MINUTES OF THE SPECIAL STUDY COMMITTEE ON SOCIAL AND REHABILITATIVE INSTITUTIONS

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

Members present were:

Senator Robert Talkington, Chairman
Representative Joe Hoagland, Vice Chairman
Senator Mike Johnston
Representatives Heinemann and Martin were excused

Staff present were:

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

Conferees appearing before the committee were:

Eberhard G. Burdzik, M.D., Superintendent, Topeka State Hospital
Jack Southwick, Superintendent, Rainbow Mental Health Facility
Hildreth Hultine, Superintendent, Larned State Hospital

The Chairman called the meeting to order.

Dr. Burdzik prefaced his remarks by stating material on monthly seclusion figures and an explanation of how psychotrophic medicine is handled at Topeka State Hospital were furnished previously to the committee. He then gave a statement (Attachment A) regarding patients; and explanation and organizational chart (Attachment B), pointing out the dark lines marked the line of supervision; personnel positions (Attachment C); figures on the turnover rate in nursing service (Attachment D); and a patient's handbook (Attachment E).

Dr. Burdzik expressed concern over the vacancies in nursing services, stating there had been a 100% turnover rate. He added there were 272 allocated positions for mental health technicians, and 72 are filled with unqualified employees; there were 94 psychiatric aide positions, and 43 of these have been filled with health service workers who have not been trained. He said that not being able to fill vacancies and hold employees was a major problem at the institution. He would like to be in a position to pay the present employees adequately and keep them rather than for more positions to be authorized.

In discussion, Dr. Burdzik said there was no formal policy regarding admitting voluntary patients as opposed to involuntary patients. By law, priority must be given to the involuntary ones, and additional beds have been put up to accommodate them. The wards are full most of the time, and voluntary patients must wait for a vacancy. With respect to this forcing the courts to say these people are mentally ill and dangerous in order for them to be admitted, Dr. Burdzik did not think, if the people were not dangerous to themselves and others, a court would say they were mentally ill.

Mr. Coldsnow asked if there was a plan a few years ago to phase out the hospital. Dr. Burdzik said the plan was to phase out just the day treatment and out-patient center because they serviced only Shawnee County,

and state funds should not be applied for just this area.

Mr. Coldsnow mentioned an indication made to him that men who had allegedly committed crimes and were waiting for psychiatric evaluation were put on a mixed ward which was upsetting to employees and other patients. Dr. Burdzik said convicted criminals were not on the wards. Their evaluations would be performed in the jail. It was true that persons accused of crimes who were awaiting competency tests were on the mixed wards, but children were excluded.

Dr. Burdzik was asked if the hospital had or kept any retarded people. He said there were a few patients who had a secondary diagnosis of mental retardation who remain at the hospital, but patients with a primary diagnosis of retardation were referred to other institutions.

The Youth Rehabilitation Center program was mentioned. Dr. Burdzik said this was not considered to be a part of Topeka State Hospital although one ward is used for this program. School activities for these boys are separate.

Representative Hoagland asked what the justification for mixed wards was. Dr. Burdzik said it had been determined if patients were placed together to make their environment as normal as possible it improved behavior. This was adopted at TSH fifteen years ago and has improved behavior of both male and female patients who pay more attention to their appearance and language. Dr. Burdzik said he was open to any kind of guidelines with respect to separation of the sexes. As to mixing people with varying degrees of mental illness, he definitely thought this should be continued. Separating them creates a major employee problem with a majority wanting to work in only one type of ward. Mr. Carman asked if mixing wards was defensible with respect to state liability. Dr. Burdzik said, in order to assure safety of patients and personnel from those considered to be dangerous, the wards were split last year from 36 to 15 beds to separate dangerous patients. Reducing the number in each group resulted in closer supervision.

Mr. Southwick gave a statement (Attachment F) outlining the organization, program, and personnel at the Rainbow unit. With respect to page 3, paragraph 6, of his statement regarding the newly approved community advisory council, he said five of the nine members would be from the Wyandot Mental Health Center, two from the Johnson County Mental Health Center, and two, one from Wyandotte and one from Johnson Counties, would be appointed by the Secretary of SRS. Their findings will be submitted to the Mental Health and Retardation Services and to the superintendent of Rainbow. In addition to the advisory council, the Rainbow Facility will continue to function with a joint coordinating committee composed of Rainbow officials, the two mental health centers, and the state SRS office.

Mr. Southwick said, in addition to the 115 staff members at Rainbow, the Governor has recommended five more. The legislature is considering the personnel needs at this time.

The institution is now in the process of meeting with a consultant from the Joint Commission on Accreditation of Hospitals in order to effect improvements for accreditation. Also, an on-site visit was made to Rainbow in March by the National Institute of Mental Health which determined Rainbow was in compliance in all twenty different areas of concern that

were examined, and in two of these the work was considered excellent and six were rated exemplary. This group made 17 recommendations for improvement which will be undertaken immediately. Additional information regarding Mr. Southwick's remarks can be found in an organizational chart and structure (Attachment G, 1 and 2); action taken on Governor Carlin's recommendations (Attachment G, 3); an action plan recommended by SRS and Task Force recommendations (Attachment G, 4); and program results with statistics on patient treatment (Attachment G, 5).

In discussion, Representative Hoagland asked Mr. Southwick to describe his work relationship with Johnson and Wyandot Mental Health Center boards. He said there have been problems at the administrative level between Rainbow and the boards, but he felt most clinical services had been satisfactory. He noted Johnson County was not referring adolescents and children as in-patients to Rainbow now, but the institution is working on a ten-step program which Johnson County felt would correct their problems. With only one step left to implement, Johnson County will probably resume participation with Rainbow in April.

With respect to the community advisory council, Mr. Southwick said this group would have broad powers and would be taken seriously. Its recommendations would be made in writing and Rainbow's responses would be in writing.

Representative Hoagland noted that Topeka State Hospital had dropped its out-patient unit because it served only Shawnee County. He questioned if the Rainbow unit was functioning with state money just for the use of Johnson and Wyandotte Counties. Mr. Southwick stated Rainbow sees between 80 and 85 out-patients at any one time. Consideration had been given to expanding the catchment area, and Rainbow is willing to serve other counties. He felt it would be a poor decision to close the unit as it can accommodate a greater number of patients when those no longer needing six to eight-hour weekly supervision can be treated on an out-patient basis. Otherwise, it would be necessary that these patients, approximately 60%, be sent to Topeka or Osawatomie State Hospitals.

There was discussion regarding the clinical director. It was noted he was high up in the hierarchy for a part-time position. Mr. Southwick said the position had never been half-time but was nearer 70%. Maintaining a full-time physician at Rainbow is a problem because of salary. Mr. Southwick felt Rainbow was getting 70% of the present clinical director's time even though he was shared with a comprehensive mental health center in Missouri.

Difficulty with O.D.'s covering the night shift was mentioned by Mr. Coldsnow. He questioned if their being late for duty creates problems with physicians having to stay overtime. Mr. Southwick said the O.D.'s were psychiatric residents at KU Medical Center, and they were late sometimes or left before the staff physician arrived. He has complained about this to the KU officials. Mr. Coldsnow asked if there was a potential for liability in crisis situations when a doctor is not on duty. Mr. Southwick said there are doctors at KU, and the facility's own doctors carry beepers and orders can be called in. He stated he wants a physician on duty 24 hours a day without exception.

There was discussion regarding a clinical secretary being the medical records secretary. Mr. Coldsnow questioned if she had been trained as as medical records secretary and why she was doing this work when an

accredited medical records technician was already on the staff. Mr. Southwick said the position of registrar at Rainbow was larger than just medical records. It included supervision of medical records as well as all other clerical services, and the secretary had previous training in this at Osawatomie. She has taken the necessary training and is now an accredited medical records technician.

Ms. Hultine appeared briefly to reinforce her concern about the mental health technicians' salaries at Larned. She said those in the Dillon building make $200 more a month than technicians in other areas. This creates a problem because they want to transfer to Dillon when a vacancy occurs. She pointed out new mental health workers were being hired at a lower rate of pay than janitorial service work. She also felt the pay for doctors was lower than surrounding states pay for similar positions. Consequently, Kansas does not get high quality people to treat its patients. Mr. Coldsnow mentioned correspondence received from a former Larned State Hospital patient and asked Ms. Hultine if this situation was under control. She said she has been flooded with correspondence from this patient. In her opinion, he has a serious drug problem and was transferred back to Hutchinson because he obtained and sold drugs.

The meeting adjourned at 1:30 p.m.

Robert N. Talkington
Chairman

4

ATTENDANCE SHEET
MAR. 13, 1980

NAME	REPRESENTING	TOWN
Martha Campbell, Miriam Mize, Ruby Hughes + 3	TSH	
Cameron	"	
Hultine, Hildreth	Tarrad S.H.	
Meller	KARC	
Sowers		
Pellham		

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CONTENT

Attachment A

STATEMENT TO THE LEGISLATIVE INVESTIGATING COMMITTEE STUDYING SRS

BY
EBERHARD G. BURDZIK, M. D.
SUPERINTENDENT
TOPEKA STATE HOSPITAL

My name is Eberhard Burdzik and I have been Superintendent of Topeka State Hospital for nine (9) years. Before becoming Superintendent, I worked for 16 years in Kansas State Institutions (Larned State Hospital, Kansas Neurological Institute and Topeka State Hospital) as psychiatric resident, as ward physician and as section director. I believe that I know what is going on in Kansas State Hospitals.

I do not wish to lament the obvious: the decline in respect for others, the disregard for social structure and the dissolution of morals. These are problems outside the consideration of this committee. But, I need to mention it since this is part of what you are looking at. In any social institution, from family through school to place of work, you will find symptoms of these trends. You will also find them in Kansas State Institutions. But, I believe you do a disservice to the vast majority of State employees by concentrating on a rotten tree in a large and healthy forest. Obvious: moral, legal and ethical misconduct should not be tolerated. And, if nothing else should come out of this committee, one very important message will have been heard by the people of Kansas; namely, that the elected leaders of the State will not tolerate such conduct from any employee. It is a warning to all, and reinforcement to the vast majority of employees who diligently and faithfully do their duties day in and day out.

Now, I wish to be more specific: if you, or I, or anyone finds any employee who condones a behavior as mentioned above, he or she should be relieved from employment. Additional policies and regulations will help, but they are only as good as the people who implement them. The key is "good" employees and "good" supervision, good, in the old-fashioned sense of sincere, dedicated and

ethical. If you can do something to reward the good, not only monetarily, but with recognition and appreciation, you will have gone a long way.

As a State employee and as Superintendent, I am very concerned about the physical and moral safety of the patients. But, I am also equally concerned about the physical safety of the employees. Our statistics confirm that many more employees are physically abused by patients, not to mention the emotional strain on them, than the other way around.

In addressing concerns about the use of tranquilizing medication, and the use of seclusion in the treatment of patients at Topeka State Hospital, it is important to recognize that this hospital is the referral center for the patients who have not responded to treatment or lesser controls in other settings. Further, the hospital, as other State hospitals, is obligated to accept involuntary commitments of patients who present a clear danger to themselves or others. In recent years, the percentage of involuntary commitments as compared to voluntary commitments has increased, and we are having to deal with many more difficult-to-manage patients.

	1977	1978	1979
Voluntary	56%	50%	27%
Involuntary	37%	45%	63%
Other	7%	5%	10%

As a general rule, unless there is a serious threat to the patient's well being, patients admitted involuntarily on protective custody are not placed on medication. With regard to the use of tranquilizing (neuroleptic) medication, we are constantly striving to identify the optimal level of medication to control a patient's symptoms. Toward this end, we have sought to keep the physicians informed of the latest developments in psychopharmacology, and we constantly monitor any instances where patients are receiving higher than usual doses of medication. We realize that medication can be of great benefit, but like all drugs used in treatment, it has potentially undesirable side-effects.

With regard to seclusion, we again recognize a dilemma in providing opportunities to isolate an acutely disturbed patient while still respecting the potential problems of a person being alone in a locked room. In recent years, we have been aware that we have been getting more patients who may require periods of isolation, but the trend has been to have the patient's time in seclusion kept to briefer periods until the patient has settled down. That is, while roughly one (1) out of four (4) patients in the hospital may require a period of time in a locked room, the percentage of hours spent in seclusion is only between one (1%) and two (2%) percent of all of the patient hours. We are aware that in private treatment settings, seclusion hours are reduced by hiring one-to-one special attendants to sit with the disturbed patients. With the realistic limitations of our setting and the recognition that we are referred some highly disturbed patients, we must make more use of physical measures like seclusion to provide for periods of control of certain individuals.

I thank you for the opportunity to appear here, and if you have any questions, I will try to answer them.

February, 1980

Attachment B

EXPLANATION OF THE ORGANIZATIONAL CHART

The Organizational Chart shows all allocated positions of Topeka State Hospital. The line of supervision is marked in dark lines. A few areas have dual supervision. For example the Payroll Office, which is supervised by both the Personnel Office and the Business Manager.

Most professionals (nurses, activity therapists, physicians, social workers and psychologists) receive dual but different supervision. While they are accountable for their work day to the Section Chief, their professional standards are supervised by the Department Director.

The Executive Committee of the hospital consists of the Superintendent, the Business Manager and the Clinical Director, with the Superintendent having the overall and final responsibility. This committee meets twice weekly for one to one-half hours and more if needed.

All Department Directors, Clinical and Non-Clinical, and Section Chiefs together with the Executive Committee make up the Joint Conference. It meets once every other week for one hour and is chaired by the Superintendent.

Not shown in the Organizational Chart is the supervision and examination of the institution by outside sources. Within the State structure is the Director of Institutions, the Commissioner of Mental Health and Retardation Services and the Secretary of Social and Rehabilitation Services. The Superintendent meets three to four times yearly formally with those for individual supervision. And he meets with these three once a month for one day together with all institutional superintendents. In addition, all three are almost always immediately available for consultation, advice and guidelines.

The hospital is regularly surveyed by a host of other agencies. These are: Department of Health and Environment; U. S. Department of Health, Education and Welfare; Legislative Post Audit; American Medical Association, Section for Post-Graduate Medical Education; American Psychological Association, Section for Internship Programs for Clinical Psychologists; Council for Clinical Pastoral Education; State Fire Marshal, Joint Commission on Accreditation of Hospitals.

UNIT FOR TEMPORARY LODGING

MHT I	69-05-001	69-05-002
PA	69-05-007	69-05-008
MHT I	69-05-003	69-05-004
PA	69-05-009	69-05-010
MHT I	69-05-005	69-05-006
PA	69-05-011	69-05-012

(In process of remodeling into a 15 bed Psychiatric Adolescent Treatment Ward to be attached to the Special Services Section.)

YOUTH REHABILITATION UNIT

Phy. Spec.		69-06-001
Psych. II		69-06-002
SW III		69-06-003
AT I		69-06-005
Clk. Steno II		69-06-017
RN III		69-06-004
MHT I	69-06-006	69-06-007
PA		69-06-013
MHT I	69-06-008	69-06-009
PA	69-06-012	69-06-014
MHT I	69-06-010	69-06-011
PA	69-06-015	69-06-016

SECTION FOR COMPREHENSIVE SCREENING OF YOUTH

Social Service Adm. IV		78-00-001
Phy. Spec.		78-00-002
Psych. II	78-00-005	78-00-003
		78-00-004
SW IV		78-00-006
SW III		78-00-007
SW II		78-00-010
AT I		78-00-012
ATA III		78-00-013
Clerk III		78-00-030
Clk. Typist II		78-00-049
Secretary I		78-00-050

UNIT I - EAST

RN III		78-00-008
MHT I	78-00-027	78-00-026
PA	78-00-047	78-00-048
MHT I	78-00-014	78-00-015
PA	78-00-040	78-00-035
MHT I	78-00-018	78-00-046
PA	78-00-042	78-00-043

UNIT II - WEST

RN III		78-00-011
MHT I	78-00-028	78-00-029
PA	78-00-038	78-00-039
MHT I	78-00-016	78-00-017
PA		78-00-041
MHT I	78-00-019	
PA	78-00-044	78-00-045

UNIT III - S EAST

RN III		78-00-009
MHT I	78-00-020	78-00-021
PA	78-00-031 LMHT	78-00-032
MHT I	78-00-022	78-00-023
PA	78-00-033	78-00-034
MHT I	78-00-024	78-00-025
PA	78-00-036	78-00-037

CHILDREN'S SERVICES SECTION

Section Clinical Director
Phys. Spec. IV 70-00-001

Pre-Adolescent Units

Phys. Spec.	70-01-001
Psychol. II	70-01-035
Soc. Wkr. IV	70-01-038
Soc. Wkr. II	70-01-036
A.T. II	70-01-039
A.T.A. II	70-01-031
	70-01-032

Sullivan		Gerard	
R.N. III	70-01-006	R.N. III	70-01-040
M.H.T. I	70-01-015	M.H.T. I	70-01-014
	70-01-022		70-01-019
L.M.H.T.	70-01-025	L.M.H.T.	70-01-026
		P.A.	70-01-041
R.N. III	70-01-005		
M.H.T. I	70-01-011	M.H.T. I	70-01-016
	70-01-018		70-01-029
P.A.	70-01-021	P.A.	70-01-017
	70-01-023	P.A.	70-01-030
	70-01-042		
M.H.T. I	70-01-013	M.H.T. I	70-01-012
	70-01-020		70-01-024
P.A.	70-01-037	P.A.	70-01-027

Nursing Service Office

RN IV	70-00-013
M.H.T. II	70-00-019
RN IV	70-00-022
M.H.T. II	70-00-026
RN IV	70-00-026
M.H.T. II	70-00-021

Childrens Outpatient Services

Psy. Sp.	70-00-005
Psychol. II	70-00-009
Soc. Wkr. IV	70-00-008

Child Development Center

Psychol. II	70-00-015
R.N. III	70-00-018
M.H.T. I	70-00-017

Adolescent Units

Phys. Spec.	70-02-001
Phys. Spec.	70-02-058
Psychol. II	70-02-048
Soc. Wkr. IV	70-02-049
Soc. Wkr. IV	70-02-051
Soc. Wkr. II	70-02-060
A.T. II	70-02-059
A.T.A. III 70-02-	70-02-045
	70-02-046
A.T.A. II	70-02-061

Klein #1		Klein #2	
R.N.III	70-02-006		
M.H.T. I	70-02-011	M.H.T. I	70-02-018
	70-02-052		70-02-039
L.M.H.T.	70-02-038	P.A.	70-02-020
M.H.T. I	70-02-015	M.H.T. I	70-02-007
	70-02-028		70-02-042
P.A.	70-02-021	P.A.	70-02-054
	70-02-024	L.M.H.T.	70-02-030
M.H.T. I	70-02-009	M.H.T. I	70-02-010
	70-02-040		70-02-055
P.A.	70-02-053	L.M.H.T.	70-02-026

Simmel girls		Simmel Boys	
RN III	70-02-065	RN III	70-02-004
M.H.T. I	70-02-014	M.H.T. I	70-02-012
	70-02-041		70-02-032
P.A.	70-02-033	L.M.H.T.	70-02-027
P.A.	70-02-063	P.A.	70-02-062
M.H.T. I	70-02-017	M.H.T. I	70-02-013
	70-02-025		70-02-036
P.A.	70-02-031	P.A.	70-02-022
	70-02-034		70-02-037
M.H.T. I	70-02-016	M.H.T. I	70-02-008
	70-02-035		70-02-057
L.M.H.T.	70-02-056	L.M.H.T.	70-02-023

ALLIED CLINICAL SERVICES

Section Director
Phy. Sp. III 68-00-01

Nursing Serv. Office

R.N. IV	68-00-019

Pub. Health Epid. Control

Pre-employment Exam.

R.N. II	68-00-016

Medical Consultant Serv.

