Approved _____
Date

MINUTES OF THE SENATE COMMITTEE ON WAYS AND MEANS.

The meeting was called to order by Paul Hess at
Chairperson

11:10 a.m./p.m. on Wednesday, January 18, 1984 in room 123-S of the Capitol.

All members were present except:

Committee staff present: Mary Galligan, Lynne Holt, Bill Gillmore, Mark Skinner, Berniece Myers

Conferees appearing before the committee:
Dr. Robert Harder, Secretary of SRS

The meeting was called to order by the Chairman, Paul Hess. Dr. Robert Harder gave a presentation covering SB514 (See ATT. A).

Senator Hess asked Dr. Harder if they often had to ask for a supplemental budget. Dr. Harder stated that it was not unusual to ask for a supplemental budget, in fact, it occurs about every other year.

There was discussion on rehabilitation for patients at the state hospitals opposed to community based facilities. Dr. Harder stated there were 1200 to 1300 people in state hospitals at any given time.

Dr. Harder then gave a brief summary of Increases and Decreases in General Fund Expenditures (See ATT. B). He explained that the annual increase in medical expenditures from 1981 to 1985 was 2½%. The ADC average increase for the same period was 1.6%. The increase in GA expenditures was less than 1%.

Dr. Harder explained the expenditures for Inpatient Hospitals (See ATT.C) and Outpatient Hospitals (See ATT. D).

The meeting was then adjourned.

PREFACE

It is with genuine pleasure that the Kansas Department of Social and Rehabilitation Services presents this eleventh Annual Report to the Governor, the Legislature and the citizens of Kansas.

Those of us who work for SRS have a strong sense of public trust and responsibility because of the human situations which need our attention and because of the significant public tax dollars which are entrusted to the staff of SRS.

We take pride in the achievements and type of work which is illustrated through this report. We hope that the reader will also have a sense of pride in the humanitarian spirit of Kansas State Government.

SRS Policy Committee
December 1983

A
1-18

SRS Annual Report 1983

STATE OF KANSAS

John Carlin, Governor

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

Robert C. Harder, Secretary

December 1983

Topeka, Kansas

SRS Annual Report 1983

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AREA OFFICES
SOCIAL AND REHABILITATION SERVICES

Area Office	Address	Telephone	Manager	Chief of Social Services Admin. Services Chiefs	Chief of Income Maintenance	Counties Served By Area
CHANUTE	1500 West 7th Box 708 66720	(316) 431-3390 KANSAN 567-8190	John Kirkwood Sheila Burt, Sec.	Gary Beck Jerry Tallent, A.S.C.	Jo Jones	Neosho, Montgomery, Wilson, Woodson
EMPORIA	1015 Scott Box 1468 66801	(316) 342-2505 KANSAN 567-8280	Joe Myers	Arlene Schroeder Mary Beth Stapp, A.S.C.	Lougene Marsh	Lyon, Chase, Morris, Marion, Dickinson
GARDEN CITY	2701 North 11th 67846	(316) 275-0271 KANSAN 567-8301	Dale Barnum Barbara Kemper,Sec.	Verlene Kunz Marilyn Hassler,	Jolene Thul	Greeley, Wichita, Scott, Lane, Grant, Ness, Kearny, Hamilton, Finney, Morton, Hodgeman, Ford, Gray, Haskell, Stanton, Stevens, Seward, Meade, Clark
HAYS	3000 Broadway Box 549 67601	(913) 628-1066 (913) 628-1067 KANSAN 567-8410	Gene Dawson	David Schmidt Wilma Look, A.S.C.	Edgar Grass	Cheyenne, Rawlins, Decatur, Norton, Phillips, Smith, Sherman, Thomas, Sheridan, Graham, Rooks, Osborne, Wallace, Logan, Gove, Trego, Ellis, Russell
HIAWATHA	810 Oregon St. 66434	(913) 742-7186 No KANSAN	Orveda Anderson	Don Madsen JoAnn Wenger, A.S.C.	Sylvia Lowder	Brown, Jackson, Jefferson, Atchison, Doniphan
HUTCHINSON	129 West B Box 1326 67504	(316) 663-5731 KANSAN 567-3110	Doris Gough Mary Aleman, Sec.	Herchel Crainer Bertha Smith, A.S.C.	James Johnson	Reno, Rice, McPherson, Harvey
JUNCTION CITY	1012 N. Jefferson Box 1027 66441	(913) 762-5445 KANSAN 567-8120	Flordie Pettis Mary Bleam, Sec.	Sakinah Salahu-Din Maxine Lathrop, A.S.C.	Barbara Dunlap	Geary, Riley, Wabaunsee, Clay, Nemaha, Pottawatomie, Washington, Marshall
KANSAS CITY	1 Gateway Ctr. 66101 Box 1248 66117	(913) 371-6700 KANSAN 565-4110	James Wann Mary Jane Stanfield,Sec.	Hilde Farley Eva Letcher, A.S.C.	Rosalind Muirhead	Wyandotte
OLATHE	One Patrons Plaza 66061	(913) 782-6600 KANSAN 566-1210	Mike VanLandingham Helen Slyter, Sec.	Sylvia Roberts LaRue Smith, A.S.C.	Betty Friauf	Johnson, Leavenworth
OSAWATOMIE	Box 1000 66064	(913) 755-2162 KANSAN 567-8110	Dorothy Martin Fran McCourt, Sec.	William Pickering Donna Kern, A.S.C.	Georgie Wright	Miami, Franklin, Osage, Coffey, Anderson, Linn
PARSONS	400 N. 32nd Box 914 67357	(316) 421-4500 KANSAN 567-8585	Martin Semonick Elveda Dorris, Sec.	Bob Mikel Glendola Ruark, A.S.C.	O.D. Sperry	Cherokee, Labette
PITTSBURG	20th & 69 Bypass Box 402 66762	(316) 231-5300 KANSAN 567-8590	Herbert Hickman Cheryl Hallacy, Sec.	Michael Harrison Jackie Tinsley, A.S.C.	Kenneth Harton	Crawford, Bourbon, Allen
PRATT	802 South Main Box 367 67124	(316) 672-5955 KANSAN 567-8610	Gary Dalton Debbie Cullumber, Sec.	Byron Benson Mary Carnaghi, A.S.C.	Lester Lyden	Barton, Rush, Pawnee, Stafford, Edwards, Pratt, Kiowa, Comanche, Barber, Harper, Sumner, Kingman
SALINA	120 W. Iron Box 1687 67402	(913) 825-8111 KANSAN 567-6110	June Garrett Wavelyn Schneider, Sec.	Ted Mintun Mary Ann Schnepf, A.S.C.	Marlys Mattingly	Saline, Ellsworth, Lincoln, Ottawa, Cloud, Mitchell, Jewell, Republic
TOPEKA	2700 W.6th 66606 Box 1424 66601	(913) 295-9521 KANSAN 566-9210	Faith Spencer Olive Manion, Sec.	Jan Bowen Travis Taylor, A.S.C.	Steve Lusk	Shawnee, Douglas
WICHITA	520 E. Williams 67201 Box 1620 67201	(316) 268-7440 KANSAN 567-7440	John Alquest Edith Truex, Sec.	Velma Butler Bill Plank, A.S.C.	Keith Massie	Sedgwick
WINFIELD	Pinecrest Bldg. Box 735 67156	(316) 221-6400 KANSAN 567-8655	Billie Orr Norma Rowe, Sec.	Gary Nelson Martha Wright, A.S.C.	Julia Lambert	Butler, Greenwood, Cowley, Elk, Chautauqua

