

Approved: 03/25/93  
Date

## MINUTES OF THE HOUSE COMMITTEE ON APPROPRIATIONS.

The meeting was called to order by Chairman Rochelle Chronister at 1:30 p.m. on March 15, 1993 in Room 514-S of the Capitol.

All members were present except: Rep. Betty Jo Charlton (excused absence)  
Rep. Wanda Fuller (excused absence)

Committee staff present: Debra Duncan, Legislative Research Department  
Laura Howard, Legislative Research Department  
Jim Wilson, Revisor of Statutes  
Jerry Cole, Committee Secretary  
Sharon Schwartz, Administrative Assistant

Conferees appearing before the committee:

Rep. Robin Jennison, sponsor of HB 2524  
Rep. David Heinemann, sponsor of HB 2528  
Secretary Donna Whiteman, Department of Social and Rehabilitative Services  
Paul Klotz, Kansas Association of Community Mental Health Centers  
Rep. Gary Blumenthal, sponsor of HB 2523  
Linda McCormick, Developmental Disabilities  
Josie Torrez, Families Together  
Yo Bestgen, Kansas Association of Rehabilitation Facilities  
Sharon Huffman, Kansas Commission on Disability Concerns  
Gina McDonald, Kansas Association of Centers for Independent Living  
Michael Donnelly, Topeka Independent Living

Others attending: See attached list

Rep. Gatlin made a motion to approve the committee minutes as presented from March 01, 02 and 03. Rep. Gross seconded the motion and it carried.

Rep. Robin Jennison, whose subcommittee requested **HB 2524**, briefed the committee on the bill. (See Attachment 1). Rep. Jennison said the legislation made a ceiling for fees of the Kansas Animal Health Department instead of the absolute values which were now in place. Rep. Jennison moved to pass and favorably recommend the bill from the committee and that it be referred to the House consent calendar. Rep. Everhart seconded the motion and it carried.

Rep. David Heinemann, whose subcommittee requested **HB 2528**, gave a description of the bill. Rep. Heinemann made a motion to pass and favorably recommend the bill and that it be referred to the House consent calendar. Rep. Gross seconded the motion and it carried.

Chairman Chronister opened the hearing on **HB 2522**. Secretary Donna Whiteman, Social and Rehabilitative Services (SRS) presented testimony to the committee in favor of the bill. (See Attachment 2). Paul Klotz, Kansas Association of Community Mental Health Centers, testified to the committee on the bill offering certain amendments. (See Attachment 3). Rep. Helgeson moved adoption of the amendments proposed by Mr. Klotz. Rep. Heinemann seconded the motion and it carried. Rep. Helgeson moved to pass and favorably recommend the bill as it was amended. The motion carried, with Rep. Heinemann seconding.

Rep. Gary Blumenthal, on **HB 2523** (Developmental Disability Reform Act). (See Attachment 4). Secretary Whiteman, SRS, testified in favor of the bill. (See Attachments 5 & 5a). Linda McCormick, Kansas

## CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON APPROPRIATIONS, Room 514-S Statehouse, at 1:30 p.m. on March 15, 1993.

Developmental Disabilities Planning Council, supported the bill and offered testimony to the committee. (See Attachment 6). Josie Torrez, Families Together, supported HB 2523 and presented testimony to the committee. (See Attachments 7 & 7a). Yo Bestgen, Kansas Association of Rehabilitation Facilities appeared before the committee as a proponent offering amendments. (See Attachment 8). Sharon Huffman, Kansas Commission on Disability Concerns, appeared offering testimony supportive of the proposed legislation. (See Attachment 9). Gina McDonald, Kansas Association of Centers for Independent Living supported the concept of reform, but stated she was leery of all the "red tape" included in the legislation and that it needed more specifics. (See Attachment 10). Michael Donnelly, Topeka Independent Living, testified against the bill as written. (See Attachments 11, 11a and 11b). Rep. Blumenthal moved adoption of the amendments proposed by Ms. Bestgen of the Kansas Commission on Disability Concerns for sections E<sub>1</sub> and H. Rep. Dean seconded the motion and it carried. Rep. Lowther made a motion for the adoption of an amendment including the designation of the Kansas Neurological Institute (KNI) for closure as a part of developmental disability reform. (See Attachment 12). Rep. Blumenthal made a substitute motion for the introduction of a separate bill designating KNI for closure/consolidation and that the bill be referred directly to the House Committee of the Whole. Rep. Kline seconded the motion which failed on a vote of 10-10. Rep. Bradley made a substitute motion to replace Winfield State Hospital and Training Facility for KNI in the language of the Lowther amendment. Rep. Everhart seconded the motion. The motion failed. Rep. Blumenthal made a substitute motion to introduce a separate bill designating KNI for closure without regard to where the bill be referred. Rep. Everhart seconded the motion and it failed 9-9. Rep. Gross made a substitute motion, as an addition to the Lowther Amendment, to include 175 people on the community waiting list in Shawnee county in the total of 394 people targeted for funding. Rep. Lowther seconded the motion. After discussion on the motion, Rep. Gross withdrew his substitute motion with Rep. Lowther's concurrence. On a vote of the Lowther Amendment, it failed 9-10. Rep. Pottorff made a motion that the definition in HB 2285 for developmental disability be included in the bill. Rep. Hochhauser seconded the motion and it carried. Rep. Lowther moved to pass and favorably recommend the bill as it was amended by the committee. Rep. Blumenthal seconded his motion and it carried.

Rep. Lowther moved to introduce a bill designating the Kansas Neurological Institute for closure/consolidation. Rep. Blumenthal seconded the motion and it carried with Rep. Everhart and Rep. Bradley opposing its passage. Chairman Chronister adjourned the meeting at 4:16 p. m.

The next meeting is scheduled for March 16, 1993.

# GUEST LIST

COMMITTEE: HOUSE APPROPRIATIONS

DATE: MAR. 15, 1993

NAME (PLEASE PRINT)	ADDRESS	COMPANY/ORGANIZATION
Josie Torres	Topeka	Families Together
Kimberly	" "	KARE
Tim Hays	" "	SRS
Brenda Hanna	Topeka	Topeka Ind. Living
Russ Frey	Topeka	KUMA
Nancy Dillard	Topeka	KNI
KIM ROBINSON	TOPEKA	KNI
Mark Elmore	Lenexa Ks.	Jo. Co. M.P. Center
Alice Huson	Parent Advocacy Comm	R C Ks
Edward K. Thillius	TOPEKA	KNI
Greg Tugman	Topeka	DOB
Kathy Sexton	" "	DOB
Don Jordan	" "	MHS-SRS
George A. Hopkins	Garden City	City of Garden City
Linda McCormick	Topeka	Ks Planning Council on Dev Dis.
Renee Gardner	Topeka	Governors Office
Lisa Paslay	Topeka	TARE
Paul M. Klotz	Topeka	Assoc. of OMHCs Ks Inc.
Sharon Hoffman	Topeka	KCDC
Up Bestgen	Topeka	KARE
George B. Vega	Topeka	SRS
Michael Dannelley	Topeka	TILRC
Jim McDonald	Topeka	KAC/L
Martha Horgessmiller	Topeka	KARF
Nora L. Whittemore	Topeka	SRS

Davin Hirsch  
Peter Hancock

Gopeka  
Tapeka

SR3/MH4R3  
Metric News

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STATE OF KANSAS  
Animal Health Department

FEE SCHEDULE FOR KANSAS ANIMAL HEALTH DEPARTMENT

	<u>Current Charges</u>	<u>Current Statute Requirements</u>	<u>Amendment Permit Ceilings</u>
Disposal Plants	\$440	\$525	\$525
Feedlots:			
Under 1000 head (Voluntary)	\$ 65	\$ 75	\$ 75
1000 to 2999 head	\$125	\$150	\$150
3000 to 9999 head	\$250	\$300	\$300
10,000 to 17,999 head	\$375	\$450	\$450
18,000 head and over	\$625	\$750	\$750
Markets:			
Market Renewals	\$ 35	\$ 40	\$ 40
New Markets	\$325	\$375	\$375
Vehicle Permits	\$ 65	\$ 75	\$ 75
Veterinarian Fees (Per Head)	\$0.07	\$0.11	\$0.07
	(or \$40 per day whichever is greater)		

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3/15/93

Kansas Department of Social and Rehabilitation Services

**HOUSE BILL NO. 2522**  
**Regarding Granting the**  
**Secretary Authority to Redefine Certain**  
**State Psychiatric Hospital**  
**Catchment Area**

Testimony Presented to  
House Appropriations Committee

March 15, 1993

Presented By:

Donna L. Whiteman  
Department of Social and Rehabilitation Services  
(913) 296-3274

**SRS Mission Statement**

**"The Kansas Department of Social and Rehabilitation Services empowers individuals and families to achieve and sustain independence and to participate in the rights, responsibilities and benefits of full citizenship by creating conditions and opportunities for change, by advocating for human dignity and worth, and by providing care, safety and support in collaboration with others."**

Mr. Chairman, Members of the Committee, I appreciate this opportunity to comment on House Bill No. 2522. House Bill 2522 proposes to amend K.S.A. 1992 supp. 39-1602 and 59-2902 to give the Secretary of SRS the authority to realign community mental health centers (CMHC) within the various state mental health hospital catchment areas. It is the position of Social and Rehabilitation Services this legislation would provide the agency with a valuable tool to improve the efficiency of our psychiatric hospitals without compromising the quality of service provided. I would also like to say we can all feel a sense of accomplishment in knowing the need for this legislation is a result of the success of Mental Health Reform in the Osawatomie State Hospital Catchment Area.

Under existing statute, counties are rigidly assigned to one of three catchment areas. This Bill would allow the agency flexibility in managing our resources more efficiently. We are currently faced with a situation in which Topeka State Hospital is struggling to provide quality service due to a situation of overcrowding, while Osawatomie State Hospital has considerable unused bed capacity. Although we are confident the overcrowding at Topeka State Hospital will be resolved as the hospital moves further into Mental Health Reform, clearly, the ability to redefine catchment areas in response to **chronic** overcrowding in any of our hospitals would improve the quality of care provided our patients.

Having stated our support of HB 2522, I would remind the committee such realignments could and would not be done capriciously. Realignment of catchment areas would have significant

impact on affected mental health centers and, to a lesser extent, Mental Health Reform itself. Because of the manner in which Mental Health reform is structured, bed day allocations agreed upon by community mental health centers in the Osawatomie State Hospital Catchment Area at the beginning of Mental Health Reform, would have to be renegotiated. Additionally, funding mechanisms agreed upon in the two catchment areas would have to be revisited. Finally, the success of mental health reform has been, in part, due to individually developed collaborative relationships between the hospitals and the mental health centers. Changing catchment areas without careful consideration could undermine these relationships.

I would like to thank the committee for the opportunity to comment on this legislation.

## MENTAL HEALTH REFORM BED CLOSURE PLAN

FISCAL YEAR	OSH	TSH	LSH
1991	20 TO 30 ADULT		
1992	20 TO 30 ADOLESCENT		
1993	20 TO 30 ADULT	20 TO 30 ADOLESCENT	
1994		20 TO 30 ADULT	20 TO 30 ADULT
1995		20 TO 30 ADULT	20 TO 30 ADULT
1996			20 TO 30 ADULT
TOTAL	60 TO 90	60 TO 90	60 TO 90

## ACTUAL BED CLOSURES

FISCAL YEAR	OSH	TSH	LSH
1991	22 ADULT		
1992	20 ADOLESCENT		
1993	20 ADULT	20 ADOLESCENT	
TOTAL	62	20	N/A



**Association of Community  
Mental Health Centers of Kansas, Inc.**

835 SW Topeka Avenue, Suite B. Topeka, KS 66612  
Telephone (913) 234-4773 Fax (913) 234-3189

**- M E M O R A N D U M -**

March 15, 1993

Eunice Ruttinger  
President  
Topeka

TO: House Appropriation's Committee

Bill Persinger  
President Elect  
Hiawatha

FR: Paul M. Klotz, Executive Director

RE: H.B. 2522

Don Schreiner  
Vice President  
Manhattan

The Association seeks to amend H.B. 2522 by adding on page 1, New Section 1 (a), following subsection (3) a new subsection (4) that would read "; and no designated community mental health center shall be included in more than one such catchment area."

Walt Thiessen  
Secretary  
Newton

Jim Sunderland  
Treasurer  
Hutchinson

Leslie Adams  
Member at Large  
Wichita

John G. Randolph  
Past President  
Emporia

Paul M. Klotz  
Executive Director  
Topeka

STATE OF KANSAS

**GARY H. BLUMENTHAL**  
REPRESENTATIVE, TWENTY-THIRD DISTRICT  
JOHNSON COUNTY  
**HOME ADDRESS:** 10125 EDELWEISS CIRCLE  
MERRIAM, KANSAS 66203-4608  
(913) 262-4635

**OFFICE:** ROOM 284-W STATEHOUSE  
TOPEKA, KS 66612-1504  
(913) 296-7688



TOPEKA

HOUSE OF  
REPRESENTATIVES

COMMITTEE ASSIGNMENTS  
MEMBER: APPROPRIATIONS  
EDUCATION  
CHAIRMAN: NATIONAL CONFERENCE OF STATE LEGISLATURES  
TASK FORCE ON DEVELOPMENTAL DISABILITIES

HB 2523 Developmental Disabilities Reform Act

I appreciate the opportunity to appear in support of HB 2523. The Developmental Disabilities Reform Act puts in statute the legislative commitment to reform the state's delivery system for Kansas' developmentally disabled citizens. It is important to note the historic shift that Kansas is about to undertake in redirecting services away from institutional settings. This is a position that has been endorsed by this committee in this year's appropriations acts and in previous recommendations by the SRS Task Force.

As Kansas makes a shift towards more inclusive community programs, the families of the developmentally disabled and consumers themselves have expressed great concern regarding whether the Legislature and the Governor are sincere in their efforts to support the community programs that must be in place to eliminate the significant community waiting list and address the needs of patients returning from state hospital settings. The DD Reform Act is intended to clarify and articulate the Legislature's commitment to community expansion similar to the commitment made by the Kansas Legislature through the enactment of the Mental Health Reform Act.

The original DD Reform Act (HB 2285) was introduced by myself and 21 other sponsors including members of this committee (Charlton, Dean, Everhart, Gatlin, Glasscock, Hochhauser, and Pottorff). There were concerns expressed by SRS that HB 2285 was too expansive and specific in detailing the level of services that must be in place in community programs. To facilitate a community bill that could receive support from both community programs, families & consumers, and SRS; an attempt was made by myself and those respective parties to redesign a bill that could represent general areas of agreement between these parties. The result of that is HB 2523. I would caution you that this bill does not represent a final agreement between these parties; however the bill does address many areas of agreement. There will be additional amendments or clarifications sought by these parties today; those amendments should each be weighed on their own merit.