R.N. III	68-00-015

E.E.G. Laboratory

E.E.G. Tech. (50%)	68-00-003

Clinical Laboratory

Med. Technol. II	68-00-004
Med. Technol. I	68-00-005
	68-00-020
	68-00-006
	68-00-021

Dental Clinic

Clerk III	68-00-012

X-Ray Service

Radiologic Technologist I 68-00-014

Medical Services Unit

Phy. Sp. II	72-00-001
R.N. III	72-00-006
M.H.T. I	72-00-018
	72-00-020
P.A.	72-00-014
L.M.H.T.	72-00-025
R.N. III	72-00-007
M.H.T. I	72-00-017
	72-00-021
P.A.	72-00-010
	72-00-024
R.N. III	72-00-004
M.H.T. I	72-00-009
	72-00-012
P.A.	72-00-011
	72-00-025

Ass't Superin. Clinical

Phy. Sp. V	60-00-001
Sec. II	60-00-002

Nursing Service Dept.

R.N. VI	62-00-001
Sec. II	62-00-002
R.N. IV (AM)	62-00-003
(PM)	62-00-004
(NITE)	62-00-005

**Patient Review Coord

RR.N. III	71-00-010

Central Admissions

Clerk IV	60-00-003

Social Work Departmen

S.W. V	67-00-001
Sec. I	67-00-002

Nursing Service Office

R.N. IV	69-00-00
M.H.T. II (AM)	69-00-01
(PM)	69-00-02
(NITE)	69-00-01

P.M. Split Assignments

R.N. IV	69-00-02
R.N. I	69-00-02

NITE Section

R.N. IV	69-00-004

Mental Health Tech. III

69-00-006 69-00-009

Psychology Department

Psychol. III	66-00-001
Sec. I	66-00-002
Psy. Tech.	66-00-003

Chaplaincy Department

Chaplain	61-00-001

Activity Therapy Department

A.T. Supervisor	63-00-001
Secretary I	63-00-002

Hospital Activity Center

A.T. II	63-00-003
	63-00-004

Evening & Weekend Pro

A.T. II	63-
A.T. I	63-

Therapeutic Work Cent

S.W. Tech. II	69-
S.W. Tech. I	69-

Barber/Beauty Shop

Barber (50%)	63-
Cosmetologist	63-

DEPARTME
Coord. I
(From Tr

Secretar

CAPITAL CITY SCHOOLS
Teaching Services provided by U.S.D. 501 by contract)

SPECIAL SERVICES SECTION

Section Clinical Director
Phy. Sp. IV 69-00-001

Kirkbride Unit

Phy. Spec.		69-04-001
S.W. III		69-04-002
S.W. II		69-04-004
A.T. I		69-04-005
R.N. III		69-04-003
M.H.T. I	69-04-006	69-04-007
L.M.H.T.	69-04-014	69-04-015
M.H.T. I	69-04-008	69-04-009
P.A.	69-04-016	
L.M.H.T.		69-04-019
M.H.T. I	69-04-010	69-04-011
P.A.	69-04-020	
	69-04-022	

P.I.C.U. (AWL)

Phys. Sp. III	69-02-001
Psychol. II	69-02-002
S.W. III	69-02-003
A.T. I	69-02-004
A.T.A. III	69-02-005
R.N.	69-02-006
M.H.T. I	69-02-009
	69-02-018
P.A.	
69-02-014	69-02-020
M.H.T. I	69-02-010
69-02-026	69-02-022
P.A.	69-02-024
	69-02-015
M.H.T. I	69-02-011
	69-02-019
P.A.	69-02-017
	69-02-013

Trans. Liv
S.W. III
M.H.T. I

Maturatio
Psychol.
S.W. IV
A.T. II

Erickson #3

R.N. III	
M.H.T. I	69-01-002
P.A.	69-01-015
M.H.T. I	69-01-005
P.A.	69-01-016
M.H.T. I	69-01-004
	69-01-024
L.M.H.T.	69-01-012

TOPEKA STATE HOSPITAL

SUPERINTENDENT
00-00-001

Sec. III 00-00-002

T OF RESEARCH
st. Res. & Training
ining Budget)

II 01-00-001

DEPARTMENT OF EDUCATION
Director (See Research)

Volunteer Services
Vol. Ser. Coord. 02-00-003
Clk-Typ. II 02-00-005

Personnel
Per. Off. II 03-00-001
Sec. I 03-00-002
Clerk III 03-00-003

Payroll
Clerk IV 03-00-004
Clerk III 03-00-005
Act Clk I 03-00-007
Clerk III 03-00-006

Staff Library
(From Training Budget)
Librarian I
Clerk-Typist II

Department of Nursing Education
M.H.T. II 04-00-001
04-00-002
(From Training Budget)
R.N. V
M.H.T. III
Secretary I

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0-013

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0-010

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69-00-022
69-00-013
69-00-015

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II 69-01-020
69-01-021
69-01-022

Erickson #4
69-01-001
M.H.T. I 69-01-014
L.M.H.T. 69-01-017
M.H.T. I 69-01-003
P.A. 69-01-007
69-01-023
M.H.T. I 69-01-009
P.A. 69-01-025

Adult SERVICES SECTION
Section Clinical Director
Phy. Sp. IV. 71-00-001

Nursing Service
RN IV (AM) 71-62-001
RN III (AM) 71-62-017
MHT II (AM) 71-62-003
RN IV (PM) 71-62-018
MHT II (PM) 71-62-004
RN IV (NITE) 71-62-002

Jarrett Teams
Phy. Spec. 71-08-001
Phy. Spec. 71-07-001
Phy. Spec. 71-05-001
Psych. II 71-07-002
SW IV 71-08-022
SW III 71-08-023
AT I 71-05-022
ATA III 71-07-021
ATA II 71-08-024

Jarrett North
RN III 71-05-023
MHT I 71-05-006
PA 71-05-012
RN III 71-08-025
MHT I 71-05-007
PA 71-05-010
71-05-013
MHT I 71-05-008
PA 71-05-011

Jarrett South
RN III 71-07-004
MHT I 71-07-006
71-07-012
PA 71-07-008
MHT I 71-07-005
71-07-009
LMHT 71-07-011
PA 71-07-015
MHT I 71-07-007
71-07-016
LMHT 71-07-014

Jarrett West
RN III 71-08-004
MHT I 71-08-008
71-08-017
LMHT 71-08-014
PA 71-08-015
MHT I 71-08-006
71-08-011
LMHT 71-08-012
PA 71-08-013
MHT I 71-08-007
71-08-009
PA 71-08-010
71-08-020

Childrens Services
Section Manager
Clerk IV 70-00-027

Ward Managers
Adolescent Units
Clerk III 70-00-028
70-00-030
Pre-Adolescent Units
Clerk III 70-00-029
Brigham Adolescent
Clerk III 70-00-035

Clerical
Sec. II 70-00-002
Sec. I 70-00-036
Clk. Stn. II 70-00-004
70-00-006 70-00-010
70-00-012 70-00-023
70-00-024 70-00-014
Sec. I 70-00-010

Boisen & Rapaport Teams
Phy. Spec. 71-04-001
Phy. Spec. 71-06-001
Psych. II 71-06-020
Psych. II 71-11-014
SW IV 71-11-015
SW II 71-11-016
SW II 71-11-017
AT I 71-06-021
ATA III 71-04-003
ATA II 71-11-018

Boisen East
RN III 71-12-001
MHT I 71-12-002
71-12-003
LMHT 71-12-008
71-12-009
RN III 71-11-019
MHT I 71-12-004
71-12-005
PA 71-12-011
MHT I 71-12-006
71-12-007
PA 71-12-012
LMHT 71-12-010

Boisen West
RN III 71-11-001
MHT I 71-11-004
71-11-007
LMHT 71-11-008
71-11-011
RN III
MHT I 71-11-003
71-11-006
LMHT 71-11-009
PA 71-11-012
MHT I 71-11-002
71-11-005
LMHT 71-11-010
PA 71-11-013

Boisen North
RN III 71-06-004
MHT I 71-06-007
71-06-010
PA 71-06-011
71-06-015
MHT I 71-06-005
71-06-014
PA 71-06-008
71-06-012
MHT I 71-06-006
71-06-009
PA 71-06-013

Rapaport South
RN III 71-04-004
MHT I 71-04-007
71-04-009
PA 71-04-008
LMHT 71-04-010
MHT I 71-04-006
71-04-012
PA 71-04-015
MHT I 71-04-005
PA 71-04-011

Combined Services
Section Manager
Clerk V 71-00-014

*Ward Managers
Boisen North
Clerk III 71-00-016
Jarrett West
Clerk III 71-00-020
Rapaport South
Clerk III 71-00-021
Jarrett North & South
Clerk III 71-00-019

Clerical
Sec. II 71-00-002
C.S. II 71-00-004
C.T. II 71-000007
71-00-008
Clerk III 71-00-005

Special Services
Section Manager
Clerk V 69-00-032

Ward Managers
MAt. Unit
Clerk III 69-00-033
P.I.C.U. (Awl)
Clerk III 69-00-034
Kirkbride Unit
Clerk III 69-00-035
Medical Services Unit
Clerk III 72-00-022

Clerical
Sec. II 69-00-002
Clk.Typ II 69-00-030
69-00-031
MSU Clerical
Sec. I. 68-00-002

*PHARMACY
Pharmacist I 68-00-007
Phar. Asst. 68-00-008
68-00-009 68-00-010

Ass't Superin. Admin.
Adm. Officer III 50-00-001
Sec. II 50-00-002

Business Office
Clerk III 50-00-003
Clk. Typ. II 50-00-004

Medical Records
Psy. Hos. Med. Rec. Adm. 65-00-001
Med. Rec. Tech. 65-00-002
Clerk IV 65-00-014
65-00-015

Reception & Telephone Info.
Clerk Typ. II 65-00-004
65-00-005
65-00-007 65-00-008
65-00-009

Typist Pool
Clerk Typ. II 65-00-010
Clerk III 65-00-012

Accounting Department
Acct. II 51-00-001
Acct. Clk. II 51-00-002
51-00-003 51-00-004

Trust Funds
Acct. Clk. II 51-00-007

Security-Mail-Transportation
Patrol Lt. 56-00-001
Clk-Typ II 56-00-014

Mail & Transportation
Auto Driver 56-00-002
56-00-015 56-00-003
Equip. Opr. II 56-00-004

Fire & Saftey Off. 57-00-001
Patrol Sgt. 56-00-011
56-00-012 56-00-013
56-00-017
Patrol Officer 56-00-005
56-00-008 56-00-009
56-00-010 56-00-006
56-00-007 56-00-018
56-00-016

Reimbursement
Reimb. Off. II 52-00-001
Reib. Off. I 52-00-002
52-00-005 52-00-010
Clerk III 52-00-004
Acc. Clk. I 52-00-009
Clk. Stn. II 52-00-005
Clk. Typ. II 52-00-008

Data Entry Unit
Acc. Clk. II 50-00-006
Data Entry Op II 50-00-009
Data Entry Op III 50-00-007
50-00-008

Property Control
Storkpr. III 51-00-005
Clk-Typ II 51-00-006

Supply Officer
Procurement Off. I. 55-00-001
Clerk Steno II 55-00-002

Central Supply
Storekeeper II 55-00-014

Perpetual Inventory
Account Clk. II 55-00-003
Clerk II 55-00-009

Stores
Storekeeper III 55-00-004

Sewing Room
Seamstress II 55-00-012
Seamstress I 55-00-013

Mechanical Warehouse
Storekeeper II 55-00-007

General Warehouse
Storekeeper II 55-00-005
55-00-006
Storekeeper I 55-00-008

Delivery
Auto Driver 55-00-010
55-00-011

Engineering
Physical Plant
Sec. I.
Clerk Typist II

Building Rep
and Maintena
Phy. Plnt. S

Carpentry Service
Maint. Carp. Supvr. 57-01-00
Maint. Carpenter 57-01-00
57-01-004 57-01-00
57-01-006

Masonry Service
Maint. Mason 57-01-00
57-01-00

Painting Service
Maint. Paint. Supvr. 57-01-00
Maint. Painter 57-01-01
57-01-011 57-01-01
57-01-013 57-01-01

Trade Helper
Laborer II 57-01-03
57-01-031 57-01-03
57-01-033

Electrical Service
Maint. Elec. Supvr. 57-01
Maint. Electrician 57-01
57-01-017 57-01
57-01-019

Plumbing Service
Maint. Plum. Supvr. 57-01
Maint. Plumber 57-01
57-01-022 57-01
57-01-024

Utility & Machine Service
Welder 57-01
Auto Mech. I 57-01

Radio & T.V. Service
Elec. Tech. I 57-01

Ref. & Air Cond. Service
Ref. & AC Supvr. 57-01
Ref. & AC Mech. 57-01

Grounds Service
Laborer Supvr. II
Equip. Opr. II
57-04-004
Laborer II
Horticulturist

Power Plant
Phy. Plant Supvr. I
Po. Plt. Opr. II
57-02-003
57-02-005

L

min.	
	50-00-001
	50-00-002

; Office	
II	50-00-003
). II	50-00-004

ords	
ed. Rec. Adm.	
	65-00-001
ech.	65-00-002
	65-00-014
	65-00-015
Telephone Info.	
II	65-00-004
	65-00-005
	65-00-008
II	65-00-010
	65-00-012

Department	
	51-00-001
II	51-00-002
3	51-00-004
II	51-00-007

il-Transportation	
	56-00-001
	56-00-014
ansportation	
er	56-00-002
	56-00-003
r. II	56-00-004
ey Off.	57-00-001
	56-00-011
	56-00-013
cer	56-00-005
	56-00-009
	56-00-006
	56-00-018

itrol	
	51-00-005
	51-00-006

ventory	
II	55-00-003
	55-00-009

y	
iver	55-00-010
	55-00-011

Engineering Department	
Physical Plant Supervisor II	57-00-001
Sec. I.	57-00-003
Clerk Typist II	57-00-002

Building Repair and Maintenance	
Phy. Plnt. Supvr. I.	57-01-001

Carpentry Service	
Maint. Carp. Supvr.	57-01-002
Maint. Carpenter	57-01-003
57-01-004	57-01-005
57-01-006	

Masonry Service	
Maint. Mason	57-01-007
	57-01-008

Painting Service	
Maint. Paint. Supvr.	57-01-009
Maint. Painter	57-01-010
57-01-011	57-01-012
57-01-013	57-01-014

Trade Helper	
Laborer II	57-01-030
57-01-031	57-01-032
57-01-033	

Electrical Service	
Maint. Elec. Supvr.	57-01-015
Maint. Electrician	57-01-016
57-01-017	57-01-018
57-01-019	

Plumbing Service	
Maint. Plum. Supvr.	57-01-020
Maint. Plumber	57-01-021
57-01-022	57-01-023
57-01-024	

Utility & Machine Service	
Welder	57-01-025
Auto Mech. I	57-01-026

Radio & T.V. Service	
Elec. Tech. I	57-01-027

Ref. & Air Cond. Service	
Ref. & AC Supvr.	57-01-029
Ref. & AC Mech.	57-01-028

Grounds Service	
Laborer Supvr. II	57-04-001
Equip. Opr. II	57-04-003
57-04-004	57-04-005
Laborer II	57-04-006
Horticulturist	57-04-007

Power Plant	
Phy. Plant Supvr. I	57-02-001
Po. Plt. Opr. II	57-02-002
57-02-003	57-02-004
57-02-005	57-02-006

LAUNDRY DEPARTMENT	
Laundry Manager II	54-00-001

Washroom Laundry Supervisor	54-00-020

Washroom Helper	
Laundry Worker	54-00-011

Tumblers	
Laundry Worker	54-00-014

Soiled-Linen Room	
Laundry Worker	54-00-005

Laundry Manager I	54-00-002

Flatwork Department	
Laundry Worker	54-00-015
54-00-019	54-00-016
54-00-007	54-00-006
54-00-025	54-00-018
54-00-024	54-00-004
54-00-023	54-00-010

Soiled Linen Pickup and Clean Delivery	
Auto. Driver	54-00-003
	54-00-022
Laundry Worker	54-00-021
	54-00-013

Garment Finisher	
Laundry Worker	54-00-009
	54-00-008

Clean Linen Exchange	
Laundry Worker	54-00-012
	54-00-017

Housekeeping Service	
Cust. Supvr. II	57-03-037
Cust. Supvr. I	57-03-001
57-03-002	57-03-011
Cust. Worker	57-03-003
57-03-004	57-03-005
57-03-006	57-03-007
57-03-008	57-03-009
57-03-010	57-03-012
57-03-013	57-03-014
57-03-015	57-03-016
57-03-017	57-03-018
57-03-019	57-03-020
57-03-021	57-03-022
57-03-023	57-03-024
57-03-025	57-03-026
57-03-027	57-03-028
57-03-029	57-03-030
57-03-031	57-03-032
57-03-033	57-03-034
57-03-035	57-03-036
57-03-038	57-03-039
57-03-040	57-03-041
57-03-042	57-03-043
57-03-044	57-03-045
57-03-046	

Dietary Department	
Chief Dietitian III	53-00-001
Secretary I	53-00-002
FSS II	53-00-005

Production and education	
Dietitian II	53-00-003

Pre-Prep. Area	
FSS I	53-03-009
Cook II	53-03-001
53-03-002	53-03-003
Cook I	53-03-004
	53-03-005
FSW II	53-03-006
FSW I	53-03-007
Auto Driver	53-03-008

Patients' Canteen	
Cook I	53-00-009
FSW I* (1.5)	

Pre-Adolescent	
AM Prep. & Service	
Cook I	53-00-006
FSW II	53-00-007
PM Prep. & Service	
FSW I	53-00-008

Woodsview Dining	
FSS I	53-01-001
AM Prep. & Service	
Cook II	53-01-003
Cook I	53-01-014
(Relief--Cook II	53-04-004)
Patient Service	
FSW II	53-01-006
FSW I	53-01-007
(Relief--FSW II	53-04-005)
(Relief--FSW I	53-04-010)
Dish Room	
FSW I	53-01-010
(½)	53-01-013
(½)	53-01-013
(Relief--FSW I	53-04-011)

FSS I	53-01-002
PM Prep. & Service	
Cook II	53-01-004
Patient Service	
FSW I	53-01-008
	53-01-009
(Relief--FSW II	53-04-009)
Dish Room	
FSW I	53-01-011
(½)	53-01-012
(½)	53-01-012
(Relief--FSW I	53-04-012)
(Relief--FSW I	53-04-013)

Eastman Dining	
FSS I	53-02-001
AM Prep. & Service	
Cook II	53-02-003
Cook I	53-02-014
(Relief--Cook II	53-04-002)
Patient Service	
FSW II	53-02-005
FSW I	53-02-006
(Relief--FSW II	53-04-007)
Dish Room	
FSW I	53-02-010
53-02-007	53-02-012
(Relief--FSW I	53-04-014)

FSS I	53-02-002
PM Prep. & Service	
Cook II	53-02-004
(Relief--Cook II	53-04-003)
Patient Service	
FSW I	53-02-008
	53-02-009
(Relief--FSW I	53-04-015)
Dish Room	
FSW I (½)	53-02-013
(½)	53-02-013
(Relief--FSW I	53-04-016

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TOTAL POSITIONS 717 POSITION RECAP FISCAL YEAR 1980

Totals by Classification	Classifications	Range	Administration (59)	Adult Services (120)	Special Services (74)	Children's Services (131	VTL (12)	YRC (17)	Comprehensive Screening of Youth (50)	Medical Services (17)	Allied Clinical Svc (22.5)	AT (9.5)	Education (2)	Research (1)	Engineering (107)	Supply (14)	Dietary (56)	Laundry (25)		
1	Accountant II	22	1																	
2	Account Clerk I	10	2																	
6	Account Clerk II	13	5													1				
1	Activity Therapies Supervisor	24										1								
8	Activity Therapist I	18		2	2	1		1	1			1								
6	Activity Therapist II	21			1	2						3								
6	Activity Therapy Aide II	11		2		4														
7	Activity Therapy Aide III	14		2	1	3			1											
8	Auto Driver	8	3													2	1	2		
1	Auto Mechanic I														1					
.5	Barber											.5								
1	Clerk II															1				

