

MINUTES OF THE SPECIAL STUDY COMMITTEE ON SOCIAL AND REHABILITATIVE
INSTITUTIONS

Held in Room 313-S at the Statehouse, at 12:15 p.m., on March 12, 1980.

Members present were:

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

Staff present were:

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

Conferees appearing before the committee were:

Gary J. Daniels, Ph.D., Superintendent, Parsons State Hospital
R. K. Dean, Superintendent, Winfield State Hospital
Rafael DeSoignie, M.D., Acting Superintendent, Kansas Neurological
Institution
Ethel May Miller, Kansas Association for Retarded Citizens

The Chairman called the meeting to order.

Dr. Daniels gave an overview of the Parsons State Hospital's organization, personnel, and resident population. The institution is a multi-discipline residential facility for the developmentally disabled and also provides a special screening unit for juveniles between the ages of six and eighteen who have been removed from their homes for the first time and placed under the care of SRS. The hospital operates under four basic areas: service, research, training, and community service.

An organizational chart (Attachment A) was furnished to members. Dr. Daniels said the administrative organization is divided into business, with 120 positions; personnel, with four employees who are responsible for all personnel transactions; and, the largest department, the clinical director's office with 266 employees. Its responsibilities include nursing and medical service plus the adjunctive therapies such as speech, hearing, music, library, recreation, and volunteers. The clinical director is responsible for program with five divisions directly responsible to him: independent community living, semi-sheltered community living, sheltered community living, crisis intervention for the emotionally disturbed, and the new service for screening youths.

The personnel budget for 1980 covering 390 employees was presented (Attachment B). In addition to these employees, there are 101 separately funded positions for contracted employees for special schooling, University of Kansas students participating in the University Affiliated Facilities program or the research center. Dr. Daniels noted Parsons State Hospital has a successful mixture of people from the state, the university, and the county resulting in the vitality and creativity that has become the hospital's trademark and yielded significant contributions on a local, state, national, and international basis.

The average monthly salary is \$979. This represents a broad range of salaries from entry level housekeeping to the highest paid physician. Turnover at Parsons is low, 18.6% in 1979, with about one-half of the turnover occurring in the health service worker classification. The majority of employees who leave do so as a result of natural attrition as opposed to job dissatisfaction. Dr. Daniels felt the low turnover rate was due to some extent to the hospital being the third largest employer in the area. He noted, as inflation continues, it is difficult to recruit male staff, and new industry in the area provides attractive salaries which may be a reason for this. An effort has been made to make hospital employment more attractive by providing good fringe benefits and opportunities for training and advancement. He mentioned the hospital has recently contracted with Parsons Community College to provide college credit to employees who complete training and inservice programs that are provided. This gives extra incentive and recognition and keeps staff morale high. He said the staff at PSH was dedicated and proud of their accomplishments, and the longevity rate is high.

Dr. Daniels gave a breakdown of the 275 residents at the hospital with respect to ages and ability level. He noted that most residents are not only retarded but are also handicapped in various ways. A secondary diagnosis of severe behavioral maladjustment has been made of 78.5% of the residents.

With respect to the new comprehensive screening unit in operation since August, 1979, Dr. Daniels said eighty youths have been admitted for evaluation and sixty-eight have been discharged. This unit is reflected on the organizational chart as Division V. The cottage housing this unit is separate from other facilities, and direct care staff are not rotated. Professional staff is shared with other divisions. Professional staff has had to make some adjustment, but no major problems have developed.

Dr. Daniels said there are five groups who play significant roles in developing policy and procedures. One is the parents of residents who serve as a monitoring device and give constructive criticism. The other monitoring groups are: the advisory board to the UAF at Parsons with seven interested citizens from over the state; a special purpose school advisory committee with twelve interested professionals, parents, and related staff; a residents' rights committee composed of four staff, one person from UAF, and one from the county; and the advisory and review committee recently established and composed of representatives from the business community, parents of handicapped youngsters, and concerned Parsonians. These committees are designed to assure citizens of Kansas that the rights and welfare of the residents are the main concern of the institution. For additional information regarding Dr. Daniels' remarks, see Attachment C.

Mr. Dean gave an overview of the Winfield State Hospital. He has been superintendent since 1967, and since that time, the resident population has dropped from approximately 1,000 to 495. These range in age from newborn with birth defects to eighty-year olds. Mr. Dean noted the hospital was different from other state retarded facilities in that 86% of the residents are classified profoundly handicapped with the balance being classified severe. Their function levels range from infantile to pre-school, and most need total care in all aspects of their lives.

With 300 residents being in wheelchairs, this makes greater demands on staff. An effort is made to provide some training even though it might be just to feed themselves. The potential for residents being placed in community facilities is extremely limited.

Mr. Dean said there were 721 authorized positions at the facility. Altogether, there are six units which breaks up the bigness of a 500-bed facility. All disciplines are represented in the units. The unit coordinator directs the professional team with members being assigned to a particular group of 80 to 100 patients. The services under the clinical medical director are good.

Three meetings a week are held with staff to update programs. Mr. Dean also meets twice a month with all department heads for open discussion for decision making and planning. He was especially proud of monthly meetings he has with employees from all three shifts for general communication. He tells why things are happening, why a decision is made, how they stand on budget, discuss policies, etc., which gives the employee a better understanding of the procedure.

Mr. Dean said he relies heavily on parents for suggestions. Also, a parent-citizens advisory group meets three times a year with 70 to 100 community citizens in attendance. An open house is held annually. He mentioned his participation in a statewide project of an annual softball tournament. This year, the county will host a national tournament.

In Mr. Dean's opinion, the Winfield institution is serving the mentally retarded and handicapped in a vital way and will continue to be needed as he did not think community facilities for this type of patient would be in the offing for many years.

The large turnover rate at Winfield was discussed. Mr. Dean said the reason for this was a combination of the nature of the work and budget. On the entry level, in 1979, fifty HSW's, forty-three psychiatric aides, and twenty-seven licensed employees were lost. In 1980, twenty-six HSW's out of sixty have already left employment. He noted these type employees get paid more in the local community.

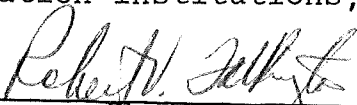
With respect to practicum students, Mr. Dean said there were none from the University of Kansas or Kansas State University at the present. In the past, the institution has had physical therapists, interns, and psychologists from many different colleges.

Dr. DeSoignie stated he was appointed ten days ago and was not in a position to make a presentation. During questioning, he said the turnover rate at KNI was average with most going to other employment opportunities. As far as he knew, there was no problem with respect to injuries to staff by patients.

The Chairman questioned conferees regarding security and patient abuse at their institutions. None expressed any concern with security. Dr. Daniels said Parsons was operating under the Secretary's Letter 289 concerning patient abuse, and the procedure worked well at Parsons. He also felt peer pressure among the staff helped avoid abuse and contraband on campus.

Mrs. Miller gave a statement (Attachment D) in support of the present SRS umbrella approach to mental health and retardation institutions, Secretary Harder, and the Task Force Report.

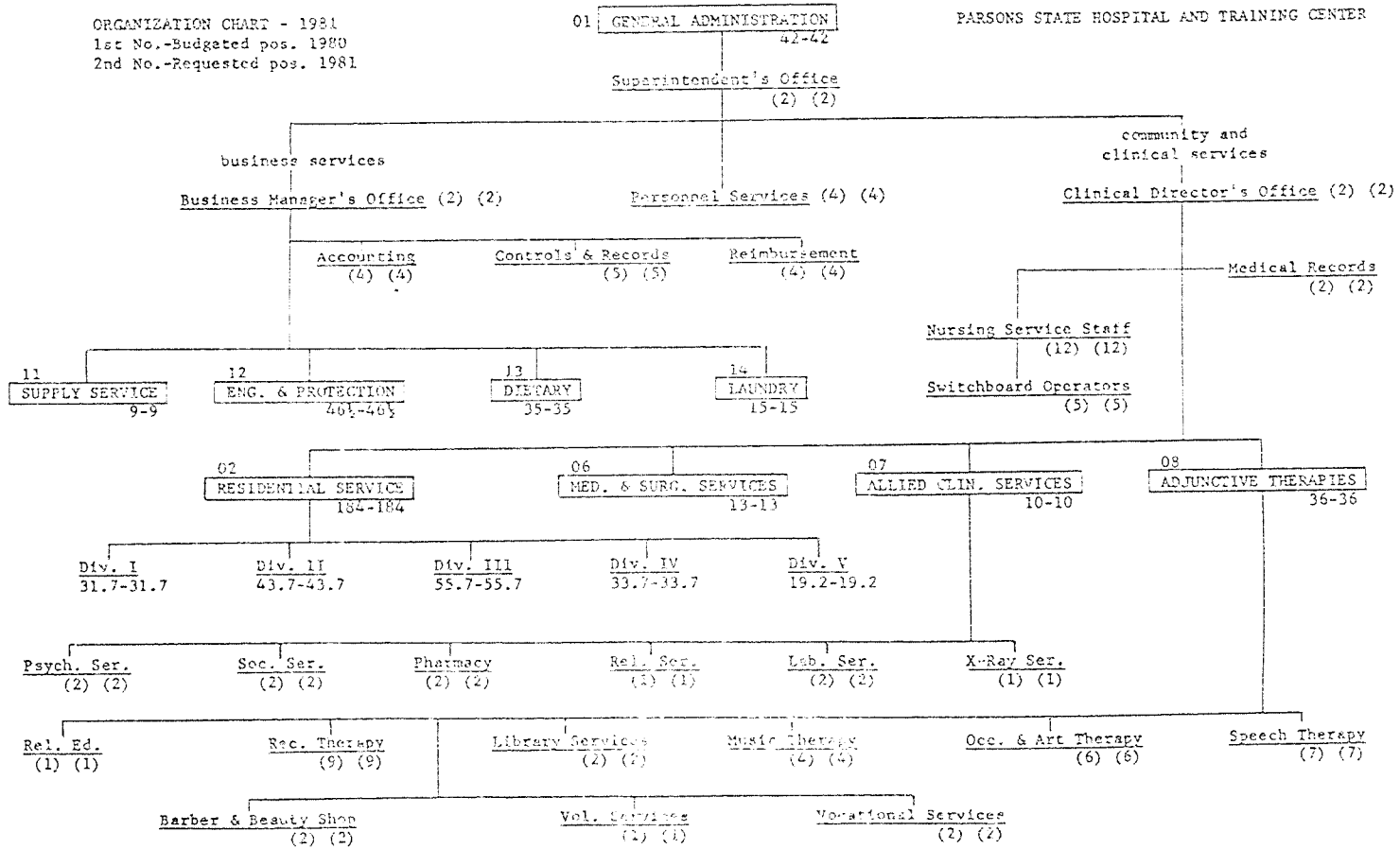
The meeting adjourned at 1:30 p.m.