YOUTH CENTERS AND MHMR INSTITUTIONS
SOCIAL AND REHABILITATION SERVICES

Larned State Hospital	Larned, Kansas 67550	565-8226	Hildreth Hultine
Osawatomie State Hospital	Osawatomie, Kansas 66064	566-2224	J. Russell Mills
Topeka State Hospital	2700 West 6th Street Topeka, Kansas 66606	561-4222	Eberhard Burdzik, M.D.
Rainbow Mental Health Facility	2205 West 36th Street Kansas City, Kansas 66103	565-6258	Jack Southwick
Parsons State Hospital and Training Center	2601 Gabriel Parsons, Kansas 67357	566-3220	Gary Daniels, Ph.D.
Winfield State Hospital and Training Center	Winfield, Kansas 67156	567-4201	Michael Dey, Ph.D.
Kansas Neurological Institute	3107 West 21st Street Topeka, Kansas 66604	561-5301	Ann Marshall, Ph.D.
Norton State Hospital	Norton, Kansas 67654	566-0204	Michael Davis, Ph.D.
Youth Center at Atchison	Atchison, Kansas 66002	567-8100	Mark Phelps
Youth Center at Topeka	1440 N.W. 25th Street Topeka, Kansas 66608	561-7701	Gene Wilson
Youth Center at Beloit	1720 N. Hershey Beloit, Kansas 67420	565-0136	Denis J. Shumate
Youth Center at Larned	Larned, Kansas 67550	565-8391	Maxine Vaughan
Youth Center at Osawatomie	Osawatomie, Kansas 66064	566-2207	Barbara Gray

SRS
Annual Report
1983

INTRODUCTION

The Department of Social and Rehabilitation Services is pleased to issue its eleventh Annual Report of activities to the Governor, the Legislature and the people of Kansas. Through this report SRS highlights the programs and activities of the Department during the past fiscal year and details the goals of the agency. The focus of this report is somewhat different than previous SRS Annual Reports. In past years, the Annual Report was a descriptive summary of our program activities and services. The FY 1983 SRS Annual Report will not only outline program initiatives and provide an overview of the agency accomplishments during the fiscal year, but will also describe the performance goals SRS has established for its program areas in FY 1984 and FY 1985 as well as detail the steps being taken to achieve the goals.