Additionally I would stress to the committee that the issue of DD Reform is a critical issue that must stand on its own. There has been considerable debate this year regarding hospital closure/consolidation. There is strong emotion involved in this issue. Whether or not closure/consolidation occurs this year or not, it is critical that DD Reform and community expansion take place. It is imperative that the DD Reform Act be in place to meet the crushing demand in community programs and also allow the state to position itself to allow closure/consolidation to occur, even if a specific closure plan is not approved this year.

It is my understanding that there is consideration being given to amending into this bill the issue of closure/consolidation designation. On behalf of the parties that participated in developing the DD Reform Act, I ask you to please **NOT** amend the closure/consolidation into this bill. The specific designation of a hospital facility for closure/consolidation was never envisioned as a part of this bill by the parties that designed this bill. Instead I would strongly encourage the committee to introduce a separate closure/consolidation bill that can and should stand on its own merits. I am concerned that the most important issue, under consideration today: the quality and availability of services for our state's developmentally disabled citizens will be lost in the dust of the closure/consolidation debate. We must not allow DD Reform to be overshadowed and dwarfed by the closure/consolidation issue.

I sincerely appreciate this committee's willingness and support of expanding community services and hope that the companion piece to the Lowther subcommittee recommendations, the DD Reform Act will receive the support of the full committee.

I would be happy to respond to any questions.

Kansas Department of Social and Rehabilitation Services

Developmental Disabilities Reform Act

Testimony Presented to  
House Appropriations Committee

Regarding House Bill 2523

March 15, 1993

Presented By:

Donna L. Whiteman, Secretary  
Department of Social and Rehabilitation Services  
(913) 296-3274

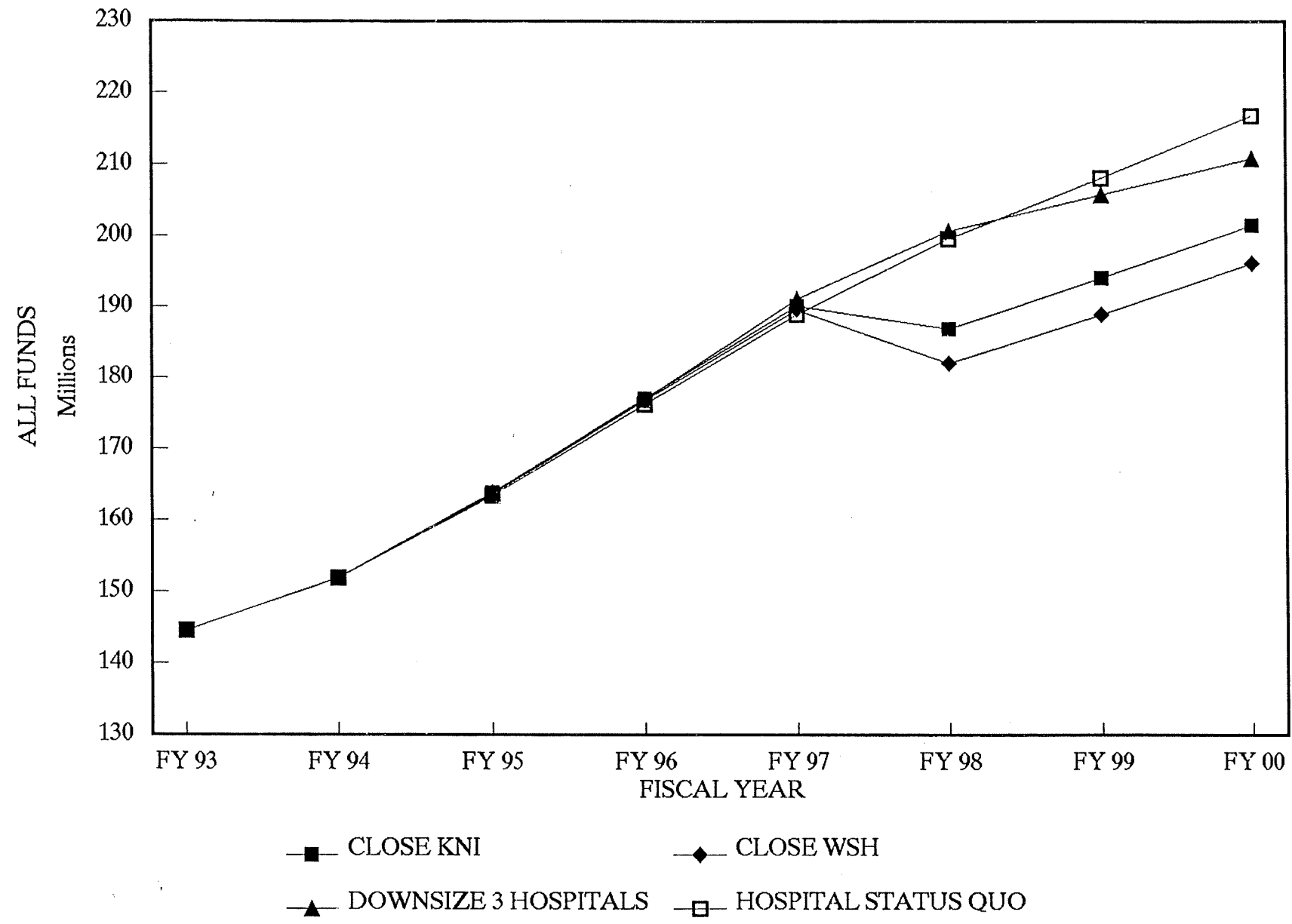
**SRS Mission Statement**

"The Kansas Department of Social and Rehabilitation Services empowers individuals and families to achieve and sustain independence and to participate in the rights, responsibilities and benefits of full citizenship by creating conditions and opportunities for change, by advocating for human dignity and worth, and by providing care, safety and support in collaboration with others."

Chairman Chronister, members of the House Appropriations Subcommittee, thank you for the opportunity to speak to HB 2523, the Developmental Disabilities Reform Act. The bill before you is the result of a great deal of time spent in negotiation and compromise by representatives of providers of services to persons with developmental disabilities, parents and guardians of persons with developmental disabilities, advocates, and staff from MH&RS. The initiative contained in HB 2523 is a tremendous step forward in our shared commitment to persons with developmental disabilities in Kansas. We appreciate the efforts of the subcommittee members for their willingness to champion this bill.

MH&RS supports positive action on HB 2523 and pledges to continue to work with all the stakeholders who have an interest in ensuring that passage of this bill results in a positive impact for our citizens with developmental disabilities.

# MR/DD FUNDING OPTIONS



5a-2

MR/DD HOSPITAL STATUS QUO / END COMMUNITY WAITING LIST

	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98	FY 99	FY 00
COMMUNITY FUNDING	71,960,000	78,012,344	86,703,740	96,299,442	105,895,145	113,204,960	118,228,888	123,252,816
PERSONS SERVED	5,143	5,453	5,835	6,217	6,599	6,799	6,999	7,199
SPECIAL ED GRADUATES	200	200	200	200	200	200	200	200
CONSUMERS ADDED TO SERVICE	267	310	382	382	382	200	200	200
COMMUNITY WAITING LIST	656	546	364	182	0	0	0	0
MR INSTITUTION	72,612,021	73,852,502	76,806,602	79,878,866	83,074,021	86,396,981	89,852,861	93,446,975
MOVED TO COMMUNITY SERVICES	84	0	0	0	0	0	0	0
ADC	828	828	828	828	828	828	828	828
TOTAL MR\DD EXPENDITURES	144,572,021	151,864,846	163,510,342	176,178,308	188,969,165	199,601,941	208,081,749	216,699,791

NOTES:

3% COLA applied each year to community funding and 4% to hospital funding.

Costs displayed are all funds.

Community services for hospital residents moving to community setting are projected at \$150 per day in FY 1994.

Community services for community clients are projected at \$67.00 per day in FY 94.

Community placements are calculated for 1/2 year the first year and annualized the next.

5a-3

**DOWNSIZE 3 MR/DD HOSPITALS / END COMMUNITY WAITING LIST**

	<b>FY 93</b>	<b>FY 94</b>	<b>FY 95</b>	<b>FY 96</b>	<b>FY 97</b>	<b>FY 98</b>	<b>FY 99</b>	<b>FY 00</b>
<b>COMMUNITY FUNDING</b>	71,960,000	80,374,340	93,789,728	108,109,422	122,429,117	132,100,928	137,124,856	142,148,784
<b>PERSONS SERVED</b>	5,143	5,537	6,003	6,469	6,935	7,135	7,335	7,535
<b>SPECIAL ED GRADUATES</b>	200	200	200	200	200	200	200	200
<b>CONSUMERS ADDED TO SERVICE</b>	267	394	466	466	466	200	200	200
<b>COMMUNITY WAITING LIST</b>	656	546	364	182	0	0	0	0
<b>MR INSTITUTION</b>	72,612,021	71,441,675	70,041,675	68,641,675	68,641,675	68,641,675	68,641,675	68,641,675
<b>MOVED TO COMMUNITY SERVICES</b>	84	84	84	84	84	0	0	0
<b>ADC</b>	828	744	660	576	492	492	492	492
<b>TOTAL MR\DD EXPENDITURES</b>	144,572,021	151,816,015	163,831,403	176,751,097	191,070,792	200,742,603	205,766,531	210,790,459

**NOTES:**

3% COLA applied each year to community funding and 4% to hospital funding.

Costs displayed are all funds.

Community services for hospital residents moving to community setting are projected at \$150 per day in FY 1994.

Community services for community clients are projected at \$67.00 per day in FY 94.

Community placements are calculated for 1/2 year the first year and annualized the next.

5a-4

## CLOSE KNI / END COMMUNITY WAITING LIST

	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98	FY 99	FY 00
COMMUNITY FUNDING	71,960,000	80,374,340	93,789,728	108,109,422	122,429,117	132,100,928	137,124,856	142,148,784
PERSONS SERVED	5,143	5,537	6,003	6,469	6,935	7,135	7,335	7,535
SPECIAL ED GRADUATES	200	200	200	200	200	200	200	200
CONSUMERS ADDED TO SERVICE	267	394	466	466	466	200	200	200
COMMUNITY WAITING LIST	656	546	364	182	0	0	0	0
KNI	24,857,481	24,555,656	21,355,656	18,155,656	14,955,656	0	0	0
PSH	18,369,059	18,091,106	18,814,750	19,567,340	20,350,034	21,164,035	22,010,597	22,891,020
WSH	29,385,481	28,794,913	29,946,710	31,144,578	32,390,361	33,685,975	35,033,414	36,434,751
MR INSTITUTION TOTAL	72,612,021	71,441,675	70,117,116	68,867,574	67,696,051	54,850,011	57,044,011	59,325,772
MOVED TO COMMUNITY SERVICES	84	84	84	84	84	0	0	0
ADC	828	744	660	576	492	492	492	492
TOTAL MR\DD EXPENDITURES	144,572,021	151,816,015	163,906,843	176,976,996	190,125,167	186,950,939	194,168,867	201,474,555

## NOTES:

3% COLA applied each year to community funding and 4% to hospital funding.

Costs displayed are all funds.

Community services for hospital residents moving to community setting are projected at \$150 per day in FY 1994.

Community services for community clients are projected at \$67.00 per day in FY 94.

Community placements are calculated for 1/2 year the first year and annualized the next.

5-2-5

CLOSE WSH / END COMMUNITY WAITING LIST

	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98	FY 99	FY 00
COMMUNITY FUNDING	71,960,000	80,374,340	93,789,728	108,109,422	122,429,117	132,100,928	137,124,856	142,148,784
PERSONS SERVED	5,143	5,537	6,003	6,469	6,935	7,135	7,335	7,535
SPECIAL ED GRADUATES	200	200	200	200	200	200	200	200
CONSUMERS ADDED TO SERVICE	267	394	466	466	466	200	200	200
COMMUNITY WAITING LIST	656	546	364	182	0	0	0	0
KNH	24,857,481	24,555,656	25,537,882	26,559,398	27,621,773	28,726,644	29,875,710	31,070,739
PSH	18,369,059	18,091,106	18,814,750	19,567,340	20,350,034	21,164,035	22,010,597	22,891,020
WSH	29,385,481	28,794,913	25,594,913	22,394,913	19,194,913	0	0	0
MR INSTITUTION TOTAL	72,612,021	71,441,675	69,947,545	68,521,651	67,166,720	49,890,680	51,886,307	53,961,759
MOVED TO COMMUNITY SERVICES	84	84	84	84	84	0	0	0
ADC	828	744	660	576	492	492	492	492
TOTAL MR\DD EXPENDITURES	144,572,021	151,816,015	163,737,273	176,631,073	189,595,837	181,991,607	189,011,163	196,110,543

NOTES:

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Community services for hospital residents moving to community setting are projected at \$150 per day in FY 1994.

Community services for community clients are projected at \$67.00 per day in FY 94.

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# KANSAS PLANNING COUNCIL

JOAN FINNEY  
Governor

WENDELL LEWIS  
Chairperson

JOHN KELLY  
Executive Director

## on | DEVELOPMENTAL DISABILITIES

Room 453-West  
Robert B. Docking State Office Building  
Topeka, Kansas 66612-1570  
VOICE/TDD  
(913) 296-2608

March 15, 1993

### HOUSE COMMITTEE ON APPROPRIATIONS

#### TESTIMONY

#### HOUSE BILL 2523

H.B. 2523 - DEVELOPMENTAL DISABILITIES REFORM ACT

Chairperson Chronister and members of the House Committee on Appropriations, my name is Linda McCormick, and I represent the Kansas Planning Council on Developmental Disabilities (KPCDD).

The KPCDD supports House Bill 2523 and is encouraged that this legislation will further enhance services which are currently offered by our program across the State of Kansas and will expand services needed for the developmentally disabled population.

We offer our availability for assistance in the implementation of this legislation for the additional services to be made available to the population we serve.

Thank you for the opportunity to express our support for this House Bill.

Linda McCormick,  
Kansas Planning Council on  
Developmental Disabilities  
Telephone 913/296-2608

To House Appropriations Committee

March 15, 1993

From Josie Torrez, Families Together, Inc., 1023 SW Gage, Topeka, Ks 66604 273-6343

My name is Josie Torrez and I work at Families Together, Inc. Families Together is a federally funded organization that serves with resources, referrals and assistance to families that include a child or youth with a disability. The staff of ten are all parents of a child with a disability.

Families Together is glad to see a Developmental Disabilities Reform Act proposed due to discussion this legislative session of institutional closure. This bill would provide for security in the communities for those persons coming out of a State Institution. Families Together has a strong belief that funds should be wrapped around individuals and we are please to see that proposed in this legislation.

In the bill on page 2, line 33 it reads "The secretary of SRS shall carry out the provisions of this act in cooperation with persons who are developmentally disabled, family, guardians, community mental retardation centers, providers of services, educators and advocates for persons with developmental disabilities." Families Together takes that to mean that those most directly affected will be able to have quality assurance of this act.