Chairman

ATTENDANCE SHEET
MARCH 12, 1980

| <u>NAME</u> | <u>REPRESENTING</u> | <u>TOWN</u> |
|----------------|---------------------|-------------|
| Miller | TARC | |
| Amerson's Secy | | |
| Klotz | | |

ORGANIZATION CHART - 1981
 1st No.-Budgeted pos. 1980
 2nd No.-Requested pos. 1981



Attachment 19
3-12

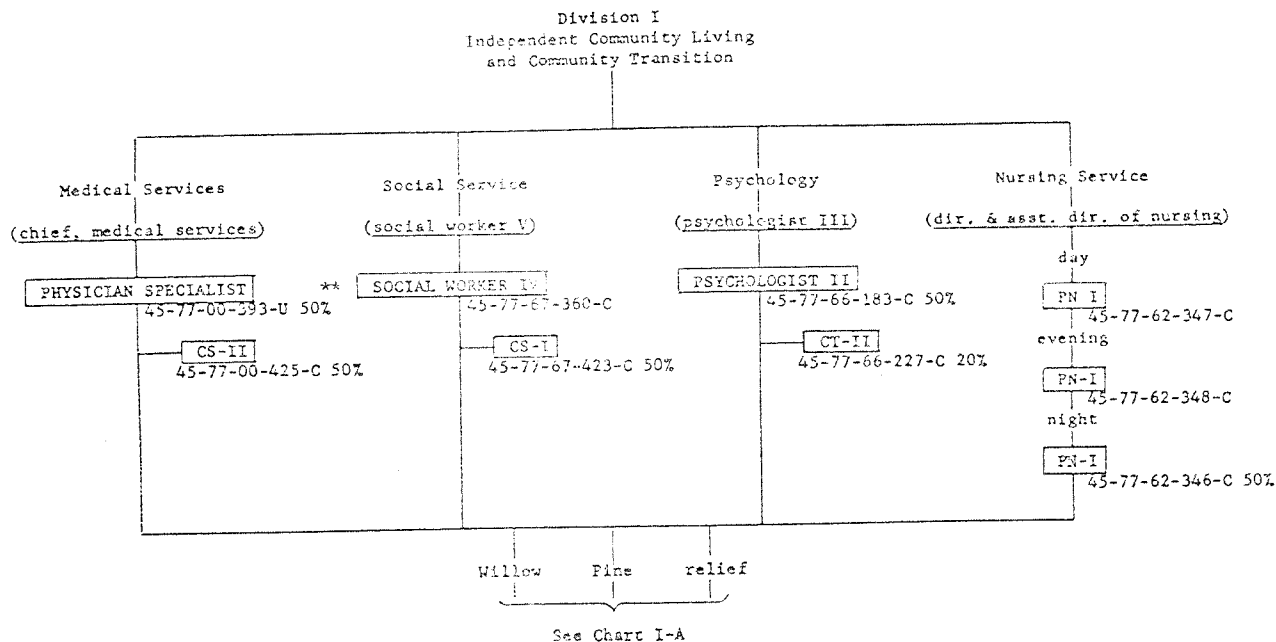
1981

BUDGET

ORGANIZATION CHART

RESIDENTIAL SERVICE

- - - - New Requests
** Transferred



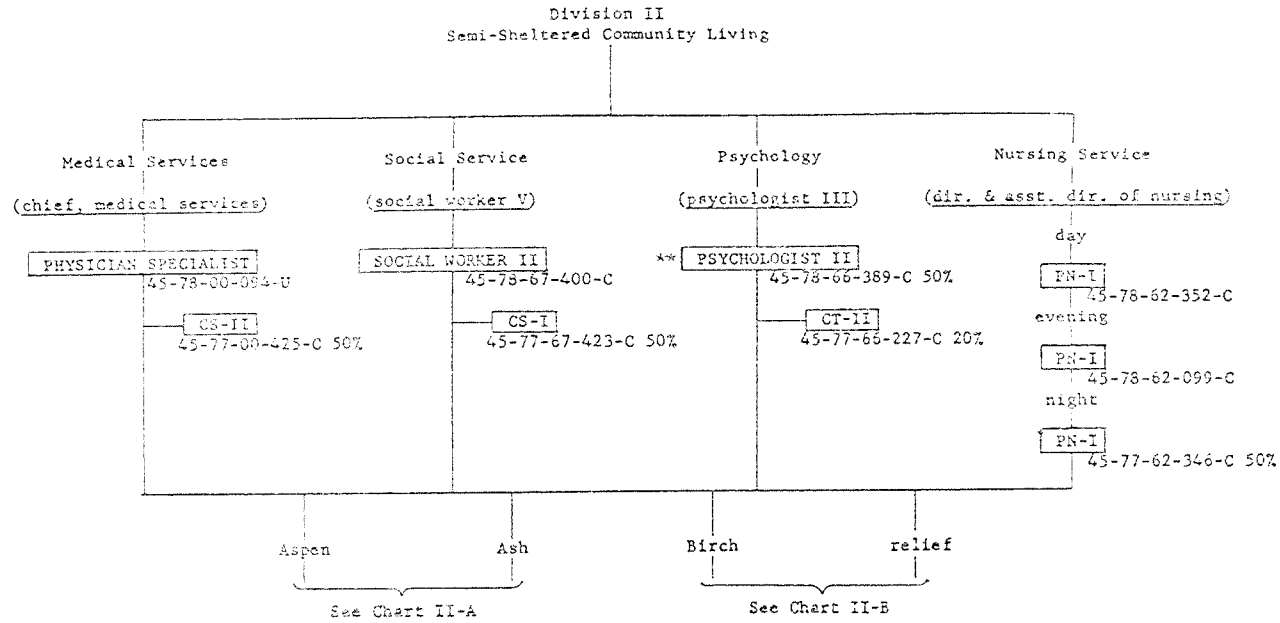
1981

BUDGET

ORGANIZATION CHART

RESIDENTIAL SERVICE

- - - - New Requests
** Transferred



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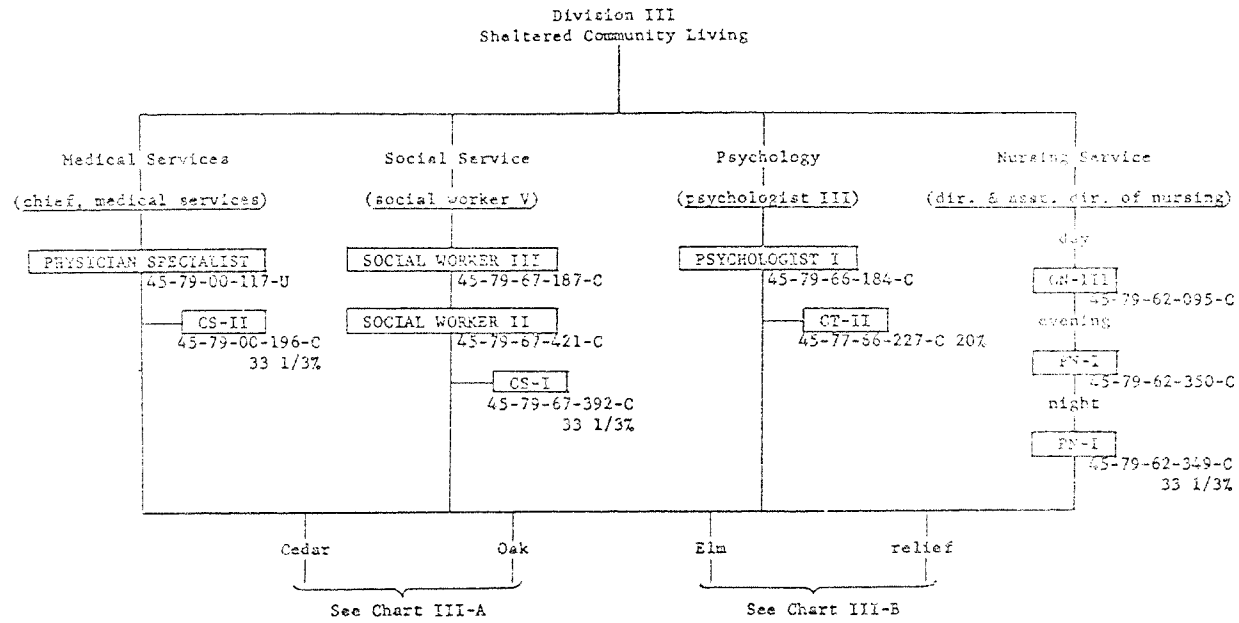
1981

BUDGET

ORGANIZATION CHART

RESIDENTIAL SERVICE

- - - - New Requests



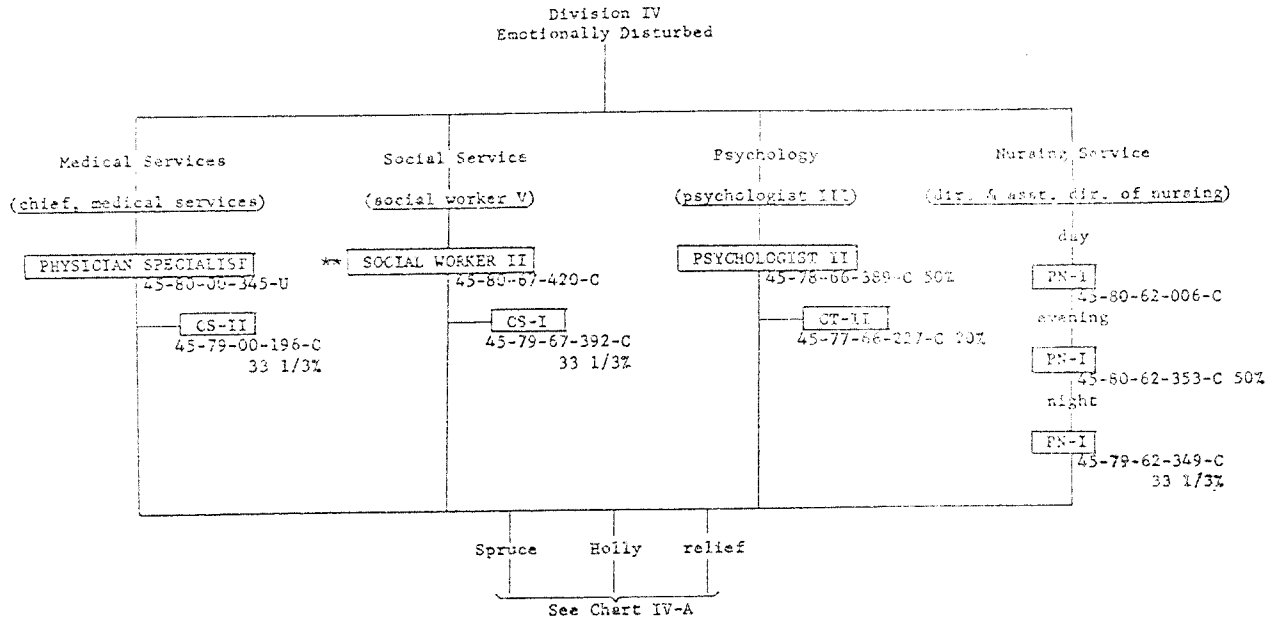
1981

BUDGET

ORGANIZATION CHART

RESIDENTIAL SERVICE

- - - - New Request
** Transferred



1
5
1

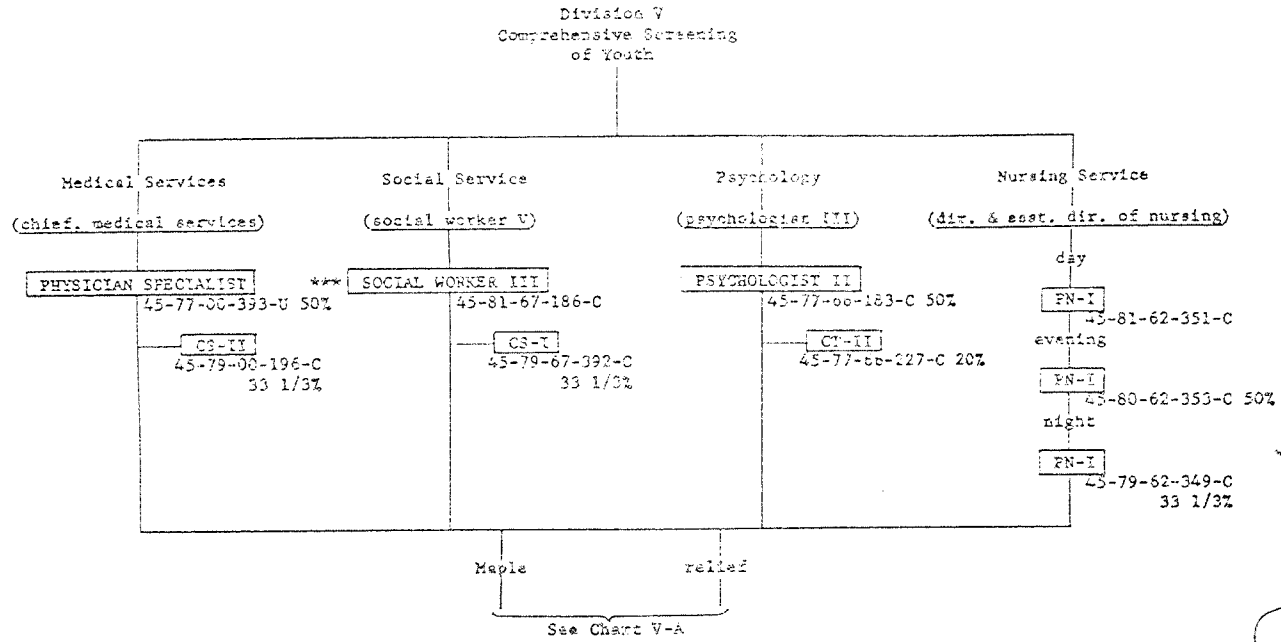
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BUDGET