Under the umbrella of Social and Rehabilitation Services, these programs and services are available to needy Kansans: cash assistance (Aid to Dependent Children and General Assistance), medical assistance and food stamps, as well as social and support services to include job preparation, day care, family support services, protective services for the abused or neglected child or adult, foster care, adoption and adoption support programs, health screening and prevention. Other supportive services are prevention and aftercare for juvenile offenders, homemaker services, adult residential services, work activity and work adjustment services. Institutional services are provided through our system of youth centers, psychiatric hospitals and mental retardation institutions for these citizens requiring skills training or structured environments until they return to their own communities again. SRS also provides rehabilitation services, services for the blind and hearing impaired, treatment programs to decrease alcoholism and drug abuse, an employee assistance program, and information and referral services into the community for other sources of help.

Under the authority of the Secretary appointed by the Governor with the consent of the Senate, the Department consists of six statutorily established service divisions, each of which is directed by an unclassified Commissioner appointed by the Secretary. In addition, a seventh major service division, Administrative Services, was established under the statutory authority given the Secretary to organize the agency in the manner deemed most efficient, provided such organization is not in conflict with the law. The seven services are:

Administrative Services
Adult Services
Alcohol and Drug Abuse Services
Income Maintenance and Medical Services
Mental Health and Retardation Services
Rehabilitation Services
Youth Services

SRS programs are administered through a central state organization in Topeka and local offices organized into 17 areas across the state headed by area managers who report directly to the Secretary. In addition, SRS programs and services are offered at Kansas' four state psychiatric hospitals, four mental retardation institutions, five youth centers, two sheltered workshops, a rehabilitation center for the blind and two vocational rehabilitation centers.

OVERVIEW OF SOCIAL AND REHABILITATION SERVICES

A significant activity during FY 1983 was the increased emphasis on accountability and public input. The sharing of information through the monthly SRS open meetings and annual budget hearings in July, as well as implementation of recommendations resulting from reviews by legislative committees, including Legislative Post Audit, continue to be the major mechanisms for accountability and input.

At the SRS open meeting, held the first Tuesday of each month, a report is distributed which provides a summary of program activities which occurred in the previous month. Policy is adopted during these meetings, and the area offices and public either participate through a conference telephone hookup or in person in Topeka.

In addition, SRS held a series of statewide public hearings, conducted by the various Commissioners, to solicit input for the FY 1985 budget preparation. Held in early summer, these public hearings gave Kansans across the state input into SRS's budget preparation.

1983 Legislative Action Affecting Social and Rehabilitation Services

During the closing months of FY 1983 it became apparent that Kansas would not be immune from the fiscal crisis caused by the national recession. As the state's unemployment rate rose and the economic slowdown continued, state cash reserve shortfalls were forecasted by the end of FY 1983 if actions to reduce spending below the approved FY 1983 authorized levels were not taken. On July 1, 1983 Governor John Carlin requested voluntary cutbacks by all agencies in the amount of 4% of the State General Fund share of the state operations component of their budgets. SRS was able to reduce operating expenses by 4% without cutting back its cash and medical assistance programs; however, the public assistance caseload rose inexorably during the final months of FY 1982 into FY 1983. The state funded General Assistance Program, which served only around 11,000 persons in June 1982, would rise to a high of 15,998 persons by April 1983.

As the state's unemployment rate continued to rise during the fall and winter months (1982-1983) legislation was introduced to redefine General Assistance Program eligibility. Substitute for House Bill 2084 revised the statutory directives to the Secretary of Social and Rehabilitation Services in regard to the administration of the General Assistance program (GA). As enacted, the bill established two General Assistance programs: (1) General Assistance Unrestricted (GAU) and (2) Transitional General Assistance (TGA).

General Assistance Unrestricted (GAU) provides assistance to those adults or families in which all legally responsible adult members meet one of the following criteria: (a) persons who are 51 years of age or older, (b) parents and minor children (non-ADC), (c) persons medically determined incapacitated for 30 days or longer, (d) persons medically or psychologically determined mentally retarded, (e) persons psychologically or medically determined mentally ill who are precluded from employment for 30 days or longer and participating in a treatment program, (f) persons participating in a vocational rehabilitation training program, (g) persons residing in alcohol and drug abuse facilities, and (h) persons needed at home to care for a family member unable to care for self according to medical verification and when there is no one else to provide the care. Transitional General Assistance (TGA) provides limited cash assistance for persons until they can join the labor force and who meet the following requirements: (a) do not meet GAU criteria, (b) have not voluntarily rendered themselves unavailable for employment (e.g. adults enrolled in postsecondary school or training programs), and (c) are in need. The TGA payment cannot exceed $100 for one person and $175 for a married couple.

In addition to the changes in General Assistance eligibility, SRS implemented a reduced medical coverage program, MediKan, for adult General Assistance recipients on April 1, 1983. All adults receiving GAU or TGA are automatically eligible for the MediKan program. Children in General

Assistance families, as well as individuals and families who qualify for the dual state and federally funded Aid to Dependent Children and the Supplemental Security Income programs (aged, blind and disabled) continue to receive broader medical service coverage under the Medicaid program.

SRS hospitals and training centers, particularly those that hospitalize psychiatric patients were affected by changes in the Kansas guardianship statute enacted by the 1983 legislature. Senate Bill 11, An Act for Obtaining a Guardian or Conservator altered the authority of a guardian. Some of the changes are:

1) The court may create a limited guardianship with the limits of the authority of the guardian specifically set forth in the order appointing the guardian.