In the bill also on page 2, line 30 it states that "it is the intent of this act that **sufficient funds** be appropriated..." Families Together has concerns on what this means as there is no definite amount. Sufficient to families means whatever it takes to provide for their disabled family member.

Families Together has seen the benefits of full inclusion in communities such as schools, Parks and Recreation, and Churches - everywhere in the community and we are pleased to see inclusion addressed in this bill. Our concerns on this is that everything goes hand-in-hand. The number one community service provider for a school aged child with a disability is the school. The House Appropriations committee has concurred with the Governor's recommendation of cutting the excess cost of special education from 95% to 80.3% this fiscal year. Last legislative session this reimbursement rate was at 78% and was raised to 95%. Services to infants and toddlers age birth through three with disabilities is also in danger of losing funds. For these young children the number one community service provider is an Early Childhood Special Education Program. How can we enhance services with this bill but yet still take away from Special Education and Part H Services to infants and toddlers with special needs?

I thank you for your time and attention to this important matter.

ATTACHMENT 7

NAME: \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TELEPHONE: ( ) \_\_\_\_\_  
NAME OF CHILD WITH A DISABILITY \_\_\_\_\_  
CHILD'S DISABILITY \_\_\_\_\_  
OTHER CHILDREN IN FAMILY \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
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YES, Please add my name to the FAMILIES TOGETHER Mailing List to receive the FAMILIES TOGETHER bi-  
newsletter. \_\_\_\_\_  
Parent \_\_\_\_\_ Professional \_\_\_\_\_  
(check one)

If no phone, How can you be reached? \_\_\_\_\_

following topics are just some of the  
resources available through the Families  
Together Parent Center:

**Acceptance/Awareness**  
**Adaptive Equipment**  
**Community Based Instruction**  
**Comprehensive Evaluation**  
**Computers**  
**Fact Sheets on Disability**  
**Support Groups Information**  
**Early Childhood Issues**  
**Health Issues**  
**I.E.P. Development**  
**Integration/Inclusion**  
**Siblings**  
**Transition**

Videos available for loan:

**General**

- \* Choices & Opportunities
- \* Meeting Medical Bills
- \* My Child Has A Disability
- \* Parent/Professional Cooperation
- \* Our Baby Has Down Syndrome
- \* Richard Simmons–Reach for Fitness–  
Exercises for Persons with a  
Disability
- \* Self Advocacy: The Road Toward  
Independence
- \* The Other Child/Brothers and Sisters
- \* Unforgettable Pen Pal – A story of  
Prejudice & Discrimination
- \* They Don't Come With Manuals
- \* What a Life
- \* Combining Community and School  
Instruction
- \* Learning Independence

**Early Childhood**

- \* Creating A Vision: The IFSP
- \* Integrated Education for Infants &  
Toddlers: Where Does It Happen?
- \* Taking Charge: IFSP – Family  
Centered Case Management

**Inclusion/Integration**

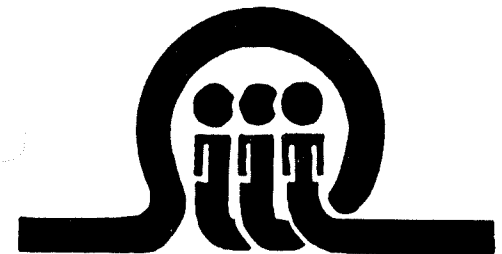
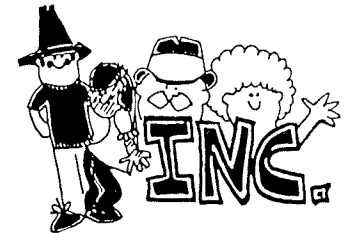
- \* Collaborative Teaming & Inclusion
- \* In The Middle
- \* Integrated Education – Realizing A  
Vision
- \* Jenny's Story (High School)
- \* Kids Belong Together
- \* Learning Together
- \* MAPS
- \* Regular Lives
- \* Save A Place For Me In Kindergarten
- \* With A Little Help From My Friends

**Educational Rights**

- \* Conference or Confrontation
- \* Educational Rights – Office of Civil  
Rights
- \* Good/Bad IEP Examples

**Transition School to Adult**

- \* Bridging The Gap
- \* Families Facing Transition to Adult  
Life
- \* Supported Employment



**FAMILIES TOGETHER, INC.**

1023 S.W. Gage Boulevard  
Topeka, KS 66604-1758

(913) 273-6343 (Voice & TDD) or  
toll-free in Kansas  
1-800-264-6343 (For Parents)

## WHAT IS FAMILIES TOGETHER?

Families Together, Inc. is a statewide organization that serves families that include a child/youth with a disability. The program's mission is to provide families the security of belonging to a group of caring individuals with similar goals, challenges, and needs. Parents are informed as to the availability of resources and services throughout the state and receive assistance in making maximum use of such services.

Families Together serves the entire family with education, support, access to resources, and opportunities to learn and have fun together.

## HOW FAMILIES TOGETHER HELPS

Families are assisted in many ways:

- Through the Training and Information Center in Topeka. The Center is open 8:30 AM to 4:30 PM Monday through Friday. The Center offers:
  - Parent Assistance
  - Literature
  - Videos
  - Information & Referrals
- Workshops on a wide variety of topics conducted by Families Together staff members and parent trainers.
- Family Enrichment Events held at hotel recreational facilities in various locations across Kansas. Each Event is a very special time for about 25 families, with activities to educate and entertain all family members.
- Advocacy support for parents, family members and children/youth with a disability as they move forward to "make things happen" in Kansas. This support is provided through workshops, conferences, technical assistance and a registered lobbyist.

- Parent-to-Parent of Kansas. This network coordinates the matching of "supporting" parents (who have experience parenting a child/youth with a disability) with "newly referred" parents (who have just learned their child has a disability).

## MORE ABOUT FAMILIES TOGETHER WORKSHOPS AND CONFERENCES

Families Together workshops cover a variety of topics including:

### EARLY CHILDHOOD DIRECTION

Part I: The IFSP (Individualized Family Service Plan)

Part II: Preschool: The Next Step

### EFFECTIVE TEAM MEMBERS

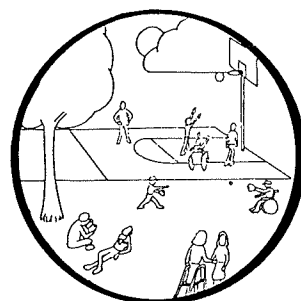
Part I: Special Education Law and You

Part II: I.E.P. Development (Individualized Education Program)

### TRANSITION SCHOOL TO ADULT

These workshops are free and open to parents, professionals, and others interested in furthering their knowledge of children with a disability. To receive notification of the dates and locations of these workshops, be certain that you are on the Families Together mailing list.

Families Together also sponsors two statewide conferences per year. Nationally known speakers are invited to present on current issues of interest to parents and professionals.



## HOW CAN WE FIND OUT MORE ABOUT FAMILIES TOGETHER?

A slide/tape presentation about the many Families Together services is available upon request. The presentation is made by a staff member, board member, or parent contact of Families Together.

To request a presentation for your organization, contact the Families Together Parent Center at:

**(913) 273-6343 (Voice & TDD)**  
**or toll-free 1-800-264-6343**  
**(For Parents)**

Families Together, Inc. is part of Project Number 1731212959A1 from the U.S. Department of Education, Special Education Programs, Department of Personnel Preparation. Governed by a Board of Directors made up of parents, professionals, and others interested in families with special needs, Families Together has been organized since 1982.

## MORE ABOUT FAMILY ENRICHMENT EVENTS

At Family Enrichment Events, children and youth with a disability, their parents, and brothers and sisters learn new and better ways to handle the challenges and responsibilities they face. They also have a lot of fun together!!

Activities include:

- Workshops for parents. Topics range from education rights to family living issues.
- Support and discussion groups. By sharing their concerns with others in similar situations, family members learn to handle challenges more effectively.
- Activities for children. Each child participates in a variety of activities. A volunteer companion is assigned to each child for event.

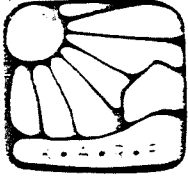
## ADDITIONAL PROGRAMS

**EDUCATION ADVOCATE PROGRAM:** There are over 350 children with disabilities in Kansas whose parents are unknown or unavailable or whose parental rights have been terminated. These exceptional children need someone to represent them in special education matters. The Kansas State Board of Education and Kansas State Department of Social and Rehabilitation Services have developed the Education Advocate Program to meet this need. Education Advocate workshops are provided by Families Together, Inc. through a contract with the Kansas State Board of Education.

**CHILD ADVOCATE TRAINING PROGRAM:** Families Together, Inc. and the Kansas Department of Health and Environment have developed a Child Advocate Training Program to serve infants and toddlers (birth through age two) with disabilities whose parents are unknown or whose parental rights have been terminated. Families Together will be responsible for providing the training for individuals interested in becoming a child advocate for these children, and also, for the assignment of advocates to individual children.

**PIONEERS OF CHANGE:** Families Together, Inc. and the Topeka Independent Living Resource Center, Inc. have received a grant from the Kansas Planning Council on Disabilities to coordinate a new program called Pioneers of Change. The objectives are to identify, train and support a group of persons as they become effective advocates at the local, regional and state levels. Pioneers of Change will coordinate adults with disabilities and parent/family advocates into action teams for change in Kansas.

**SSI PARENT MENTORS:** Social Security Administration administers a program called Supplemental Security Income (SSI) which pays monthly benefits to the elderly, the blind, and persons with disabilities, including children. Certain criteria must be met to qualify. Families Together has trained volunteer parent mentors who provide information and assistance to families or individuals seeking SSI information.



## Kansas Association of Rehabilitation Facilities

Jayhawk Tower • 700 Jackson • Suite 212 • Topeka, Kansas 66603-3731

(913) 235-5103 • Fax (913) 235-0020

TO: House Appropriations Committee  
Rep. Rochelle Chronister, Chair

FROM: Kansas Association of Rehabilitation Facilities

RE: HB 2523; Developmental Disability Reform Act

DATE: March 15, 1993

My name is Yo Bestgen, Executive Director of the Kansas Association of Rehabilitation Facilities. The KARF is a state wide association representing community service providers. These providers offer programs and services to over 6,000 children and adults with developmental disabilities in the areas of employment, community living, childrens services, and individual supports and services.

The Developmental Disability Reform Act is a call for a clear state policy direction for community based services for persons with developmental disabilities.

Today there is a new vision based upon the demand from consumers with disabilities and their families. Kansas, along with community service providers, are being asked to serve those children who have benefitted from the past twenty years of special education, to now be supported so that they might continue productive lives in their communities as adults. This State is on the receiving end of a policy that worked. That policy was to afford an equal opportunity for an adequate and appropriate education for children with disabilities in our public schools. Today, Kansas is challenged to carry the policy of 'opportunity in the community' forward so that these children, now adults, can continue to grow and apply the skills gained through special education.

Over the past several years you have been alerted to the number of persons waiting for community services. That number now is at 1200, with 654 persons ready to access community services tomorrow. I continue to hear the argument that community services 'are not ready'. I would say to you, 'Whether community services are ready or not, the overwhelming majority of families and persons with disabilities are ready for community services!'

The Developmental Disability Reform Act will establish a direction for future planning. Once such a direction is clearly stated State agencies can budget accordingly, providers can plan in relationship to such a policy and, most important of all, persons with developmental disabilities and their families can plan their life in the community.

In an effort to begin such a policy direction, HB 2285 was drafted. That bill included more specific guidelines for implementing a full system of community services. HB 2285 continues to be the bill of

choice for the KARF, however, we can support HB 2523 as a viable alternative.

HB 2523 establishes a clear policy direction for community services. It directs the Secretary of SRS to submit budget requests and budget estimates which identify the need for services based upon a list of established criteria. These budget recommendations shall be available for public review and the provisions of this act shall be carried out in cooperation with persons who are developmentally disabled, family, guardians, community mental retardation centers, providers of services, educators and advocates for persons with developmental disabilities.

As I understand HB 2523 there is a clear statement of policy for community services and a directive to the Secretary of SRS on budget preparation regarding that policy. There are, however, several components which were addressed in HB 2285 that I am requesting be amended into HB 2523.

These areas are:

- 1.) Add item (e)(1) which establishes a statewide registry of persons with developmental disabilities who are in need of services.
- 2.) Add item (g) which requires the development of an assessment of needs for community services and a plan for delivery of community services.
- 3.) Add item (h) which directs the Secretary of SRS to establish procedures and systems to evaluate the results and outcomes of the implementation of this act.

These amendments will add a process for identification of persons in need of services, needs assessment, and planning and evaluation of outcomes. I ask that you support these amendments to HB 2523.

It is my understanding that this Committee is planning to amend to this bill the identification of which state mental retardation institution is to be closed. I am requesting that you maintain the clarity of this bill as a statement of policy relating to community services for persons with developmental disabilities and not add such an amendment. I am requesting that you consider such a decision in another bill. I am expressing this concern based upon the fact that hospital closure continues to override the need for a clear policy statement for community services. The concerns of persons supporting community services, the consumers, families and providers continue to be clouded by the over powering discussion of hospital closure. I ask that you allow this bill to maintain a focus for policy direction for community services.

Thank you for your serious consideration of HB 2523 and the recommended amendments.

## HOUSE BILL No. 2523

By Committee on Appropriations

3-4

8 AN ACT enacting the developmental disabilities reform act; pre-  
9 scribing the powers, duties and functions of the secretary of social  
10 and rehabilitation services.

11  
12 *Be it enacted by the Legislature of the State of Kansas:*

13 Section 1. (a) It is the intent of the state of Kansas that all persons  
14 who are developmentally disabled shall be provided with:

15 (1) Services and supports which present opportunities to increase  
16 the independence and productivity of such persons and the inte-  
17 gration and inclusion of such persons into the community;

18 (2) access to a full array of services and supports appropriate to  
19 such persons as individuals;

20 (3) the opportunity to live, work and recreate with people who  
21 are not developmentally disabled;

22 (4) services in the community of each such person's choice;

23 (5) the same rights, dignity and respect as persons who are not  
24 developmentally disabled;

25 (6) services and supports which are appropriate and adequate and  
26 which are provided by properly trained staff; and

27 (7) a quality assurance process which is responsive to consumers'  
28 needs.

29 (b) It is further the intent of the state of Kansas that persons  
30 with developmental disabilities shall be provided with:

31 (1) Food, housing, clothing and medical care;

32 (2) protection from abuse, neglect and exploitation; and

33 (3) an array of services and supports which:

34 (A) Guarantees determination of each individual's needs;

35 (B) coordinates services;

36 (C) assists people to live in settings of their choice;

37 (D) provides transportation to and from services;

38 (E) promotes inclusion and integration into the community; and

39 (F) insures individually planned habilitation, education, training,  
40 employment and recreation.