Attachment C

TOTAL POSITIONS 717 POSITION RECAP FISCAL YEAR 1980

Totals by Classification	Classifications	Range	Administration (59)	Adult Services (120)	Special Services (74)	Children's Services (121	UTL (12)	IRC (17)	Comprehensive Screening of Youth (50)	Medical Services (17)	Allied Clinical SVS (22.5)	AT (9.5)	Education (2)	Research (1)	Engineering (107)	Supply (14)	Dietary (56)	Laundry (25)		
21	Clerk III	10	6	5	3	4			1	1	1									
4	Clerk IV	14	4																	
3	Clerk V	18		1	1	1														
18	Clerk Typist II	7	12	2	2				1						1					
9	Clerk Stenographer II	8	1	1		5		1								1				
6	Cook I	8															6			
10	Cook II	10															10			
1	Cosmetologist	9										1								
3	Custodial Supervisor I	8													3					
1	Custodial Supervisor II	12													1					
42	Custodial Worker	5													42					
1	Data Entry Operator II	9	1																	

TOTAL POSITIONS 717 POSITION RECAP FISCAL YEAR 1980

Totals by Classification	Classifications	Range	Administration (59)	Adult Services (120)	Special Services (74)	Children's Services (121	UTL (12)	YRC (17)	Comprehensive Screening of Youth (50)	Medical Services (17)	Allied Clinical Svs (22.5)	AT (9.5)	Education (2)	Research (1)	Engineering (107)	Supply (14)	Dietary (56)	Laundry (25)
2	Data Entry Operator III	11	2															
1	Dietitian II	22															1	
1	Dietitian III	25															1	
1	Director of Chaplaincy Services	27									1							
.5	EEG Technician	15									.5							
1	Electronics Technician I	16													1			
4	Equipment Operator II	11	1												3			
1	Fire and Safety Officer I	12													1			
5	Food Service Supervisor I	12															5	
1	Food Service Supervisor II	15															1	
23	Food Service Worker I	4															23	
7	Food Service Worker II	6															7	

TOTAL POSITIONS 717 POSITION RECAP FISCAL YEAR 1980

Totals by Classification	Classifications	Range	Administration (59)	Adult Services (120)	Special Services (74)	Children's Services (121	UTL (12)	IRC (17)	Comprehensive Screening of Youth (50)	Medical Services (17)	Allied Clinical SVS (22.5)	AT (9.5)	Education (2)	Research (1)	Engineering (107)	Supply (14)	Dietary (56)	Laundry (25)
1	Horticulturist	13													1			
1	Institutional Business Administrator III	30	1															
5	Laborer II	8													5			
1	Laborer Supervisor II	12													1			
1	Laundry Manager I	12																1
1	Laundry Manager II	16																1
1	Laundry Supervisor	8																1
20	Laundry Worker	5																20
28	Licensed Mental Health Technician	10		12	4	10			1	1								
4	Maintenance Carpenter	14													4			
1	Maintenance Carpenter Supervisor	17													1			
4	Maintenance Electrician	14													4			

TOTAL POSITIONS 717 POSITION RECAP FISCAL YEAR 1980

Totals by Classification	Classifications	Range	Administration (59)	Adult Services (120)	Special Services (74)	Children's Services (121	DTL (12)	YRC (17)	Comprehensive Screening of Youth (50)	Medical Services (17)	Allied Clinical Svs (22.5)	AT (9.5)	Education (2)	Research (1)	Engineering (107)	Supply (14)	Dietary (56)	Laundry (25)
1	Maintenance Electrician Supervisor	17													1			
2	Maintenance Mason	14													2			
5	Maintenance Painter	14													5			
1	Maintenance Painter Supervisor	17													1			
4	Maintenance Plumber	14													4			
1	Maintenance Plumber Supervisor	17													1			
1	Medical Technician I	13									1							
3	Medical Technologist I	19									3							
1	Medical Technologist II	22									1							
1	Medical Records Technician	14	1															
138	Mental Health Technician I	12		38	22	43	6	6	17	6								
10	Mental Health Technician II	15		2	3	3							2					

TOTAL POSITIONS 717 POSITION RECAP FISCAL YEAR 1980

Totals by Classification	Classifications	Range	Administration (59)	Adult Services (120)	Special Services (74)	Children's Services (121	DTL (12)	YRC (17)	Comprehensive Screening of Youth (50)	Medical Services (17)	Allied Clinical SVS (22.5)	AT (9.5)	Education (2)	Research (1)	Engineering (107)	Supply (14)	Dietary (56)	Laundry (25)		
2	Mental Health Technician III	18			2															
1	Patrol Lieutenant	18	1																	
8	Patrol Officer	14													8					
4	Patrol Sergeant	16													4					
1	Personnel Officer II	23	1																	
1	Pharmacist I	25									1									
3	Pharmacy Assistant	10									3									
2	Physical Plant Supervisor I	20													2					
1	Physical Plant Supervisor II	24													1					
20	Physicians	Unc.	1	6	3	6		1	.1	1	1									
5	Power Plant Operator II	15													5					
94	Psychiatric Aide	9		24	15	23	6	5	16	5										

TOTAL POSITIONS 717 POSITION RECAP FISCAL YEAR 1980

Totals by Classification	Classifications	Range	Administration (59)	Adult Services (120)	Special Services (74)	Children's Services (121	UTL (12)	TBC (17)	Comprehensive Screening of Youth (50)	Medical Services (17)	Allied Clinical SVS (22.5)	AT (9.5)	Education (2)	Research (1)	Engineering (107)	Supply (14)	Dietary (56)	Laundry (25)		
1	Psychiatric Hospital Medical Records Administrator	20	1																	
14	Psychologist II	27		3	2	5		1	3											
1	Psychologist III	30									1									
1	Psychometric Technician	14									1									
1	Procurement Officer I	21														1				
1	Radiological Technologist I	16									1									
1	Refrigeration & Air Conditioning Service Technician	16													1					
1	Refrigeration & Air Conditioning Service Technician Supervisor	19													1					
1	Registered Nurse I	20			1															
1	Registered Nurse II	22									1									
30	Registered Nurse III	24		11	3	8		1	3	3	1									
13	Registered Nurse IV	26	3	3	3	3					1									

TOTAL POSITIONS 717 POSITION RECAP FISCAL YEAR 1980

Totals by Classification	Classifications	Range	Administration (59)	Adult Services (120)	Special Services (74)	Children's Services (121	VTL (12)	YRC (17)	Comprehensive Screening of Youth (50)	Medical Services (17)	Allied Clinical SVS (22.5)	AT (9.5)	Education (2)	Research (1)	Engineering (107)	Supply (14)	Dietary (56)	Laundry (25)
1	Registered Nurse VI	29	1															
1	Reimbursement Officer II	20	1															
2	Reimbursement Officer I	17	2															
1	Seamstress I	4														1		
1	Seamstress II	7														1		
10	Secretary I	10	1			2			1		3	1			1		1	
7	Secretary II	13	3	1	1	1								1				
1	Secretary III	16	1															
1	Social Service Administrator IV	30							1									
1	Sheltered Workshop Technician I	8										1						
1	Sheltered Workshop Technician II	11										1						
6	Social Worker II	21		2	1	2			1									

TOTAL POSITIONS 717 POSITION RECAP FISCAL YEAR 1980

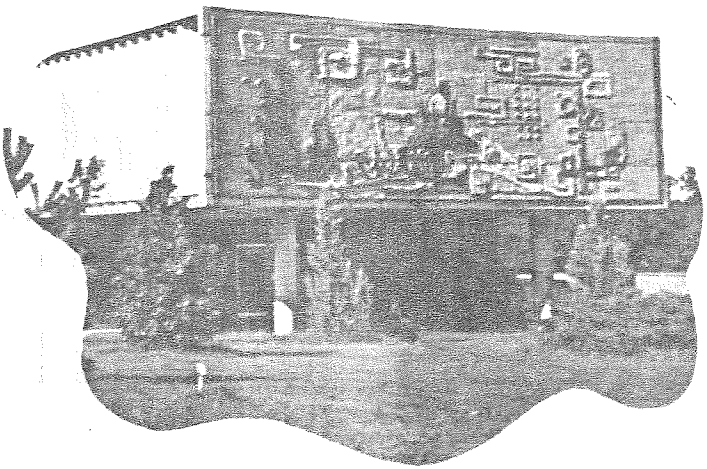
Totals by Classification	Classifications	Range	Administration (59)	Adult Services (120)	Special Services (74)	Children's Services (121	UTL (12)	YRC (17)	Comprehensive Screening of Youth (50)	Medical Services (17)	Allied Clinical SVS (22.5)	AT (9.5)	Education (2)	Research (1)	Engineering (107)	Supply (14)	Dietary (56)	Laundry (25)		
7	Social Worker III	23		1	3	1		1	1											
8	Social Worker IV	25		2	1	4			1											
1	Social Worker V	27									1									
1	Storekeeper I	7														1				
4	Storekeeper II	10														4				
2	Storekeeper III	14	1													1				
1	Superintendent	Unc.	1																	
1	Volunteer Services Coordinator	18	1																	
1	Welder	14													1					

Attachment D

TURNOVER OF NURSING PERSONNEL
Topeka State Hospital
Calendar Year - 1979

Classification	Entered on Duty	Terminations
Health Service Workers	89	43
Health Service Workers (Temporary)	55	52
Psychiatric Aides	2	30
Licensed Mental Health Technicians	3	3
Mental Health Technicians I	4	23
Mental Health Technicians II	0	1
Mental Health Technicians III	0	3
Graduate Nurse I	1	1
Graduate Nurse II	6	2
Graduate Nurse III	0	0
Psychiatric Nurse I	6	6
Cottage Parents I	0	2
	166	166

Attachment E
(Adult Services)



WHILE YOU'RE HERE . . .

A Guide for Patients and Families

SECTION FOR ADULT SERVICES

TOPEKA STATE HOSPITAL
2700 WEST SIXTH
TOPEKA, KANSAS 66606

TABLE OF CONTENTS

WHILE YOU'RE HERE
A GUIDE FOR PATIENTS

INTRODUCTION

This hospital is a place where you will find people who care about you, your problems and your family. About 900 people are admitted and discharged each year. Right now we have about 350 patients on the grounds.

As a new patient on _____ ward, you may feel lost, frightened or confused by your surroundings. We hope that this booklet will answer some of your questions. If you have other questions, the following staff members are available and will be working with you to plan your treatment program:

_____ Physician

_____ Ward Administrator

_____ Nurse

_____ Charge Aide (6:45-3:15 P.M.)

_____ Charge Aide (2:45-11:15 P.M.)

_____ Charge Aide (10:45-7:15 A.M.)

_____ Social Worker

_____ Activity Therapist

_____ Psychologist

If you would like to know more about the duties of each of the treatment staff, see Pages 7 and 8.

WHAT HAPPENS WHEN I AM ADMITTED?

A member of the nursing staff will orient you to your ward, show you to your room and introduce you to some of the other patients. You will have a physical examination and a series of physical tests which include:

1. Blood examination
2. Urinalysis
3. Chest X-Ray or skin test
4. EKG or heart tracing (if you are over 40 or if your physician so orders)

You may have other tests such as EEG, neurological examinations, psychological testing, etc., if your physician believes it is necessary.

In order to protect your clothing from loss, ask the ward staff about marking your clothes. You may wish to bring a lock for your locker.

WHAT IS TREATMENT LIKE?

Treatment includes medication, activity therapies, individual, group and family therapy, religious counseling, education and vocational programs. The basic treatment, however, is your involvement with other people. This means that everything you do and all the people you meet in the hospital should help you understand your relationship to others.

The treatment team will evaluate your problems, assets and needs and plan a treatment program with you. It's tough to give up old patterns of thinking and behaving, even if they cause you trouble.

The changes mean hard work and may be painful. For some patients, treatment moves fast and for others it takes longer. Try to be patient, give yourself some time to get what you need from the hospital.

WHAT DOES THE STAFF EXPECT OF ME?

The staff expects you to ask questions about your treatment. If you take medications you should ask the name, what it is supposed to do and the side effects. Do not take any medication that is not prescribed for you. You are expected to take your prescribed medication and attend the activities on your schedule. You are expected to keep yourself and your room clean. You should respect the rights of other patients and the rights of employees. No illegal drugs or alcoholic beverages are permitted on State property. Hitting others or destroying property is not acceptable behavior. If you have a special diet, it is important to follow the diet. The food that is served is planned to provide all the necessary food nutrients, vitamins and minerals.

There is a committee, the Quality Assurance Committee, which has responsibility for seeing that the best quality care is maintained in the hospital. If you have questions or suggestions about the quality of care being provided, which cannot be answered by your Ward staff, you may contact this committee at phone number 4821.

WHAT ABOUT VISITING HOURS?

Regular visiting hours are from 2:00-4:00 P.M. and 7:00-8:00 P.M. The staff encourages visits at times that do not conflict with your scheduled treatment activities, school classes and physical and psychological examinations. If your visiting is restricted, it will be discussed with you.

WHAT ABOUT MY MAIL?

Your mailing address is:

_____Ward
Topeka State Hospital
2700 West Sixth Street
Topeka, Kansas 66606

Letters are not opened or censored by staff. If your physicain feels it is necessary, letters may be examined before you receive them, but this is on rare occasions and is done in your presence.

WHAT IS THE WARD LIKE?

Each Ward is a little different in regard to meal time, bed time and activity schedules. This can also vary with individual needs. If you have questions about Ward routine, bring them to the Ward staff.

For your safety, smoking is permitted only in designated areas. Sharp objects and aerosol cans are kept in the Ward office. We require that you use plastic rather than glass containers. Electric razors are permitted and are available if you don't have one. Matches are not allowed; there is an electric lighter on the wall. Valuables should be left at home.

WHAT CLOTHES DO I NEED?

Because of limited storage space, we suggest that you bring five complete changes of clothing. The clothing should be washable. Here is a list of suggested clothing:

FOR WOMEN

5 dresses, skirts and blouses and/or pantsuits
5 sets of underwear
3 slips
2 pair pajamas or nightgowns
1 robe
2 pair shoes
1 pair house slippers
1 coat or jacket
1 sweater
1 raincoat
Hose and/or socks
Swimming suit (optional)
Sanitary napkins and belt
Hair curlers (if used)

FOR MEN

5 pair slacks
5 shirts
5 sets underwear
1 pair pajamas
1 robe
2 pair shoes
5 pair socks
1 pair house slippers
1 coat or jacket
1 raincoat
Swimming trunks (optional)
Shaving cream and lotion
Electric razor

WHAT OTHER PERSONAL ITEMS WILL I NEED?

Comb and brush
Toothbrush
Toothpaste
Deodorant
Shampoo
Hand lotion
Toilet soap
Facial tissue
Ball point pen or pencil
Stationery
Stamps
Magazines or books

WHAT ABOUT MY LAUNDRY?

There is a washer and dryer on most of the wards where personal laundry is washed. Dry cleaning is not available so you will need to make your own arrangement to have clothing dry cleaned. Hospital linens are sent to the hospital laundry.

HOW LONG WILL I BE IN THE HOSPITAL?

It depends on how much help you need to deal with your problems. It also depends on how you were admitted to the hospital. We want you to leave the hospital as soon as you are ready and we encourage you to discuss your progress with your treatment team and therapists.

MAY I HAVE MONEY?

You may have up to five ($5.00) dollars in your possession. If you are given additional money it should be deposited in your account in the Chief Clerk's office in the Administration Building. If you need to withdraw spending money or to get change for the vending machines, the Chief Clerk's office is open from 9:00 to 12:00 noon and 1:00 to 4:00 P.M., Monday through Friday. Lending or borrowing money is discouraged.

WHAT ABOUT MY FAMILY AND RELATIVES?

When you come into the hospital, your family will receive a letter or telephone call asking them to come and visit with a social worker or other staff member. They will be given information about the hospital.

Visits with your family are usually encouraged. Let your family know that you have a schedule of treatment activities and when you are available for visits.

WHAT ABOUT MY HOSPITAL BILL?

All patients are billed for the full cost of hospitalization and only Reimbursement staff has the authority to adjust the charges, based on your ability to pay. The Reimbursement Office is located in the Administration Building. They will also help you apply for insurance benefits, Social Security, Veteran's Benefits, Medicare, Medicaid and other benefits to which you may be entitled.

WHO BELONGS TO THE TREATMENT TEAM?

This hospital has a team approach to treatment, which requires that a number of people work together to help you. A brief description of the different responsibilities are as follows:

Physician - Is in charge of your evaluation and treatment program.

Ward Administrator - Supervises your Ward program.

Psychiatric Aide, Licensed Mental Health Technician and Health Service Worker - Assist you with your day to day problems.

Nurse - Works with you in planning and following through with your treatment and is responsible for your nursing care.

Psychologist - Works with you through evaluation and treatment. May administer psychological testing as well as individual and/or group psychotherapy. Available to answer questions regarding testing.

Social Worker - Provides counseling to your family and assists with your discharge from the hospital.

Activity Therapist - Plans and supervises your scheduled treatment activities and leisure activities.

Teacher - Assists you in completing your education, if necessary.

Chaplain - Available for your spiritual needs and counseling. Protestant and Catholic services are held in Southard Building each Sunday.

Dietary Staff - Provide three nourishing, well balanced meals daily in a pleasant atmosphere for dining. If you are on a special diet, a staff member will talk to you about it.

Volunteers - Work with groups and individual patients, supervise bingo games, birthday parties and patient library

Countless Others - Care for the grounds, drive the bus, answer the phone, deliver the mail, clean the buildings, repair the windows and hundreds of other things to make your stay as safe, comfortable and worthwhile as possible.

WHAT ARE MY RIGHTS?