ORGANIZATION CHART

RESIDENTIAL SERVICE

- - - - New Requests
***Transferred and Reclassified



2-1-80

ref W37-39

Mary J. Daniels

Superintendent

2-4-80

Date Approved

Attachment R

| AGENCY NO. | AGENCY NAME | FUNCTION NO. | FUNCTION NAME | ACTIVITY NO. | ACTIVITY NAME |
|------------|--|--------------|----------------------|--------------|--------------------------|
| 507 | Parsons State Hospital and Training Center | 6 | Health and Hospitals | | Summary - All Activities |

SUMMARY OF EMPLOYEES BY BUDGETED CLASSIFICATION

| <u>Classification</u> | <u>1978</u> | <u>1979</u> | <u>1980</u> | <u>1981</u> | <u>Classification</u> | <u>1978</u> | <u>1979</u> | <u>1980</u> | <u>1981</u> |
|---------------------------------|-------------|-------------|-------------|-------------|-------------------------------------|-------------|-------------|-------------|-------------|
| Accountant II | 1 | 1 | 1 | 1 | Electronics Technician II | 1 | 1 | 1 | 1 |
| Account Clerk I | 1 | 1 | - | - | Equipment Operator II | 3 | 3 | 3 | 3 |
| Account Clerk II | 2 | 2 | 3 | 3 | Food Service Supervisor I | 3 | 3 | 3 | 3 |
| Activity Therapies Supervisor | 1 | 1 | 1 | 1 | Food Service Worker I | 5 | 5 | 5 | 5 |
| Activity Therapist I | 9 | 9 | 9 | 9 | Gen. Maint. & Repair Technician | 1 | 1 | 1 | 1 |
| Activity Therapist II | 2 | 2 | 2 | 2 | Graduate Nurse III | 1 | 1 | 1 | 1 |
| Activity Therapy Aide I | 6 | 6 | 6 | 6 | Industrial Therapy Coordinator | 1 | 1 | 1 | 1 |
| Activity Therapy Aide II | 4 | 4 | 4 | 4 | Institutional Bus. Administrator II | - | - | 1 | 1 |
| Administrative Officer II | 1 | - | - | - | Laboratory Technician I | 1 | 1 | 1 | 1 |
| Administrative Officer III | - | 1 | - | - | Laborer II | 2 | 2 | 2 | 2 |
| Automotive Driver | 2 | 2 | 2 | 2 | Laborer Supervisor II | 1 | 1 | 1 | 1 |
| Barber | 1 | 1 | 1 | 1 | Laundry Manager I | 1 | 1 | 1 | 1 |
| Clerk II | 1 | 1 | 1 | 1 | Laundry Manager II | 1 | 1 | 1 | 1 |
| Clerk III | 2 | 1 | 1 | 1 | Laundry Worker | 12 | 12 | 12 | 12 |
| Clerk IV | - | 1 | 1 | 1 | Librarian I | 1 | 1 | 1 | 1 |
| Clerk V | 1 | 1 | 1 | 1 | Maintenance Carpenter | 2 | 2 | 2 | 2 |
| Clerk Stenographer I | 3 | 3 | 3 | 3 | Maintenance Carpenter Supervisor | 1 | 1 | 1 | 1 |
| Clerk Stenographer II | 11 | 9 | 6 | 6 | Maintenance Electrician | 2 | 2 | 2 | 2 |
| Clerk Typist II | 12 | 12 | 12 | 12 | Maintenance Electrician Supervisor | 1 | 1 | 1 | 1 |
| Clinical Chaplain II | 1 | 1 | 1 | 1 | Maintenance Painter | 1 | 1 | 1 | 1 |
| Cook I | 19 | 19 | 19 | 19 | Maintenance Painter Supervisor | 1 | 1 | 1 | 1 |
| Cook II | 4 | 4 | 4 | 4 | Maintenance Plumber | 2 | 2 | 2 | 2 |
| Cosmetologist | 1 | 1 | 1 | 1 | Maintenance Plumber Supervisor | 1 | 1 | 1 | 1 |
| Custodial Supervisor I | 1 | 1 | 1 | 1 | Meat Cutter | 1 | 1 | 1 | 1 |
| Custodial Worker | 10.5 | 10.5 | 10.5 | 10.5 | Media Production Director | 1 | - | - | - |
| Dietitian I | 1 | 1 | 1 | 1 | Media Production Technician | 3 | - | - | - |
| Dietitian II | 1 | 1 | 1 | 1 | Medical Records Technician | 1 | 1 | 1 | 1 |
| Dietitian III | 1 | 1 | 1 | 1 | Medical Technologist I | 1 | 1 | 1 | 1 |
| Drug Clerk | - | 1 | - | - | Mental Health Technician I | 60 | 60 | 59 | 59 |
| Duplicating Machine Operator II | 1 | 1 | 1 | 1 | Mental Health Technician II | 6 | 6 | 6 | 6 |

EXPLANATION AND JUSTIFICATION

| AGENCY NO. | AGENCY NAME | FUNCTION NO. | FUNCTION NAME | ACTIVITY NO. | ACTIVITY NAME |
|------------|--|--------------|----------------------|--------------|--------------------------|
| 507 | Parsons State Hospital and Training Center | 6 | Health and Hospitals | | Summary - All Activities |

| Classification | 1978 | 1979 | 1980 | 1981 | Classification | 1978 | 1979 | 1980 | 1981 |
|--------------------------------------|------|------|------|------|--------------------------------|-------|-------|-------|-------|
| Mental Health Technician III | - | - | 1 | 1 | Social Worker II | 5 | 4 | 3 | 3 |
| Patrol Officer | 4 | 5 | 5 | 5 | Social Worker III | 1 | 1 | 2 | 2 |
| Patrol Sergeant | 1 | 1 | 1 | 1 | Social Worker IV | 1 | 1 | 1 | 1 |
| Personnel Officer II | 1 | 1 | 1 | 1 | Social Worker V | 1 | 1 | 1 | 1 |
| Pharmacist I | 1 | 1 | 1 | 1 | Speech Pathologist I | 4 | 4 | 3 | 3 |
| Pharmacy Attendant | - | - | 1 | 1 | Speech Pathologist II | 1 | 1 | 2 | 2 |
| Physical Plant Supervisor I | 1 | 1 | 1 | 1 | Speech Pathology Specialist | 1 | 1 | 1 | 1 |
| Physical Plant Supervisor II | 1 | 1 | 1 | 1 | Storekeeper I | 2 | 2 | 2 | 2 |
| Physician Specialist | 5 | 4 | 4 | 4 | Storekeeper II | 2 | 2 | 2 | 2 |
| Physician Specialist (Clin. Dir.) | 1 | 1 | 1 | 1 | Storekeeper III | 1 | 1 | 1 | 1 |
| Power Plant Operator II | 5 | 5 | 5 | 5 | Superintendent | 1 | 1 | 1 | 1 |
| Practical Nurse | 9 | 9 | 9 | 9 | Switchboard Operator I | 4 | 4 | 4 | 4 |
| Procurement Officer I | 1 | 1 | 1 | 1 | Switchboard Operator II | 1 | 1 | 1 | 1 |
| Psychiatric Aide | 90 | 90 | 90 | 90 | Vocational Instructor | 1 | 1 | 1 | 1 |
| Psych. Hosp. Med. Records Admin. | 1 | 1 | 1 | 1 | Volunteer Services Coordinator | 1 | 1 | 1 | 1 |
| Psychiatric Nurse I | 14 | 14 | 14 | 14 | | | | | |
| Psychiatric Nurse II | 2 | 2 | 2 | 2 | TOTAL - ALL POSITIONS | 397.5 | 390.5 | 390.5 | 390.5 |
| Psychiatric Nurse III | 1 | 1 | 1 | 1 | | | | | |
| Psychologist I | 1 | 1 | 1 | 1 | | | | | |
| Psychologist II | 2 | 2 | 2 | 2 | | | | | |
| Psychologist III | 2 | 1 | 1 | 1 | | | | | |
| Radiologic Tech. I, Diag. X-Ray | 1 | 1 | 1 | 1 | | | | | |
| Refrig. and Air Cond. Mechanic | 1 | - | - | - | | | | | |
| Refrig. & Air Cond. Serv. Technician | - | 1 | 1 | 1 | | | | | |
| Reimbursement Officer II | 1 | 1 | 1 | 1 | | | | | |
| Seamstress II | 2 | 2 | 2 | 2 | | | | | |
| Secretary I | - | - | 3 | 3 | | | | | |
| Secretary II | 2 | 2 | 2 | 2 | | | | | |
| Secretary III | 1 | 1 | 1 | 1 | | | | | |
| Sheet Metal Worker | 1 | 1 | 1 | 1 | | | | | |

PSA & TC is a multidisciplinary, residential facility for the DD and we provide a special screening unit for juveniles between 6 and 18 who have been placed in the Custody of SRS.

Operate under 4 basic goals ^{areas} - Service, Research, Training, and have recently added ^{these areas are} Communities.

Certified by State Department of Health and Environment and Medical Services Section of SRS as an ICF-MR which operates under standards provided in Title XIX of SSA. Also Certified by the Kansas Hospital Association - Special Mental Dist. State Department of Education as a SP S.

Handouts

Administrative organization is carefully combined with the programmatic organization in order to promote the multidisciplinary process and to provide for the most efficient deployment of personnel.

The Superintendent is the chief executive officer of the institution and the Administration Organization is 3 areas:

Business, Personnel, and Clinical Director Office

Business Office includes - Supply, Engineering & Protection, Dietary, Laundry, Accounting, Controls & Records, Reimbursement. 120 Positions

Personnel includes small Department of 4 people - responsible for all personnel ^{transfers}
Director Office

2

(256)

Cl Director Office - largest Administrative Unit & includes Nursing Svs, Med Records, Medical & Surgical Svs, Allied Clinical Svs (Psych, Soc Svs, Pharmacy, ~~Pathology~~ ~~Svs~~, Laboratory Svs, X-Ray Services); Adjuvant Therapies (Speech & Audiology, Occupational & Art Therapy, Music Therapy, Library Services, Recreation Therapy, Religion Education, Barber & Beauty Shop, Volunteer Svs, and Various Sems).

The aforementioned services are carefully deployed along with the direct care personnel to provide the programmatic structure of the Hospital.

The Cl Director is directly responsible for the organization of the program and has 5 Division Directors who are directly responsible to him.

The five divisions include - I - Independent Community Living and Community Transition; II - Semi-Sheltered Community Living; III - Sheltered Community Living; IV - Crisis Intervention Division for the Emotionally Disturbed; V - New - Division for the Comprehensive Screening of Youth.