2) The guardian has an obligation to assure that the ward receives appropriate medical and nonmedical care and other services that are needed.

3) A guardian does not have the power to place a ward in a psychiatric hospital or mental retardation hospital and training center unless such placement has been approved for that person by the court. However, a ward may voluntarily consent to admission, if able and permitted to do so according to the court's findings of fact set forth in the court's order issued at the conclusion of the hearing on the petition for guardianship.

4) In order to be admitted to a psychiatric facility, the law now requires either placement by court ordered commitment or a determination by the court that the ward is in need of treatment and is able and permitted to seek treatment as a voluntary patient, before such an admission can occur.

Prior to admission, a guardian must obtain a court order that a person under guardianship has the capacity to voluntarily consent to admission. The court order must include specific findings "that the proposed patient under guardianship is in need of treatment at the hospital and possesses the capacity to voluntarily consent to admission." The order must include the court's permission for the proposed patient to be admitted as a voluntary patient at the hospital pursuant to Kansas law, K.S.A. 59-3018 and all amendments thereto. Such a written order must be made available to the admitting physician at the time of admission. The ward and the guardian must sign the voluntary admission forms. The patient, at the conclusion of treatment, is discharged to the custody of the guardian. Should a voluntary patient under guardianship and with the capacity to voluntarily consent to admission request discharge by a three-day notice, hospitalization may be continued on an involuntary basis, only if the district court finds the patient to be mentally ill by current statutes pertaining to involuntary hospitalization following the required court hearings.

Two bills that affect adult care homes and alternative services were also enacted by the 1983 legislature. House Bill 2026, Adult Care Homes clarifies the definition of adult care homes, defines one and two-bed adult care homes as those that provide nursing care, and specifies that adult family homes are not adult care homes. House Bill 2027, Adult Family Homes provides for SRS's regulation and registration of adult family homes that provide services to those aged or handicapped clients who are unable to live independently, but who do not require the level of care provided by an adult care home.

OFFICE OF THE SECRETARY

The Department of Social and Rehabilitation Services is under the executive direction of the Secretary of SRS. The Executive Assistant to the Secretary and the Area Office Coordinator serve as principal staff to the Secretary and have agency-wide responsibilities.

Directly supervised by the Secretary are three units:

Legal

The Legal Section, headed by the Chief Counsel, has responsibility for litigation involving the Department as well as advising the Secretary and staff about the legal implications of agency or client actions.

Fraud and Recovery

The Fraud and Recovery Section has the responsibility for administering an anti-fraud program in support of SRS' continuing efforts to protect the fiscal integrity of department programs. The section coordinates the department's efforts to prevent, identify, investigate and prosecute both recipient and provider fraud, operates the welfare fraud hotline (1-800-432-3913), reviews warrant replacement requests, and assists various SRS programs to recoup administrative overpayments and terminate errant providers from program participation. The section is also responsible for recovering medical assistance payments when a third party is legally liable for such costs based upon tort liability or other legal obligation and assisting state institution reimbursement officers in collecting amounts due and owing from patients or other responsible persons.

During FY 1983 the Department's anti-fraud program obtained 140 recipient fraud convictions, two provider fraud convictions, 444 civil judgments, and recovered $718,598 in fraudulent overpayments to recipients and providers. The fraud hotline savings totaled $146,898. Further, third party recoveries in the medical assistance program totaled $662,972.

Equal Employment Opportunity

The Equal Employment Opportunity Section administers and coordinates the SRS Equal Employment Opportunity - Affirmative Action Program through the development, dissemination and implementation of EEO-AA policies and procedures. Components of the EEO-AA include:

- Equal Employment Opportunity Activities
- Affirmative Action Plans
- Contract Compliance
- Employee Counseling
- Civil Rights Complaint Investigation and Coordination

Responsibilities of the EEO-AA Program include:

- EEO-AA Training and Technical Assistance
- Complaint Investigation, Coordination and Resolution
- Affirmative Action Plan Revision and Progress Reports
- Contract Compliance Reviews

During FY 1983 the EEO Section presented eight EEO-AA training sessions to 171 staff; resolved 33 disputes through counseling, mediation or fact finding in dispute settlement; revised the Department's Affirmative Action Plan; completed 17 Affirmative Action File reviews; and coordinated 17 civil rights complaints investigations and two compliance reviews.

EXECUTIVE ASSISTANT TO THE SECRETARY
SUPERVISES TWO UNITS:

Office of Analysis, Planning and Evaluation

The Office of Analysis, Planning and Evaluation was established during FY 1983 to expand managerial capability for assessing program effectiveness as well as to improve policy analysis and decision making within the department. The primary function of the Office of Analysis, Planning and

Evaluation is to conduct special analyses examining alternative ways to reach public policy objectives in the future and to carry out program evaluation studies assessing the efficacy of SRS programs.

Administrative Hearings Section

The Administrative Hearings Section is responsible for maintaining an administrative fair hearing process to ensure that all claimants, including providers, clients, and other interested parties, may appeal any action or decision of the agency. This unit received 910 appeals this fiscal year while food stamp fraud hearings totaled 459 during FY 1983.