41 (c) The secretary of social and rehabilitation services shall submit  
42 annual budget requests and budget estimates pursuant to K.S.A. 75-  
43 3717 and amendments thereto which identify the need for services

1 based upon the following:

2 (1) Implementation of the general recommendations on pages 3  
3 and 4 and the five-year plan on page 18 of the report of the task  
4 force on social and rehabilitation services entitled "Report on Kansas  
5 Legislative Interim Studies: Task Force on Social and Rehabilitation  
6 Services" filed with the legislative coordinating council in January  
7 of 1992;

8 (2) stabilization and continued enhancement of the infrastructure  
9 of services and supports in community settings provided by knowl-  
10 edgeable and competent staff;

11 (3) maximum use of available state and federal funds;

12 (4) reduction of the reliance on state mental retardation hospitals  
13 and intermediate care facilities for the mentally retarded;

14 (5) continuing enhancement of support of persons with devel-  
15 opmental disabilities to obtain full inclusion and integration into the  
16 community; and

17 (6) an adequate and equitable distribution of funding based upon  
18 a consistent rationale for reimbursement that allows funding to follow  
19 persons with developmental disabilities as their community service  
20 needs change, regardless of the placement choice of such persons.

21 (d) The budget requests and budget estimates developed by the  
22 secretary of social and rehabilitation services shall be available for  
23 public review, comment and recommendation prior to submission  
24 to the division of the budget of the department of administration.  
25 Public review shall include input from persons with developmental  
26 disabilities, family members, guardians, community mental retar-  
27 dation centers, providers of services, educators and advocates for  
28 persons with developmental disabilities.

29 (e) To meet the needs of persons with developmental disabilities,  
30 it is the intent of this act that sufficient funds be appropriated by  
31 June 30, 1997, to provide for services to all persons who are de-  
32 velopmentally disabled.

33 (f) The secretary of social and rehabilitation services shall carry  
34 out the provisions of this act in cooperation with persons who are  
35 developmentally disabled, family, guardians, community mental re-  
36 tardation centers, providers of services, educators and advocates for  
37 persons with developmental disabilities.

38 Sec. 2. This act shall take effect and be in force from and after  
39 its publication in the statute book.

(e) (1) The secretary shall establish and maintain a statewide registry of persons with developmental disabilities who are in need of services.

(g) The secretary shall ensure and financially support the development of an assessment of needs for community services and a plan for delivery of community services. Community mental retardation facilities, which are organized pursuant to K.S.A. 19-4001 through 19-4015 and amendments thereto, shall coordinate the assessment of needs and the development of such plan through consultation with representatives of community services providers, persons with developmental disabilities and with families and advocates for such persons.

(h) The secretary shall establish procedures and systems to evaluate the results and outcomes of the implementation of this act to ensure the attainment of maximum quality and efficient delivery of community services.



# Kansas Department of Human Resources

Joan Finney, Governor  
Joe Dick, Secretary

## Commission on Disability Concerns

1430 S.W. Topeka Boulevard, Topeka, Kansas 66612-1877  
913-296-1722 (Voice) -- 913-296-5044 (TDD)  
913-296-4065 (Fax)

## HOUSE APPROPRIATIONS COMMITTEE

March 15, 1993

by

SHARON HUFFMAN, LEGISLATIVE LIAISON

Thank you for the opportunity to testify today in support of House Bill 2523. The Kansas Commission on Disability Concerns (KCDC) advocates eventual closure of all institutions for people with mental retardation beginning with the closure of Winfield State Hospital in the next five years. The commission strongly supports continued consultation with Mental Health and Retardation Services (MHRS) in determining which institution to close.

In testimony presented by Commissioner of MHRS, George Vega, it was indicated the Kansas Department of Social and Rehabilitation Services has studied closure of institutions and supports the closure of one institution within the next five years.

In determining the closure of institutions, it is imperative that what is best for consumers in the institution be considered first. Services should follow individuals and be specific to the needs of each individual.

We believe that the enactment of the Developmental Disabilities Act will open up more doors of opportunities for individuals currently residing in institutions to move out into the community. It will eventually will lead to full inclusion into community living for all people with developmental disabilities.

Thank you for this opportunity to speak before you today. I will be glad to answer any questions you might have at this time.

# KANSAS ASSOCIATION OF CENTERS FOR INDEPENDENT LIVING

3258 South Topeka Blvd. ~ Topeka, Kansas 66611 ~ (913) 267-7100 (Voice/TT)

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## TESTIMONY TO

## HOUSE APPROPRIATIONS COMMITTEE

REPRESENTATIVE ROCHELLE CHRONISTER, CHAIRPERSON

MARCH 15, 1993

### Member agencies:

ILC of Southcentral Kansas  
Wichita, Kansas  
(316) 838-3500 V/TT

Independence, Inc.  
Lawrence, Kansas  
(913) 841-0333 V/TT

Independent Connection  
Salina, Kansas  
(913) 827-9383 V/TT

LINK, Inc.  
Hays, Kansas  
(913) 625-6942 V/TT  
(913) 625-2521 V

Resource Center for  
Independent Living  
Osage City, Kansas  
(913) 528-3105 V/TT

ILC of Northeast Kansas  
Atchison, Kansas  
(913) 367-1830 V/TT

The WHOLE PERSON, Inc.  
Kansas City, Missouri  
(816) 361-0304 V  
(816) 361-7749 TT

Three Rivers Independent  
Living Resource Center  
Wamego, Kansas  
(913) 456-9915 V/TT

Topeka Independent  
Living Resource Center  
Topeka, Kansas  
(913) 267-7100 V/TT

Thank you for the opportunity to testify today. My name is Gina McDonald. I am the Executive Director of the Kansas Association of Centers for Independent Living (KACIL). KACIL is an advocacy organization that promotes the rights of people who experience disabilities.

H.B. 2523 has gone through many changes since it's inception. Although we were extremely supportive of the original concept, we are not sure that this bill does any of the things included in the original bill.

KACIL does support legislation that will ensure that the priority of the State of Kansas is to provide funding for services that are identified by people with disabilities, their parents and/or advocates. We are supportive of the concept that the person with a disability and/or their parent, guardian or advocate can choose the services and the location where those services are to be provided. KACIL further supports the concept that there are an array of potential service providers, including natural support systems that can be used in the community.

We further support the concept that the Secretary of SRS should ensure that the quality of services is consistent with the needs of the family and/or person with a disability.

KACIL believes that the priority of providing community services will only be achieved if the legislature makes a commitment to begin the process of closing an institution by naming one this session.

There are sections of this bill where we are not in agreement or that appear to be missing.

The Page 2 number 6, talks about money following the person with a disability. We agree. However, KACIL has seen no provisions made in this or the Appropriations bill for funding for people coming out of institutions who are not eligible for waiver services due to their score on a Developmental Disability Profile. These people, in theory have the least needs and therefore, should not have been in an institution to begin with, yet there is no funding available as they leave the institution for community services.

Which brings us to the second issue that is not addressed in this bill. There is an incredible amount of "red tape" involved with moving a person from an institution to the community. Community providers have been accused of not being ready to serve people coming out of institutions. It appears in many cases that the reason goals for downsizing have not been met are not because of the ability of the community providers, but because of the methods for developing an individual lifestyle plan, and the amount of red tape and numbers of people who have to approve every step of the way. The process the state has developed is the issue, if as a provider, you are dealing with one state agency. If the consumer has needs which cross over into two agencies, it can literally take years to get services coordinated between departments. There is no method for departments to communicate with each other.

Perhaps 2-(f) alludes to dealing with this challenge, but KACIL would like to see clearer language that instructs all parties described in (f) to review and streamline those procedures. Otherwise people will continue to "wait" for three, six months, sometimes a year, in institutions, while plans are reviewed and approved.

There are terms that are not defined, which can be interpreted very differently, such as line 26 on page 1 and lines 9-10 on page 2. The terms "properly trained staff and knowledgeable and competent staff are not defined. Who will make that determination? Family members, people with disabilities, advocates, service providers and SRS may all have very different ideas about what that means.

KACIL is concerned that what that really means is "certified". The national trend is to move more toward a "peer" based training concept where people with disabilities who have been successful in learning to live independently train and support each other.

The original bill had two important definitions which were deleted from this version. It defined "Service Providers to include not only Community Mental Retardation Centers, but other entities including Independent Living Centers and family members. KACIL encourages including a definition that is inclusive of all potential providers.

The second definition that was removed was the definition of developmental disability. Shouldn't a Developmental Disabilities Reform Act contain a definition of that which it seeks to reform? KACIL would like to include a definition that includes a broader range of people than just people with mental retardation, but would include people with other disabilities that are cognitive in nature. Under the reauthorization of the Developmental Disabilities Act, advocates will be promoting this broader definition.

In summary, KACIL is not sure what this bill, in it's current form does or does not say. As for a reform act, it has a long way to go. KACIL will support this legislation if it is to be the vehicle for closure of an institution, but as a D.D. Reform Act, we would like to see more specifics.

# TOPEKA INDEPENDENT LIVING RESOURCE CENTER, INC.

## TESTIMONY PRESENTED TO HOUSE APPROPRIATIONS COMMITTEE

Representative Rochelle Chronister, Chair  
March 15, 1993

I want to thank you for the opportunity to present comments before you today on H.B. 2523, the Developmental Disabilities Reform Act. My comments will focus on the bill as I have seen it and additionally on the report that an amendment naming a Kansas MR institution to be closed will be added.

First, we support the concept of a law which insures that people with developmental disabilities will receive services that meet their individual needs in the most integrated setting possible - the community. We firmly believe that less reliance on, in fact elimination of, the institutional care model must be a priority in Kansas. A bill that would accomplish those goals would receive our whole hearted support.

However, I can not provide that support for H.B. 2523. Our reservation are based on the following:

1. No definition of "developmental disability" is offered. Used in Kansas vernacular developmental disability means mentally retarded, however, used in the strictest sense following the federal definition the term is much more broad. I would suggest we utilize the definition offered in the original draft of this proposed legislation.
2. Throughout the bill, community mental retardation centers (CMRC) are separated from community service providers. I would support a definition of community service provider that includes CMRC's, independent living centers, mental health centers, residential providers and so on. As we begin to use the term developmental disability appropriately we must expand the concept of what services are available to meet the needs of people with disabilities.
3. Also included in the current draft of H.B. 2523 is the use of terms like "adequate", "appropriate", "properly trained", "knowledgeable and competent". All of these are terms that are interpreted differently by various persons involved with people with developmental disabilities. If these are an attempt to push some specific agenda I believe it needs further exploration. Who decides what the criteria is - family, SRS, consumer facility - who?
4. Finally, I want to make comments, concerning the concept of money "following" the person into the community. This again is a great concept but I want to give a bit more of a progressive slant to it. What if we gave a person an allotment of funds that they would purchase the services they need. Rather than fund programs and providers we can fund people.

This will insure individualized services rather than funding programs that we force people to fit in to. After all this is the type of services we would prefer for ourselves isn't it?

This concludes my comments on H.B. 2523 as I have seen it. I want to change my focus for a moment to the naming of an institution in Kansas.

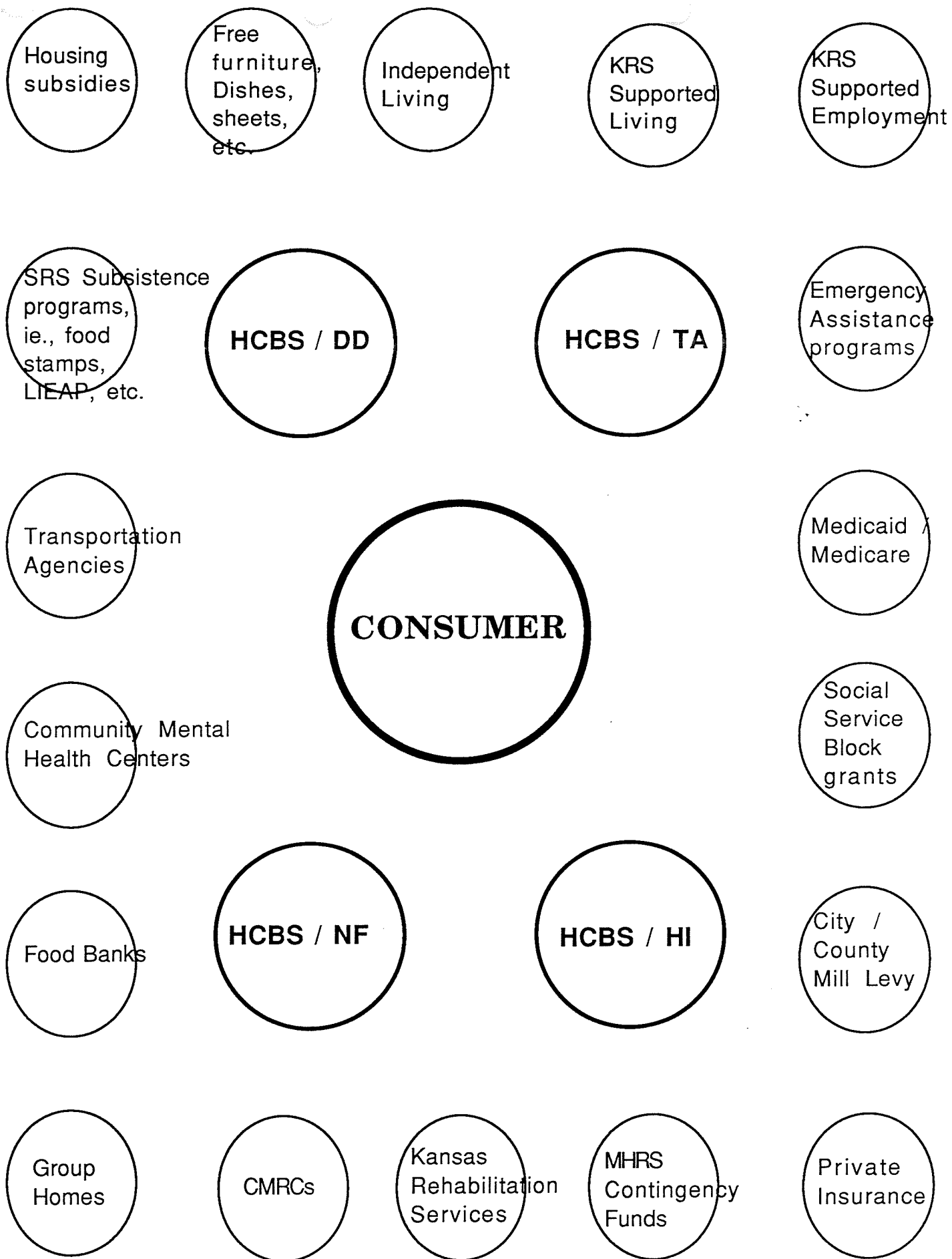
The debate on a closure has seemed to focus on several fronts: political safety; economics; jobs; which facility would be more cooperative; and etc. The discussions surrounding this closure issue remind me very much of the attached dissertation written by Dean T. Collins, a past Superintendent at Winfield State Hospital, on the history of people with mental retardation in Kansas. He examines the politics, economics, attempts at community integration and also the methods of treatment offered to people. What we find out is that the discussions haven't changed too much since 1965. Thirty years later we are still making decision based on the political and economic climate. We may have become more sophisticated in our methods but we seem to continue to be doing the same 'ole stuff.