The total # of State Funded \$ position for PSNYTC is 390.5. FY 80

There are 3 separately funded and distinct groups of personnel at PSNYTC

In addition

| | | | |
|------------|-------|---|----------------------------|
| 16 | 390.5 | State Em Hospital Employees | District 609 Greenburgh |
| | 46 | Contracted Employees for the SPS - with SEK-RSC | |
| | 55 | U of Kansas - Stations at PSH+TC in | |
| almost 500 | 491.5 | either the VAF or the Parsons Research Center. | |

As you might surmise PSH is a dynamic organization that has successfully intermingled almost 500 personnel from different funding sources including the state, the University, and the community. This successful mix of people has led to the vitality and creativity that has become ^{the} PSH trademark and has yielded significant ~~to~~ contributions ^{to the field of M-R} on a local, state, national and international basis.

The employees who comprise the personnel of PSH+TC represent 105 civil service classifications as may be seen in the budget provided.

The average weekly salary is 226.07 and the average monthly salary is 979.63. Of course these figures represent a broad range of salaries including the direct entry classes of housekeeping and health service workers up to the highest paid physician.

At Parsons we have been blessed with
a very low annual turnover percentage.
For FY 79 = 18.6%

~~that~~ slightly over half (56%) of this turnover rate
in Health Sew Worker - 25
Psych Aide - 11
LIMIT - 7
Certified Worker - 5

48 of 84 total positions

The reasons given for termination can be grouped in 3 groups
41.6% or (35) for other employment or moving out of town
17.9% or (15) for abandonment of position or non-responsiveness
40.5% or (34) for Health, Retirement, School, Family Problems ^{to the}

The previous data suggest that the majority
of terminations are a result of natural
job attrition as opposed to job
dissatisfactions.

There are probably a variety of reasons which
explain this low turnover percentage. ^{one} ~~some~~ of
which may include the fact that we are the 3rd largest
employer in the area however as inflation nips
away at our status we seem to be having great difficulty recruiting

male staff.

In addition SEK has been fortunate to attract a number of small industries which provide attractive starting salaries and has made for keen competition for recruitment.

We would like to think that we have offset some of these disadvantages by providing a more stable position, good fringe benefits, and excellent opportunities for training and advancement. e.g. we've recently contracted with the Parsons Community College to provide college credit to the employees who complete the training and in-service programs that are routinely provided at the hospital. This extra incentive and recognition of the employee has contributed greatly to staff morale.

The combination of the above factors has created a low turnover rate and allowed a number of persons to remain employed at the hospital for ~~a number of~~ ^{several} years, e.g.

18% (69) more than 20 yrs.; 29% (110) cumulative for 15 yrs.
44% (168) for 10 yrs.; and 62% (238) for more than 5 yrs.

dedicated staff
proud of their accomplishments

The persons receiving the direct benefit of the dedicated employees that I've just described include approximately 278 mentally persons and 15-18 young people who have been placed in the custody of the Secretary of SRS & placed in the Screening Unit at Panoram for a 30 day Evaluation.

The mentally retarded citizens who reside at PSH & TC come from 60 of the 105 counties in Kansas.

Segue slide 67

| Age | Count | Percentage | Ability levels |
|-----------|------------|------------|----------------|
| 6-12 | 67 | (25%) | EMR - 24% |
| 13-17 | 78 | (28%) | JMR - 28% |
| 18-20 | 55 | (20%) | SMH - 48% |
| 21 & over | 75 | (27%) | |
| | <u>275</u> | | |

The striking characteristics of the ~~residents~~ residents are not that they are mentally retarded but that they present a high rate of ^{handicaps} additional handicaps in addition to their retardation

- e.g. 33.1% have significant vision or hearing problems.
- 82.9% have disorders of perception and expression
- 34.5% have convulsive disorders
- 41.4% have motor disorders

Significant characteristic of PSH 78.5% have a secondary diagnosis of a psychiatric disorder or severe behavioral maladjustment ^{more common behavior} far from severe psychosis, self abuse to ^{problem associated with} problem associated with ^{adolescence} adolescence

7.

The Program for the Comprehensive Screening of Youth began Aug 1, 1979. Since that time they have admitted 80 and discharged 68. 62.5% of the admissions have come from the 9 county area in SEK.

The Personal and social maladjustment presented by these individuals have ranged from psychotic disorders to significant behavioral maladjustment to any source of authority including parents, school and other significant individuals in their life.

Gentlemen have described our organizational structure, the persons employed at the hospital, and the characteristics of the residents. There are 5⁺ other groups of persons who play a significant role in developing our policies and procedures.

The first of these is the parents of our residents. They take an active part in the development of IPP and IEP and in the periodic parent group meetings that are arranged throughout the year. The parents are probably our most significant

monetary denial is that they rarely hesitate in providing constructive criticism regarding our procedures. We do feel that ~~we are~~ our service to ~~the~~ the client includes being responsive to the desires of the Family.

In addition to parents we have 34 formal groups which are designed to monitor and review our programs.

One group is the Advisory Board to the UAF at Parsons. This group is composed of 7 interested citizens and professionals from various cities over the state. The Board meets semi-annually.

review training
Direct community SVS

Another group is the Special Purpose School Advisory Committee. This group is composed of 12 interested professionals, parents, and related staff of the hospital and meets 2 times per year.

Review local plan
insure facts appropriate

A third group is the Patient Right Committee of the Hospital. This group is composed of 4 staff from the hospital - 1 from the UAF and soon will include a person from the community.

In addition to the staff resident from each department is recommended by the Senior Doctors. The committee has been meeting weekly in order to review the new policies and procedures. This committee's function is to insure that ~~the rights of all residents are~~ the policies, procedures and programs of the hospital are designed in ~~such a fashion~~ to promote the exercise of individual and special rights guaranteed by the Constitution and the Declaration of General and Special Rights of the Mentally Retarded ^{prepared} by the United Nations and other groups for the handicapped.

The newest group is the advisory and review committee of the hospital which has recently been established. This group is composed of 7 members ~~who~~ including citizens living within the immediate area of the hospital, representatives from the ^{business} community, parents of handicapped youngsters, and concerned Parsonas. This group serves in an advisory capacity to the Superintendent

and will meet every other month.
The first meeting is tentatively scheduled
for the week following Easter.

The advisory committees and resident
rights committee have been established
to more effectively integrate the services of
the hospital into the community, to insure
that the needs of all residents are being
met, to provide a method for citizen
and consumer input into decision
making, and to provide a mechanism
for the independent review of policies,
procedures, and practices of the hospital.

They are also designed to assure the
citizens of Kansas that the rights and
welfare of those in our care are of
the ~~most~~ most concern and that we are
not in violation of the public trust.

Ultimately, the ~~real~~ residents will
benefit the most from our efforts.



KANSAS ASSOCIATION FOR RETARDED CITIZENS, INC.

9006 WEST 51st TERRACE
FIRST FLOOR

MERRIAM, KANSAS 66203
(913) 236-6810



- To*
BOB GLAZER
Topeka
- 1st Vice-President*
GINGER CLUBINE
Wichita
- 2nd Vice-President*
DON CULLY
Hutchinson
- 3rd Vice-President*
DEAN LE SAGE
Stockton
- Secretary*
VIOLA DAVIDSON
Paola
- Treasurer*
ROBERT MELIZA
Garnett
- Past President*
HAROLD JAMES
Hugoton
- Youth Representative*
MICHELE SEVART
Wichita

BRENT GLAZER
Executive Director

To: Legislative Committee to Study and Review Management, Structure, and Utilization of Personnel in State Institutions operated Department of SRS.

Date: 3/12/80

From: Ethel May Miller, Chr. Gov't Affairs Comm.
Kansas Association for Retarded Citizens

These comments are being submitted by me as a parent of a profoundly retarded daughter, a resident at Winfield State Hospital and Training Center for the past 32 years, thus as a consumer of services via SRS. My experience related to the subject you are studying has evolved through the above, and through such volunteer services as listed on the attached. For 15 years I also served as Executive Director of a Community Center for Retarded in Topeka, (retiring in 1976), operated by the Topeka Association for Retarded Citizens of which I am a charter member.

I have also been asked to present this testimony representing the Kansas Association for Retarded Citizens of which I am a charter member. Our Kansas ARC was organized in 1955 and currently has some 6,000 members in over 60 local units throughout the state. Our overall purpose is to promote the welfare of citizens who happen to be mentally retarded, wherever they may be, in the community or in state or private residential centers.

During these 25 years or so we have been involved in various planning efforts, studies, reports, testimonies etc. and served as Chairman of the Committee on Coordination of State Agency Activity in Mental Retardation for the 1965 Kansas Citizens Plan on Comprehensive Mental Retardation Services. All were efforts to help bring about improvement, expansion, and coordination in the delivery of services to retarded and developmentally disabled citizens. All of which has also involved a long time relationship with various state departments and structures, particularly the old Department of Social Welfare (and the 105 county offices) and the more current structure of SRS. (See chart attached of maze thru which we had to go in Mental Retardation Planning under the old structure.)

Our paths with SRS have thus crossed often. So have some of our concepts and ideas! Time and space will not permit us to review the specific areas of concerns for which we have sought remedies. (Copies available if helpful.) But thru these 25 years we have sought to work with the system, not as " arsonists, adding heat but no light", but rather as persuasive, positive, persistent partners in the efforts in behalf of retarded persons.

MANAGEMENT AND STRUCTURE

1. Our KARC does support the umbrella structure of SRS as our testimony to the recent Task Force on SRS indicated. We are not recommending that Mental Retardation Services, either with Mental Health or any other group, be pulled out from under the structure.

We have certainly found this structure to be much more directly responsive and accountable to and for and with Mental Retardation Services than under the previous structure. Further, we have definitely experienced far more improvement in the coordination and actual delivery of services to include retarded and developmentally disabled citizens under this structure and Dr. Harder's leadership than under the previous system.

Having listened to much of the testimony brought before you I feel compelled to indicate our frustration at the comments by some as to the comparative status of institutions now, as compared to the "pre-umbrella" days, or, as several have mentioned, compared to "under Dr. George Jackson days". We resent the inclusion and insinuations regarding the MR institutions, yet they seem to be making blanket, all-inclusive statements.

The status of MR Institutions in the Dr. Jackson days and shortly after he left were appalling. One institution, Parsons, did manage to gain the greater share of the funding, federal grants, etc. to construct fine facilities (sunken living rooms, air conditioning throughout, small dining areas, etc.) while the other, Winfield, remained at the bottom-of-the-bottom of the totem pole, nearly 65% overcrowded, non-air conditioned, 100 year old buildings still occupied, patients housed 4 stories up, little chance to get out, brown benches for furnishings in the "day-sleeping" quarters, adult patients wandering around naked, or in other units 50 to 60 to a "ward".

The status of MR Institutions began to improve in the early 1960's and we feel our Kansas ARC parents certainly helped lead the way. (Can specify ways if helpful, plus articles, pictures etc.) But until the umbrella structure we made no headway in obtaining any real SRS interest and leadership in Community MR Services, perhaps because Dr. Haines was definitely oriented to State Institutions only. Yet we had no real way of going beyond him, except direct calls to our legislators and Governor.