ADMINISTRATIVE SERVICES

Administrative Services includes seven sections which provide support services for SRS program areas: Personnel, Staff Development, Finance and Accounts, Audits, Research and Statistics, Data Processing, and Institutional Fiscal. In addition, the Child Support Enforcement Section, which has both central office and field office staff who locate absent parents and collect child support, is part of Administrative Services.

Personnel Services provides a full range of personnel activities in the SRS umbrella agency which includes staffing (recruitment, applications, examinations, certification and selection activities and procedures), classification and pay, labor relations, training and employee development related to personnel, personnel records, employee performance evaluations, work force utilization, and benefits.

Staff Development is responsible for providing ongoing training and resource development for staff to insure quality service delivery. This includes initial in-service training to do specific jobs, the ongoing training required to maintain a high caliber of professional service, and the training required for new assignments or program changes due to federal and state legislation.

Finance and Accounts is responsible for providing financial support to clients, vendors and employees; federal expenditure reporting; state expenditure and budgetary reporting; grants and cash management, office automation; purchasing; cost allocation; records management; and accounts receivable.

Audits is responsible for all financial and compliance audits made by the Department. The major audit groupings are: provider audits, field audits, grant audits, and internal audits. The major accomplishment during the year was the creation of the internal audit unit. During the first year, this unit completed 35 field audits. The audits made numerous recommendations for better internal management at both the central and local office levels. Extensive examinations were made for all types of administrative expenditures. No occurrences of fraud or misappropriation of funds were found.

Research and Statistics maintains the statistical reporting for most of the agency's larger programs and is responsible for the annual production of nearly 1,000 federal and state reports. The section also participates in such data related activities as budgeting, estimating the fiscal impact of proposed policy changes, maintaining existing data systems, helping with the analysis and design necessary for new systems and general systems support functions such as training and documentation.

Data Processing is responsible for the development and maintenance of the agency's automated systems. The system includes Central Payments (which is the eligibility and payment file for assistance, medical and purchased social services), Social Service Information System (which includes a computer record of each case receiving a social service), Child Tracking (which includes a computer record of each child in the custody of the Secretary), Food Stamp System (which is the eligibility and calculation file for food stamps), and numerous other smaller systems. The section has remote entry stations in 13 area SRS offices and 4 institutions (with a goal of all area offices covered during 1984).

Institutional Fiscal is responsible for allocation of funds, budgeting and expenditure controls for Mental Health and Retardation Services. This section is responsible for allocation of the Mental Health and Retardation grants to Community Mental Health and Retardation Centers.

The Child Support Enforcement Program is a quasi-law enforcement program although its major focus is to reduce the cost of assistance grants paid through the ADC Program by locating absent parents and establishing or enforcing child support orders. The program uses over twenty remedies to enforce court orders such as garnishment, voluntary wage assignment, intercepting unemployment benefits in addition to federal and state tax returns. Major accomplishments for 1983 include the following:

	Goal	Actual
1. ADC Child Support Collection Dollars	$6,800,000	$7,493,712
2. Cost Effective Ratio for ADC and Non-ADC Program	$1.65	$1.85
3. Support Obligation Establishments	3131	2243
4. Cases with Court Orders Collected Upon	4,253/mo	4,038/mo
5. Number of Computer Components Fully Implemented and Operational	3	0
6. Number of Garnishments Filed	2623	2618
7. Number of Six Month Planning Documents Implemented and Monitored	3	4

Two major objectives for the 1985 fiscal year are to increase ADC collections to $8,800,000 (a 17% increase over 1983) and to achieve a 9% return on ADC expenditures by January 1985. Both of these objectives are needed to further reduce the need for state and federal fund expenditures.

ALCOHOL AND DRUG ABUSE SERVICES

Alcohol and Drug Abuse Services (ADAS) coordinates programs and funding for the prevention and treatment of alcohol and drug abuse in Kansas. ADAS is responsible for the distribution of state and federal funds to local projects, licensing and certifying alcohol and drug abuse treatment programs, as well as providing technical assistance to groups developing alcohol and drug treatment and prevention programs. ADAS offers programs directed at the drinking driver, training programs and workshops, technical assistance in establishing employee assistance programs (EAPs), prevention programs for schools, communities and parent groups and a wide range of films, literature and public information campaigns.

ADAS utilizes various methods for receiving recommendations from the public and for being accountable for the state's programming efforts in alcohol and drug abuse services. These methods include the following:

1) Receive recommendations from the 24 member Citizens Advisory Committee on Alcohol and Other Drug Abuse which meets quarterly. The January and April meetings are in Topeka, and the July and October meetings are held in other locations across Kansas. These meetings are open to the public, and time is provided on each agenda for public comments and concerns. The committee consists of alcohol and drug service providers and interested citizens. Appointments for membership on this Committee are made by the Secretary of SRS. Agendas and minutes are available upon request. There are also several sub-committees that work on their assignments and meet in addition to the quarterly meetings. Kansans may contact their Citizens Advisory Committee representatives with concerns or comments.

2) Require letters of comment from community officials and programs, local alcohol and drug advisory committees (where they exist), and the SRS Area Offices on all grants funded by ADAS.