I do not have time to go in to all of the issues and specifics surrounding this topic today so please take time to read "Children of Sorrow", it will enlighten you to the true issues surrounding closure. There are 90,000 people with disabilities institutionalized in America, 900 of those are here in Kansas. I can not be proud of that kind of national leadership. We must begin closing our institutions.

Let me close by reading Mr. Collins closing comments:

This was the national climate in which The Reverend H.M. Greene was appointed to head the Kansas institution in 1881-the twelfth state to set up a school for the retarded. The early interest in maintaining a school gave way, however, in the face of the influence of Benedict Morel's degeneration theory, R.L. Dugdale's study of crime, pauperism, and disease in the "Juke" family, and H.H. Goddard's description of "degenerate Stock" in the "Kallikak Family." With these developments segregation and eugenics became the focus of work with the retarded.

The introduction of psychological testing in the first decades of the new century dealt a final blow to the hopefuls who remained. The tests demonstrated with concrete mathematical data that training did not improve "intelligence." The third and fourth decades of the twentieth century were truly the doldrums in the care of the mentally retarded. During this period Kansas found more significance in the milk production of the institutional dairy herd, the effects of the drought on the alfalfa crop, and the prospects of gas and oil development on the institutional grounds than in the number of gonads surgically removed, the countless restraints and instruments of submission employed, or the life sentence that admission to the institution had come to mean.



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CHILDREN OF SORROW \*

A HISTORY OF THE MENTALLY RETARDED IN KANSAS

DEAN T. COLLINS

Our wards are innocent of crime or fault. In the large majority of instances they are the feeble and deformed expressions of parental sins or sorrows. And these traits, in very many instances, are the reflection of woes which the capital state has directly or indirectly caused.<sup>1</sup>

The time was 1882. The author was the first superintendent of the first public facility in Kansas for the mentally retarded. The citizens of "bleeding Kansas" had at last turned to their responsibility to the mentally retarded. Wounds from the great Civil War were slowly healing. And, as it turned out, one of the Free State and military leaders who fought for Kansas became its spokesman for the mentally retarded.

During the first two decades of Kansas statehood the problems of survival, organization, and expansion occupied the people of the state and its elected representatives. Problems of social welfare were secondary, although the first State Insane Asylum was founded in 1863, and the second in 1879. It was also in 1879 that the Blackfeet Indians raided Oberlin, Kansas—the last of the Indian raids in Kansas. Retarded and handicapped children did not present a problem of such social magnitude, even though in the minds of many leaders the state bore a moral obligation to provide services for them.

Except for occasional suggestions made to members of the legislature, no serious effort was made to provide care for the mentally retarded until the session of 1881. A celebrated pioneer of the Free-State days, a veteran of the Union Army, Major J. B. Abbott, devoted himself to the preparation of a bill to establish an asylum for the feeble-minded. Major Abbott had a personal investment in such a measure—when the institution was eventually opened, Major Abbott's daughter was the first patient admitted.

The bill was written after consultation with leading specialists in the

\* This essay was prepared in partial fulfillment of the requirements for graduation from The Menninger School of Psychiatry. May, 1963.

<sup>1</sup> H. M. Greene: "The relation of the State to its charities." In *Proceedings of the Association of Medical Officers of American Institutions for Idiotic and Feeble-Minded Persons, Seventh Annual Session, Elwyn, Pennsylvania, October, 1882*. Philadelphia, Lippincott, 1883.

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education of the handicapped but was submitted to many amendments before it reached the floor for consideration. It was passed by the Senate but was voted down in the House.

It was at this juncture, after Major Abbott had accepted defeat and had made preparations to leave for home, that another member of the House, James F. Legate, a compatriot of his in the border difficulties, rose to deliver an impassioned appeal to the House. In a moving extemporaneous speech, he called upon Kansas to rise to the challenge of other states and not allow herself to be outdistanced.

Say, representatives of Kansas, will you today, when asked to vote upon this measure, when there rises clearly before you a glimpse on the one hand of the sleepless horror which broods over the poor abodes of your fellow citizens, your constituents, which crushes their hearts and lives and hopes, and on the other of those noble shrines of Christ's sweet charity, where these children of sorrow are gathered and cared for, vote a contemptuous 'no,' and pass out to meet the fathers and mothers, and excuse yourselves as best you may—pass out to meet that Judge who will sentence you with that tremendous word, 'Inasmuch as you did it not to one of the least of these, you did it not to me'?"

And, finally, he reiterated the personal exploits of Major Abbott through the frontier days. He recalled the Major's service to the State and related the tribulations of his family to his daughter's condition—in essence, he held Kansas responsible for causing the daughter's feeble-mindedness. "If you can overlook all the other children who need this provision, do not pass by him or his,"<sup>2</sup> was Legate's final plea, and then he sat down. The House was engulfed in silence. After a few preliminaries, a decisive majority was obtained on a roll-call vote; all those opposed were either absent or silent.

A This emotional drama led to the founding of the Kansas State Asylum for Idiotic and Imbecile Youth, which was to have a set capacity for 30 pupils. The Kansas State Board of Agriculture census report that year indicated that in a total population of 925,795, there were 49 feeble-minded children under 15 years of age. It is striking that these pioneers provided a public institution for such a small number of the state's citizens. Their anticipation of the future, however, was not so accurate. Four years later the superintendent of the new institution commented:

When a few years hence, Kansas shall have a population of two million people, and the institution of the feeble-minded shall care for 300 children, it will be a fitting

<sup>1</sup> H. M. Greene: "Status of the work before the people and legislature—Kansas." *Ibid.*, Tenth Annual Session, Syracuse, New York, 1886. Philadelphia, Lippincott, 1887.

<sup>2</sup> *Ibid.*

recognition of the invaluable services of these real founders of the institution to place their statues at the entrance of the main building.<sup>4</sup>

Today, Kansas, with a population of 2,165,009, provides beds for 2,119 retarded persons, in spite of increased emphasis on home and community care and waiting lists for admission to each institution.

The initial legislation in 1881 included an appropriation of \$16,080 for the purpose of "establishing an asylum for the education of the feeble-minded and imbecile youth" and designated the old University Building (North College Hall) situated in Lawrence for the temporary use of the institution. The Board of Trustees of the State Charitable Institutions took possession of the building in June 1881. After necessary repairs, the institution was opened on September 1, 1881, for the reception of pupils, with the Reverend H. M. Greene as superintendent, Mrs. H. M. Greene as matron, and Mrs. Mate Stowe as teacher. The first pupil, Belle Abbott, from Johnson County, 10 years and 10 months old, was admitted on September 7, 1881.

History was to have a curious story to tell about Belle Abbott. In 1885, her case history was published with the intent to demonstrate that prenatal shock causes mental retardation. Sixteen years after her admission she was found to be insane, not retarded, and was transferred to the Asylum in Topeka. In 1899 she was discharged as not insane. In the meantime her parents had died. Since she had no place to go, the Board of Trustees directed her readmission to the institution for the retarded, now located at Winfield. In 1909 a state law was passed authorizing the state educational institutions to charge for the maintenance and care of the inmates. In that same year, Belle Abbott died in the Winfield institution. Major Abbott's long period of service to Kansas was forgotten, and the State decided to use Belle Abbott as a test case to see if citizens in charitable institutions could be charged for their care. The State sued to recover \$4,384.28 from Belle Abbott's estate as retroactive payment for the 28 years of her care. However, when the case was finally heard before the State Supreme Court in 1913, only the time of her care at the Topeka Asylum and from the passage of the law until her death was charged to her estate.<sup>5</sup>

<sup>4</sup> *Ibid.*

<sup>5</sup> H. M. Greene: "A case of prenatal shock impression." *Ibid.*, Ninth Annual Session, Lincoln, Illinois, 1885. Philadelphia, Lippincott, 1886.

<sup>6</sup> Archives of Winfield State Hospital and Training Center, Item #1.

<sup>7</sup> Archives of Topeka State Hospital, Item #3892.

<sup>8</sup> *Topeka State J.*, May 30, 1913.

<sup>9</sup> *The State v. Moore*, 90 Kan. Reports, p. 751, No. 18,354, 1913.

At the end of the first year of the institution's career, the Reverend Mr. Greene reported his conclusions as to the etiology of mental retardation:

The large percentage of cases in which imbecility may be clearly traced to effects produced upon the mind of the mother at a critical period, furnished another illustration of the terrible ordeal through which the women of our pioneer and border history have passed, and a touching petition in behalf of these wards of the State, rendered helpless and almost mindless by the horrors of the turmoil which have marked the settlement of Kansas.<sup>10</sup>

During the first year, five pupils were discharged—"incapable of improvement (3); insanity (1); and epilepsy (1)."<sup>11</sup> Mr. Greene described the philosophy of the school:

The institution is a school, in view of the Law establishing it, and inmates who are devoid of even the rudimentary means of acquiring the simplest ideas of education can scarcely be classed as pupils, and prevent by their presence the admittance of children who could be benefited, and who are obliged to remain unaccepted as pupils, on account of the limited accommodations of the Asylum.<sup>12</sup>

Exclusion of patients with chorea or epilepsy was founded on the "obvious" reason that their presence with persons so ready to observe and imitate the peculiarities of those diseases would lead to similar behavior among the others.

Despite the fact that during the first year of the institution the superintendent expended much effort in informing the probate judges of each organized county in the state, as well as the press and the general public, of the existence and function of the new institution, he concluded: "The people of the state are as yet unacquainted with the fact of the establishment of the asylum and its designs."<sup>13</sup> Interest in the institution was indeed much less than originally anticipated, and Superintendent Greene commented five years after the opening of the institution that it easily could have had a short career:

Perhaps the fact that the sessions of our legislature are biennial determined the fate of the institution. Had the body met in the ensuing winter (1881-2), they

<sup>10</sup> H. M. Greene: "Relating to the management of the State Asylum for the Education of Idiotic and Feeble-Minded Children at Lawrence, Kansas, for the biennial period ending June 30, 1882." In *Third Biennial Report of the Board of Trustees of the State Charitable Institutions in the State of Kansas, for the Biennial Period Ending June 30, 1882*. Topeka, Kansas Publishing House, 1882.

<sup>11</sup> *Ibid.*

<sup>12</sup> *Ibid.*

<sup>13</sup> *Ibid.*

would have found but eleven pupils present, and so far as appearances indicated, the first run of applications which is expected to set toward a newly-opened asylum was expended. It would have been easy to suppress the experiment as a failure in the interest of economy.<sup>14</sup>

Consistent with the trend throughout the nation at the time, an educator and minister had been selected as the first superintendent. The Reverend H. M. Greene had previously worked with Dr. Hervey B. Wilbur, Superintendent of the Albany (New York) State Asylum for Idiots. Thus, Mr. Greene set about founding an institution patterned after the ideas of those already in existence—a school with a strong religious influence for those retarded in their ability to learn. The early biennial reports contain frequent biblical quotations. These early reports demonstrate the farsightedness of the first superintendent. He cautioned against inordinately high public expectations. He was aware that progress and training would be slow and no "cure of mental inefficiency" should be expected. He was able to foresee, only nine months after the institution opened, the need for grouping the pupils and the need for increased work with the more severely retarded.

The institution was to have a short life before the concern already being experienced in other states began to arise in the minds of its staff. It became obvious very early that there was a conflict between the concept of the institution as a school for the mildly retarded and the increasing demands for services to the more severely retarded. Families and communities were already expressing their reluctance about accepting the decision made by the superintendent to discharge a pupil judged to be incapable of improvement. In order to circumvent these problems, the recommendation was made to change the name to the Kansas Institution for the Education of the Feeble-Minded. It was hoped in this manner to convey to the public that the object and purpose of the institution were to educate and treat, rather than become a repository for hopeless cases.

At the same time, the prevalent idea throughout the country of locating institutions for the handicapped in an idyllic country setting, away from the pressures of city living, had taken hold. Recommendations for a permanent site were already being suggested:

... sufficiently removed from a city to be independent of its turmoil . . . and affording room for garden ground . . . enough tillable land . . . to raise vegetables at least in part for the institution and furnish forage for the necessary horses and cows.<sup>15</sup>

<sup>14</sup> Greene, *op. cit.*, fn. 2 above.

<sup>15</sup> H. M. Greene: "Institution for the education of idiotic and imbecile youth." In

The admonition of Edouard Séguin, the neurologist who had pioneered in championing the training of the mentally retarded, was already falling into what would be a century's oblivion. Séguin had said in 1870:

In viewing these schools throughout the country, in view of the comfort of the inmates, and the convenience of their families, they have put them out of reach of the concourse of scientific men and means, which are concentrated at capital cities.<sup>16</sup>

Throughout the nation institutions for the mentally retarded were built in rural areas apart from scientific centers, and Kansas followed suit. Séguin's recommendations were thus ignored. It was political expediency, not scientific rationale, that determined the site for Kansas. In 1885 a committee from the legislature supported the recommendation of the superintendent that more land and larger buildings be provided away from the center of the busy and growing city of Lawrence. The people of Lawrence were determined to retain the institution, but they were at the same time engaged in purchasing more land for the Indian training school, and the University required increased appropriations. The representatives of the southern and western parts of the state, adroitly led by the Cowley County delegation, were ready to mass forces against more money for the University. Political bargaining ensued. The University got its needed appropriations, and Winfield got the institution for the mentally retarded. On March 22, 1887, thirty-one pupils were moved from Lawrence to the new 40-acre site just outside Winfield.

#### *The School at Winfield*

Despite Mr. Greene's eagerness to maintain the institution as a school for the mildly retarded, public pressure to provide facilities for the more severely retarded and physically handicapped increased. The State Board of Trustees, in response to public pressure, decided in 1888 to enlarge the scope of the institution. They wished to preserve the idea of a school but at the same time to admit those apparently unable to learn from ordinary instruction. This decision, prompted as it was by public need rather than professional planning, was difficult for the institution to accept. However, Mr. Greene, in his biennial report for 1888, was able to make a remarkably objective evaluation of the decision:

Frank B. Hall, *Report of the Board of Trustees of the State Charitable Institutions of the State of Kansas for the Period Ending June 30, 1884*. Topeka, Kansas Publishing House, 1884.

<sup>16</sup> Edouard Séguin: *New Facts and Remarks Concerning Idiocy*. New York, William Wood, 1870.