With the umbrella structure, the buck passed directly to Dr. Harder and we began to see results! Specific examples are:

1. The over-crowding at Norton stopped! For several months we had been concerned at what we felt was "dumping" residents into the facility at Norton, overcrowding them with already limited staff and appropriate facilities. We had tried, thru Dr. Haines, to convey this-with no results. Within a few weeks of Dr. Harder's being named Secretary under the umbrella structure, the transfers were stopped and over-flow returned to the institutions from which they had been sent until planning based on individual need and availability of appropriate resource could be developed.
2. We had long been concerned at the lack of coordination between and among the four state institutions. Each seemed to be going their own way, competing for budget considerations etc. We urged that some sort of regular meetings be held to enable all to be working under common philosophy, recognition of mutual roles etc. Dr. Harder implemented this procedure beyond that formerly tried, in order that the relationships with the overall SRS services be established and better understood and respected, and more recently an advisory committee including representatives of community centers and consumers meeting with the Supts., in addition to their

regular monthly meetings of Supts. The buck stopped with Dr. Harder. Such were arranged.

3. We were concerned at the confusion in the admission requirements for admissions to state institutions - again, being uncoordinated, some included an age limitation, others did not. We were encouraged to make suggestions, offer criticisms etc. and SRS proposed changes which we feel are a major improvement in the regulations finally adopted.
4. We have been and continue to be concerned that salary levels of direct care personnel be increased. Further, that such personnel be given appropriate training and opportunities to rise in their careers. While this is a constant effort we can certainly vouch for the improvements in training opportunities for personnel in MR Institutions compared to "pre-Harder" days.
5. We had complained about the "buck-passing" of responsibility for those who are both emotionally disturbed and mentally retarded. They were (and many still are) in a no man's land as far as assumption of state responsibility is concerned. However, Dr. Harder did lead in a quick response and clarification of a particular case referred (buck passed) directly to him when the situation was summarized and reviewed directly by him.

In addition, the unit at Larned has been established as one step in handling one phase of the problem, and the new "screening" units established are another step which we feel is a direct response to stop the long-standing buck passing and get at solving the problem.

6. Since the umbrella structure, the buck has begun to stop being passed as to SRS responsibilities with regard to community, as well as state institutions. We in KARC have continued to support the need for both community and state institutional resources. We are certainly not resistant to the planning and study toward phasing out, or re-assignment of usage of any of our state institutions. We insist, however, that the state does have responsibility to ascertain where and how those currently residing therein will be served in resources at least as good as those in which they are presently residing, before phasing out any such institution! Under Dr. Harder's management, full opportunity to attend open meetings, to comment, protest, suggest changes, or support adoption of various types of planning and recommendations are offered.

We have certainly learned that we cannot expect changes or specific issues will be handled exactly as our particular interests may feel right. But we are certainly offered every opportunity to be heard and/or involved in the considerations.

UTILIZATION OF PERSONNEL

1. We do believe there are ways in which structures can and should be revised and adapted to be able to consistently improve in responding to needs and clarifying line of communication, coordination, responsibilities, and authority. Thus we support the need as recommended by

the recent Task Force on SRS to restructure line staff and functions.

We support the development of stronger and clearer middle management (such as the Commissioner level) and believe that this should broaden the base of responsibility and accountability, with these positions to be held by persons both capable and willing to work with the system under this structure. We trust this would also indicate commensurate decision making and accountability to that level, under the overall administration of the Secretary. We feel this is in order, reminding all that this also broadens the base of potential blame as well as credit.

2. We feel very strongly that part of the problem and criticism of Dr. Harder's difficulty in delegating authority in the past is partially because some of the personnel in rather key roles had resisted the move to the new structure, as was obvious by Mr. Pulliam's testimony March 11th. These individuals carried old loyalties, and seemed to many of us as deliberately resisting assumption of even assigned responsibilities. To many of us it appeared to be a not even subtle sabotage of efforts to work within the system for which they were employed.

We can give specific examples of when and how we saw and heard Dr. Harder expect response and handling of specific assigned tasks, only to see and hear how they were ineptly handled by such persons, particularly in appearances before Budget Division and Ways and Means Committee.

We would like to express one other comment along this line. We have often heard Dr. Haines, Dr. Bair, and Mr. Lavis make derogatory and/or sarcastic comments regarding Dr. Harder. We have never heard Dr. Harder make any comments against any of those persons, or any others under his administrative responsibility. We respect Dr. Harder's professionalism in this and many other regards.

3. We recognize part of the problems for Mental Health and Retardation Services has been the long span of time since the vacancy in that position. But we can also testify as to the definite efforts made in securing a replacement, having been one of the consumer members asked to serve, along with Mental Health representatives, in re-stating the philosophy of expectations in this position, specifying requirements, reviewing applications, interviewing invited applicants, and helping form the final decision wherein the position is due to be filled as of April 28th. As you will note from the attached POSITION SPECIFICATIONS, it is indeed a person of monumental qualities that has been sought. We look forward to working with the new director and feel many of the issues will be addressed and resolved with his leadership, under the administration of Dr. Harder and the umbrella structure.

Both as a parent, and as a representative of our Kansas ARC, we trust that we can all get on with the job at hand. . . not just "rocking the boat", but trying to help row toward the more effective and efficient management and delivery of services, a goal we are firmly convinced is really common to us all. . general public, legislature, administrators, Governor Carlin, etc!

Mental Retardation,
Ethel May Miller, Chr.

PEOPLE OF KANSAS

From Kansas Citizens
Comprehensive Mental
Retardation Planning

HEALTH
AND
PREVENTION

EDUCATION
AND
TRAINING

VOC. ED. AND
REHAB.

WELFARE
AND
PROTECTION

EMPLOYMENT

FUTURE PERSONNEL
EDUCATION AND TRAINING

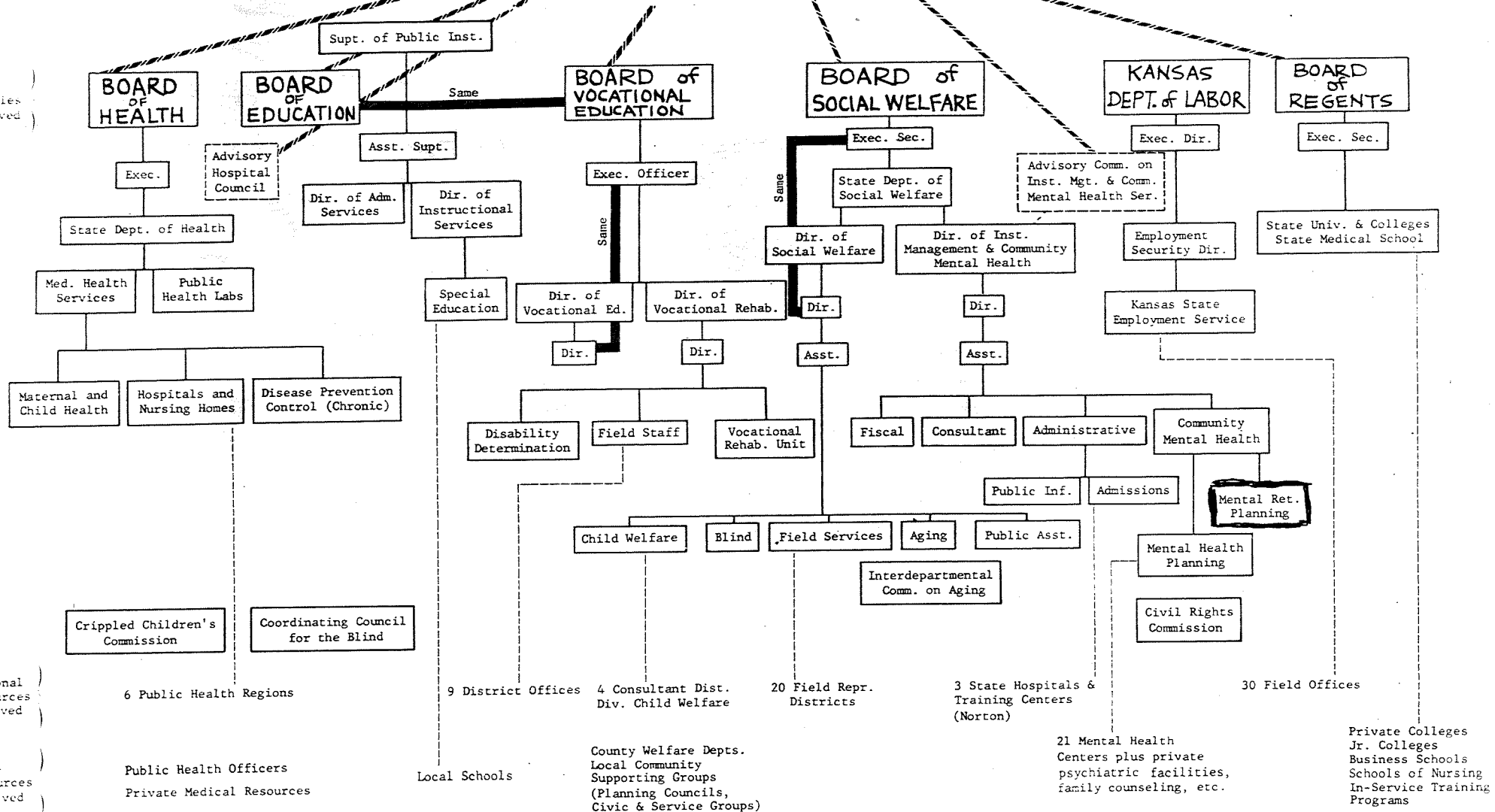
Service
Areas
Involved

State
Agencies
Involved

Regional
Resources
Involved

Local
Resources
Involved

GOVERNOR



POSITION SPECIFICATION

Title: Director of Mental Health and Retardation Services

Education: A minimum of a Master's degree

Experience: Five years of major administrative experience in a human service agency, specializing in mental health or retardation, preferably in the public sector.

- Personal:
- A. High energy level and appropriately assertive; task oriented.
 - B. Effective public relations skills; a good negotiator.
 - C. Reasonably at peace; comfortable with shared leadership, warm personality; compassionate.
 - D. Working knowledge of multiple mental health and retardation delivery systems, funding sources, and problems herein. Politically knowledgable and astute.
 - E. A sense of wholeness, integration, totality, and accountability to the mental health and retardation services in Kansas.
 - F. Awareness of the diverse array of disciplines involved in mental health and retardation services.
 - G. Achieving a network of relationships within which people feel free and confident to work with one another.

Mrs. Miller is chairman of the KARC Residential Services Committee, a position she also held several years ago. The Miller's daughter Nancy is profoundly retarded and resides at Winfield State Hospital and Training Center. For three years Mrs. Miller served as chairman of what was then the Public Institutions Committee of the National Association for Retarded Children and established and edited "PICT-TORIAL" (Now titled "THE RECORD"), an NARC newsletter concerning current developments in public and private residential centers for the retarded. She is a past chairman of the KARC Public Relations Committee, Government Affairs Committee and a past TRACKS editor. Mrs. Miller was one of the organizers and is a past president of the Topeka ARC which she currently serves as executive director.

A former vice president of NARC, Mrs. Miller also served NARC as chairman of the section on Program and Services. In 1962 she was invited by the Task Force on Coordination of the late President Kennedy's Panel on Mental Retardation to an Advisory Conference in Washington, D.C. and to present testimony at the Regional Hearing of the President's Panel at St. Louis, Mo. She served as chairman of the Task Force on Coordination of State Agency Activity in Mental Retardation for the Kansas Plan on Comprehensive Mental Retardation Services.

A member of the American Association on Mental Deficiency, Mrs. Miller served as a reviewer for the section on Management Services of the Standards for State Residential Institutions for the Mentally Retarded, published by the AAMD in 1964. She is currently a member of the review committee on the Resident Living section of the newly formed Accreditation Council for Facilities for the Mentally Retarded. It is composed of representatives of the AAMD, NARC, the Council for Exceptional Children, United Cerebral Palsy Association, and the American Psychiatric



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

WINFIELD STATE HOSPITAL AND TRAINING CENTER
POST OFFICE BOX 548
WINFIELD, KANSAS 67156
R. K. DEAN, SUPERINTENDENT

February 15, 1980

Mr. Robert A. Coldsnow
Legislative Counsel to the Legislature
Room 449-N, Statehouse
Topeka, Kansas 66612

Dear Mr. Coldsnow:

Secretary Harder shared a copy of your January 24, 1980, letter to him concerning the Special Study Committee on Social and Rehabilitation Institutions.