3) Solicit input from the Kansas Alcoholism Counselors Association, the Kansas Association of Drug Abuse Counselors, the Kansas Association of Prevention Professionals, the Kansas Alcohol and Drug Program Directors' Association and the Alcohol/Drug Safety Action Program Directors. These associations are also represented on the Citizens Advisory Committee (described above).

4) Investigate complaints regarding services provided by local alcohol and drug treatment and prevention programs through ADAS's Licensing and Certification Section.

5) Coordinate with state government agencies through the Interdepartmental Coordinating Committee on Alcohol and Other Drug Abuse.

In FY 1983, ADAS awarded 60 grants totaling $4,328,219 to local community programs.

Governor John Carlin designated October, 1982 as Alcohol and Other Drug Abuse Awareness Month and the activities during this month were coordinated by 26 community persons. Community activities were generated on Youth, Drinking and Driving; the theme was "Play It Smart - Don't Drink and Drive." Through the use of mass media and the maintenance of a State Resource Clearinghouse, ADAS raised public awareness of alcohol and drug problems and promoted healthy life styles.

In April, 1983, ADAS co-hosted with the Kansas Medical Society, a statewide conference in Salina targeted for professionals entitled "An American Crisis - Wellness vs. Abuse." Nineteen (19) other statewide agencies and associations co-sponsored the conference, which attracted 650 participants.

In FY 1983, ADAS provided 53 employee assistance training sessions to approximately 1,300 SRS and other state employees.

The licensure of alcohol and drug abuse treatment programs (exempted are licensed mental health centers, licensed hospitals, and adult care homes) is mandated by Kansas statute. The certification of alcohol and drug abuse treatment programs is a procedure adopted by ADAS for reviewing programs exempted from the licensure process. These programs participate in the certification process as part of a Department funding policy or as a voluntary measure. Both these processes involve attaining compliance with the ADAS Standards for Alcohol and Other Drug Abuse Treatment Programs. As of July 1, 1983, 69 programs are licensed and 75 programs are certified by ADAS.

Late in FY 1982, the first facility specifically designed for treating youth with alcohol and drug abuse problems was opened. Funding for this program, however, needed to come from those clients with an ability to pay for their own services. During FY 1983, a limited amount of SRS funding was made available to help serve some clients at the established youth program, and another 10 beds in an existing adult program were identified for youth treatment services. The establishment of a 20 bed program for youth remains a goal for FY 1985.

Because of the trend toward community based services, and the need to lower costs, SRS was requested by the 1983 Legislature to develop a plan for the closure of the alcohol/drug treatment units at Larned State Hospital and Osawatomie State Hospital. The plan developed by SRS proposes simultaneous development of two new community based treatment programs while the state hospital alcohol treatment units are phased down. If the proposal is adopted by the 1984 Legislature, the two new community based programs will be fully operational by 1986. The treatment programs at the State Hospitals would be phased out and the only remaining alcohol and drug programs would be a five bed medical detoxification unit at Larned and Osawatomie State Hospitals, necessary in order to handle court committed detoxification clients.

FY 1985 ADAS Goals

Faced with the reality of shrinking funding sources, the number one ADAS priority for the last several fiscal years has been the maintenance of existing resources. During FY 1983, ADAS was able to meet that goal, and no grants were terminated because of lack of funds.

The major goals proposed for FY 1985 are as follows:

Goal 1) **To provide effective prevention services to the population of Kansas to prevent the future development of alcohol and other drug problems.**

During FY 1983, ADAS prevention programs served approximately 99,000 Kansans in school and community based programs. The ADAS outcome evaluation system for prevention programs requires that pre and post tests must be given to participants in a sampling of programs of three or more hours duration. Measures of effectiveness will include:

- 20% increase in knowledge of alcohol and drug information;
- 10% increase in parent involvement in school activities;
- 5% increase in student awareness of the potential harmful effects of alcohol/drug abuse;
- 20% increase in distribution of resource materials and/or other information resulting from media projects;
- 20% increase in awareness of local alcohol and drug resources.

New prevention program objectives proposed for FY 1985 include:

a) Begin implementing a comprehensive statewide system of prevention/education programs through the provisions of eight community service workers based in SRS Area Offices by June 30, 1985.

Prevention services are fragmented and incomplete across the state. These new positions would work to develop and implement new prevention programs in underserved areas and coordinate these services on a statewide basis.

b) Implement on-going prevention programs in 24 school districts by June 30, 1985.

The school survey developed with the Department of Education revealed significant gaps in prevention programs in Kansas schools. This objective is intended as a beginning in filling these gaps.

The school is a vital environment to reach individuals with alcohol and other drug abuse prevention strategies. An integrated, teacher presented, kindergarten through twelfth grade (K-12) curriculum reinforces prevention to students. School personnel will be trained to develop a systematic process for problem solving, improvement of school climate, and other alcohol and drug prevention techniques through team training.

c) Provide funding for six additional comprehensive community-based prevention programs by June 30, 1985.

Research has demonstrated that a systems approach to prevention is most effective in communities. The systems that need to be impacted are school, work, family and community. Local community programs utilize a variety of strategies to reach all populations.