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And they too have learned, not in books, which will probably be sealed to the greater part of them forever, but in ability to distinguish a voice and touch as tender and kind as a mother's could be: in disposition and in willingness and purpose to assist in caring for themselves—in the numberless acts, petty and puerile, in the ordinary view, which lead on to a full understanding in exercise of the laws which make men orderly and pure. . . .

As its scope has already widened, and embraces the class physically and mentally incapable of instruction, the daily presence of a medical superintendent is essential to the accomplishment of the best result of all cases. The large number of admissions of low-grade pupils during the last year, appealing so pathetically for the relief and improvement which a skillful and constantly attending physician can alone bestow, impels me to resign the position as superintendent, which I have held from the organization of the institution. This decision is made voluntarily without solicitation, and solely in my judgment in the best interest for work which (sic) I have come to entertain unusual regard.<sup>17</sup>

Six years after his "resignation," the Winfield newspapers told another story. They reported that Mr. Greene had introduced dances for patients. Since most Kansans believed dancing to be immoral and that it tended to destroy the spiritual inclination of those who indulged in it, the Board of Trustees in true democratic spirit fired Mr. Greene.

Mr. Greene was succeeded by Dr. C. K. Wiles as superintendent on November 9, 1888. By 1890 patients reaching the age of twenty-one and remaining in the institution presented an increasing problem. Discharging a patient to the county from which he had been admitted meant in many cases he would return to the county poorhouse, "with all its degrading influences." This led to the suggestion to set apart a ward for the custody of adult idiots in the proposed new insane asylum. Failing to achieve that, Doctor Wiles recommended in 1892 that the institution be enlarged and that the adult patients be allowed to remain at the institution performing physical labor toward its support.

With the influx of the more severely retarded into the institution, the functions of the staff gradually changed to providing methods of control, rather than assistance in learning. Comments about the disturbing influence in the classroom of noisy, aggressive "idiots" began to appear in the biennial reports, ~~mention was made of the use of mechanical restraints for such behavior. Dr. Wiles reported his method of dealing with "a nameless habit" (masturbation). Patients "addicted" to the~~ 11\*

<sup>17</sup> H. M. Greene: "Fourth biennial report of the State Asylum for Idiotic and Imbecile Youth, at Winfield, Kansas, for the biennial period ending June 30, 1888." In *Sixth Biennial Report of The Board of Trustees of the State Charitable Institutions of the State of Kansas for the Two Years Ending June 30, 1888*. Topeka, Kansas Publishing House, 1888.

habit were placed in charge of attendants with instructions that they should be watched constantly. Dr. Wiles reported that with one patient he had found it necessary "to improvise what I call 'strait jacket' but which was in reality a sort of canvas bag with arms which were buckled together during the night."<sup>18</sup>

### *The First Revolution*

On July 1, 1893, Dr. Wiles was retired from the position of superintendent when a newly-elected Populist administration appointed a Board of Trustees of that party. Dr. F. Hoyt Pilcher, a country practitioner from the nearby town of New Salem, active in the Populist movement from its inception, was appointed to head the institution. Apparently to safeguard his authority, Dr. Pilcher promptly discharged many of the "trained nurses."

Dr. Pilcher's interest was primarily in clinical medicine. The problems being presented by the severely retarded patients—those who responded neither to academic instruction nor to "moral suasion"—led to his introducing "medical" approaches for control of behavioral problems. Dr. Pilcher called in consulting physicians and surgeons from the community and embarked upon a program of castration to control the practice of masturbation. Castration was then an acknowledged method—that is, acknowledged in newspapers and in legal and medical journals—to remedy criminal practices. Yet no legislature had yet had the courage or temerity to sanction it.

A furor arose about the institution. The local press, learning of the innovations in "treatment," launched a bitter attack on Dr. Pilcher and on the Populist Party. Employees, disgruntled because Dr. Pilcher had discharged them, offered affidavits on the "inhumane and immoral" practices of the superintendent. One Topeka paper carried headlines: "Mutilation by the Wholesale Practiced at the Asylum. 11 of the Unfortunate Children Victims of the Knife," while another commented: "... indeed has this institution been sunk to the lowest level of political uses and the men comprising that Board (are) as culpable as Dr. Pilcher."<sup>19, 20</sup>

Another change in the state government brought with it in 1895 a new Board of Trustees, and immediately many personnel changes were made in various state institutions. Dr. C. S. Newlon replaced Dr. Pilcher,

<sup>18</sup> *Topeka Lance*, September 1, 1894.

<sup>19</sup> *Ibid.*

<sup>20</sup> *Winfield Daily Courier*, August 24, 1894.

July 1, 1895, as superintendent of the Winfield institution. In the biennial report the following year, the Board pleaded that the management of the state institutions be removed from political influence—a plea which suggests some hypocrisy.<sup>21</sup>

Dr. Newlon, a physician, attempted to return to the concept of a "school," deploring the previous "rapid degeneration into a hospital." His attempts, however, to reverse the trend met an inalterable tide of public opinion that the institution was for just that purpose—to care for the patients who could not be cared for elsewhere. He again developed more extensive classroom work and encouraged control by classroom discipline and activities rather than mechanical restraints. But there was now no return from the established course, determined by public pressure—the institution was to take an increasing number of severely retarded patients.

A new election, a new party in control, a new governor, and a new Board of Trustees returned Dr. Pilcher to the helm, July 1, 1897. He again resumed the practice of castration "to suppress the practice of self-abuse," defending it in his biennial report. He commented that most often such operations were performed at the special request of the parents of the patients.<sup>22</sup>

At the same time a new concept was being introduced—one that was to grow and develop to the point that another revolution would be needed a half a century later to reverse it. The concept was that the State must assume responsibility for the care of all those persons whose intellectual handicaps prohibited their being self-sustaining in the battle of life. Census figures were quoted to illustrate that although the institution housed 135 patients, more than 1,900 imbeciles and idiots were present in the State, "the female portion of whom are subject to the vicious passions of unscrupulous men."<sup>23</sup> Since it had been "demonstrated" that these groups were incapable of being trained to independence, it seemed inevitable that the larger number of them must be cared for by the State. It was recommended that the institution be enlarged manifold to accommodate all the imbecile population of the state and all feeble-minded women.

<sup>21</sup> Tenth Biennial Report of the Board of Trustees of the State Charitable Institutions of the State of Kansas, for the Two Years Ending June 30, 1896. Topeka, Kansas State Printing Company, 1896.

<sup>22</sup> F. Hoyt Pilcher: Ninth Biennial Report of the Asylum for Idiotic and Imbecile Youth at Winfield, for the Biennial Period Ending June 30, 1898. Topeka, State Printer, 1898.

<sup>23</sup> Ibid.

of childbearing age—a preventive measure designed to halt the increase in numbers of the feeble-minded.

No action was taken on these recommendations directly, but in the atmosphere of national discouragement with the results of efforts to educate the feeble-minded, the idea of the state having primary authority for the care of the mentally retarded fell on sympathetic ears in the local communities and in the courts. It was to gain an ever-increasing foothold in the ensuing decades, supported by the principles of segregation from the rest of society and preventive eugenic measures of sterilization and castration.

With yet another bouncing of the political football, Dr. Newlon returned to the superintendency, July 1, 1899. The institution continued to develop as a separate community—almost a society unto itself. In the 1902 biennial report, an estimate is made that five per cent of those admitted could return home to care for themselves. Some of those remaining could learn to read and write "for recreation and occupation." The isolation of the institution from the community is indicated in the citation of the population of the institution: "361—feeble-minded children 300; employees 61."<sup>24</sup>

In 1903 a State Hospital for Epileptics was established at Parsons. This new institution received the majority of its patients from the state insane asylums and did not materially influence the development of the institution for the retarded. Insanity, on the other hand, continued to be an increasing concern to the staff of the Winfield institution. They felt completely inadequate to deal with patients with severe emotional disturbances and discharged them to their families if they became too disruptive to the school program.

On the other hand, the attitude that the institution was superior to the parent in responsibility and judgment led to the recommendation of legislation "preventing the removal of pupils by irresponsible parents." The philosophy was stated thus:

We feel that children who are defective and placed here (in the institution) get more real pleasures out of life, do better school work, are better physically, mentally and morally than if obliged to be at large or cared for in the private home. The systematized institutional regime, appropriate treatment, wholesome food and regular outdoor recreations are factors in attaining this result, causing them to

<sup>24</sup>C. S. Newlon: "Eleventh biennial report of the State School for Feeble-Minded Youth at Winfield, for the biennial period ending June 30, 1902," In *Thirteenth Biennial Report of the Department of Public Instructions, State of Kansas, for the Years Ending June 30, 1901 and June 30, 1902*. Topeka, State Printer, 1902.

lead happy, peaceful lives, instead, possibly, of an otherwise growing existence (simply existing).<sup>23</sup>

I. W. Clark, M. D., was appointed superintendent, July 1, 1905. The creation of a Board of Control of the State Charitable Institutions led to greater stability and continuity. Developments in the institution now were quieter, more gradual, and much less publicized. In 1907 a separate medical department was created with an assistant superintendent—a second physician—with responsibility for the school, to superintend and provide amusements for the inmates and to care for the sick.

In 1909 the name of the institution was changed to the State Home for the Feeble-Minded, a move long requested by the staff. It reflected more realistically the object of the institution to provide permanent custodial care for a large number of patients. With this change the age limit of 15 years was belatedly removed from the statutes.

On September 1, 1911, Dr. Clark resigned because of ill-health, and his assistant, Dr. F. C. Cave, was appointed to replace him. Contending continuously with the perennial problem of overcrowding, the staff did its utmost to provide a pleasant homelike atmosphere for the patients. There was much emphasis on outdoor activities, with frequent picnics and walks.

The change in the function of the institution from its original concept of an educational facility was acknowledged in the Supreme Court decision in the Belle Abbott case:

... although the institution was founded in the belief that the unfortunates committed to its care would generally be capable of receiving instruction, experience has proved the contrary . . . out of about one hundred employees now engaged only two are teachers.<sup>24</sup>

During this period the surrounding community for the first time became critical of the institution. In previous political struggles it was the superintendent who was the subject of attack, while the patients themselves had aroused no criticism from the community. Now, however, the surrounding community set itself apart from the institution and criticized it. In 1911 money was appropriated to construct a sewage disposal plant because of complaints about contamination by the institution of the creek which flowed through Winfield.

<sup>23</sup> I. W. Clarke: *Fourteenth Biennial Report (Second Biennial under Board of Control) of the Kansas State School for Feeble-Minded Youth, Winfield, Kansas, for the Two Years Ending June 30, 1908*. Topeka, State Printing Office, 1908.

<sup>24</sup> See fn. 9 above.

By 1914 the Binet-Simon test was introduced to determine the mentality of the patients and to classify them. Tests were administered by the teachers and the assistant superintendent. The staff worked consistently to dispel the high expectations made of the school, particularly by the parents of the patients, reflecting at every available opportunity the widespread pessimism in professional circles of the day. In 1915, in answer to a mother's question if her son was getting any better, the superintendent wrote:

It is very probable that you may never expect any change in his mental attitude. The boy will never be well and I am sorry that you have been misinformed as to the purpose of our institution.<sup>27</sup>

In 1917 the legislature of the State of Kansas, seeking more efficiency in government, devised a new plan for the administration of the state institutions. All institutions formerly under the direction of, first, the State Board of Trustees and, later, the State Board of Control, were grouped with the educational and correctional institutions under a new State Board of Administration. This Board consisted of four members, including the Governor, *ex-officio* Chairman of the Board, thus insuring the institution's political destiny. Provisions were made for the employment of a central business manager.

At the same time Dr. Cave resigned, and the assistant secretary to the Board of Administration, Wylie W. Cook, was named superintendent of the Home for the Feeble-Minded, July 1, 1917.

#### *The Period of Lay Administration*

In accord with the plan to develop the institution along industrial lines, the name was changed to the State Training School. The new leaders at the institution felt that what the patient population needed was not any additional forms of amusement, but, instead, productive activities. The development of the institutional farm was intensified as a technique of utilizing the surplus energy of the patients. The male population was already generally employed on the farm, in the gardens, laundry, kitchen, and bakery. The women, except for a few working in the laundry and dining room, provided a greater challenge in devising productive tasks. To this end appropriations were requested for a small battery of knitting machines and two or three looms for rug weaving.

At the same time Superintendent Cook, concerned about the appearance

<sup>27</sup> Archives of Winfield State Hospital and Training Center, Item #1181.

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of the patients, requested advice on the dietary conditions in the institution. A commission from the Kansas State Agricultural College and the State Board of Health made an investigation. In their report<sup>28</sup> they included a typical day's menu in the patients' dining room (May 24, 1919):

Breakfast: Stewed raisins, rolled oats, gravy, bread, coffee  
 Dinner: Bread, Oleo, Peas and corn  
 Supper: Vegetable soup (tomatoes, peas, corn), bread, tea.

The medical department (Dr. T. E. Hinshaw—a part-time general practitioner) continued a passionate interest in eugenics. He lauded the advent of national prohibition and the consequent elimination of "one of the four great causes of feeble-mindedness." At the same time he recommended changing the immigration laws to reduce the number of undesirables entering this country from Europe—

undesirables, rendered so by the use, for generations, of alcohol, itself a protoplasmic poison, and the additional fact that many of them are suffering from the effects of syphilis, either hereditary or acquired.<sup>29</sup>

*Winfield* Further recommendations included prohibiting the feeble-minded to marry and sterilization to offset the larger families in the lower class "which produces relatively the greatest number of criminals and paupers and of the mentally deficient." His intent was to return balance to the law of the survival of the fittest, annulled by the philanthropic efforts of society. *★*

By 1922 the biennial reports had begun to sound like those of an efficient farm manager. The major part of the 1922 report concerned itself with the crops, the livestock, the development of the land for gas and oil production, and a justification for the purchase of more farm land. Patients were mentioned only to report that the parole system was not a success, particularly with young women. Great need was seen for a parole officer to make inquiry into the home life of paroled children. In a letter to a probate judge, Mr. Cook expressed his opinion:

While I very much regret to learn that (the patient) has gone to the bad again, I am not greatly surprised. My experience with this class of girls has been more or less disastrous, and I have reached the conclusion that there will be no more young

<sup>28</sup> *A Study in Nutrition: Report of a Study of the Dietary and Weights for one Year (1919-1920) of the Inmates of the State Training School, Winfield, Kansas.* Topeka, Kansas State Printing Plant, 1921.

<sup>29</sup> T. E. Hinshaw: "Report of Physician." In *Twentieth Biennial Report of the State Training School, Winfield, Kansas, for the Two Years Ending June 30, 1920.* Topeka, State Printing Plant, 1920.

