, for the rest of the Legislature, so at least the time that is spent by the entire Legislature is well directed.

"Of course time is a factor. We have to have a report finished in time to present to this session. But I don't think if we spent five years here, we could get all the testimony that people want to give us."

"We can sort, and prioritize for the Legislature, though," Johnston said.

Talkington said, "We have heard a lot of accusations, a lot of charges that we'll want the secretary to respond to.

"I really can't tell what the committee may recommend to the Legislature. I know if it is a big change, that our report might become a blueprint for an

interim study so that we have bills ready for the next session."

It has been suggested to the committee that all duties relating to alcohol and drug abuse programs be stripped from SRS, and lodged in a cabinet-level department. That suggestion drew generally low enthusiasm from members of the committee during individual interviews.

Hoagland said, "I think we have to realize here that we are dealing with a secretary who is accountable for more money, more programs, than all the chancellors and presidents of the state's colleges together."

"His hands permeate the entire system. We could either come up with criticism of him, or a vote of confidence, not that we would do either, but I think we'll find that he's put together a pretty good management structure but one that has some breakdowns down in the chain of command," Hoagland said.

All members of the committee said they believe that there are subtle changes taking place within SRS as a result of the hearings.

Heinemann noted, "What we are doing is similar to what happens when the post audit department investigates an agency. Before their report is even completed, the agency indicates that it is making a lot of changes, and I bet that's happening now in SRS."

"It's what happens when you focus the spotlight on a squeaky wheel," Heinemann said.

Martin said, "Those changes are happening now, but I don't think that we can just let this drop after the hearings."

"I think there is a clear need for continued interest and overseeing of the department. I don't know whether we'll need legislation or not, but we can't just let this drop after the inves-