These new programs are proposed for underserved areas of the state.

d) Implement 25 peer leadership programs oriented to school youth as a result of peer leadership training by June 30, 1985.

National, state and local surveys have all confirmed that teen substance use and abuse are widespread and have many negative consequences. Adolescence is a critical time of personal decision-making. Peer pressure

becomes important as young people naturally move toward establishing autonomy and independence from their families. Teenagers often begin using alcohol and other drugs as a way of cementing relationships with their peers. As they become increasingly independent of their parents, they become unconsciously dependent on the acceptance and approval of their friends. They drink "because everyone else does" and begin experimentation for similar reasons. The adolescent peer group is, and will continue to be, a critically important aspect of youth development.

Another important influence on the adolescent is a strong message from the adult world that substance abuse is fun and exciting. Many young people know little about alcohol and drugs, and are confused by the mixed messages they receive in the advice and example of adults.

ADAS will conduct a 3-day Peer Leadership Retreat that will result in the formation of the 25 peer leadership programs in local school districts, as well as continue training in Teaming the Athletic Peers Groups. This is a school based alcohol/drug prevention program that involves athletic teams, pep clubs, cheerleaders, band, drill teams, etc.

e) Increase public awareness of the problems associated with alcohol and other drug abuse by 20% by June 30, 1985.

ADAS will continue its annual Alcohol and Other Drug Awareness Month in October and the NAB (Non-alcoholic beverage) Campaign. Other campaigns will include Fetal Alcohol Syndrome, and drinking and driving. ADAS also plans to implement any appropriate national media efforts that are made available during FY 1985. Levels of participation and effectiveness will be evaluated using pre and post tests and reports of community activities.

f) ADAS will continue to explore methods of expanding the Employee Assistance Program for all state employees.

Goal 2) **To insure that effective treatment services are available to individuals and families experiencing alcohol and/or other drug problems.**

During FY 1983, there were 19,132 admissions to alcohol and other drug abuse facilities for treatment of substance abuse problems. Because of the large number of admissions due to substance abuse, it is the agency's responsibility to insure that treatment services funded by the State are achieving their intended purpose. ADAS objectives for FY 1983, which were developed to address this problem are to document the effectiveness of substance abuse treatment by showing that clients completing treatment during FY 1985, at a six month follow-up period, will show the following social/economic gains:

- An overall 30% increase in income from treatment admission to the six month follow-up after discharge;
- An increase of 20% in persons employed after completion of treatment;
- A 40% decrease in alcohol/drug usage of treatment completors.

These measures will be documented through the ADAS Management Information System and the Outcome Evaluation System.

Currently, there are populations with substance abuse problems which have not been adequately addressed in past years. Therefore, the following new treatment program objectives for ADAS have been established for FY 1985:

a) Increase treatment services for indigent youth by funding a twenty bed intermediate facility by June 30, 1985.

b) Expand reintegration for services for women by funding a twenty bed reintegration facility by June 30, 1985. Currently Kansas has only 39 beds designated to accept women clients. None of these beds can provide services to women who have dependent children in their custody.

c) Develop and fund a twenty bed "Farm Home" facility to serve the chronic, long-term indigent alcohol and/or drug abusing client by June 30, 1985. These clients simply cannot respond quickly enough for more traditional treatment methods to be effective.

d) Provide training to 350 persons in the substance abuse field to increase knowledge levels by 25% by June 30, 1985.

ADULT SERVICES

Adult Services provides various programs and services to Kansans who have personal need and who are financially eligible, for the purpose of attending to their well-being, and to improve the quality of life for low income, elderly, blind, developmentally disabled, deaf and other physically or mentally handicapped individuals.

Abuse and Neglect Program

Protective services are provided to adults 18 years of age and older, and are voluntary, except in a crisis situation. Prior to FY 1981, services were provided to adults suspected of being abused, neglected or exploited in non-medical facilities. During the 1980 Kansas legislative session, legislation was passed which mandates this service to residents of medical facilities including adult care homes, hospitals, and institutions. In addition, the 1983 Kansas legislative session passed Senate Bill 33, which makes provision for reporting abuse and providing protective services to persons in adult family homes.

Reports Received and Investigated

	FY 80	FY 81	FY 82	FY 83
Adults in Non-Medical Facilities	704	940	863	975
Adults in Medical Facilities	0	248	384	350
Total:	704	1,188	1,247	1,325

Statistics indicate an increase in reporting and investigations of adult abuse and neglect. It is anticipated that protective services to adults in both medical and non-medical facilities will increase because of the following factors: an increasing proportion of frail elderly persons in the state's population, economic instability renders the elderly on fixed incomes extremely vulnerable to loss of adequate care, and increasing chronic health problems as the number of elderly over age 75 increases.

Adult Residential and Day Programs

This program provides rehabilitation services to developmentally disabled, physically handicapped and aged Kansans who have never been institutionalized but need services to insure their continued living in the community and to assist individuals being released from the State Mental Health/Mental Retardation Institutions to remain in the community. These services (Day Care, Life Skills Training, Work Activity, Work Adjustment and Residential) are an important link between institutional care and community living because individuals who were formerly institutionalized or already living in the community obtain living, social, and work skills.