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women paroled from this institution while I am in charge. You may return (the patient) to this institution at your earliest convenience, and fortunately she will be here in time to become a member of our next session.<sup>30</sup>

On July 1, 1923, after the election of a Democratic governor, Mr. Cook was replaced by C. M. Drennan as superintendent. By some "precedent-breaking" moves, an attempt was made to justify the name "State Training School," and to make the place "more livable, more Christian, more efficient, more economic, more modern, more scientific, more sanitary, more human." An informative newsletter was written and sent to families and communities. The assistance of the Psychology Department at Emporia State Teachers College was obtained for screening patients, and a training department was reinstituted, especially to reach the "low-grade imbecile." In addition, this department was given the responsibility of parole work.<sup>31, 32</sup>

Sixty of the 75 epileptic patients were transferred to Parsons, the first major use of the latter institution for epileptic patients who were also retarded. As a further result of screening, 16 patients were transferred to the state hospitals for the insane and 4 to the School for the Deaf.

For the first time, the larger scope of the problem of mental deficiency was seen. Mr. Drennan estimated that two per cent of school children were three years or more behind in their work and that there was a total of 10,000 mentally deficient persons in the state. This, then, was not an institutional problem, but a state-wide problem. Instead of asking for appropriations to enlarge the institution, he recommended a program of many years' scope, "launching out into the communities where care for the mentally deficient is most urgent."<sup>33</sup>

This flicker of brightness was not destined to last. On April 1, 1925, Mr. Cook was returned to the superintendency when the Republicans returned to the Statehouse. He lamented the "physical and moral conditions" he found on his return, although the most serious one he cited was that the milk production of the cow herd had dropped from near the top, of the herds belonging to the state institutions, to the bottom.<sup>34</sup>

<sup>30</sup> Archives of Winfield State Hospital and Training Center, Item #1289.

<sup>31</sup> C. M. Drennan: *Twenty-Second Biennial Report of the State Training School, Winfield, Kansas, for the Two Years Ending June 30, 1924*. Topeka, Kansas State Printing Plant, 1924.

<sup>32</sup> *The State Training School*, vol. I, no. 1, September 15, 1924. (Only issue published).

<sup>33</sup> Drennan, *op. cit.*, itin. 31 above.

<sup>34</sup> Wylie W. Cook: *Twenty-Third Biennial Report of the State Training School, Winfield, Kansas, for the Two Years Ending June 30, 1926*. Topeka, Kansas State Printing Plant, 1926.

Emboldened by his reinstatement, Mr. Cook continued to emphasize the development of the institutional farm and to exert his authority over the patients. In 1928 he wrote to the mother of one of the patients:

I have repeatedly told you and I wish I could make you understand once and for all that you must not write letters to (the patient) in which I can find any encouragement for a parole. It seems to me that, after being cautioned so many times, you would after a while decide that your efforts to secure a parole for him would be futile.<sup>35</sup>

During this period the care of custodial (severely retarded) patients deteriorated. Requests for enclosed sun rooms were justified on the basis that from early fall until late spring these patients seldom had the benefit of any sunshine and by springtime were almost colorless in appearance. New floors of a plastic material were requested that could be flushed with water and scrubbed three or four times daily.<sup>36</sup>

To work in these areas and with these patients became a punishment for patients who misbehaved. In a letter to a probation officer in 1932, Mr. Cook wrote of the miscreants:

They (two girls) are now both safely corralled in a ward of idiotic girls, both have their hair clipped close to their scalp and both are in blue denim dresses and barefooted. They are required to look after the wants and needs of about fifty idiotic and imbecile girls and women whose clothing has to be changed two or three times daily and very many of whom have to be spoon fed. It is my opinion that these good looking girls will hesitate a long time before they venture out again.<sup>37</sup>

In 1932 Dr. V. A. Nash from the University of Kansas visited the institutions and with student help tested a large number of patients. A number of obviously misplaced patients were found—indeed, ten were transferred to the State Orphans Home at Atchison after being found to be of normal intelligence. At the same time the institution felt indirectly criticized for its lack of any organized training. Previous classes in rug-weaving, basketry, and mattress making had been abandoned because better rugs, baskets, and mattresses could be bought on the open market at less cost to the state. Mr. Cook admitted that his policy was to keep the per capita cost at the "lowest sum consistent with the efficient conduct of the place." Therefore, no experiments that cost money were tried. The

<sup>35</sup> Archives of Winfield State Hospital and Training Center, Item #1439.

<sup>36</sup> Wylie W. Cook: *Twenty-Fifth Biennial Report of the State Training School, Winfield, Kansas, for the Two Years Ending June 30, 1930*. Topeka, Kansas State Printing Plant, 1930.

<sup>37</sup> Archives of Winfield State Hospital and Training Center, Item #2222.

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economic depression was cited as grounds for no higher budget requests, a reasoning that no doubt had willing listeners.

The following year (1933), a Public Welfare Temporary Commission was appointed by the Governor. In their extensive and well-documented report they concluded that the mentally handicapped groups of children in Kansas were predominantly neglected by public welfare, by the medical profession, by the educational system, and by the policy of institutional management. In spite of the stated purpose of the State Training School, a visit to the institution "convince[s] one that it is a custodial institution for the helpless." They found that formal schooling there was provided on a half-time basis for 40 of the 1,000 patients.

The Commission made the following recommendations: 1) Proper training for many patients to fit them for work outside the institution. 2) Revision of the commitment practice to prevent the institution being used as a dumping ground without expert evidence. 3) Creation of a central state psychological service to investigate cases committed to institutions. 4) Institution of work training programs and a parole system at the State Training School. 5) Abandonment of the policy of low operating cost. 6) Development of the system of special classes in public schools already in existence in the larger cities of Kansas. 7) And, finally, the recognition of the Winfield institution as a hospital for custodial cases and the creation of a genuine training school with psychiatric and social services.<sup>29</sup>

The institution continued the same—as if the report had never been written. Repressive and punitive corrective measures for misbehavior were continued. One mother was told by a letter:

Upon their (two boys) return to the Training School they will both suffer the usual punishment imposed in such cases; that is they will be required to wear blue denim slipover dresses for a considerable time. It is very embarrassing to the boys who have to wear these dresses but it is a light punishment and seems most effective in most cases.<sup>30</sup>

With the election of a Democratic governor, Mr. Cook was replaced by L. C. Tune, July 1, 1937. Mr. Tune had been steward (business manager) of the institution since 1924. During his two-year tenure developments continued in the direction they had followed the previous decade. Overcrowding continued to be a major problem, but the insti-

<sup>29</sup> Report of the Public Welfare Temporary Commission in the State of Kansas, January 15, 1933. Topeka, Office of the Governor, 1933.

<sup>30</sup> Archives of Winfield State Hospital and Training Center, Item #1940.

removal of ovaries  
de tallopi  
+ tubes

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tutional farm was maintained efficiently in spite of the severe drought. With a Republican administration Mr. Cook returned as superintendent, May 24, 1939, and Mr. Tune resumed his duties as steward.

Treatment continued to be influenced by the moralistic attitude of the medical department—the eugenic use of castration and sterilization, especially for the mildly retarded who might leave the institution. In one fiscal year (1940), 49 of 81 major and minor operations were castration, oophorectomy, salpingectomy, or vasectomy.

Although the practice of castration had been started by Dr. Pilcher in March 1894 to control masturbation, a law was first passed by the legislature in 1917 authorizing asexualization of the insane and the feeble-minded. This was interpreted by the Winfield staff to include castration as a treatment for behavioral problems as well as as a eugenic measure. Dr. Pilcher had performed 11 castrations during his first term as superintendent and 47 during his second. The practice was not resumed until 18 were performed in 1923, and again 22 in 1927. In 1931 castration was intensively resumed, so that by April, 1944, a total of 656 such operations had been performed at the institution. There are no records to cover the surgical activities from 1944 to 1951. Since 1951 no such surgery has been performed.<sup>40-42</sup>

On July 1, 1944, Mr. Cook resigned as superintendent, having reached the age of 85. He was again succeeded by the steward, L. C. Tune. The next few years were a period of stagnation. No reports were submitted and few records kept of activities at the institution. From figures on patient movement, one can reconstruct that in Mr. Tune's nine years as superintendent not a single patient was discharged.

### *The Second Revolution*

Following the arousal of the public from apathy in 1948, increasing pressure was brought to bear on the Winfield institution to update its antiquated philosophy and techniques. In 1947 a Division of Institutional Management had been formed as the agency under the Board of Social Welfare which assumed the responsibility for supervising and directing the institutional programs. The personnel from this agency began urging Mr. Tune to make a fundamental change in his philosophy that nothing

<sup>40</sup> F. C. Cave: "Report of sterilization in the Kansas State Home for Feeble-Minded." *J. Psycho-Asthenics*, 1911, 15: 123-125.

<sup>41</sup> Charles C. Hawke: Castration vs vasectomy in the feeble-minded as a surgical problem. *Am. J. Ment. Deficiency*, 1941, 46: 129-140.

<sup>42</sup> Lester Bieber: Personal communication.

could be done for the patients under his charge. These attempts to humanize the approach to the patients arose out of dissatisfaction with such practices as extraction of the incisor teeth of patients who bit others. Strong objections were also raised to the practice of feeding the patients a gruel without meat. The only occasions when patients ate solid meats were on Thanksgiving (pork chops) and Christmas (fried chicken).

In 1950, despite Mr. Tune's objections, the Division of Institutional Management added a clinical psychologist, a recreation director, an art director, a music director, and a cosmetologist to the staff. But progress continued to be so slow that on May 17, 1951, Mr. Tune was summarily dismissed.

former  
business  
manager

Unanswered correspondence had accumulated for as long as six years; 21 applications for admission were found with no notation for action; many letters from families inquiring about relatives in the institution had remained unopened. In addition, there were irregularities in accounting, food in the storeroom was overrun by rats and mice, and supplies were so depleted that food was purchased on a day-to-day basis.<sup>43</sup>

A third-year resident from The Menninger School of Psychiatry at the Topeka State Hospital, Dr. William H. Wood, was appointed acting superintendent. He described in appalling terms the conditions he found there. Instruments of punishment were found about the hospital—black-jacks, metal handcuffs, leg irons, whips, and instruments to exert pressure on an individual's thumbs when traction was exerted. Requests were still made for the extraction of all the teeth to prevent one patient from biting another. To escape the overcrowded dormitories, a number of the more capable patients had installed beds in the cow barn loft, and others had constructed huts in obscure corners of the grounds, particularly in the trash dump. Some of these were wired for electricity and more than one contained some kind of refrigeration.<sup>44</sup>

The first project was to provide an adequate diet. A dietitian was employed to raise the standard of patient food, and for the first time in many years employees began to eat the same food as was served to the patients. Provision of adequate medical service was another urgent need. The local medical society contributed services and knowledge in screening, examination, and treatment, indeed laying the foundation for an extern training program from the University Medical School. A more subtle, difficult, and painful project was the humanizing of attitudes and treat-

<sup>43</sup> *Kansas City Times*, May 23, 1951.

<sup>44</sup> William H. Wood: Report on the Winfield Training School. (Unpublished ms.)

ment techniques. Preventive and suppressive measures were discouraged, and the view that the patient was a fellow human being was promulgated in many ways.

These changes were not without community repercussions. The sudden suspension of the superintendent and the later resignation of the previous medical director were interpreted as political moves. The dissatisfaction of personnel expected to make such dramatic changes in their philosophy and practices spread through the community, where misinformation and misunderstanding of the previous conditions and the new goals contributed to strenuous opposition. Many of the efforts of the leaders were spent in trying to convey the meaning and the intent of changes going on within the institution. On August 8, 1951, Colonel John B. Smith (retired) was appointed superintendent.

The Department of Education and Training began to extend its school program to include vocational training, arts and crafts, music, religious training, and physical therapy. Also, a social service department was organized to handle preadmission contacts and admission work, interim casework, considerations for parole and discharge. For the first time, patients were given job placements outside the institution.

In 1951 the State Hospital for Epileptics at Parsons began a profound reorganization. With the appointment of Dr. Howard V. Bair as superintendent, a broad program of rehabilitation was instituted. The concept of such a residential facility for epileptics was brought into serious question, and the future role of the institution was given serious consideration. Initially, it was suggested that service to the people of the state could be broadened by the designation of the institution as a psychiatric hospital. However, the need for expansion and improvement of facilities for the retarded eventually outweighed such considerations.

In April, 1953, by an act of the Legislature, the State Hospital for Epileptics was transformed into the Parsons State Training School, offering a psychiatrically oriented program for mentally retarded children. Aiming at social rehabilitation, the school began actively planning for retarded children between the ages of 6 and 14 with an I. Q. between 50 and 70.

The effect of these developments was to reduce a large waiting list at the Winfield institution, but also to eliminate many educable children between 6 and 21 years of age from the school program there. During the first year following reorganization, 126 children were transferred from Winfield to Parsons, and another 107 of those on the waiting list were admitted directly. With these developments the Parsons State Training

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School developed an intensive school program for the mildly and moderately retarded between 6 and 21. The programs at Winfield moved to deal more with children under 6, with children with multiple handicaps, and with adults in need of vocational training or further custodial care. These changes presented major difficulties for the Winfield staff. In his biennial report for 1954, the superintendent wrote:

The elimination of so many higher grade patients of working age, both in the group under 21, and an additional group between 21 and 30, who were transferred, in accordance with the provisions of the statute, to relieve the waiting list, put such a severe burden upon those patient workers remaining that *production* (getting the work done in the institution) seriously interfered with the rounded training program, which includes academic and socialization classes, recreation, arts and crafts, music, and a variety of experiences other than work.<sup>45</sup>

In 1955 a committee of consultants from The Menninger Foundation Department of Child Psychiatry was appointed by the State Board of Social Welfare and the Director of Institutions to survey the residential child care and treatment institutions in the state, to determine just what institutional services for children were available and how they should be coordinated. They noted a problem common to all institutions, an overly possessive attitude and a judgmental non-acceptance by staff of many parents, with the feeling that the institution was "better than" the parents, home, or family. They further observed:

Although hampered by many problems, Winfield State Training School seemed to be working constructively in developing a program of rehabilitative work with severely mentally deficient and multi-handicapped children and adults . . . (however,) in the regressed wards where children and adults are intermingled there is a 'snake pit' quality. Children and adults naked and dirty mingle in feces and urine, with no treatment attempted for lack of staff . . . In shining contrast the program in the hospital building was of high quality. Once an inmate becomes a bed patient, quality of physical and medical care is higher.<sup>46</sup>

At Parsons, an intensive treatment program continued to develop. In 1954 a second psychiatrist was added to the staff. However, placement of the older custodial patients remaining from the hospital for epileptics presented increasing difficulties. Their families could no longer be found or strenuously objected to the patients' return to the community. Transfer

<sup>45</sup> John B. Smith: *Thirty-Seventh Biennial Report of the Winfield State Training School, Winfield, Kansas, for the Two Years Ending June 30, 1954*. Topeka, State Printer, 1955.