I appreciate the opportunity offered to all of us at this Center to present information either in writing or in person. All of the employees have been appraised of the Committee's purposes. We will facilitate arrangements for any employee who you are interested in making an appearance.

Unless there is a plan to call all superintendents, I am not requesting time before the Committee. I am submitting a brief statement of our internal management controls and approaches to potential problem areas.

Our staff has, fortunately, not encountered similar difficulties experienced at some of the institutions. The reason appears to be due to the functional level of the residents we serve. With 87.5 percent profoundly retarded the residents' ability to plan, coerce, or make secretive overtures is nil in this group. Stated in another way, virtually 100 percent of our residents function at the infantile to preschool level. A majority are multiply physically handicapped. We have no residents who are capable of successful seductive acts toward staff. We are aware of the possibility of unknowingly employing a deviant and we try not to leave a man alone with female residents and vice versa. If suspicion is aroused, we make every effort to protect the resident. Additionally, the staff remains quite alert and vigilant to prevent residents from wandering away, and to review the residents' health status to prevent charges of physical abuse or neglect in care.

Over the years we have had basic procedures to monitor and control any type of misuse of drugs. We have maintained numerous procedures, checks, reporting, and surveillance of these sensitive areas. These have been useful and effective as the record of incidents involving alcohol, drugs, abuse, or sexual problems are rare.

The Center has always taken a strong position on problems of this type. Supervisory personnel are making a positive and an active effort to review and distribute the mandatory reporting of child abuse/neglect information with staff in accordance with Center and S.R.S. policy.

This educational process has been emphasized in meetings with treatment team leaders, department heads, and key staff through departmental meetings, joint conference meetings, and monthly employee shift meetings. In addition, formal in-service training meetings are being held regularly for direct care staff.

We conduct in-service training on all shifts to inform all nursing department employees regarding the law on abuse. A few of the other disciplines also attend these sessions. We have included this in our Orientation Program as a permanent subject. We have also presented this to the entire Foster Grandparent Group. Although we have presented the law regarding children, we have emphasized the same reporting and consequences regarding adult abuse. This includes S.R.S. policy in Secretary's Letters 289 and 294.

Although there have been no reported incidents or indications of drug abuse by staff, or of drugs being brought to the Center by visitors, the dispensing of drugs at the Center is carefully carefully monitored and automatic stop orders on certain classifications of drugs are maintained. Therefore, drug delivery, care of drugs on the ward areas, evaluation of medications, labels, and pharmacy records are areas of staff concern and continue to be scrutinized carefully. We have no residents capable of secreting, trading or otherwise manipulating drugs. Ward drug areas are checked regularly at least every 30 days.

We continue to remain responsive on a prompt and timely basis to questions or concerns raised by parents/surrogates and the Center's Resident Rights Committee regarding the residents and work toward the quick resolve of any complaints received. Members of the Resident Rights Committee review all Unit monthly reports on restraints and members may visit any area at any time unannounced to review restraints. The Committee also makes a presentation to all new employees at a regularly scheduled monthly meeting. The residents' rights and resulting responsibility of every employee to uphold and report any acts abridging the residents' rights are emphasized.

In summary, over the past 13 years or more we have not had any significant or distressing events or situations relating to the concerns that the Committee is reviewing.

We would be pleased if any or all of the Committee could visit the Center and view our activities and operation. Please let me know if there is any way that we can be of assistance.

Sincerely,



R. K. Dean
Superintendent

RKD:vw

cc: Dr. Robert C. Harder

STATE OF KANSAS
JOHN CARLIN, GOVERNOR



SOCIAL AND REHABILITATION SERVICES
STATE OFFICE BUILDING
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ROBERT C. HARDER, SECRETARY

WINFIELD STATE HOSPITAL AND TRAINING CENTER
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R. K. DEAN, SUPERINTENDENT

March 4, 1980

Mr. Robert A. Coldsnow
Legislative Counsel
State Capitol-Room 449-N
Topeka, Kansas 66612

Dear Mr. Coldsnow:

In response to your letter of February 22, 1980, we are submitting some material which you may find of benefit to review before my scheduled appointment with the Special Study Committee on Social and Rehabilitative Services on March 12..

If you have questions or wish additional information, please contact me.

Sincerely,

A handwritten signature in cursive script, appearing to read "R. K. Dean".

R. K. Dean
Superintendent

RKD:RC:mh

Attachments:
Pages 13,14,14a,24,26 of FY 1981 agency budget

| | | | | | |
|------------|---|--------------|----------------------|--------------|---------------|
| AGENCY NO. | AGENCY NAME | FUNCTION NO. | FUNCTION NAME | ACTIVITY NO. | ACTIVITY NAME |
| | WINFIELD STATE HOSPITAL AND TRAINING CENTER | 6 | HEALTH AND HOSPITALS | | |

ANALYSIS OF STAFF TO PATIENT RATIOS
TOTAL INSTITUTION

| | Actual FY 1978 | | Actual FY 1979 | | Projected FY 1980 | | Projected FY 1981 | |
|--|-------------------|-------|-------------------|-------|----------------------|-------|----------------------|-------|
| | No. | Ratio | No. | Ratio | No. | Ratio | No. | Ratio |
| Average Daily Census | 495 | | 495 | | 500 | | 500 | |
| Positions by Major Classification: | No. | Ratio | No. | Ratio | No. | Ratio | No. | Ratio |
| Physicians | 6 | 82.5 | 6 | 82.5 | 6 | 83.3 | 6 | 83.3 |
| Psychologists | 6 | 82.5 | 8 | 61.9 | 8 | 62.5 | 8 | 62.5 |
| Social Workers | 8 | 61.9 | 8 | 61.9 | 8 | 62.5 | 8 | 62.5 |
| Activity Therapists | 10 | 49.5 | 12 | 41.2 | 13 | 38.5 | 14 | 35.7 |
| Registered Nurses | 27 | 18.3 | 27 | 18.3 | 27 | 18.5 | 27 | 18.5 |
| Direct Care Personnel (PA, LMIT, MHT Series, PN, CP, YSW Series, Dev. & Trng. Sp. Series) | 368 | 1.35 | 369 | 1.34 | 356 | 1.40 | 362 | 1.38 |
| Speech Pathologists & Audiologists | 2 | 247.5 | 5 | 99.0 | 5 | 100.0 | 6 | 83.3 |

EXPLANATION AND JUSTIFICATION

| AGENCY NO. | AGENCY NAME | FUNCTION NO. | FUNCTION NAME | ACTIVITY NO. | ACTIVITY NAME |
|------------|---|--------------|----------------------|--------------|---------------|
| 713 | WINFIELD STATE HOSPITAL AND TRAINING CENTER | 6 | HEALTH AND HOSPITALS | | |

SUMMARY OF EMPLOYEES - CONTD.

| CLASSIFICATION | 1978 | 1979 | 1980 | 1981 | CLASSIFICATION | 1978 | 1979 | 1980 | 1981 |
|---|------|------|------|------|-------------------------------------|------|------|------|------|
| Medical Technician II | 1 | 1 | 1 | 1 | Secretary II | 2 | 2 | 2 | 2 |
| Meat Cutter | 1 | 1 | 1 | 1 | Secretary III | 1 | 1 | 1 | 1 |
| Mental Health Technician | 1 | - | - | - | Sheltered Workshop Technician | 2 | 2 | 1 | 1 |
| Mental Health Technician I | 69 | 158 | 155 | 155 | Social Worker II | 5 | 5 | 3 | 3 |
| Mental Health Technician II | 11 | 11 | 14 | 14 | Social Worker III | 2 | 1 | 3 | 3 |
| Mental Health Technician III | 1 | 2 | 2 | 2 | Social Worker IV | - | 1 | 1 | 1 |
| Personnel Officer | 1 | 1 | 1 | 1 | Social Worker V | 1 | 1 | 1 | 1 |
| Pharmacy Attendant | 2 | 2 | 2 | 2 | Speech Pathologist I | 1 | 3 | 3 | 4 |
| Pharmacist I | 1 | 1 | 1 | 1 | Speech Pathologist II | 1 | 1 | 1 | 1 |
| Physical Plant Supervisor I | 1 | 1 | 1 | 1 | Storekeeper II | 3 | 3 | 5 | 5 |
| Physical Plant Supervisor II | 1 | 1 | 1 | 1 | Storekeeper III | 1 | 1 | 1 | 1 |
| Power Plant Operator II | 5 | 5 | 5 | 5 | Switchboard Operator I | 5 | 5 | 5 | 5 |
| Practical Nurse | 1 | 1 | 1 | 1 | Vocational Evaluator | - | - | 1 | 1 |
| Psychiatric Aide | 285 | 196 | 112 | 118 | Vocational Training Supervisor | 1 | 1 | 1 | 1 |
| Psychiatric Hospital Medical Records Administrator | 1 | 1 | 1 | 1 | Volunteer Services Coordinator | 1 | 1 | 1 | 1 |
| Psychiatric Nurse I | 5 | 5 | 5 | 5 | Welder | 1 | 1 | 1 | 1 |
| Psychiatric Nurse II | 2 | 2 | 2 | 2 | | | | | |
| Psychiatric Nurse III | 1 | 1 | 1 | 1 | SUBTOTAL - CLASSIFIED | 687 | 684 | 686 | 696 |
| Procurement Officer I | 1 | 1 | 1 | 1 | | | | | |
| Psychologist I | 4 | 6 | 5 | 5 | UNCLASSIFIED | | | | |
| Psychologist II | 1 | 1 | 2 | 2 | Superintendent | 1 | 1 | 1 | 1 |
| Psychologist III | 1 | 1 | 1 | 1 | Physician Specialist | 6 | 6 | 6 | 6 |
| Radiologic Technologist I, Diagnostic X-ray | 1 | 1 | 1 | 1 | SUBTOTAL - UNCLASSIFIED | 7 | 7 | 7 | 7 |
| Refrigeration-Air Conditioning Service Technician | 1 | 1 | 1 | 1 | | | | | |
| Refrigeration-Air Conditioning Service Technician Supervisor | 1 | 1 | 1 | 1 | TOTAL - CLASSIFIED AND UNCLASSIFIED | 694 | 691 | 693 | 703 |
| Reimbursement Officer I | 1 | 1 | 1 | 1 | | | | | |
| Reimbursement Officer II | 1 | 1 | 1 | 1 | Title I Personnel | 10 | 10 | - | - |
| Seamstress I | 3 | 3 | 2 | 2 | Foster Grandparent Personnel | 28 | 28 | 28 | 28 |
| Seamstress II | 1 | 1 | 1 | 1 | | | | | |
| Secretary I | 8 | 8 | 11 | 11 | GRAND TOTAL | 732 | 729 | 721 | 731 |

EXPLANATION AND JUSTIFICATION

| AGENCY NO. | AGENCY NAME | FUNCTION NO. | FUNCTION NAME | ACTIVITY NO. | ACTIVITY NAME |
|------------|---|--------------|----------------------|--------------|---------------|
| 713 | WINFIELD STATE HOSPITAL AND TRAINING CENTER | 6 | HEALTH AND HOSPITALS | | |