Rights Which Must Be Absolutely Safeguarded:

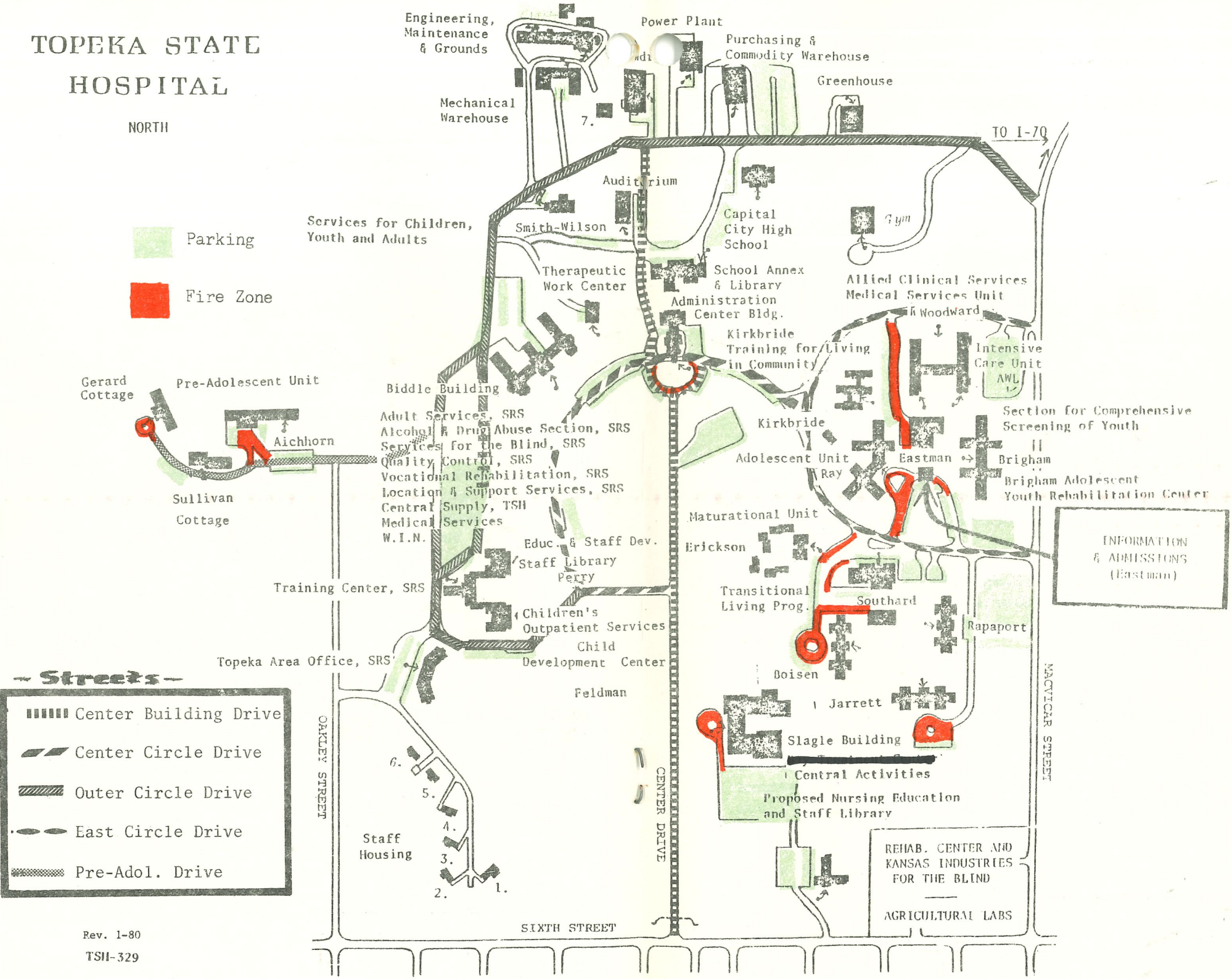
1. Full citizenship (except as excluded by law).

2. Application for a Writ of Habeas Corpus.

3. Petition for Judicial Release.

4. Access to legal counsel.

TOPEKA STATE HOSPITAL



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5. Explanation of status including medications to the individual and family.

6. Ready access to information about all applicable statutes, rights, responsibilities, regulations and any appeal procedures.

7. Multiple-entrance appeal procedures and mechanisms so the individual, his family or other concerned persons may initiate an appeal regarding supposed abrogation of rights.

8. To refuse involuntary labor and to be paid for any work performed other than the housekeeping of your own bedroom and bathroom.

9. Not to be subject to such procedures as psychosurgery; electroshock therapy, experimental medication, aversion therapy or hazardous treatment procedures without your written consent and the written consent of your parent, guardian or other person in loco parentis, if you have a living parent or a guardian or other person in loco parentis.

10. To have explained, if requested, the nature of all medications and treatments prescribed, the reason for the prescription and the most common side effects.

11. To communicate by letter with the Secretary of Social and Rehabilitation Services, the head of the treatment facility and any court, physician or attorney and all such communications shall be forwarded at once to the addressee without examination and communications from such persons shall be delivered to the patient without examination.

12. To be visited by your physician and attorney at all times.

13. To be informed orally and in writing of your rights under this section upon admission to this hospital.

Rights of Treatment Which Must Be Guaranteed:

1. Admission assessment within twenty-four hours after admission.

2. Prompt and adequate medical attention for physical illness.

3. Care and treatment provided by a qualified staff.

4. Proper and adequate medication.

5. The least restrictive conditions necessary to achieve adequate care and treatment.

6. A treatment/training program planned to meet individual needs.

7. To know (and/or for the family to know) the names and titles of all staff persons concerned with treatment provided and who is legally responsible for such care.

8. Proper, safe and sanitary shelter, appealing and nutritious food and security in self and personal possessions, insofar as it is consistent with the needs of treatment.

9. Adequate opportunities of an ongoing nature to work with processionald and paraprofessional staff members and with parents/guardians, in treatment planning and decision-making.

Rights Which May Be Withheld Or Suspended For Therapeutic Reasons Or Under Exceptional Circumstances When Properly Documented In The Records:

1. To wear your own clothes, keep and use your own personal possessions including toilet articles which should be kept in plastic containers and keep and be allowed to your own money.

2. To communicate by telephone, both to make and receive confidential calls. Letters are not opened or censored by staff members. If your physician feels it is necessary, correspondence shall be opened and examined before you.

   Relatives are ordinarily encouraged to write. The hospital will supply postage for two letters from you per week if you do not have the money to buy stamps.

3. To conjugal visits if facilities are available for such visits.

4. To receive visitors each day.

Rights If You Are A "Proposed Patient":

1. Upon admission you should be given a copy of the application of the peace officer, or individual, or the copy of the order of protective custody.

2. You will be allowed to communicate by all reasonable means with a reasonable number of persons at reasonable hours of the day and night.

3. You may consult with an attorney, personal physician and at least one member of your family.

WHAT ABOUT LEAVING THE HOSPITAL?

As you get better, the staff will help you return to the community. A visit home, a weekend pass or getting a job are steps along the way. Your social worker will discuss the best discharge plan with you. You may be referred to a local mental health agency after you leave the hospital.

The procedures of your discharge, in part, depend on the arrangement by which you are in the hospital. If you are here as an INFORMAL patient, you have come without making formal or written application for admission and have been accepted because there were available accommodations and in the judgment of the hospital staff, you needed treatment. As an informal patient, you are free to leave the hospital on any day between the hours of 9:00 A.M. and 5:00 P.M. and at such other times as the hospital staff determine.

If you are here as a VOLUNTARY patient, you have made a written application for admission and you have been accepted with the understanding that you would abide by hospital rules and regulations. Should you desire to leave the hospital before you and the treatment staff agree that you are fully ready, you must request to be discharged in writing, and that request must be granted within a reasonable time, which shall not exceed three days after receipt of the request, excluding Sundays and legal holidays. Voluntary patients are generally discharged directly to the community to be followed by your physican or your Community Mental Health Center.

If you are here on an emergency hospitalization request, you cannot be held longer than 48 hours following admission, excluding Sundays and legal holidays, without a hearing by a Probate Judge.

If you are here under an ORDER OF PROTECTIVE CUSTODY, the hospital cannot discharge you until the Court so orders, or the application for your involuntary hospitalization is dismissed.

If you are under a REFERRAL FOR SHORT-TERM TREATMENT, you may be discharged when the hospital staff believes you are no longer in need of treatment and your discharge is in your best interest.

If you are found to be mentally ill by the Court, and are here on an ORDER OF TREATMENT, you may be discharged by the Court after further review or hearing.

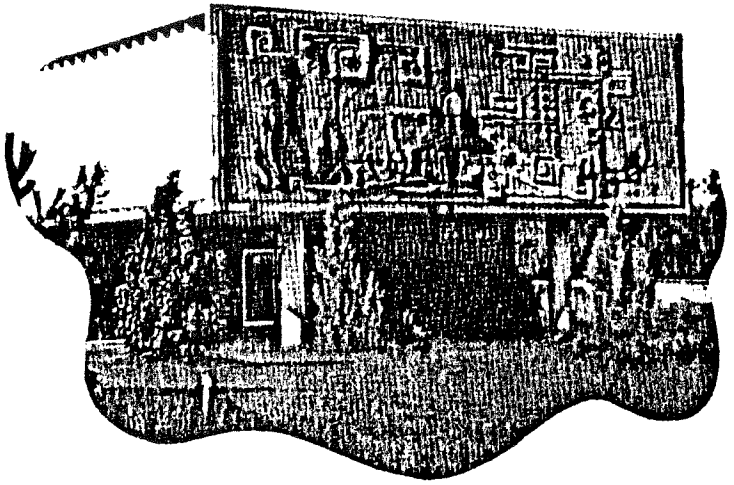
If the Court decides you should stay for treatment, then you and your treatment team will work together in making plans for your future discharge.

Community attitudes toward mental illness are changing. Employers are now willing to hire patients and former patients. Many schools have counselors who can help you and they can provide special learning programs if needed. Mental Health Associations are helping provide aftercare for patients who return home. Professional help is available through the Mental Health Centers which serve the 31 counties in the Topeka State Hospital area.

For some patients, returning to the community means going home again. For others, it means starting a new life on their own. For all, it

offers a mixture of hope and fear. Before you return to your community, the hospital will confer with your family or the agency which referred you here. Working with you, we will do what we can to make your re-entry smooth and successful.

Attachment E
(Citizen's Services)



WHILE YOU'RE HERE . . .

A Guide for Patients and Families

SECTION FOR CHILDREN'S SERVICES

TOPEKA STATE HOSPITAL
2700 WEST SIXTH
TOPEKA, KANSAS 66606

WHILE YOUR CHILD IS HERE
Guide for Parents and Patients at the
Children's Section of the
Topeka State Hospital

CHILDREN'S SECTION
Topeka State Hospital

The Children's Section is one of the four clinical sections of the Topeka State Hospital providing treatment for preschool thru adolescent children. The inpatient service consists of the Preadolescent Unit with two cottages for boys and girls, six to twelve. The Adolescent Unit is housed in five wards for boys and girls, ages twelve through sixteen.

The hospital was opened in 1879 and has been serving the people of Kansas almost one hundred years. It is one of three state psychiatric hospitals in Kansas, and it receives patients from the thirty-one counties in the northeast part of the state. The grounds are large and there are over forty-nine hospital buildings here. The Children's Section began its operations in 1952 as an adolescent section to provide specialized treatment for adolescents. The Preadolescent Unit opened its doors in 1957 as the Kansas Treatment Center for Children. In 1959, both KTCC and the Adolescent Section were combined into the Children's Division of the Topeka State Hospital. The hospital is accredited by the Joint Commission of the Accreditation of Hospitals.

The hospital functions under the Division of Mental Health and Retardation Services, which is part of the Department of Social and Rehabilitation Services of the State of Kansas:

Secretary of Social and Rehabilitation Services - Dr. Robert Harder

Director of Mental Health and Retardation Services - Dr. Robert Haines

Superintendent of Topeka State Hospital - Dr. Eberhard Burdzik

Assistant Superintendent (Clinical Director) - Dr. W. Walter Menninger

Assistant Superintendent (Business Manager) - Mr. Mack Schwein

Children's Section Director - Dr. Roberto Luna

While Your Child is Here. As a newcomer to _____ Ward, the treatment team realizes that your child may feel lost, frightened, and confused by his/her surroundings, and that you may have many questions about his/her care and treatment while here.

We hope that this guidebook to the hospital will answer some of your questions as you bring your child for treatment. If you have other questions, they should be referred to your child's treatment team.

It is our purpose to assist your child in regaining his/her physical and mental health so that he/she may return to your family and community as a productive and functioning person.

Your child's ward treatment, activity therapies program, medication, and education are each individually arranged with this goal in mind.

THE TREATMENT TEAM:

Topeka State Hospital uses a team approach in treating patients. Various staff members will be contributing to your child's care in different ways.

Your child's ward treatment team consist of:

_____
Ward Unit Administrator

_____
Charge Aide or Assigned Aide

_____
Doctor

_____
Nurse

_____
Social Worker

_____
Activity Therapist

_____
Psychologist

THE UNIT ADMINISTRATOR may be a physician, nurse, psychologist, or other mental health professional who has the administrative responsibility for supervision of the treatment program on the unit.

PSYCHIATRIC AIDES. (Mental Health Technicians) The psychiatric aide is the basic member of the treatment team. There is most always more than one psychiatric aide on the ward available to help the children. The psychiatric aides are responsible for the physical care of your child and they provide the structure, controls, limits, and support the child needs in his/her everyday life, use the consultation and direction of many disciplines such as nursing, psychiatry, social work, and activity therapies in order to be of the most help to your child.

PSYCHIATRIC NURSES. Psychiatric nurses use their skills and experience to provide a wide range of services. They are primarily responsible for the establishment and maintenance of a safe and therapeutic environment. They are responsible in planning the nursing care of your child and participate in coordinating planning, implementing, and evaluating your child's total treatment. They work to ensure that your child receives the care that he/she needs.

CHILD PSYCHIATRISTS usually head the treatment team. They are responsible for your child's evaluation and treatment. They lead group therapy and/or have patients in individual psychotherapy and family therapy.

PSYCHOLOGIST. Usually psychologists will be giving your child a battery of tests soon after admission to help the team understand your child's difficulties and to plan his/her treatment program. They also treat patients in individual, group psychotherapy, family therapy, or may be responsible to head a treatment team.

SOCIAL WORKERS provide counseling (casework) in a variety of social and clinical services to your family, depending on your particular needs. They may gather information and provide a social work evaluation to the ward team to help them more quickly and to completely understand your child and to provide your child and his/her family with treatment. Often they meet regularly with you to keep you up to date on your child's progress. Social Workers can assist family members in making changes in themselves and in other helpful ways. A social worker may see you and your family in family treatment when you need to work on problems together. When your child is ready to leave the hospital, the social worker can help you make living and school arrangements. They may also consult with other individuals in your community if it would be helpful to you and your family.

ACTIVITY THERAPIST is responsible for helping your child discover the activities that will help him/her identify and solve some of his/her problems that brought him/her into the hospital. The activities, occupational, recretional, and music therapy are a part of the total treatment program and are designed according to your child's emotional, developmental, and

educational needs. Emphasis is placed in providing your child with activities that are age appropriate and promote growth.

Educational and vocational planning continue with patients in the hospital. On admission, or shortly therafter, the hospital needs a school transcript. The school and work needs are considered in planning treatment programs. SPECIAL EDUCATION TEACHERS at the hospital can help your child to continue with his/her education. The teacher is a member of the treatment team so that learning becomes not only educational but therapeutic. Your child may work with the special education teacher individually or in a small class. THE VOCATIONAL REHABILITATION COUNSELOR works with the team to assess job aptitudes and interests of adolescents to determine their need for job training or placement. The counselor makes the community contacts which lead to on the job training; technical, vocational, or business schooling; college education or a satisfactory job placement. The over-all goal is that the adolescent achieves a successful personal and vocational adjustment back into the community.

Roman Catholic and Protestant worship services are held every Sunday at the hospital. CHAPLAINS are available to patients for pastoral visitation and counseling. They are also available to your minister for consultation.

At the time of his/her admission, your child will have a complete physical and neurological examination which is repeated yearly. Whenever a medical problem develops, the psychiatrist will refer your child to the GENERAL PHYSICIAN. If necessary, our child may be transferred to a

local hospital for further medical/surgical services. Some laboratory tests and dental work are done at the hospital. Specialists in Topeka are consulted whenever necessary.

DIETARY PERSONNEL form a very important department in the hospital. They are deeply involved in the patients' total well being and are integral members of the treatment team. They see that the patients get three nourishing well-balanced meals daily. They attend to special dietary needs and help provide a pleasant atmosphere for dining. If your child is on a special diet, a Registered Dietitian will talk with you about it.

VOLUNTEERS. Volunteers are people from the community who find it rewarding to devote their time to helping people who are hospitalized. They are not formal members of the treatment team, but they provide many of the extras which brighten life on the wards. Although they do not see children directly, volunteers help activity therapists with the organization of special activities.

Many other staff members make it possible for Topeka State Hospital to be a treatment community. Those who work in the supply, reimbursement, business, and medical records offices are vitally concerned with the patients' well being. Our hospital post office keeps the mail moving. The laundry supplies clean linen. Bus service for patients to community activities - swimming, bowling, or to attend a show - is provided by the Transportation Department. The grounds crew keeps up our 392-acre grounds. The Maintenance Department keeps the hospital comfortable and in repair. The cooperation of many

people is involved in making your child's stay in the hospital as helpful as possible.

TREATMENT PHILOSOPHY

We believe children have the right to humane, up to date, economically sound and readily available treatment. Treatment at the Children's Section of Topeka State Hospital includes a variety of psychological therapies, including individual, group, and family; the use of appropriate medication, including tranquilizers or other suitable drugs; activity therapies - occupational/recreational, music, educational/vocational programs; social work with relatives; and a range of other services provided by the hospital, such as medical care for conditions which are primarily physical in origin, including adjusted diets as necessary. No paid assignment or involuntary labor is considered part of the treatment.

Under certain circumstances, the child's freedom of movement is restricted to prevent self or others' injury and to assist the child to regain control, but under no circumstance physical discipline or abuse is allowed.

Overall, the professional staff works to create a therapeutic milieu through the interaction of the employee, patients and the physical environment. Daily activities and meetings of children and staff provide a forum for full and meaningful interactions between staff and children. Here feelings and interactions are dealt with, activities are planned, privileges are reviewed and modified. The role of the staff is to guide, understand and support the child's move to healthier ways of behavior, sharing, caring, accepting, and investing in each other.

WHAT DOES THE HOSPITAL EXPECT OF YOU AND YOUR CHILD?

Children are expected to participate with the staff in the various treatment programs and to work with the treatment team. They are taught and encouraged to find alternate ways of behavior, to learn to relate to adults in meaningful ways, to be able to control their impulses so as to develop better social skills, to go to school, and to relate to others in work and play. They are expected to take the usual care of themselves, paying attention to their personal appearance, diet, and cleanliness, all supervised by the nursing staff. They are expected to conduct themselves with regard and respect for the rights and feelings of others with whom they live and work.

They are expected to take care of their environment, helping keep their rooms neat and clean.

Your child's ability to engage in personal and group activities, to accept rules and regulations, to get along with others, all are important indicators of how well they are getting along and progressing in their treatment.

Cooperation and participation of members of the family are vital factors in effective care and treatment of children. Parents are encouraged to communicate with the staff and their child, and to be active in the treatment program. We encourage the patient and parents or legal guardian to question and learn about their evaluation and treatment while in the hospital and after they leave the hospital. The

child is informed and encouraged to ask about medication, activities, privileges and restrictions, consultations with specialists, etc. In addition to weekly family therapy, parents also participate in open houses or parents' groups and informal conferences with members of the professional staff. Parents must work with the Reimbursement Office in arranging to pay for the child's hospitalization.

WHAT ARE THE PATIENTS' RIGHTS?

Rights which must be absolutely safeguarded:

1. Full citizenship (except as excluded by law).

2. Application for a writ of habeas corpus.

3. Petition for judicial release.

4. Access to legal counsel.

5. Explanation of status, including medication, to the individual and family.

6. Ready access to information about all applicable statutes, rights, responsibilities, regulations, and any appeal procedures.

7. Multiple entrance appeal procedures and mechanisms so the individual, his family, or other concerned persons may initiate an appeal regarding a supposed deprivation of rights.

8. To refuse involuntary labor and to be

paid for any work performed other than the housekeeping of his or her own bedroom or bathroom.

9. Not to be subjected to such procedures as psychosurgery, electric shock therapy, experimental medication, aversion therapy, or hazardous treatment procedures without the written consent of the patient and the written consent of the parents, guardian, or other person in loco parentis, if such patient has a living parent or guardian or other person in loco parentis.

10. To have explained, if requested, the nature of all medications and treatment prescribed, the reason for the prescription and the most common side effects.

11. To communicate by letter with the Secretary of Social and Rehabilitation Services, the head of the treatment facility, and any court, physician, or attorney, and all such communications will be forwarded at once to the addressee without examination, and communications from such persons shall be delivered to the patient without examination.