<sup>46</sup> *Survey of State Residential Child Care and Treatment Institutions in Kansas: Summary Report to the State Board of Social Welfare and the Director of Institutions, September, 1955*. Topeka, State Board of Social Welfare, 1955.

to Winfield was slow because of extremely crowded conditions there and the increasing opposition at that institution to being used as a "dumping ground" for custodial patients.

On January 1, 1956, the first of a series of residents from The Menninger School of Psychiatry joined the staff of the Winfield institution as a full-time staff member. With a diagnostic program with a strong medical orientation and a treatment program influenced largely by experimental and educational psychologists, he was not received with enthusiasm the institutional staff.

Work of the staff psychiatrist is mainly directed to the 1200 patients housed in the dormitory buildings and primary attention is given to abnormalities of patient behavior and other neuro-psychiatric conditions. . . . Plans are underway to incorporate the psychiatrist into the organization wherein he will assist in the clinical direction of neuro-psychiatric services.<sup>47</sup>

In 1957 the name of each institution was changed from State Training School to State Hospital and Training Center. The change took cognizance of the need for a multi-disciplinary treatment program rather than a purely educational and training program.

On September 1, 1957, Colonel Smith retired, and for the ensuing three months the Assistant Director of Institutions acted as superintendent until the appointment of Dr. Wilbur G. Jenkins. With such administrative changes, as well as the rapidly changing aspect of the institution following the creation of the treatment programs at Parsons, the Winfield institution lost many of its able personnel. The education director and the chief psychologist left, with others of their staff following. The psychiatric resident left, and for one and a half years no further psychiatrists joined the staff, although consultants from The Menninger Foundation continued their monthly visits. Efforts were continued to improve the quality of basic care through aide training programs and improved nursing practices.

On July 1, 1958, three psychiatric residents joined the staff. The institution was divided into four sections. Two months later Dr. Jenkins resigned and was replaced by the Medical Director, Dr. Franklin R. Miller, first as acting superintendent, later as full superintendent.

In 1959 the Kansas Legislature authorized the State Board of Social Welfare to make application for the vacated grounds and buildings of the old Winter Veterans Hospital, to be used as an institution for the

<sup>47</sup> John B. Smith: *Thirty-Eighth Biennial Report of the Winfield State Training School, Winfield, Kansas, for the Two years Ending June 30, 1956*. Topeka, State Printer, 1956.

mentally retarded. It established the Kansas Neurological Institute and specified the objectives:

The object of said neurological institute shall be to provide for the evaluation, treatment and care of the mentally retarded, training of personnel and for research into the causes and prevention and proper methods of treatment and training of mentally retarded children.<sup>48</sup>

For the first time the State defined research in the field of mental retardation as its responsibility. The new institution, with Dr. Clement C. Vickery as Superintendent, opened its doors January 5, 1960, receiving patients from Parsons, from Winfield, from the waiting lists of both those institutions, from new referrals, and the neurological patients from Topeka State Hospital.

On July 16, 1960, Dr. Miller resigned his post at Winfield State Hospital and Training Center and was followed by Dr. Christian Kole, the first psychiatrist to hold the position. With this move, the Winfield institution joined those in Parsons and in Topeka in a common orientation and approach to the mentally retarded. De-emphasizing the custodial aspects of the institution, programs were developed for training in basic self-care among the profoundly retarded and physically handicapped. Organized vocational programming was emphasized as well as intensive efforts at community placement (in jobs, in boarding homes, in nursing homes) for all those patients who no longer needed the extensive facilities of an institution. As a result the patient census began to decrease for the first time in the history of the institution, until two years later the institution housed 200 fewer patients. All patients on the waiting list were seen in a newly-created Pre-Admission Service. This development, together with the participation of the Kansas Neurological Institute, removed all patients from the waiting list except those whose parents wished to postpone admission until a later date.

At the same time a dramatic change in the administrative organization was instituted. The sections created two years earlier were made relatively independent units, with administrative responsibility superseding the departments. The adjustment to such broad changes was by no means easy for the personnel. Lack of effective public information and community participation led to widespread criticism from the surrounding community. As a result of increasing community pressure and the in-

<sup>48</sup> Clement C. Vickery: "Kansas Neurological Institute." In *Kansas 1960 Biennial Report Covering all Agencies of the Government of the State of Kansas for the Biennium Ended June 30*. Topeka, Secretary of State, 1961.

ability of the Division of Institutional Management to continue its support of him, Dr. Kole resigned, May 3, 1962. He was succeeded by Dr. Dean T. Collins as acting superintendent until August 1, 1962, when the latter left to complete his psychiatric residency. Dr. René Cruz then acted as superintendent until the appointment, April 1, 1963, of Dr. B. L. Gardner, a local general practitioner, as superintendent.

author

A decade has been spent in attempting to undo some of the tragic consequences of earlier years, while at the same time creating a new image and instituting new facilities and techniques—sometimes restoring those lost in a half-century's oblivion. There is only now a beginning effort to view the problems of childhood more broadly, seeing mental retardation as a particular facet of these problems—a facet needing coordination with the problems of emotional illnesses and of delinquency.

Today, the State of Kansas maintains separate facilities for delinquents—the Boy's Industrial School in Topeka and the Girls' Industrial School in Beloit. In addition, the Children's Division of the Topeka State Hospital serves emotionally disturbed children and adolescents, and an adolescent unit for the emotionally disturbed has recently been developed at the Osawatomie State Hospital. The Kansas Children's Receiving Home at Atchison is maintained for the care of State wards awaiting placement in adoptive or foster homes and also to provide diagnostic and evaluation services for children referred from courts, schools, welfare agencies, and parents. As early as 1944 its predecessor, the State Orphan's Home, noted that, contrary to the directive to admit children "of sound mind and body," it was receiving many "below average in intelligence." This institution, although not officially a facility for the retarded, evaluates a significant number of retarded children, who are referred to one of the institutions for the mentally retarded.

The State residential facilities for the mentally retarded now include the Winfield State Hospital and Training Center, the Parsons State Hospital and Training Center, and the Kansas Neurological Institute. The Winfield institution provides, as a unique service, training in self-care and vocational proficiency for adult men and women. In addition, it serves children under the age of six years and the motor-handicapped of all ages.

The Parsons institution provides a psychiatrically oriented school program for the mentally retarded without other handicaps between the ages of 6 and 21. In addition, extensive research in language development and communication is being carried out in conjunction with the University of Kansas.

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The Kansas Neurological Institute provides neurological examination and treatment facilities for all state institutions, an out-patient facility for complete diagnostic examinations, and psychiatric treatment programs for emotionally disturbed and retarded children. Facilities are also available for pre-school children and for children with multiple handicaps.

### *Postscript*

The enlightenment of the eighteenth century in Europe brought on its heels philosophical, political, and social turmoil felt throughout the western world. It led to the freedom of the American colonies, the fall of the French monarchy, and the ascendancy of philosophic movements that redefined the innate value of man, his freedom of will, and his right to shape his own destiny through self-determination and alteration of his environment.

It was in this climate that Jean-Marc-Gaspard Itard, hearing of a "wild boy" found by hunters in the province of Aveyron in France, and impressed by the creature's total lack of human contacts, set out on a monumental and revolutionary task—the education of an idiot. Guided only by idealism, a remarkable sensitivity, and a profound belief in the application of the philosophical principles of his life, Itard dedicated the next five years of his life to developing training techniques for the boy, now called Victor.

Although Victor remained far below Itard's original goals in intelligence, understanding, and communication, the foundation for the training of feeble-minded children had been laid. Edouard Séguin picked up the torch from his mentor, Itard, and continued to champion the education of the mentally retarded, first in France and later in America.

The movement in this country for the state to provide training facilities had begun in 1848 in Massachusetts with an institution founded by Dr. Samuel Gridley Howe. New York followed in 1851 with an institution under Dr. Hervey B. Wilbur. These early pioneers—Itard and Séguin in France, Guggenbühl (working with cretins in Switzerland), and Howe and Wilbur in America—had all begun with an interest in working with the handicapped—the blind or the deaf. Medicine contributed these founders from its still infant branch of neurology. They were soon joined by educators as interest spread to the feeble-minded generally. At the same time the idealism and fervor with which the movement had started

attracted religious leaders and gave the movement a strong religious flavor.<sup>49-57</sup>

This was the national climate in which The Reverend H. M. Greene was appointed to head the Kansas institution in 1881—the twelfth state to set up a school for the retarded. The early interest in maintaining a school gave way, however, in the face of the influence of Bénédict Morel's degeneration theory, R. L. Dugdale's study of crime, pauperism, and disease in the "Juke" family, and H. H. Goddard's description of "degenerate stock" in the "Kallikak Family." With these developments segregation and eugenics became the focus of work with the retarded.<sup>58-61</sup>

The introduction of psychological testing in the first decades of the new century dealt a final blow to the hopefuls who remained.<sup>62-63</sup> The tests

<sup>49</sup> Jean-Marc-Gaspard Itard: *The Wild Boy of Aveyron (Rapports et mémoires sur le sauvage de l'Aveyron)*. Translated by George and Muriel Humphrey. New York, Century, 1932.

<sup>50</sup> Edouard Séguin: *Traitement moral, hygiène, et éducation des idiots*. Paris, Baillière, 1846.

<sup>51</sup> Edouard Séguin: *Idiocy and Its Treatment by the Physiological Method*, 1864. Reprinted by Teachers College, Columbia University, New York, 1907.

<sup>52</sup> J. Guggenbühl: *Die Heilung und Verhütung des Cretinismus*. Bern, Huber, 1853.

<sup>53</sup> J. Guggenbühl: *L'Abendberg, établissement pour la guérison et l'éducation des enfants crétins à Interlaken, canton de Berne*. Premier rapport. Trad. de l'allemand sur le manuscrit inédit de l'auteur par le dr. Berchtold-Beaupré. Fribourg en Suisse, Schmidt-Roth, 1844.

<sup>54</sup> "The cretins of Abendberg," *Am. J. Insan.*, 1860, 17: 335-338, quoted from *London Lancet*, Dec. 1, 1860.

<sup>55</sup> Samuel Gridley Howe: *Report made to the Legislature of Massachusetts on Idiocy*. Boston, Coolidge & Wiley, 1848.

<sup>56</sup> Hervey Backus Wilbur: *Suggestions on Principles and Methods of Elementary Instruction*. Albany, Munsell, 1862.

<sup>57</sup> Robert H. Haskell: "Mental deficiency over a 100 years: A brief historical sketch of trends in this field." *Am. J. Psychiat.*, 1944, 100: 107-118.

<sup>58</sup> Bénédict Augustin Morel: *Études cliniques. Traité théorique et pratique des maladies mentales considérées dans leur nature, leur traitement, et dans leur rapport avec la médecine légale des aliénés*. Paris, Masson, 1852-3.

<sup>59</sup> Bénédict Augustin Morel: *Traité des dégénérescences physiques, intellectuelles et morales de l'espèce humaine et des causes qui produisent ces variétés maladives*. Paris, Baillière, 1857.

<sup>60</sup> Richard L. Dugdale: *"The Jukes," a Study in Crime, Pauperism, Disease, and Heredity; also further Studies of Criminals*. New York, Putnam, 1877.

<sup>61</sup> Henry Herbert Goddard: *The Kallikak Family: A Study in the Heredity of Feeble-Mindedness*. New York, Macmillan, 1912.

<sup>62</sup> A. Binet and Th. Simon: "Le développement de l'intelligence chez les enfants." *Année psychol.*, 1908, 14.

<sup>63</sup> A. Binet and Th. Simon: *Mentally Defective Children*. Translated by W. B. Drummond. London, Arnold, 1914.

demonstrated with concrete mathematical data that training did not improve "intelligence." The third and fourth decades of the twentieth century were truly the doldrums in the care of the mentally retarded. During this period Kansas found more significance in the milk production of the institutional dairy herd, the effects of the drought on the alfalfa crop, and the prospects of gas and oil development on the institutional grounds than in the number of gonads surgically removed, the countless restraints and instruments of submission employed, or the life sentence that admission to the institution had come to mean.

Educational facilities in the public schools expanded, and in outraged protest parents banded together to found examination centers and day hospitals. Only the mid-century revolution to reaffirm the innate human qualities of the retarded was able to restore the institution to a position of continuity with the family and community in teaching and training the mentally retarded.

PROPOSED AMENDMENT  
FOR CONSIDERATION BY HOUSE APPROPRIATIONS

ATTACHMENT 12

1 based upon the following:

2 (1) Implementation of the general recommendations on pages 3  
3 and 4 and the five-year plan on page 18 of the report of the task  
4 force on social and rehabilitation services entitled "Report on Kansas  
5 Legislative Interim Studies: Task Force on Social and Rehabilitation  
6 Services" filed with the legislative coordinating council in January  
7 of 1992;

8 (2) stabilization and continued enhancement of the infrastructure  
9 of services and supports in community settings provided by knowl-  
10 edgeable and competent staff;

11 (3) maximum use of available state and federal funds;

12 (4) reduction of the reliance on state mental retardation hospitals  
13 and intermediate care facilities for the mentally retarded;

14 (5) continuing enhancement of support of persons with devel-  
15 opmental disabilities to obtain full inclusion and integration into the  
16 community; [and]

17 (6) an adequate and equitable distribution of funding based upon  
18 a consistent rationale for reimbursement that allows funding to follow  
19 persons with developmental disabilities as their community service  
20 needs change, regardless of the placement choice of such persons;

21 (d) The budget requests and budget estimates developed by the  
22 secretary of social and rehabilitation services shall be available for  
23 public review, comment and recommendation prior to submission  
24 to the division of the budget of the department of administration.  
25 Public review shall include input from persons with developmental  
26 disabilities, family members, guardians, community mental retar-  
27 dation centers, providers of services, educators and advocates for  
28 persons with developmental disabilities.

29 (e) To meet the needs of persons with developmental disabilities,  
30 it is the intent of this act that sufficient funds be appropriated by  
31 June 30, 1997, to provide for services to all persons who are de-  
32 velopmentally disabled.

33 (f) The secretary of social and rehabilitation services shall carry  
34 out the provisions of this act in cooperation with persons who are  
35 developmentally disabled, family, guardians, community mental re-  
36 tardation centers, providers of services, educators and advocates for  
37 persons with developmental disabilities.

38 Sec. 2. This act shall take effect and be in force from and after  
39 its publication in the statute book.

; and

(7) the commencement of planning activities during the fiscal year ending June 30, 1994, and the continuation of such planning thereafter, relating to the consolidation from three to two state institutions for the mentally retarded, so that the Kansas neurological institute shall be closed at a point in time at which the secretary of social and rehabilitation services determines that the combined census of all three state institutions for the mentally retarded has reached a level at which it is not longer necessary to maintain three such institutions, except that such closing shall not take place before June 30, 1997.

ATTACHMENT

12