SUMMARY OF EMPLOYEES BY BUDGETED CLASSIFICATION

| CLASSIFICATION | 1978 | 1979 | 1980 | 1981 | CLASSIFICATION | 1978 | 1979 | 1980 | 1981 |
|---------------------------------|------|------|------|------|---|------|------|------|------|
| Accountant II | 1 | 1 | 1 | 1 | Fire and Safety Officer | 5 | 5 | 5 | 5 |
| Account Clerk I | 2 | 2 | 2 | 2 | Food Service Supervisor I | 3 | 3 | 3 | 3 |
| Account Clerk II | 2 | 2 | 2 | 2 | Food Service Supervisor II | 1 | 1 | 1 | 1 |
| Activity Therapies Supervisor | 1 | 1 | 1 | 1 | Food Service Worker I | 37 | 37 | 37 | 37 |
| Activity Therapist I | 6 | 8 | 9 | 10 | General Maintenance and Repair Technician | 2 | 2 | 3 | 3 |
| Activity Therapist II | 4 | 4 | 4 | 4 | Graduate Nurse II | 18 | 18 | 18 | 18 |
| Activity Therapy Aide I | 1 | 1 | - | - | Graduate Nurse III | 1 | 1 | 1 | 1 |
| Activity Therapy Aide II | 27 | 22 | 26 | 27 | Hospital Attendant | 5 | 5 | 5 | 5 |
| Activity Therapy Aide III | 3 | 2 | 11 | 11 | Institutional Business Administrator III | 1 | 1 | 1 | 1 |
| Administrative Officer I | 1 | 1 | 1 | 1 | Institutional Fire Chief | 1 | 1 | 1 | 1 |
| Audiologist | - | 1 | 1 | 1 | Institutional Educator I | 2 | 1 | 1 | 1 |
| Automotive Driver | 6 | 6 | 6 | 6 | Institutional Educator II | 2 | - | - | - |
| Automotive Mechanic I | 1 | 1 | 1 | 1 | Laboratory Technician II | 1 | 1 | 1 | 1 |
| Barber | 1 | 1 | 1 | 1 | Laborer II | 9 | 9 | 9 | 9 |
| Clerk II | 2 | 2 | 2 | 2 | Laborer Supervisor II | 1 | 1 | 1 | 1 |
| Clerk III | 2 | 2 | 3 | 3 | Laundry Supervisor | 1 | 1 | 1 | 1 |
| Clerk IV | 1 | 1 | 2 | 2 | Laundry Manager I | 1 | 1 | 1 | 1 |
| Clerk-Steno II | 7 | 6 | 4 | 4 | Laundry Manager II | 1 | 1 | 1 | 1 |
| Clerk-Typist II | 7 | 7 | 4 | 5 | Laundry Worker | 18 | 18 | 18 | 18 |
| Cook I | 13 | 13 | 13 | 13 | Library Clerk | 1 | 1 | 1 | 1 |
| Cook II | 3 | 3 | 3 | 3 | Licensed Mental Health Technician | - | - | 71 | 71 |
| Cosmetologist | 2 | 2 | 2 | 2 | Maintenance Carpenter | 3 | 3 | 3 | 3 |
| Custodial Worker | 17 | 17 | 17 | 17 | Maintenance Carpenter Supervisor | 1 | 1 | 1 | 1 |
| Dental Assistant | 1 | 1 | 1 | 1 | Maintenance Electrician | 3 | 3 | 3 | 3 |
| Dentist | 1 | 1 | 1 | 1 | Maintenance Electrician Supervisor | 1 | 1 | 1 | 1 |
| Dietitian I | 1 | 1 | 1 | 1 | Maintenance Mason | 1 | 1 | 1 | 1 |
| Dietitian II | 1 | 1 | 1 | 1 | Maintenance Painter | 3 | 3 | 3 | 3 |
| Dietitian III | 1 | 1 | 1 | 1 | Maintenance Painter Supervisor | 1 | 1 | 1 | 1 |
| Director, Chaplaincy Service | 1 | 1 | 1 | 1 | Maintenance Plumber | 1 | 1 | 1 | 1 |
| Duplicating Machine Operator II | 1 | 1 | 1 | 1 | Maintenance Plumber Supervisor | 1 | 1 | 1 | 1 |
| Equipment Operator II | 2 | 2 | 2 | 2 | | | | | |
| Executive Housekeeper I | 1 | 1 | 1 | 1 | | | | | |

| AGENCY NO. | AGENCY NAME | FUNCTION NO. | FUNCTION NAME | ACTIVITY NO. | ACTIVITY NAME |
|------------|---|--------------|----------------------|--------------|---------------------|
| 713 | WINFIELD STATE HOSPITAL AND TRAINING CENTER | 6 | HEALTH AND HOSPITALS | | GENERAL INFORMATION |

GOALS FOR FISCAL 1981:

To recruit, train and maintain a work force competent to provide the services required in all services at the Center.

To provide an active recruitment program for new employees giving special emphasis to the objects of Affirmative Action.

To provide three classes for P.A. training with the goal of having a backlog needing training no larger than the yearly turnover of 30.

To provide Level II and Level III classes for LMHT's with enough frequency to maintain a reservoir for filling vacancies of LMHT's.

To provide at least two staff training sessions for all program staff where the major emphasis is improvement in the general delivery of services to the residents.

To provide at least four staff training sessions for all supervisors and managers.

To provide treatment, training, and habilitation programs for all residents designed to facilitate their growth, development and health.

Each resident will have annually a minimum assessment using the Center DAMP scales and a more in-depth evaluation if any discipline determines a need or if it is recommended by the team.

Each resident will have a prognosis for training and a prognosis for placement established at each annual re-evaluation.

Each resident will have a program plan established by team action at the annual re-evaluation which specifically relates to the prognoses, is prioritized, and relates to the developmental skill level as determined by the DAMP Scales.

Each resident ages 0-21 will have on record an IEP/PP which is determined by the interdisciplinary team and which provides a program which utilizes the Center staff and the Special Purpose School staff as a training team with similar goals.

Each resident's ages 16-21 needs will be evaluated vocationally and he will be placed in a pre-vocational class or a vocational work skills class as determined by the evaluation.

Planning will be complete and construction will begin on the activity space adjacent to Holly and Juniper.

A room in the Warehouse will be converted to a zero storage area to improve the capability of volume purchasing and storing of frozen items and to facilitate the rotation of stock.

An exploratory gas well will be drilled on Center land in an effort to supplement the supply of natural gas used at the Center at a reduced cost.

Energy Conservation programs will continue to have a high priority in the Center's physical plant maintenance program. Storm windows will be added to the Administration Building and the Medical Services Building.

EXPLANATION AND JUSTIFICATION

| AGENCY NO. | AGENCY NAME | FUNCTION NO. | FUNCTION NAME | ACTIVITY NO. | ACTIVITY NAME |
|------------|---|--------------|---------------------|--------------|---------------|
| /13 | Winfield State Hospital and Training Center | 6 | Health and Hospital | | |

| Age Ranges | | Levels of Functioning | | | | | | | | | Communications | | | Mobility | | | Toileting | | | Sensory | | |
|------------|-----|-----------------------|------|------|-----|-----------------------|----|----|----|-----|----------------|--------|-------------------|------------|-----------------------|------------|-----------|-------------|------------------|-----------|----------------------|----------------------|
| | | Adaptive Behavior | | | | Measured Intelligence | | | | | Non-verbal | Verbal | Non-communicative | Ambulatory | Non-ambulatory Mobile | Wheelchair | Immobile | Independent | Semi-independent | Dependent | Auditory Handicapped | Visually Handicapped |
| | | -I | -II, | -III | -IV | 0 | -1 | -2 | -3 | -4 | | | | | | | | | | | | |
| 0-3 | 17 | 0 | 0 | 3 | 14 | 0 | 0 | 0 | 3 | 14 | 17 | 0 | 4 | 0 | 0 | 15 | 0 | 0 | 0 | 17 | 4 | 8 |
| 4-10 | 41 | 0 | 1 | 6 | 34 | 0 | 0 | 0 | 7 | 34 | 28 | 6 | 8 | 4 | 6 | 31 | 0 | 1 | 3 | 37 | 2 | 24 |
| 11-15 | 48 | 1 | 0 | 10 | 37 | 0 | 0 | 0 | 7 | 41 | 44 | 4 | 4 | 14 | 7 | 28 | 0 | 6 | 5 | 37 | 4 | 15 |
| 16-20 | 52 | 1 | 1 | 5 | 45 | 0 | 1 | 2 | 4 | 45 | 43 | 7 | 13 | 13 | 11 | 29 | 0 | 5 | 8 | 39 | 5 | 15 |
| 21-35 | 181 | 0 | 0 | 24 | 157 | 1 | 3 | 3 | 18 | 156 | 111 | 39 | 70 | 100 | 30 | 52 | 0 | 59 | 46 | 76 | 12 | 19 |
| 36-50 | 117 | 0 | 0 | 21 | 96 | 0 | 2 | 3 | 7 | 105 | 75 | 28 | 28 | 70 | 19 | 26 | 2 | 44 | 17 | 56 | 11 | 16 |
| 51.... | 40 | 0 | 0 | 7 | 33 | 0 | 0 | 1 | 3 | 36 | 22 | 15 | 7 | 24 | 9 | 6 | 1 | 14 | 11 | 15 | 0 | 10 |
| TOTALS | 496 | 2 | 2 | 76 | 416 | 1 | 6 | 9 | 49 | 431 | 340 | 99 | 134 | 225 | 82 | 187 | 3 | 120 | 80 | 277 | 22 | 50 |

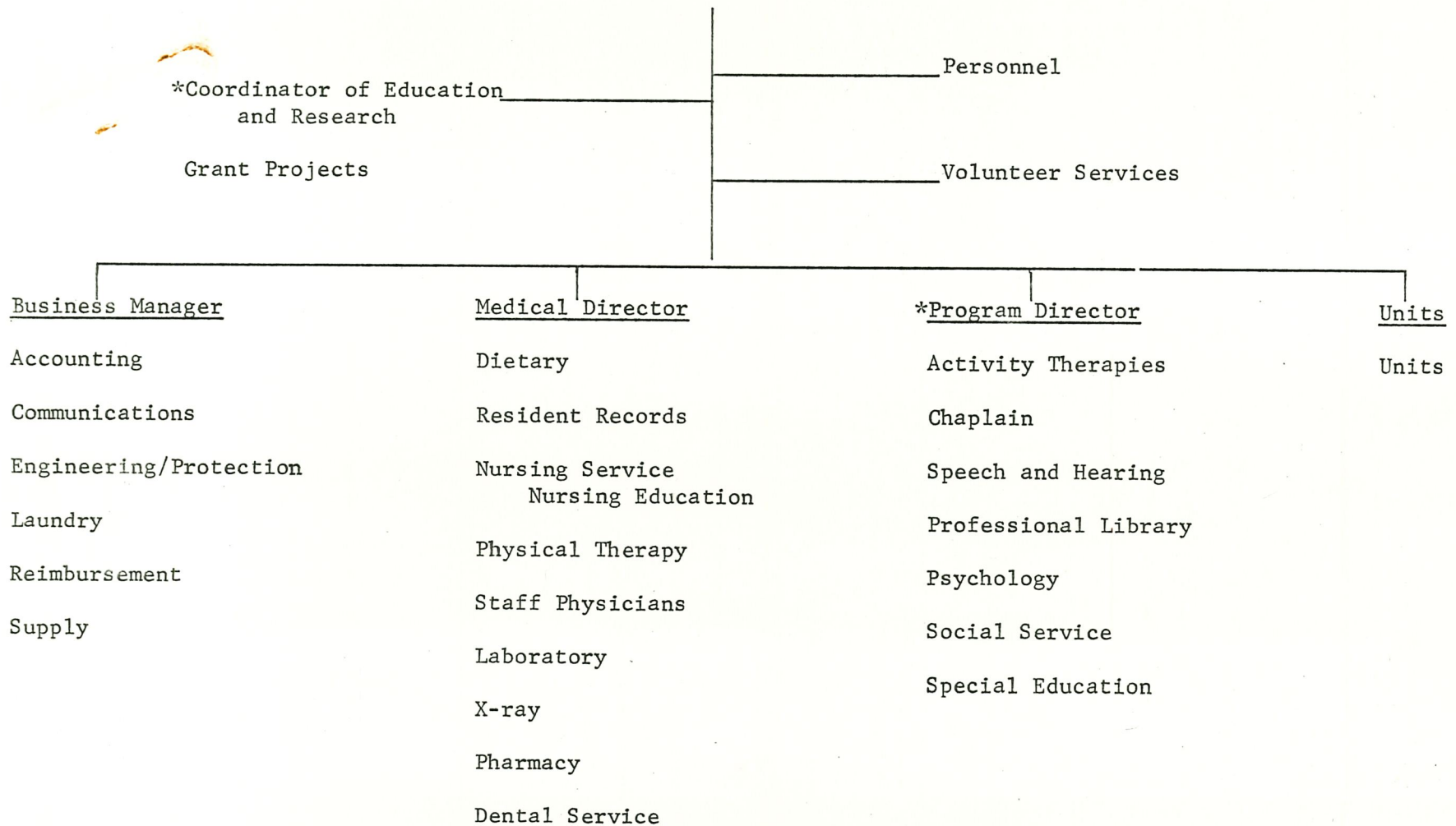
EXPLANATION AND JUSTIFICATION

| | | | | | |
|------------|---|--------------|---------------------|--------------|---------------|
| AGENCY NO. | AGENCY NAME | FUNCTION NO. | FUNCTION NAME | ACTIVITY NO. | ACTIVITY NAME |
| | Winfield State Hospital and Training Center | 6 | Health and Hospital | | |