12. To be visited by his or her physician or attorney at all times.

13. To be informed orally or in writing of his/her rights under the section upon admission to a treatment facility.

RIGHTS OF TREATMENT WHICH MUST BE GUARANTEED

1. Admission assessment within twenty-four hours after admission.

2. Prompt and adequate medical attention for physical illness.

3. Care and treatment provided by a qualified staff.

4. Proper and adequate medication.

5. The least restrictive conditions necessary to achieve adequate care and treatment.

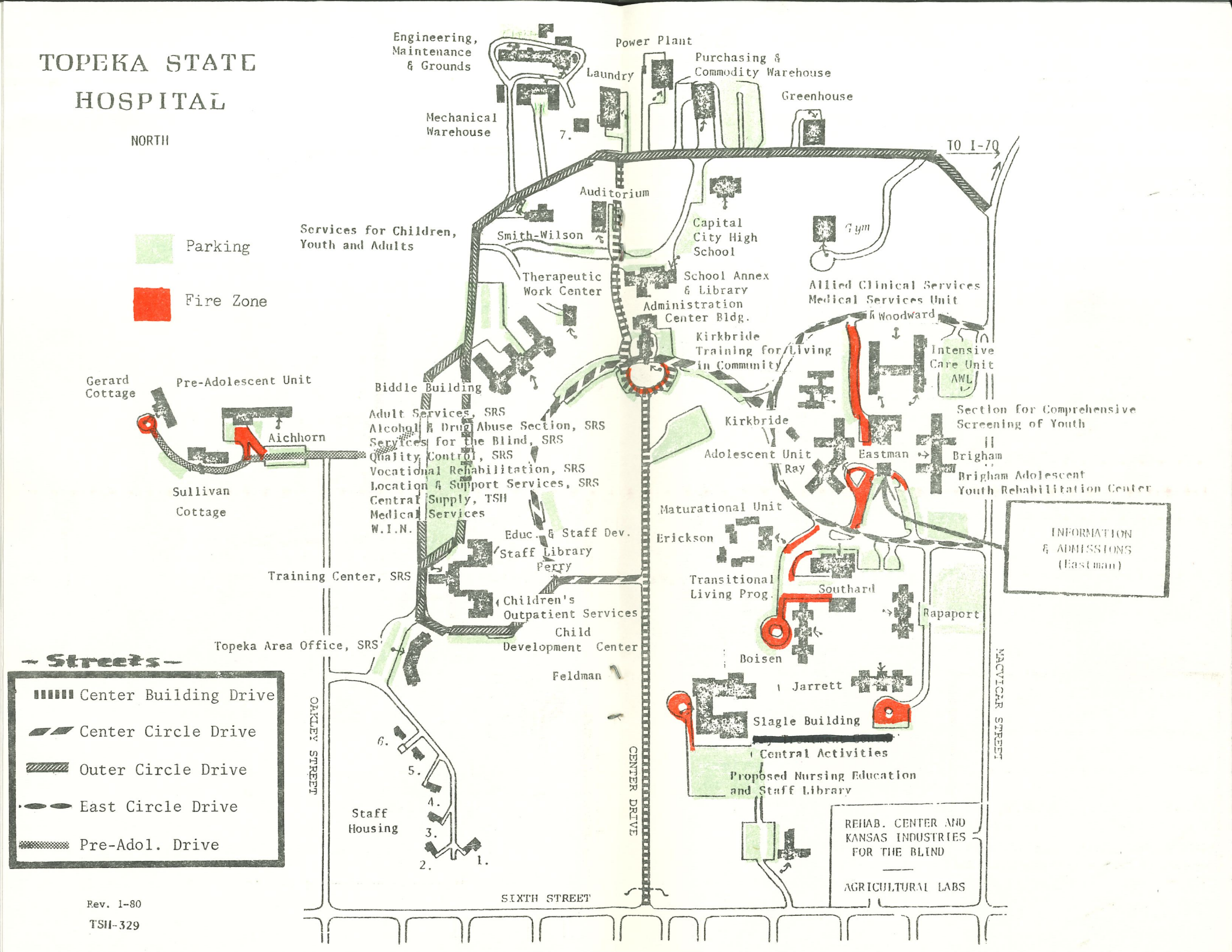
6. A treatment - training program planned to meet individual needs.

7. To know (and/or for the family to know) the names and titles of all the staff persons concerned with treatment provided, and who is regularly responsible for such care.

8. Proper, safe, and sanitary shelter, appealing and nutritious food, and security of self and personal possessions, insofar as it is consistent with the needs of treatment.

9. Adequate opportunities of an ongoing nature to work with professional and paraprofessional staff members and with parents - guardians - in treatment planning and decision making.

TOPEKA STATE HOSPITAL



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RIGHTS WHICH MAY BE WITHHELD OR SUSPENDED FOR THERAPEUTIC REASONS OR UNDER EXCEPTIONAL CIRCUMSTANCES WHEN PROPERLY DOCUMENTED IN THE RECORD:

1. To wear his/her own clothes, keep or use his/her personal possessions, including toilet articles which should be kept in plastic containers, and have and be allowed to spend his/her money.

2. To communicate by telephone, both to make and receive confidential calls, and by letter, both to mail and receive unopened correspondence. Incoming letters are not opened or censured by staff members. Outgoing letters may be reviewed by ward physician and corrected to educate patients on appropriate letter writing. Relatives are encouraged to write.

3. To receive visitors as scheduled.

RIGHTS AND RESPONSIBILITIES OF CHILDREN:

No juvenile who is a resident in a Kansas State facility shall be expected to exercise rights and privileges, nor shall be accorded responsibilities, which are by law or generally accepted practices reserved or limited to adult citizens. A child or juvenile remains under control of natural, adoptive or foster parents or legally appointed guardian. The parent or guardian together with the staff members of a state facility act in his/her behalf on matters set forth in this paper. Parents and guardians must be kept informed of the management of all aspects of the juvenile's living situation by

the staff members in their function in loco parentis. However, no juvenile residing in a state facility shall be denied or deprived of the rights applicable to all citizens as guaranteed by law.

WHAT HAPPENS WHEN YOUR CHILD IS ADMITTED?

(The following will be discussed with your child at the time of admission.)

When your child is admitted to the hospital, the social worker and physician will meet with you and explain the rules and regulations. You will also meet the ward personnel. The social worker may set up a schedule for weekly family therapy and will require pertinent information about your child and your family. You will be required to meet with the Reimbursement Officer to determine hospital fee and billing.

On admission all patients have a physical examination by a physician and in the first days after admission, all children receive the following tests or examinations:

1. Blood examination.
2. Urinalysis.
3. Skull x-rays, as needed.
4. E.E.G. (brain wave tests).
5. Psychological testing.
6. You may be asked to complete a developmental questionnaire which aids the evaluating team in understanding your child.

7. Speech and hearing examination (if needed).
8. Neurological examination (if needed).
9. Dietary interview.

These various examinations and tests are part of the treatment program and are essential to give children the highest quality of treatment and assist the staff in helping them.

Shortly after arrival the clothes are labeled by the staff with the child's name to ensure their identification and to protect them from loss. Any questions about visits, clothing needs, hospital rules, or special concern should be communicated to the social worker at the time of admission.

WHAT IS TREATMENT LIKE?

The basic treatment used at the Topeka State Hospital is called milieu therapy. This means that everything that goes on in your child's environment and everyday life is planned to contribute to his/her getting well. From the time the child wakes up to the time that he goes to bed his activities are planned and regulated by the staff. The Nursing staff will look over the child's personal needs, see that they are prepared for their meals, to attend school, dental check-ups, and special activities. Recreational activities, privileges, restrictions, and responsibilities all are part of the treatment program. The purpose of treatment is to provide support for the child to more effectively deal with the pressures of daily life, to improve their relationships with others, to understand their conflicting emotions and change their behavior,

thus to free them to better utilize their potential and adjust to society in the future. Treatment is nevertheless different for each patient. While one child may need firmer limits and controls, another may need help to express himself more freely. The treatment team frequently evaluates the progress made and makes the necessary changes in the treatment plan as your child improves and their needs change.

It is quite a job for a patient to give up the old patterns of thinking, feeling, and behaving that have contributed to his troubles. Each change may be hard work, even painful. For some, treatment moves fast; for others, it is slower. It begins when you walk in the door, and often continues with follow-up care after the child is discharged. After leaving the hospital, some patients may continue as outpatients in individual or family therapy.

WHAT ABOUT THE HOSPITAL BILL?

All charges for hospitalization are handled by the Reimbursement Department. It is located in the Administration Building. You must contact the Reimbursement staff at the time of or prior to your child's admission. Only the Reimbursement staff has the authority to adjust the daily charges. If you have insurance, this information should immediately be brought to the attention of the Reimbursement staff. If the family is financially unable to pay the charges, there is a possibility that Medical Assistance (Medicaid) can be utilized. The Reimbursement staff will help in any way to ease the worry of the daily costs and to arrange for any available benefits such as Social Security, Veterans benefits or Supplemental Security Income.

WHAT ABOUT SOCIAL SECURITY, MEDICAL ASSISTANCE, MILITARY BENEFITS, MEDICAID, AND OTHER BENEFITS FOR WHICH YOUR CHILD MAY BE ELIGIBLE?

If your child is eligible for such benefits, the Reimbursement Department will assist in applying for them. Your cooperation is essential to such applications.

WHAT ARE THE WARD ROUTINES?

A. General: Because each patient's program is planned by the treatment team to meet the special treatment needs of the individuals, the routine of each ward is designed to meet and fulfill these many and varying needs. Therefore, each ward differs regarding such routines; however, we do stress consistency and predictability in implementation of those routines such as mealtime, bedtime, activities, etc.

B. Fire and Safety.

1. No smoking is permitted.

2. Sharp instruments, aerosol cans and other combustible material are retained by the staff for proper storing. Plastic containers rather than glass are encouraged.

3. Electric razors are permitted on individual basis.

4. No electrical toys

5. Battery operated radios.

WHAT CLOTHING WILL YOUR CHILD NEED?

It is recommended that only 7 or 8 complete changes of clothing be brought. We recommend that the children bring easy care, mostly casual, washable clothing. Here is a list of suggested clothing.

CLOTHING LIST FOR PREADOLESCENT UNIT:

BOYS

7 pr. jeans or wash pants
7 knit shirts
1 pr. washable dress pants
1 dress shirt
6 knit underpants
1 sweater or light jacket
1 pr. house slippers
6 T-shirts
1 pr. oxfords
1 pr. tennis shoes
3 pr. pajamas
1 bathrobe
1 raincoat
6 pr. socks

GIRLS

7 pr. slacks
7 tops
1 dress
6 undershirts (vests)
6 pr. cotton panties
1 slip
4 bras (if needed)
3 pr. pajamas
1 bathrobe
1 pr. house slippers
1 pr. oxfords
1 pr. tennis shoes
1 raincoat
6 pr. anklets
1 sweater or light jacket

SEASONAL CLOTHING FOR PREADOLESCENT UNIT

Boys	Girls
1 winter coat	1 winter coat
1 cap	1 hat
1 pr. gloves	1 pr. gloves
1 pr. snow boots	1 pr. snow boots
1 pr. swim trunks	1 swimsuit (one piece)
4 pr. shorts	4 pr. shorts

Also needed: Comb, brush, toothbrush and toothpaste and shampoo.

Children are encouraged to bring their favorite toys, games, and books. These should be durable and inexpensive.

The children may have watches and transistor radios.

Electrical toys are not permitted.

CLOTHING LIST FOR ADOLESCENT UNIT

BOYS

8 shirts
8 T-shirts
8 briefs
8 pr. socks
8 pr. trousers or jeans (1 dress pants)
3 pr. pajamas
1 lightweight jacket
1 coat (all purpose
3 sweaters or sweat shirts (at least 1 sweat shirt for gym)
3 pr. shoes (1 pr. tennis)
1 robe
1 pr. house slippers (soft-soled)
2 belts
1 swim trunks
1 hat
1 pr. gloves
1 pr. overshoes

GIRLS

8 blouses and skirts and dresses (1 dressy dress)
2 sweaters (pullover or cardigan)
7 pr. slacks, jeans, or shorts, at least 1 long pr.
4 T-shirts or sweat shirts or knit (wear with slacks)
2 coats (1 jacket and 1 all purpose
3 pajamas (nightgown or garment)
1 robe
3 pr. shoes (1 tennis, 1 dress, and 1 casual)

Girls - Cont'd

8 bras
10 pr. panties
5 slips, long, half, or petti-pants
6 pr. socks, including footies
2 pr. panty hose

1 pr. slippers (soft sole)
1 scarf
1 swimsuit
1 pr. gloves
1 hat or summer hat
1 pr. snowboots or 1 pr. everyday use

WHAT OTHER PERSONAL ITEMS WILL THE CHILD NEED?

Comb and brush, toothbrush, toothpaste, deodorant, shampoo. For their protection and the protection of others, nothing can be brought in a glass container and nothing with a sharp edge or point can be brought to the ward.

WHAT ABOUT LAUNDRY AND DRY CLEANING?

There is a washer and dryer available on the ward for the patients to do their laundry. Detergent is furnished by the hospital and the activity is supervised by the nursing staff.

HOW LONG WILL THE PATIENTS STAY HERE?

This depends on the type and degree of their emotional difficulties. Our aim is to return them to their homes and community as soon as this is possible. We encourage you to discuss your child's treatment program and progress with your social worker.

LEAVING THE HOSPITAL:

As your child is ready to be discharged, the treatment team will help him/her prepare to return to the community. This is usually done over a period of months where visits home, weekend passes, school off grounds, vocational training, and other activities outside the hospital are steps along the way.

It is possible for a patient to return to the community without being discharged immediately. On limited leave, patients may leave the hospital for a specified length of time which would be determined in your work with the treatment team. On convalescent leave, patients return to the community for an indefinite period and may return to the hospital for follow-up care.

If your child is a voluntary patient, you have made a written application for admission and your child has been accepted with the understanding that you will abide by the hospital rules and regulations. Should you desire for the child to leave the hospital before the treatment staff agrees that he/she is fully ready, you must request the discharge in writing, and that request must be granted within a reasonable time, that shall not exceed three days after receipt of the request, excluding Sundays and legal holidays. Voluntary patients are generally discharged directly to the community to be followed by a physician or a community mental health center.

Patients who are admitted as involuntary on an emergency hospitalization request cannot be held longer than seventy-two hours following

admission, excluding Sundays and legal holidays, without a hearing by a probate court.

Community attitudes towards mental illness are changing. Employers are now more willing to help patients and former patients. Many schools have counsellors who can help children who have been in residential treatment and they can provide special learning programs if needed. Mental health associations are helping to provide aftercare for patients who return home and to their families. Professional help is available through the mental health centers which serve the thirty-one counties in the Topeka State Hospital area.

For some patients, returning to the community means going home again. For others, it means starting a new life on their own. For all, it offers a mixture of hope and fear. Before discharge, the hospital staff will confer with you and the agency to make sure that your child's re-entry to the community be a smooth and successful one.

Attachment A

STATE OF KANSAS
JOHN CARLIN, GOVERNOR

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

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

March 11, 1980

The Honorable Robert V. Talkington
Chairman
Special Study Committee on Social
and Rehabilitative Institutions
Senate Chambers
State House
Topeka, Kansas 66612

Dear Senator Talkington:

Thank you for the opportunity to appear before the Special Study Committee on Social and Rehabilitative Institutions to discuss the management structure and the utilization of personnel at Rainbow Mental Health Facility.

Rainbow became a separate state agency on July 1, 1978, as authorized by state law. Prior to that time, it functioned as a unit of Osawatomie State Hospital. It is established in accordance with state law, which governs the operation of state psychiatric hospitals, and operates under the authority of the Commissioner of Mental Health and Retardation Services, in accordance with standards established by the Secretary, Department of Social and Rehabilitation Services.

By contractual agreements contained in a federal grant, Rainbow provides Inpatient and Partial Hospital services to the residents of Johnson and Wyandotte Counties as a part of the Comprehensive Mental Health Delivery system in the area served. In return for these services, the federal grant has provided $1,101,865 for building costs and $1,704,305 for staff costs over the last 7 years.

The management structure of Rainbow is designed to fulfill the mission and to maximize the special unique factors within the Rainbow program. The mission of Rainbow is:

1. To provide inpatient and partial hospitalization services to children, adolescents, adults, and substance abusers.

2. To provide short term psychiatric treatment with maximum family involvement and minimum family disruption.

3. To pioneer and implement new models of mental health services between a State Hospital and Community Mental Health Centers.

4. To work with other service agencies to provide continuity of care for patients, and to reintegrate them into their communities.

Several unique factors which combine to improve the services of Rainbow are:

1. Rainbow, as a State institution, designs its program to be integrated into the overall goals and objectives of Johnson and Wyandot County Mental Health system. Admission offices for the program are located in community centers. Nearly 100% of patients are referred for continued care back to the centers after short term hospitalization. Staff members of the community centers join with Rainbow staff in planning and overseeing the patient treatment while in Rainbow. This new model of relationship with community mental health centers reduces the length of stay, improves the effectiveness of follow-up, and reduces the readmission rate.

2. Rainbow has a rated capacity of twice as many partial hospitalization patients as inpatients. All patients live within a 20-mile radius of the hospital, which allows many of them to return home at night. This allows many more patients to be treated in limited building space. It also allows a much less expensive form of treatment to be available for patients. This fact may be noted in observing the comparatively low operating expenditure per released patient.

3. Rainbow was founded on the belief that treatment should be offered in a manner of minimal disturbance to family life. To facilitate this, patients return to their homes one or two days per week as soon as clinically indicated. Additionally, patients are treated in small family-like cottages to avoid an institutionalization feeling. Therapeutical emphasis is placed on the available strengths of the patient, encouraging him to assume increasing amounts of responsibility and to return to independent functioning in society sooner.

4. Families are always actively involved in the treatment. A high percentage of therapeutic transactions are conducted with family members and/or significant others, such as school personnel, referral sources, etc.

5. Finally, Rainbow is a short term acute care facility. Every effort is made to avoid, or at least to shorten, the inpatient hospitalization; partial hospitalization is considered as a main therapeutic intervention and discharge to Community Mental Health Centers is planned to reduce length of stay. A low average length of stay increases the number of patients treated per year.

Enclosures #1 and #2 are an organization chart and a detailed narrative of the organizational structure at Rainbow. The management structure is a traditional hierarchy through natural supervisory positions to the Superintendent, who is the Chief Executive Officer. Strong supervisory authority rests in the office of the Clinical Director to supervise all clinical treatment.

The clinical program is subdivided into Services to Children & Adolescents and Services to Adults. The Adult Service includes a unit which treats alcohol and drug abusers. The Directors of the Services are responsible for the administrative and clinical functioning of their respective services.

Each Service has three cottages, each of which treats 10 Inpatients, and up to 20 Partial Hospitalization patients. A multidisciplinary team of mental health professionals is assigned to carry out these treatment programs. A Psychiatrist is the Team Leader for each team, and is responsible for the treatment provided.

In addition to the supervisory line of authority diagrammed on enclosure #1, a series of committees functions as an integral part of the management structure, as described in enclosure #2. The Executive Committee is comprised of the Superintendent, Clinical Director, Director of Adult Service, and Director of the Child and Adolescent Service. The Executive Committee develops overall goals and assures that the whole hospital program is working toward accomplishing these goals.

The General Staff Conference is comprised of Department Heads, Service Directors, Clinical Director, and Superintendent. This Committee meets weekly and is a vehicle of two-way communication between all levels of staff. Decisions which have hospital-wide effect are discussed and promulgated at the GSC. All Policies and Procedures, for example, are adopted by this committee. Information flows through this committee both up to the Executive structure, and out to all members of the hospital staff.