| | Self Direction | | Feeding | | | Dressing | | | Bathing | | | Hygiene | | | Social Interaction | | | | | Vocational | | |
|--------|----------------|----------------|-------------|------------------|-----------|-------------|------------------|-----------|-------------|------------------|-----------|-------------|------------------|-----------|--------------------|--------------|-------------------------|-----------------------------|-----------|----------------|---------------|-------------------------------|
| | Purposeful | Non-purposeful | Independent | Semi-independent | Dependent | Independent | Semi-independent | Dependent | Independent | Semi-independent | Dependent | Independent | Semi-independent | Dependent | Aggressive | Self-abusive | Responds to Environment | Unresponsive to Environment | Interacts | Pre-vocational | Work Activity | Sheltered Workshop and Living |
| 0-3 | 0 | 17 | 0 | 0 | 17 | 0 | 0 | 17 | 0 | 0 | 17 | 0 | 0 | 17 | 0 | 0 | 17 | 0 | 1 | 0 | 0 | 0 |
| 4-10 | 7 | 27 | 7 | 4 | 30 | 2 | 1 | 38 | 0 | 2 | 39 | 1 | 1 | 39 | 2 | 2 | 34 | 5 | 18 | 15 | 0 | 0 |
| 11-15 | 14 | 28 | 18 | 5 | 25 | 3 | 7 | 38 | 1 | 6 | 41 | 1 | 8 | 39 | 8 | 5 | 40 | 3 | 23 | 21 | 1 | 0 |
| 16-20 | 15 | 25 | 19 | 4 | 29 | 4 | 3 | 45 | 2 | 2 | 48 | 3 | 2 | 47 | 7 | 7 | 38 | 11 | 21 | 36 | 6 | 4 |
| 21-35 | 102 | 79 | 73 | 48 | 60 | 44 | 37 | 100 | 15 | 17 | 149 | 17 | 30 | 134 | 44 | 40 | 154 | 26 | 91 | 75 | 31 | 17 |
| 36-50 | 61 | 56 | 55 | 19 | 43 | 33 | 27 | 57 | 12 | 12 | 93 | 24 | 19 | 74 | 33 | 30 | 108 | 9 | 45 | 44 | 21 | 5 |
| 51... | 17 | 23 | 22 | 10 | 8 | 10 | 13 | 17 | 4 | 4 | 32 | 5 | 4 | 31 | 6 | 6 | 37 | 3 | 13 | 23 | 1 | 0 |
| TOTALS | 216 | 255 | 194 | 90 | 212 | 96 | 88 | 312 | 34 | 43 | 419 | 51 | 64 | 381 | 100 | 90 | 429 | 57 | 212 | 214 | 60 | 26 |

WINFIELD STATE HOSPITAL AND TRAINING CENTER

SUPERINTENDENT



*The Coordinator of Education and Research serves as Program Director

Revised
October 1979

March 11, 1980

Turnovers have increased in all areas over the last years as follows:

| <u>1978</u> | <u>No. Lost</u> | <u>1979</u> | <u>No. Lost</u> | <u>1980 (10 weeks x 5)</u> | <u>No. Lost</u> |
|-------------|-----------------|--------------|-----------------|----------------------------|-----------------|
| *LMHT = 16% | 35 | LMHT = 12.6% | 27 | LMHT = 19% | 8 |
| PA = 36.5% | 31 | PA = 50.5% | 43 | PA = 59% | 10 |
| HSW = 49% | 86 | HSW = 66% | 50 | HSW = 200% | 26 |

* Several LMHT transferred to ATA positions during 1978 (weekends off)

HEALTH SERVICE WORKERS
September 1, 1979 to February 29, 1980

| | | |
|---|-------------------|-------------------|
| Total number of Health Service Workers hired | = 76 | |
| Total number of Health Service Workers terminated | = 50 | = 66% turnover |
| Number of HSW of those hired this period who did not show up | = 3 | |
| Number of HSW of those hired this period who were male | = 16 | |
| Number of this group who terminated | = 7 | |
| Number of Health Service Workers presently working | = 52 ₂ | |
| Number of this group who are male | = 10 ₃ | = 20% |
| | | |
| Total number of males (all classifications) presently working | = 41 | (350) 11.7% |

TRAINING

September, 1979 to December 1979:

Level I 15 began
 4 dropped out
 11 Completed

Level II 11 began
 3 dropped out
 8 completed

Level III 7 began
 1 dropped out
 6 completed

January 1980 to April 11, 1980:

Basic Aide 21 began
 6 dropped out
 15 presently in class

Level I 10 began (March 3, 1980)
 5 (Basic Aide)

Level II 11 began

Level III 7 began

Vacancies: HSW = 23
 PA = 39
 MHTI } = 21
 LMHT }

All Employee Injuries = 573
Nursing Employee Injuries = 365

HEALTH SERVICE WORKERS
May 1, 1978 to September 17, 1979

| | | | |
|--|---|-----|--------------|
| Total Number of Health Service Workers hired | = | 177 | |
| Number of those who terminated | = | 86 | 49% turnover |
| Number of this group trained | = | 8 | |
| Number who did not report for duty (October 3, 1978 - September 17, 1979) | = | 12 | |
| Number presently employed: | = | 79 | |
| Number of these having completed training | = | 37 | |
| Number of these currently in class | = | 13 | |
| Number untrained or not in class | = | 29 | |
| Total number having completed training | = | 55 | |

WINFIELD STATE HOSPITAL AND TRAINING CENTER
Winfield, Kansas

INTER-OFFICE MEMORANDUM

From: Elmer Griffith, Fire Chief

Date: March 11, 1980

To: R. K. Dean, Superintendent

Subject: Employee Injuries

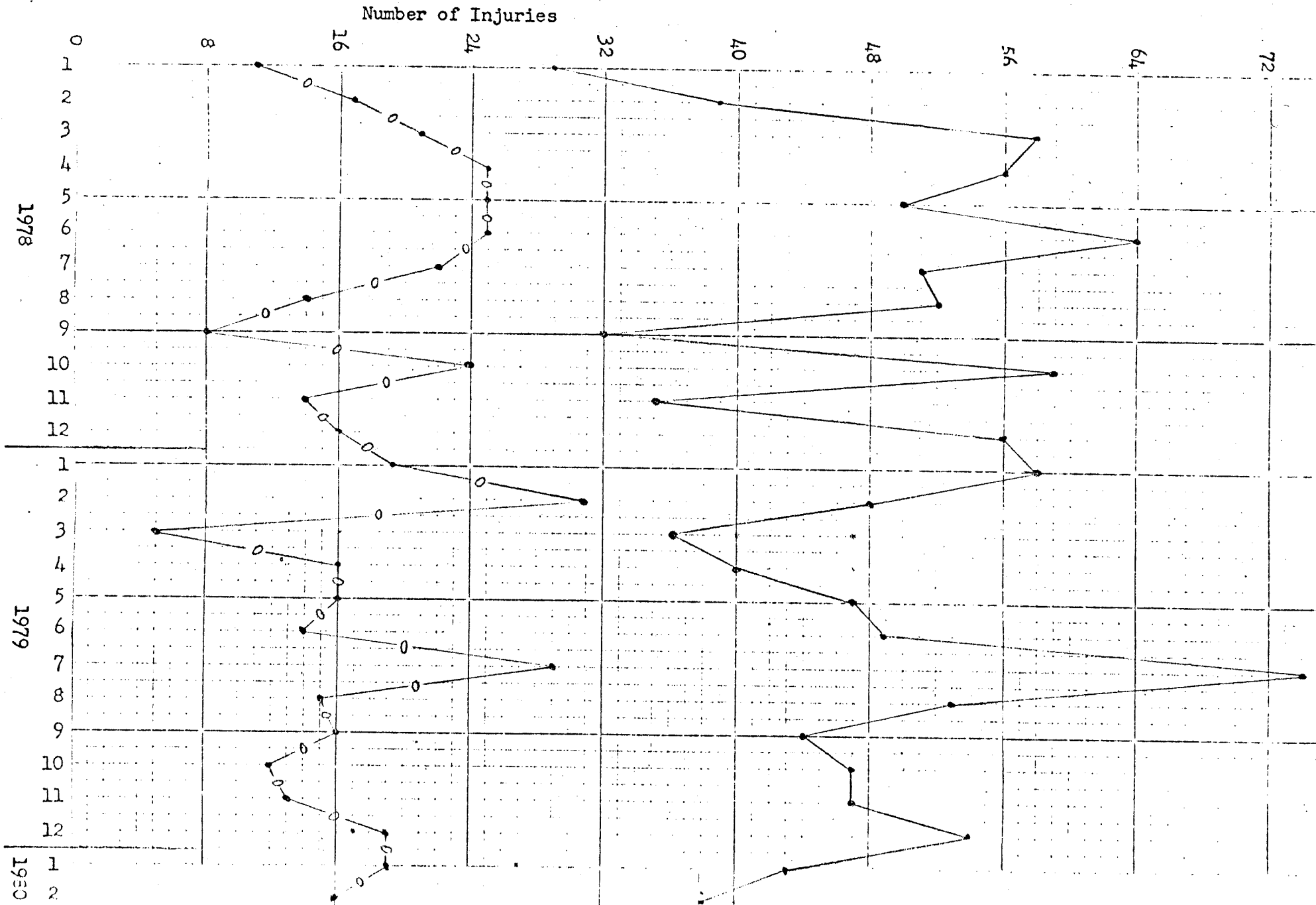
The attached graphs reflect total injuries, with resident caused injuries, from January 1, 1978, through February 29, 1980.

Resident involved injuries to employees; 1978 - 38% of total
1979 - 34% of total
1980 - 43% of total

Percentage of above injuries that were compensatory; 1978 - 32.8% were compensatory
1979 - 33.6% were compensatory
1980 - 51% were compensatory

WINFIELD STATE HOSPITAL AND TRAINING CENTER
Winfield, Kansas

— Total Employee Injuries
●—○ Resident Involvement



WINFIELD STATE HOSPITAL AND TRAINING CENTER
Winfield, Kansas

— Total Resident Injuries
- - Resident to Resident Involvement

Number of Injuries