In addition to these internal supervisory and committee structures, which are fully described in enclosure #2, there are several community committees which affect the management structure at Rainbow. The first of these committees is the Joint Comprehensive Coordinating Committee. This committee is comprised of representatives from Johnson and Wyandotte County Mental Health Centers, KUMC, the State Social & Rehabilitation Service, and Rainbow. The committee meets monthly to see that all mental health programs integrate with each other.

An Advisory Council has recently been approved at Rainbow. The Council will be comprised of 9 community citizens who will make recommendations for program development, review and make recommendations concerning current programs, and will assist in employing the Superintendent of Rainbow when the position is vacant. This committee has been developed to resolve the governance issue, which has been a conflict between State and community control. By this agreement, the State will retain administrative control, but will be very receptive to community recommendations. The Advisory Committee will help Rainbow relate well to the community it serves, and will resolve some of the struggle over control.

In addition to these two formal committees to help Rainbow integrate its services into the community, there are many informal contacts with Courts, schools, SRS, etc.

A total of 115 staff are allocated among the various programs. Several factors impact on the level of staff coverage needed at Rainbow:

1. Physical Structure of Building Design

Rainbow was designed as a modern psychiatric facility utilyzing a small cottage system rather than a large ward system of patient treatment. This design has proven to be very therapeutic for patient care. It allows a family feeling to develop among patients which may be capitalized on by staff in working closely with each patient. This improves treatment and reduces the length of stay required for patients. However, the six separate cottages, with doors and hallways between them, require a special staffing pattern. Experience has demonstrated that at least 2 persons are required on each cottage during the hours the patients are awake. Usually, at least one patient is in need of close supervision at any time. The remaining staff are required to treat the other patients.

2. Interaction with Partial Hospital patients

The patient population of 10 inpatients on each cottage is increased by the addition of from 5 to 10 Partial Hospital patients during the day and/or evening shift. This increases the number of patient staff contacts from 50% to 100%.

3. Children's Treatment Program

Three of the six cottages are for child and adolescent treatment. The number of children in treatment comprise about 50% of the total patient population. These cottages require a higher staff/patient ratio in order to be therapeutic and safe. Because of the nature of their emotional immaturity and their behavioral disorders, children require closer, if not constant, observation. Smaller children are involved in a constant learning experience, while adolescents frequently act out their aggressiveness. There is also a greater complexity in the management of their individualized Treatment Plans which involves much closer supervision in various settings.

4. Interaction with other Community Agencies

Patients are taken to other facilities for medical evaluation and treatment, to local SRS offices for services and financial assistance, to Voc Rehabilitation for employment evaluation and training, to courts for hearings, and various other community service agencies. Staff are required to accompany patients on three to five appointments outside of Rainbow per day. Frequently, particularly at medical facilities, there is a waiting period before the patient may be seen, which extends the amount of time away from the agency.

5. Short Term Nature of Treatment

The length of stay for adults is only 21 days, which is much shorter than other psychiatric institutions. This allows many more patients to be treated per bed per year. Treating patients at twice the treatment rate

of other psychiatric institutions increases staff activities such as complex evaluations and discharge plans, more therapeutic treatment groups per day, and more paper work.

These factors combine to make staff coverage marginal. Significant community agencies continue to criticize adequacy of staff coverage. The Governor ordered a staffing review be made. As a result of this study, the Governor proposed Rainbow's budget for FY 1981 increase staff by 5 of the 14 positions requested.

The turnover rate for Psychiatric Aides, Mental Health Technicians, and Registered Nurses is a problem.

Class	Annual Turnover Rate
Registered Nurse	71%
Mental Health Technician	39%
Psychiatric Aides	37%
Health Service Worker	87%

Factors which will reduce turnover have been identified as:

1) Commence a special effort to ascertain reason for termination during termination interview with each employee.

2) Increase staff so that people take holiday and vacation time without others having to work overtime or with low coverage.

3. Increase salaries to be competitive with other area hospitals. If approved, the nursing position reclassification will accomplish this for that class, but the other two classes will also need increases.

4. Reconsideration and enactment of proposal for metropolitan area pay differential.

5. Reconsideration and enactment of proposal for shift differential pay plan.

6. A plan to purchase back a percentage of unused sick time on an annual basis.

7. Authorization for Rainbow staff to attend educational programs at Kansas University Medical Center on the same reduced fee basis as other state employees employed at the Medical Center.

A strong orientation and inservice training program exists for staff. All new employees receive approximately one week of orientation before beginning their regular assignments. New Psychiatric Aides employed are provided 13 weeks of Aide training shortly after they are employed. The average employee receives 150 hours of inservice training per year. This represents a major investment of funds, but is felt to be a needed and worthwhile expenditure.

The single most significant problem which has affected Rainbow's management programs has been the forced need to "grow up in a fishbowl". In late 1978 and early 1979, the Executive Committee and General Staff Committee began recognizing the fact that the rapid growth phase of implementing all the

various programs at Rainbow had been accomplished. A time had been reached when it was necessary to contain the rapid expansion of programs, and to concentrate on internal structure. Steps were begun to solidify the administration and clinical management systems to be ready for an accreditation visit by JCAH. Problems were identified as needing to improve the written policies and procedures, strengthen the supervision processes, improve the completeness of the medical record system, develop a better quality assurance system, obtain more staff, increase the training program for staff, and to take efforts to reduce turnover of staff. In June, 1979, the incident of a Security Guard allegedly abusing children catapulted Rainbow onto front pages of newspapers. During the subsequent investigations, the staff shared with the investigators the areas we had identified as needing improvement. Many of these became the central points in their findings and recommendations. The pace for implementing these recommendations quickened immensely and is now nearly complete. See enclosures #3 and #4 for follow-up reports on implementation of recommendations.

There are several factors about the efficiency and effectiveness of Rainbow which need to be pointed out in closing. Most of these are documented in enclosure #5:

- 88% of clients report satisfaction with treatment 3 months after discharge.

- a 50% increase in number of patients who are working 3 months after discharge.

- a 62% decrease in public system dependency 3 months after discharge.

- significant improvement in children staying in school 3 months after discharge.

- a 1½ year academic growth achieved for 9 months in Rainbow School.

- a 1/3 readmission rate, compared to national average of 1/2.

- minimal use of seclusion or restraints, and minimal use of major tranquilizers.

- highest number of patients treated, per bed available, because of short term treatment.

- Lowest cost per discharged patient of any State institution.

With the improvements which have been made in management and staffing over the past year, and with the high degree of effective and efficient treatment, Rainbow looks forward to being surveyed by JCAH. We are in compliance with the highest standards required of a psychiatric facility.

Sincerely yours,

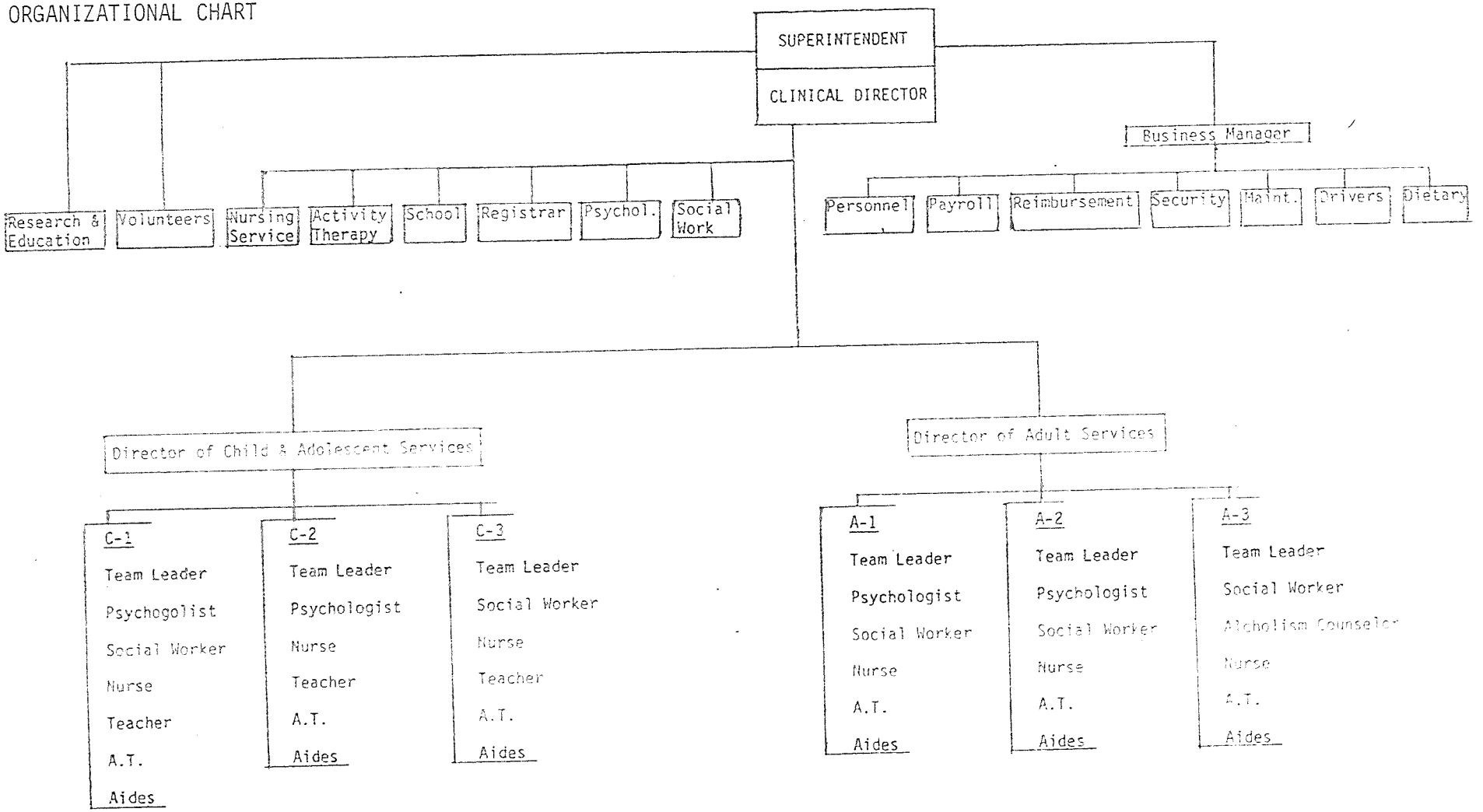
Jack L. Southwick

Jack L. Southwick
Superintendent

JLS:md

Attachment C #1

RAINBOW MENTAL HEALTH FACILITY
ORGANIZATIONAL CHART



C #2

RAINBOW MENTAL HEALTH FACILITY
POLICY MANUAL

Organizational Structure

DATE: December 18, 1979

FROM: Superintendent

Rainbow Mental Health Facility became a state agency on July 1, 1978, as authorized by law passed by the state legislature. It is established in accordance with state laws which govern the operation of state psychiatric hospitals, and operates under the authority of the Commissioner of Mental Health and Retardation Services, in accordance with standards established by the Secretary, Department of Social and Rehabilitation Services.

The Superintendent of Rainbow is responsible for the overall functioning of the entire program at Rainbow. The Clinical Director is responsible for the clinical aspects of the treatment provided. The Superintendent and the Clinical Director must work closely together to carry out their respective and joint responsibilities.

The Superintendent is appointed by the Governing Body, which is the Secretary of the Department of Social and Rehabilitation Services. The Superintendent is supervised by the Commissioner and the Secretary. The Superintendent supervises the Clinical Director, Business Manager, Volunteer Coordinator, Director of Research and Training, and his secretary. The Superintendent delegates duties and authority to those people he supervises, the Directors of Services, and Department Heads.

Strong supervisory authority rests in the office of the Clinical Director to supervise all clinical treatment at Rainbow. The Clinical Director is responsible to the Superintendent. The Clinical Director supervises the Director of Adult Service, Director of Child and Adolescent Service, Director of Nursing, Director of Activity Therapy, Director of Psychology, Director of Social Work, and the Registrar. The Directors of the Adult Service and of the Child and Adolescent Service are appointed by the Superintendent after consultation with the Clinical Director. The Directors of the Services are responsible for the administrative and clinical functioning of their respective services. When the Director of a Service is not a physician, the clinical responsibility rests with the Team Physician. The Directors of the Services are individually supervised by the Clinical Director. The Directors of the Services supervise the physician team leaders and other key staff in their respective Services.

The Superintendent, Clinical Director, Director of Adult Service, and Director of Child and Adolescent Service form the Executive Committee. The purpose of the Executive Committee is to give leadership, guidance, and coordination to the entire program. The Superintendent uses the Executive Committee Meetings to inform himself of the special problems of the program and to directly supervise the top management staff. The Executive Committee meets weekly and is on call for more frequent meetings, when requested by the Superintendent.

The Superintendent and the Clinical Director are responsible for hiring a Medical Staff of qualified Psychiatrists. The Medical Staff is supervised

by the Clinical Director and/or the Service Directors in individual meetings, and during a weekly Medical Staff Conference. The responsibilities and duties of the Medical Staff are defined in the Medical By-Laws, and are discussed further in a later section.

A Department Head is appointed by the Superintendent for each Department, after consultation with the Clinical Director. The Departments are: Nursing, Activity Therapy, Business/Administration Services, Social Work, Psychology, Special Education School, Research & Employee Education, Medical Records and Registrar, and Volunteers. The Department Head of each Department is responsible for the administration of his/her respective Department.

The Department Heads, Service Directors, Clinical Director, and Superintendent comprise the General Staff Conference, which meets weekly. The General Staff Conference is a vehicle of two-way communication between all levels of staff. Decisions which have hospital-wide effect are discussed and promulgated at the GSC. All Policies and Procedures of the hospital, for example, are adopted at this conference. Members may use this conference to bring their areas of concern to all other top and middle level key people at the hospital. The Superintendent may use this conference to promulgate new directives which, through further meetings with the Service Directors and the Department Heads, should theoretically reach each member of the hospital staff.

The larger Departments, i.e.: Nursing, Activity Therapy, and Business Administration Services, have appointed Supervisors to directly supervise employees. These Supervisors are under the direct supervision of the Department Head. In the smaller Departments, the Department Head is the direct Supervisor of all employees. Each Department Head is responsible for holding periodic Departmental Meetings. Information from GSC, as well as information to be taken to GSC, is discussed.

The Adult Service and the Child and Adolescent Service each holds weekly Service Meetings. The key members from each of the three cottage treatment teams which make up each Service attend these meetings. The meetings are frequently attended by the Clinical Director, Director of Volunteer Services, and other key people, as necessary. The Superintendent attends when there is a special issue which requires his attendance. Both clinical and administrative issues which affect the entire Service are discussed at this meeting. The Director of the Service chairs the meeting, and uses it to coordinate the efforts of the Service and to provide supervision and direction to the staff. Information from GSC, as well as information to be taken to GSC, is discussed. The key staff members from each team who attend are responsible for relaying information on to the remainder of staff on their cottage treatment teams. There are 6 cottage treatment teams, as follows: C-1, age 12 - 16; C-2, age 5 - 12; C-3, age 16 - 18; A-1, general psychiatric adult; A-2, general psychiatric adult; A-3, Substance Abuse.

Cottages are assigned a multidisciplined team from the professions of psychiatry, nursing, social work, psychology, teaching, alcoholism counseling, activity therapy, mental health technology, and psychiatric aide. The available staffing pattern does not permit the assignment of a complete team from each discipline to each cottage, so assignments are made on a need basis. The psychiatrist is the Team Leader for each cottage, and is responsible for the clinical care and administrative functioning of the cottage treatment team. The Team Leader may delegate some of the administrative functioning of the team to another team member so as to concentrate more effort on clinical care, if this is desirable on a particular team. Each cottage has several team meetings each week. The psychiatrist uses these meetings to supervise the overall functioning of the team and to establish a Comprehensive Treatment Plan for each patient. This plan, and the treatment provided as prescribed in the plan, must be periodically reviewed in subsequent team meetings. It is essential that team members participate in the team meetings at which Treatment Plans are made and reviewed, so that they will fully understand the treatment for each patient and the reasons such treatment is prescribed. Only then can they adequately manage their treatment relationships with each patient to be sure their functioning is in concert with the Treatment Plan. In this manner, when isolated incidents occur, which are not specifically covered in the Treatment Plan, the staff members' interventions may be governed by the overall intent of the Treatment Plan.

The staff members on each team receive dual supervision from the Team Leader and the appropriate Department Head or Department Supervisor. Where appropriate, both of these Supervisors will have input into the employee's evaluation and supervision conferences. The Department Supervisor has the primary responsibility to work with the Team Leader to see that supervision and evaluation is conducted properly. The Team Leader, because of knowledge of and proximity to the employee, will record his/her evaluation concerning how well the employee is meeting assigned responsiblities on the team. The Department Supervisor plays an active role in selecting and assigning departmental personnel to the team, in establishing job responsiblities and standards of conduct expected of persons in the respective profession, and for supervision and training to see that staff members reach and maintain the level of conduct expected. In the event that any significant disagreement or discrepancy occurs between these two Supervisors, the Department Supervisor shall initiate a conference with the respective Service Director and Department Head. Hopefully, the disagreement will be resolved. If a resolution is not forthcoming, the Superintendent and Clinical Director will make final resolutions.

The various professional staff members on each team are appointed to be Treatment Coordinators for particular patients. The Treatment Coordinator works closely with the Team Psychiatrist to coordinate the treatment of a specified number of patients. It is the responsiblity of the Treatment Coordinator to see that assessment of patients are made and presented to the team at Team Meetings. The Treatment Coordinator integrates all multidisciplinary treatment approaches for the client, under the supervision of the Team Leader. Family and community resources are coordinaterd by this staff member. The Treatment Coordinator has a primary responsiblity to see that a proper

medical record is kept for each of his/her assigned patients. The Treatment Coordinators, because of their close personal contact with each patient and his/her family, form a natural work supervision group. For this purpose, they meet bi-weekly to discuss medical records, community contacts, reporting, etc. These meetings are usually attended by the Registrar, Medical Records Technician, Director of Research and Training, and the Clinical Director.

The evening and night shift staff function at a time when, frequently, the Team Leader and other professional members of the team are not present. Therefore, special effort must be made to adequately inform the staff who work these two shifts of the Treatment Plan for each patient, so that all interventions with the patient may be in concert with the Treatment Plan. Each team which works during the day must arrange its schedule so that the evening nurses and nursing staff may be involved in the planning and reviewing of the Treatment Plan during the change-over of shifts. It is the responsibility of the Team Leader to see that this occurs.

The evening shift is supervised by two nurses, in charge of the Adult and Child Services, respectively. On weekends, or during times of staff shortages, one nurse may cover both of these Services. The evening nurses have the same responsibility for supervision as the Department Supervisor, described above in the section on dual supervision. The evening Nurse has the responsiblity for informing the Team Leader of the functioning of staff members on the evening shift. It is the responsiblity of the evening shift to see that the Treatment Plan is carried out. If questions arise, the Team Leader and/or Treatment Coordinator shall be consulted by phone.

The night shift is supervised by a nurse for the entire hospital. The Night Shift Nurse has the same duties and responsibilities as the Evening Nurse.

A physician is on duty, and at the hospital, during the evening and night shift, and on weekends and holidays. This physician, called the O.D., is a K.U.M.C. psychiatric resident, assigned by contract to work at Rainbow specifically at these times. The O.D. assumes the clinical responsiblity for all patients while he is on duty. The Nurse on duty and the O.D. must work closely together to carry out their respective and joint responsibilities.

A series of committees exist to give special attention and make recommendations about particular areas of functioning. A partial list of the committees is: Accreditation, Audit, Credentials, Education and Training, Food Service, Infection Control, Medical Records and Utilization Review, Pharmacy and Therapeutics, Research and Evaluation, Research Review and Human Rights, Safety, Space Use, and Volunteer Coordinating. Assignments to the committees are multidisciplinary. The committees review their areas of hospital concern, conduct all required functions, and make recommendations for policies and procedures to the Medical Staff, General Staff Conference, and/or Executive Committee.

Organizational Structure
(Page 5, cont.)

One of the primary missions of Rainbow Mental Health Facility is to provide short term acute psychiatric treatment. This treatment is provided as an affiliate of the Comprehensive Mental Health Centers of Johnson and Wyandotte Counties. Because of the short term nature of treatment, a high volume of patients per staff are treated each year. Because of the affiliate agreement with the Community Mental Health Centers, close contacts must be maintained and implemented on a timely basis with a large variety of community agencies. This rapid turnover of patients and large number of contacts with community agencies requires that maximum professional effort be extended by all staff. To expedite these services, staff members are frequently called on to make independent judgements. To check every judgement or decision with a Supervisor would considerably extend length of stay of patients and result in untimely and irresponsive relationships with other community agencies. However, the team, Department, Service, and Executive levels of the chain of command and internal control remain in effect even when making independent judgements and decisions. Staff members who take such action bear the professional responsibility to report and account for their actions to the appropriate level in the chain of internal control. Supervisors have the responsibility to help Supervisees know their limits of authority. These limits of individual authority emanate from the Job Description of each staff member at each professional level of functioning, from working understandings developed in supervisory conferences, and from the Comprehensive Treatment Plan for the patient. Supervisors have the responsibility to support staff when they function within proper limits. Personnel disciplinary action will be taken against staff who consistently make poor judgements or function outside their limits of authority.

Jack L Scottwick
Superintendent

6 #3

STATE OF KANSAS
JOHN CARLIN, GOVERNOR

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

RAINBOW MENTAL HEALTH FACILITY
JACK L. SOUTHWICK, SUPERINTENDENT
3225 WEST 36TH STREET
BOX 3204
KANSAS CITY, KANSAS 66103
(913) 384-5900

December 5, 1979

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

Routed through: DMH/RS ✓

Dear Dr. Harder:

The following actions have been taken toward implementing the recommendations made by Governor Carlin on September 28, 1979. This is a follow-up on my initial report to you made on October 10, 1979.

1) That outside expert professional clinical consultation be secured to approve of and improve on certain unconventional or radical treatment therapies which might be required for certain patients.

Drs. Laybourne and Christopherson, of the University of Kansas Medical Center, have met with Rainbow staff to begin this review of treatment modalities. The panel will be expanded to include a representative from each of the two Mental Health Centers and, most importantly, a parent/citizen to represent the community.

A directive governing the use of nontraditional therapeutic treatment remains in effect, and is the means by which treatment modalities are currently monitored.

2) That the agency director and senior staff increase the amount of supervision and counseling they provide the staff of the facility; document areas of expected improvement, and terminate employees if progress is not indicated within 30 to 60 days.

Each Service and Department Head has reviewed the internal control plan and developed their own plans for how to implement it in their areas of responsibility. Supervision and counseling has been increased as a result of these steps.

Audrey Miller will conduct a supervision workshop for 25 people at Rainbow. The workshop will be held for 2 days, every other month, starting in January, 1980, and will continue for one year.

tion, 30% in the Mental Health Technician classification, and 71% (5 out of 7 positions) in the Graduate Nurse classification must be reduced.

Special efforts are being made to ascertain the reason for termination during the termination interview with each employee. When sufficient information is available to display trends, a complete report will be made.

8) That Rainbow Mental Health Facility proceed with their plans to request an accreditation survey by the Joint Commission on the Accreditation of Hospitals (set for October, 1979).

The dress rehearsal survey is scheduled for December 10 and 11. A request for an official survey will be made soon after. The Joint Commission on Accreditation of Hospitals has indicated the survey will be held approximately 60 to 90 days after the official request.

We recently received a survey from NIMH and the State Health Department for the renewal of our Medicare Provider certification. The comments made during the Exit Interview were by far the most favorable comments made about the program during any previous survey.

9) That Rainbow Mental Health Facility provide Johnson County Mental Health Center and Wyandot County Mental Health Center with quarterly reports of expenditures and income based on the federal fiscal year which will allow the Centers to project total federal earnings for the period on a timely basis.

All quarterly reports of fiscal information are now current. Agreement has been reached on the format and submission dates of each report. These agreements are now being drafted into policy and procedure statements which will direct the development of the reports in the future.

Sincerely yours,

Jack L. Southwick

Jack L. Southwick
Superintendent

JLS:md
encls.

3) That the Department of Social and Rehabilitation Services assign one key staff member to work with the Rainbow Mental Health Facility Director to provide assistance and support as needed. This staff member should be assigned for two to three consecutive days per work week for a period of one to two months.

Mr. Nemec is continuing his assignment at Rainbow. His assistance and support is much appreciated.

4) That a professional advisory committee be established to review treatment and programing procedures at Rainbow Mental Health Facility. Staff from the Johnson and Wyandot Mental Health Centers and Social and Rehabilitation Services should be regularly and fully included in this review process.

By-laws are being drafted, and will be submitted for approval, for a professional and a citizens' advisory committee. The projected date for the first meeting has been revised from January to February.

A much stronger internal review of programs has also been started. Each major service will have a formal review at least annually. The information developed will be helpful for program planning and budgeting, as well as program review and control. Information developed in the internal review process will be made available to the professional and citizens' advisory committees. The draft of forms to be used in this review are attached, with a calendar showing the proposed review schedule.

Rainbow staff also maintain close working relationships with other community groups and agencies by means other than advisory committees. Attached is a new report which was started in October to document these community contacts. In reviewing this report, there was a great cry from staff that not all contacts were recorded in the proper manner to receive full credit in this report. Therefore, it is likely that this list is a very incomplete reporting of such community contacts. Additional stress will be placed on the necessity to keep the program fully integrated with other community agencies and to document the efforts to carry out this integration.

5) That Rainbow Mental Health Facility, with help of Social and Rehabilitation Services, increase its recruitment efforts to fill one vacant psychiatrist position.

All psychiatrist positions are now filled. All psychiatrists employed have full Kansas licensure, and 57% are Board Certified.

6) That Rainbow Mental Health Facility thoroughly review the use of all Psychiatric Aide, Mental Health Technician, and Registered Nurse positions to determine if additional positions are needed for adequate cottage staffing, with special attention to shift coverage 3:00 p.m. to 7:00 a.m.

A thorough review of these positions has been completed and a request for additional positions was made in the budget request for FY 1981.

7) That Rainbow Mental Health Facility increase its efforts to reduce turnover in the Psychiatric Aide, Mental Health Technician, and Graduate Nurse Classifications. The turnover rate for FY 1979 of 37% in the Psychiatric Aide classifica-

C #4

STATE OF KANSAS
JOHN V. ARLIN, GOVERNOR

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

RAINBOW MENTAL HEALTH FACILITY
JACK L. SOUTHWICK, SUPERINTENDENT
2205 WEST 36TH STREET
BOX 4208
KANSAS CITY, KANSAS 66103
(913) 384-1880

September 13, 1979

Robert C. Harder, Secretary
Department of Social & Rehabilitation Services
State Office Building, 6th Floor
Topeka, Kansas 66612

Routed through: DMh/RS

Dear Dr. Harder:

1. Improve internal control.

2. Improve relationships with key professionals to develop renewed community support and confidence.

These two general goals have been extracted from your report of August 15, 1979, and have been adopted as primary targets for improvement at Rainbow.

A written plan has been developed concerning both of the above general goals and is herewith forwarded to you. Also attached is an action plan documenting steps to address each of the concerns in the August 15 memo. Also included in this information is a review of recommendations, and action taken, as a result of a series of Task Force reports. The Task Forces were made up of representatives from the two Mental Health Centers and from Rainbow.

As stated in the conclusion of the memo, "there is much justifiably to defend at Rainbow". With the improvements anticipated as results from the action plans, Rainbow will be an even better program.

Sincerely yours,

Jack L Southwick

Jack L. Southwick
Superintendent

JLS:md

ACTION PLAN

Plan:	Completion Date:
I Problem of internal control is made up primarily of:	
A. Failure to follow-up written policies and procedures.	
1) Policies and procedures have recently been reviewed, in preparation for accreditation.	Completed
2) Policy and Procedures Manuals are available on each cottage, Activity Therapy Office, Central Nursing Office, Security Office, Business Office, Medical Records Office, and in the office of each Department Head.	Completed
3) Each Department Head to review policies and procedures with department staff.	10-1-79
4) Each staff member to sign that they have read Manual.	10-15-79
5) Each Department Head to make report to Superintendent that all staff in Department have read and signed Manual.	10-22-79
6) Review of Manual included in new employee orientation program and documentation kept that each new employee reads and signs Manual.	Within one month of hiring each employee
7) Manual revised when needed, and completely reviewed each July.	Completed
8) All employees to read and sign Manual annually in August of each year.	Annually
9) Failure to comply with policies and practices will result in personnel action.	10-22-79
B. Too much liberty to make decisions.	
1) Distribute plan for internal control to all staff members.	9-21-79
2) Superintendent, Director of Nursing, and Chief Social Worker attend Certified Public Manager Program.	10-8-79 & 10-29-79
3) Several discussions held, and directives given, with key staff members about tightening up supervision.	various dates

C. Too much authority on each cottage.

1) Strong supervisory authority designated in office of Clinical Director to supervise Team Leaders.	Completed
2) Employ consultant to work with Department Heads, Service Directors, Clinical Director, and Superintendent on: a) cottage and hospital-wide goal setting, b) communication of goals and policies to all levels of staff, and c) administrative structure and supervision for all levels of staff.	9-25-79 through 1-30-80

D. Too much control by individual Treatment Coordinators.

1) Treatment Coordinators' Meeting established as natural work group under leadership of Clinical Director.	Completed
2) Distributed letter to C-2 team concerning control of radical therapy. (attached)	9-24-79
3) Promulgate control of radical therapy policy for entire hospital.	10-9-79
4) Several discussions with Medical Staff about implementing closer supervision of Treatment Coordinators.	Various dates

II Problem of Community Relationships

Distribute plan for Community Relationship to key staff and implement provisions of plan. (See plan attached.)	9-17-79 & ongoing

III Problem of Individual Contacts

A. Meetings held with Wyandot Center to discuss relationship problems of the past and to focus on future improvement.	9-7-79 9-19-79
B. Meetings held with Johnson Center to discuss relationship problems of the past and to focus on future improvement.	9-13-79
C. All Johnson County liaison staff re-invited to any Team Meeting at Rainbow.	9-13-79

IV Reactivate Subcommittee to Secretary's Mental Health Committee.

A. Committee reactivated.	9-5-79
B. Discussed role committee could play in assisting to solve problems identified in memorandum of August 15, 1979. Chairperson will set agenda and meeting dates.	9-5-79

V Immediate action on:

A. Designation of strong supervisory authority in office of Clinical Director in area of clinical treatment programs.

1) Designation made in General Staff Conference.	Completed
2) Procedure on approval of radical therapy designates strong supervisory authority to office of Clinical Director.	10-9-79

B. Enforcement of rules and regulations, hospital written policies and procedures.

See item I.A. above.

C. Establishment of Human Rights Committee.

Policy and Procedure attached.	Completed

D. Activation of required Professional Advisory Committee.

A proposal to develop both a citizens' and a professional Advisory Committee for Rainbow to be made to Joint Comprehensive Planning Committee.	9-20-79

E. Immediate consideration of termination of questionable employees, as determined by Superintendent.

1) One staff member terminated.	8-22-79
2) Resignation received from one position.	8-21-79
3) Supervision counseling conferences held with two employees, and documentation made of areas of expected improvement.	9-4-79 & 9-6-79

COMMUNITY RELATIONSHIPS

RAINBOW MENTAL HEALTH FACILITY

One of the primary missions of Rainbow Mental Health Facility is to provide short term acute psychiatric treatment as an affiliate of the Comprehensive Community Mental Health Centers of Johnson and Wyandotte Counties. Because of the affiliate agreement with the Community Centers, close contact must be maintained with a large variety of community agencies. This contact with other community agencies is also needed in order to assure maximum use of their services in seeing that work training, living arrangements, etc., are worked out for patients as soon as possible. Only by close harmonious working relationships with all community agencies will it be possible to develop the comprehensive continuity of care system needed to treat patients, and support them in their communities after discharge.

A few, but not all, key programs with which close working relationships must be developed are:

A. Johnson and Wyandotte area SRS Offices.
B. Johnson and Wyandotte District Courts.
C. Johnson and Wyandot Mental Health Centers.
D. Kansas University Medical Center.
E. Johnson and Wyandotte Community Schools.

Listed below is the plan for developing and maintaining good relationships with each of these key agencies. The staff members who are designated liaison responsibilities must work cooperatively and harmoniously with their counterparts in the interest of developing the most advantageous treatment system on behalf of patients.

Johnson and Wyandotte area SRS Offices

1) Superintendent attend Executive Committee Meeting of each office monthly to assure overall coordination of the program components.

2) Chief Social Worker of Rainbow work with appropriate area office staff to establish a monthly meeting of clinical staff to discuss case planning for patients with whom we have shared responsibilities.

3) A Social Worker-assigned liaison responsibility with Vocational Rehabilitation to establish periodic meetings to review case planning for patients for whom we have shared responsibilities.

Johnson and Wyandotte District Courts

1) Establish a monthly liaison meeting with the Chief Court Service Worker and a member of the Rainbow Executive Committee.

2) In October, 1979, invite Judges and Court Service Workers to Rainbow for a site visit, and for them to provide an inservice training program to Rainbow staff on court evaluation needs and court testimony.

Johnson and Wyandot Mental Health Centers

1) Superintendent and Clinical Director meet monthly with their counterparts

from the Centers during the Joint Comprehensive Coordinating Committee Meeting.

2) The following liaison persons be established and meet regularly for each Center:
   a) Child and Adolescent Service
   b) Adult Service
   c) Substance Abuse Service
   d) Research, evaluation, and inservice training.

3) A paperwork flow system be continued so that Centers continue to receive:

   a) Transfer documents sent from Centers to Rainbow at admission.

   b) Transfer documents completed at Rainbow and returned to Center at admission.

   c) Comprehensive Treatment Plan sent to Centers shortly after admission.

   d) Periodic case reviews sent to Centers.

   e) Termination Summary sent to Centers.

4) Explore methods of establishing a shared staff position so that a key staff member is working in both Rainbow and the Centers.

5) Have staff member from each Center serve on Protection of Human Rights Committee.

6) Involve Community Mental Health Center staff in orientation of new staff at Rainbow so that Rainbow staff are familiar with Centers' programs.

Kansas University medical Center

1) Continue night O.D. contract with K.U. Associates in Psychiatry.

2) Continue to receive psychiatric consultation from Dr. Laybourne.

3) Establish an elective resident rotation program for Senior Residents in training in Child Psychiatry, Substance Abuse treatment, and Community Mental Health.

4) A liaison member from Child and Adolescent Service attend Child Protection Team Meeting at K.U.M.C.

5) Have a member of K.U.M.C. serve on Protection of Human Rights Committee.

Johnson and Wyandotte Community Schools

1) Continue contract with USD 500.

2) Continue practice of exchanging invitations to attend inservice training programs.

3) Continue monthly meetings of staff from Rainbow, Centers, and schools

to discuss cases of shared responsibility.

4) Continue teacher monthly liaison for 3-month follow-up after each child is discharged back into community school.

TASK FORCE RECOMMENDATIONS

AND ACTIONS TAKEN

Task Force on Relationships Between Affiliates

1. Recommend modifications to the admission procedure to decrease the time required to complete the admission procedure.

Action taken: A review of admission procedures was conducted and minor changes made. The priority of handling admissions was stressed with admission secretaries and clinical staff. "On call" assignments were made to reduce response time when a key person was tied up. It is now possible to admit to a cottage, where more personal and direct care may occur, before the complete admission process is completed, regardless of whether or not a key staff member is tied up.

2. Recommend establishing liaison staff members between Center and two general adult cottages at Rainbow (liaison already exists with other programs).

Action taken: Liaison staff have been designated and maintain periodic telephone contact. Such liaison efforts now exist with all elements of the program and improvement in continuity of care has resulted.

3. Recommend establishment of monthly meetings with Center, school, SRS, and Rainbow personnel to coordinate continuity of care.

Action taken: Monthly meetings established, and are held regularly. Coordination of services has greatly improved.

4. Recommend sharing of staff between affiliates.

Action taken: Two psychiatrists have worked as staff members of both Centers with very positive results.

Task Force on Partial Hospitalization

1. The task force commented favorably on the growth in utilization of Partial Hospitalization services to where it is being utilized up to 75 to 80% of capacity and is being used to effectively decrease the length of inpatient stay.

2. Recommend continued efforts to renew school bussing of children to the Partial Hospital program and better coordination of the limited transportation available through the use of Facility vehicles.

Action taken: School bussing has been resumed by the Public School System. A use schedule has been established, setting days when the Facility's vehicles are available to children and/or Adult Services, so that transportation events may be scheduled more efficiently.

3. Recommend expanding Partial program beyond 5 p.m. to 8 p.m., and on Saturdays and Sundays, to accomodate more patients in the limited space available, and to make the program more accessible to patients who are working or going to school.

Action taken: Evening adult partial hospitalization has expanded from an average of 3-5 patients to approximately 15. The program meets two nights per week. The Substance Abuse partial hospitalization program continues to meet four evenings per week and serves approximately 20 patients. Two Family Therapy groups have been started on two different nights for parents of chil-

dren and adolescent patients. Special provisions have been made to utilize the beds of patients who are on temporary weekend passes to provide brief weekend crisis hospitalization when needed. Additionally, the Activity Therapy program has greatly increased its therapeutic activities on evenings and weekends for both partial and inpatients.

4. Recommend that staff be increased and a few spaces remodeled to accomodate the expanding numbers of partial hospital patients.
Action taken: Increased monies were requested from the state in FY 1980 budget for expanded staff and remodeling. Money for some of the remodeling was approved, and construction plans are being developed. No new staff were approved.

5. Recommend that a staff member be designated as coordinator of Partial Hospital program.
Action taken: A Partial Hospital Coordinator has been discussed. No action taken at this time. This responsibility is now charged to the Directors of Adult and Children's Services respectively.

6. Recommend an improved method of census taking be developed to assure counting all patients who attend partial hospital programs, and that an evaluation program be begun to gather data on program effectiveness.
Action taken: One staff member has been designated as a research and census assistant who works with other staff members to assure accurate census. The result has been to demonstrate that previously many people received treatment hours which were not accurately recorded. An extensive program evaluation project has been developed and data are now being collected.

7. Recommended the development of community support services after discharge from partial hospitalization program to reduce readmission rate.
Action taken: The need for community support services has been discussed in the Joint Coordinating Committee. No action plan has been developed at this time.

8. Recommend a Drug/Alcohol program be initiated for teenagers.
Action taken: Services to teenagers have been focused to include drug and alcohol related problems within the regular treatment program. A budget request was made, which was subsequently turned down, which provided additional staff to initiate a special Substance Abuse program for teenagers. Consideration is still being given to methods of expanding services in this special area.

Task Force on Client Placement after Discharge

1. Recommend inservice training for staff to assure reports for placement of clients by state SRS are properly and completely prepared.
Action taken: Inservice training provided, and procedures adopted, which assure proper completion of SRS paperwork procedure to request placement of clients.

2. Recommend a series of meetings to coordinate and clarify responsibility of SRS, Rainbow, the placement facility, and the client and/or family for placement of the client.
Action taken: A series of monthly meetings and additional liaison work have resulted in shortening the length of time to obtain placement. While occasional problems still arise, the placement problem is much more manageable.

3. Recommend work efforts to provide additional placement facilities, foster homes, and community support systems for discharged patients.
Action taken: The need for transitional living facilities and community support services has been discussed in the Joint Coordinating Committee. No action plan has been developed at this time.

Task Force on Length of Stay

1. Recommend continuing efforts to clarify the expectation of all affiliates concerning the optimum clinically indicated length of treatment for seriously disturbed children.
Action taken: Discussions have been held concerning optimal clinical length of treatment for seriously disturbed children.

2. Recommend further development of the concepts of "shared patient" and "shared staff" between affiliates to assure continuum of treatment to maximize resources for the patient's return to the community.
Action taken: Liaison and shared staff efforts which were discussed earlier have improved continuum of treatment.

3. Recommend Rainbow develop the treatment flexibility to maintain a few beds for responsive crisis-care for intensive short-term hospitalization for chronic patients in a psychiatric crisis.
Action taken: Special provisions have been made to utilize the beds of patients who are on temporary weekend passes to provide brief weekend crisis hospitalization.

4. Recommend the expansion of transitional living facilities and therapeutic foster care.
Action taken: The need for expanded transitional living facilities and therapeutic foster care have been discussed in the Joint Coordinating Committee. No action plan has been developed at this time.

#5

STATE OF KANSAS
DEPT. OF ADMINISTRATION
DIVISION OF THE BUDGET

FORM DA-400

ANNUAL BUDGET
EXPLANATION AND JUSTIFICATION

USE FOR: 1. ORGANIZATION CHART
2. PROGRAM INFORMATION
3. DETAILED JUSTIFICATION OF REVENUE ESTIMATES
4. DETAILED JUSTIFICATION OF EXPENDITURE ESTIMATES

AGENCY NO.	AGENCY NAME	FUNCTION NO.	FUNCTION NAME	ACTIVITY NO.	ACTIVITY NAME
555	RAINBOW MENTAL HEALTH FACILITY	6	HEALTH AND HOSPITALS		AGENCY PROGRAM INFORMATION

This information is displayed below:

Inpatient program:	Total Patients Treated	Current Patients Treated	Current Occupancy Rate
Child & Adolescent Program	407	21	72%
Adult Program	1292	17	85%
Substance Abuse Program	725	6	90%
Total	2424	47	80%

The Wyandotte Probate Court, the Johnson and Wyandotte County Schools, and the Mental Health Centers of Johnson and Wyandotte Counties, have inquired repeatedly how they may get more services from Rainbow. This is a mark of community acceptance and approval of the treatment provided.

Analysis of Program Effectiveness

OVERVIEW - ADULT SERVICES:

An evaluation of the programs and services of Rainbow Mental Health Facility has been conducted over the past year. Data available for the Adult Service program describes first, the type of client the program serves; second, client improvement (self-reported); and third, the effectiveness of the treatment delivery system.

A sample of 124 clients, between 18 and 65 years of age, admitted to the Adult Services unit, was selected for the study. Demographic information was collected and interviews, using the Denver Community Mental Health Scales, were conducted at admission and three (3) months after discharge. The DCMHS measures the amount of psychological distress, interpersonal isolation from family and friends, aggression, productivity, legal difficulties, public system dependency, and alcohol and drug abuse.

Scores on the post test (3 month interview) are compared with the pre test (admission interview) and score changes indicate improvement or no improvement.

RESULTS:

A. Description of client population:

Tables 1-7 indicate results from Rainbow Mental Health Facility evaluation (N=124). Tables 8-10 indicate results from all State psychiatric facilities.

Table 1: Employment

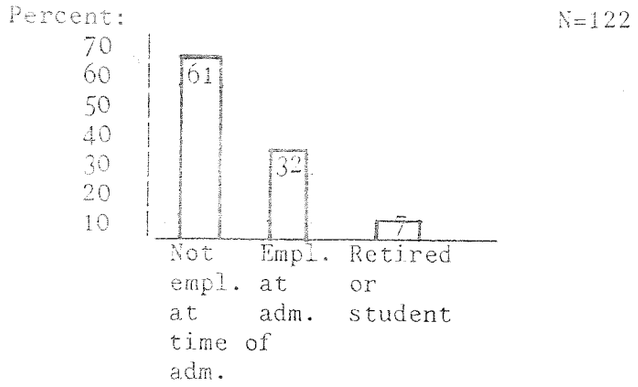


Table 1 above shows the percent of admissions by employment status. Sixty-eight (68) percent of the admissions are not employed.

AGENCY NO.	AGENCY NAME	FUNCTION NO.	FUNCTION NAME	ACTIVITY NO.	ACTIVITY NAME
555	RAINBOW MENTAL HEALTH FACILITY	6	HEALTH AND HOSPITALS		AGENCY PROGRAM INFORMATION

Table 2: Marital Status

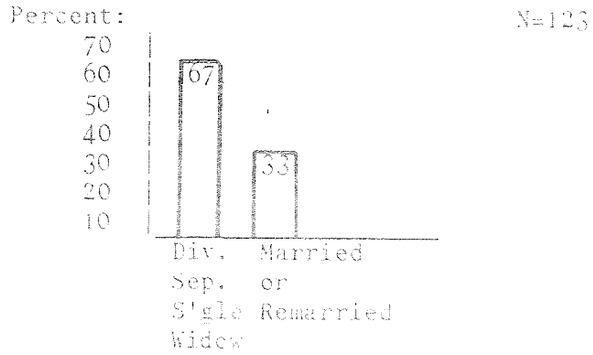


Table 2 above indicates the percent of admissions by marital status. Sixty-seven (67) percent of the admissions are single, divorced, widowed, or separated.

Table 3: Education

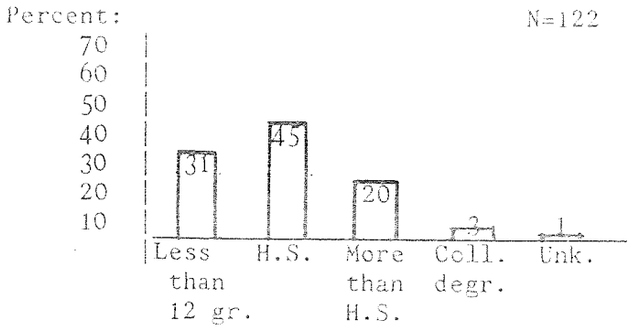


Table 3 above indicates the percent of admissions by education. Thirty-one (31) percent of the admissions have less than a twelfth grade education, and twenty-four (24) percent have no training or education beyond High School.

Table 4: Income

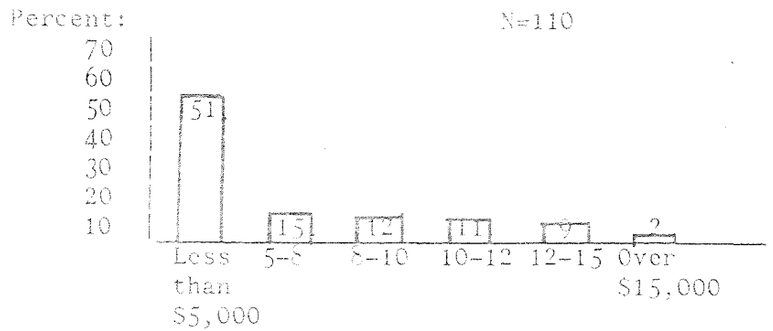


Table 4 above indicates the percent of admissions by income level. Over one-half (51%) of the admissions have an income of under $5,000 per year.

Table 5: Receiving Welfare

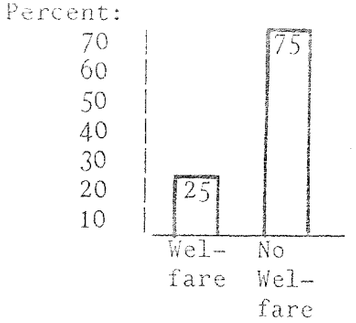


Table 5 above indicates the percent of admissions receiving Welfare. One-fourth (25%) of the admissions are receiving Welfare.

Table 6: Race

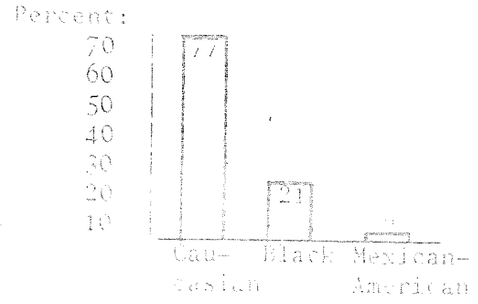


Table 6 above indicates the percent of admissions by race. Twenty-three (23) percent of the admissions are black or Mexican-American.

Table 7: Diagnosis

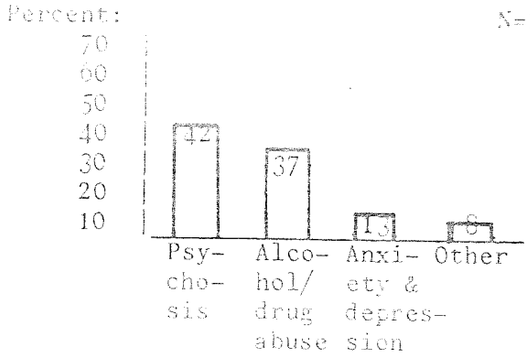


Table 7 above shows the percent of admissions by diagnosis. Forty-two (42) percent of the admissions are psychotic disorders and thirty-seven (37) percent are substance abuse.

Table 8: Percent of Admissions by Diagnostic Grouping to all state psychiatric facilities.

	Rainbow	Osawatomie	Larned	Topeka
Schizophrenia	26%	25%	24%	38%
Substance Abuse	32%	31%	35%	27%
Child & Adolescent Disorders	6%	6%	6%	2%
Depressions	15%	6%	4%	7%
Personality Disorder	3%	6%	14%	10%
Other	15%	26%	20%	20%

Table 8 above indicates percentage of admissions by diagnosis. No significant differences are noted between the Rainbow Facility and other facilities in the diagnostic groupings of schizophrenia, substance abuse, child & adolescent disorders, with the exception of Topeka with a slightly higher proportion of schizophrenia and slightly lower proportion of child & adolescent disorders.

Programatic differences are reflected among the four state hospitals-- in Larned a higher proportion of personality disorders, and in Rainbow Facility a higher proportion of depressions. These differences, however, account for less than 20 percent of the admissions to each hospital.

Table 9: Percent of Admissions by Sex to all state psychiatric facilities.

	Rainbow	Osawatomie	Larned	Topeka
Males	60%	72%	84%	67%
Females	40%	28%	15%	32%

Table 9 above indicates percentage of admissions by sex. Male admissions are higher in all facilities, particularly at Larned. Female admissions are higher at Rainbow and significantly lower at Larned.

Table 10: Percent of Admissions by Education Level to all state psychiatric facilities.

	Rainbow	Oswatomie	Larned	Topeka
6th Grade or less	6%	5%	6%	6%
Completed 7-8 Grade	10%	15%	16%	9%
Completed 9-11 Grade	27%	26%	28%	20%
High School or G.E.D.	30%	38%	33%	32%
12 years and plus	27%	16%	17%	33%

Table 10 above indicates percentage of admissions by education level. No significant differences are noted between the Rainbow Facility and other facilities with the exception of Topeka and Rainbow with a lower proportion of admissions with an 8th grade education and a higher proportion of admissions with 12 years or more of education.

B. Description of client improvement:

Table 1: Client Improvement

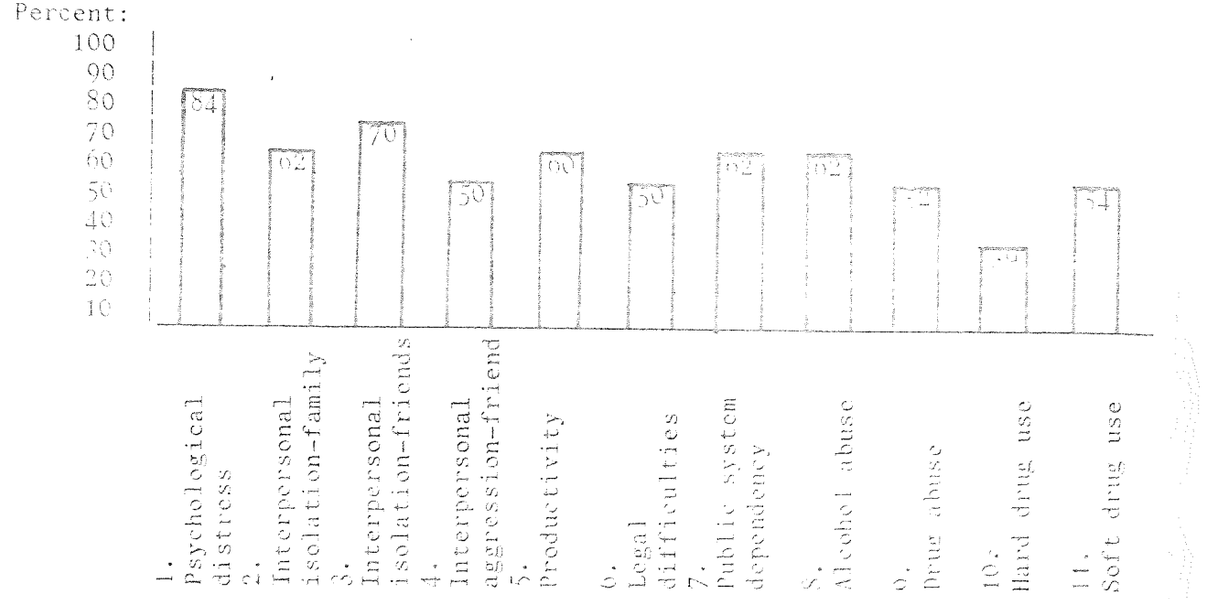


Table 1 above indicates the percent of improvement on each scale from the DCMHS. Scale 1 indicates 84% improvement on psychological distress. Scale 2 indicates 62% improvement in interpersonal isolation - family, and scale 3 indicates 70% improvement in interpersonal isolation - friends. Scale 4 shows 50% improvement in interpersonal aggression - friends. Scale 5 indicates 60% improvement in productivity, and scale 6 shows 50% improvement in legal difficulties. Scale 7 shows 62% improvement in public system dependency. Scales 8 and 9 indicate 62% improvement in alcohol abuse and 52% improvement in drug abuse. Scales 10 and 11 indicate 39% improvement in hard drug use, and 54% improvement in soft drug use.

Of special interest are scales 5, 6, & 7, which measure productivity, legal difficulties, and public system dependency. Productivity measures the degree to which a person is engaged in socially valued, constructive, or self-development activities, by asking such questions as "Do you have a job?", "How much of the family money management are you responsible for?". The legal difficulty scale assesses the occurrence of negatively sanctioned behaviors involving arrests and court actions by asking such questions as "Have you been arrested in the past month for intoxication, drug possession, vagrancy?". The public system dependency scale assesses the magnitude of public resources utilized for maintenance of personal functioning by asking such questions as "Do you use public assistance, food stamps, child welfare, etc.?".

AGENCY NO.	AGENCY NAME	FUNCTION NO.	FUNCTION NAME	ACTIVITY NO.	ACTIVITY NAME
555	RAINBOW MENTAL HEALTH FACILITY	6	HEALTH AND HOSPITALS		AGENCY PROGRAM INFORMATION

Table 2: Percent of Adult Partial Hospital Clients who have Jobs Three Months after Discharge

	Admissions	No job at time of admission Total	%	Job at time of admission Total	%	Job at 3 month follow-up Total	%	Percent increase
A-1	43	32	74	11	26	32	74	48
A-2	64	40	72	18	28	47	73	45
A-3	104	73	70	31	30	87	86	56

Table 2 above reflects the percentage of unemployed clients who have obtained jobs before or upon discharge. A-1 has obtained employment for 48 percent of its partial clients. A-2 has obtained employment for 45 percent of its partial clients. A-3 has obtained employment for 56 percent of its clients.

C. Effectiveness of Treatment Delivery System:

Table 1: Percent of Admissions who followed through on referral.

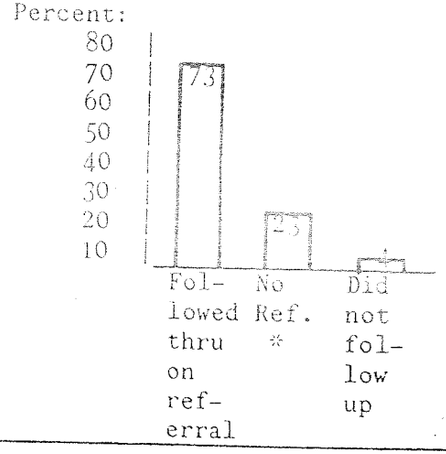


Table 1 above indicates the percent of clients who followed through on referrals. Seventy three (73) percent followed through on referral.

* Please note that 14% of the 23% who did not receive a referral left the hospital AMA or AWOL.

Table 2: Readmissions to all state psychiatric facilities.

	Rainbow	Osawatomie	Larned	Topeka
Total Admissions	455	1608	1161	1226
Readmissions	154	877	540	558
Percentage of Readmissions	34%	52%	49%	45%

Table 2 above indicates the percent of readmissions. No significant differences are noted between the facilities with the exception of rainbow with a significantly lower rate.

Table 3: Patients Processed per Bed

	Admissions	Beds Available	Patients Processed per Bed
Rainbow MHF	455	59	8
Osawatomie	1,678		4
Larned	1,097		2
Topeka	1,236		3

Table 3 above indicates the number of patients processed per bed. Rainbow MHF processes 8 patients per bed, Osawatomie processes 4 patients per bed, Larned processes 2 patients per bed, and Topeka processes 3 patients per bed.

Table 4: Cost per Discharged Patient

	Budget FY '78	RMHF % of other facilities' budget	Discharges	RMHF % of other facilities' discharges	Cost per discharged patient
RMHF	1,799,653		461		3,903
OSH	8,957,065	20%	1,608	29%	5,571
LSH	11,405,042	16%	1,010	46%	11,352
TSH	10,705,675	17%	1,059	44%	10,112

Table 4 above indicates the cost per discharged patient. Cost per discharged patient at Rainbow MHF is $3,903. Cost per discharged patient at other facilities is doubled.

CONCLUSIONS:

Admissions to Rainbow Mental Health Facility are predominantly unemployed, below poverty income, not married, and few have an education beyond High School. The most frequent category of admissions is for psychotic disorders or substance abuse.

While Rainbow Mental Health Facility is viewed as an acute-care short-term center, comparisons of the characteristics of the client population with other state facilities demonstrates only slight differences.

At 3-month follow-up, patients report significant improvement. Of particular interest is the improvement noted in productivity, legal areas, and public system dependency. This improvement signifies that patients are working, resolving legal difficulties, and depending less on public agencies. Also, substantial improvement is noted for alcohol and substance abuse. National alcohol and drug abuse reports generally specify only one-third of the population showing improvement, and clients at Rainbow have demonstrated improvement ranging from 39% to 62%.

In addition, the treatment delivery system is effective. Seventy-three (73) percent of the patients follow through on referrals.

Readmissions are only one-third of the population, and eight patients are processed per bed, at a cost of $3,903 per discharged patient. By contrast, the other state facilities process three patients per bed at a cost of $9,007 per discharged patient.

In light of the characteristics of the client population and the improvement noted, as measured by the DCMHS, the Adult Services program is maintaining quality care and services.

Partial Hospitalization Program

With the stable functioning of the inpatient program, the partial hospital program is now nearly up to its maximum operational capacity. This is the program that improves Rainbow's cost effectiveness. There are approximately 85 people being treated in this program at the present time.

Partial hospital patients are often as disturbed, or only slightly less disturbed, as inpatients. Forty to fifty percent of those patients treated in partial hospitalization would need immediate inpatient care if they were not being treated in the partial program. A high percentage of the remaining 50 to 60% of the patients would need inpatient care within 60 to 90 days if they were not being treated in the partial program. The significant difference is that the pa-