Beginning in FY 1983 the responsibilities of grantee agencies were changed to provide more accountability to the Department. Grantee agencies determine the eligibility of the clients they serve with SRS staff monitoring their guidelines and procedures for determining client eligibility. Quarterly statistical information regarding client activities are submitted by the grantee agencies. These reports provide SRS with the data needed to monitor the program activities of the grantee agency. The grantee also submits a monthly financial report and advance reimbursement request prior to the Department advancing grant payments.

During FY 1983, the Department was able to maintain funding to grantee agencies at the existing level of FY 1982.

Alternate Care Services

The 1981 Kansas Legislature funded the Alternate Care Services Program to provide services for elderly and/or disabled individuals who do not require the intensive level of care offered by medical facilities but do require support services to remain in the community. SRS initiated the program in July 1981 in four counties, expanded it to ten counties in October, 1981, and implemented it statewide in December 1981. Alternate Care services available include Adult Family Homes, which accommodate up to four elderly or disabled individuals and Congregate Living Homes which provide non-medical, community residential group living for mentally ill and mentally retarded adults. Adult Family Homes and Congregate Living Homes enable clients to live in the community with minimal supervision and guidance and reduce the need for institutionalization. In addition, Non-Medical Attendant Care Services provide personal, non-medical, in-home service to elderly or disabled individuals, to enhance their feelings of self-worth and self-sufficiency, as they remain in their own homes. These services prevent the premature or unnecessary placement in medical care facilities by providing alternative services to individuals which enable them to remain in the community.

Homes	FY 82	FY 83
Number of Adult Family Homes:	69	81
Number of Congregate Living Homes:	8	25
Clients		
Receiving services in Adult Family Homes:	23	86
Receiving services in Congregate Living Homes:	22	162
Receiving Non-Medical Attendant Care:	6	47

Community Placement System

The SRS Community Placement System assists individuals in state or other institutions to return to their homes and communities. This cooperative effort of Adult Services and Mental Health and Retardation Services has returned more than 4,700 people to their home communities since July 1974. SRS provided residential services to over 1,425 of these people and approximately 500 now live entirely on their own. About 1,300 individuals have been assisted in moving from state institutions to skilled nursing facilities, intermediate care facilities, or intermediate care facilities for the mentally retarded. The chart shows numbers of persons who have been placed in the community since FY 1980. The number of institutional cases may continue to decline as community mental health services and support groups develop in local areas.

Community Placements

	FY 80	FY 81	FY 82	FY 83
To residential homes	184	86	78	174
To nursing homes	190	115	39	29

Homemaker Services

Homemaker Services are provided to elderly and disabled low-income adults. Trained homemakers perform general household activities when an individual is unable to manage the home or care for himself/herself thus enabling the individual to remain independent. The demand for this service will continue to escalate as the state's aged population increases in the 1980's. During FY 1983 the service benefited a monthly average of 9,188 persons of whom approximately 7,280 were over age 60. The waiting list for services averaged 238 per month. The following chart outlines activity in the Homemaker Service:

	FY 80	FY 81	FY 82	FY 83
Total number of households served	9,123	9,313	9,383	9,650
Prevented from institutional placement (average month)	2,695	3,417	4,012	4,260

Work Incentive Program (WIN)

WIN is a federally mandated program to assist Aid to Dependent Children applicants/recipients to obtain employment and become self-supporting. Local SRS offices refer ADC applicants and recipients to the Department of Human Resources for employment-related activities. Local SRS social workers provide counseling, child care, medical and other services needed by clients to help them obtain jobs.

In FY 1983, 3,456 ADC recipients were enrolled in the WIN program. The program closed or reduced 1,682 ADC cash grants for a total dollar savings of $3,884,085 in welfare payments.

Community Work Experience Program (CWEP)

The Community Work Experience Program (CWEP) is an optional federal program for Public Assistance recipients and was implemented in Kansas beginning May 1, 1983. CWEP is designed to provide quality work experience to Public Assistance recipients and to enhance their ability to find employment. It is a way for GA and ADC recipients to improve work skills and develop work histories.

Aid to Dependent Children (ADC) recipients are served only in the following urban areas (WIN counties): Wyandotte, Shawnee, Douglas, Sedgwick, and other areas so designated by the Secretary. GA recipients are served statewide.

FY 1985 Adult Services Goals

The major goals proposed for FY 1985 are as follows:

Goal 1) To expand the provision of in-home support services to disabled elderly low-income individuals to enable them to remain in their family environment. Support services, including homemaker services, non-medical attendant care services, adult family home and congregate living services, prevent premature institutionalization allowing individuals to remain in their homes or in the least restrictive family-like environment possible to meet their needs.

Number of Persons Served

	FY 83
Homemaker	9,650
Non-Medical Attendant	47
Adult Family Home	86
Congregate Living	162

Goal 2) To obtain competent caring guardians/conservators to act on behalf of low-income disabled and elderly persons who lack the capacity to manage their financial resources or who cannot meet the essential requirements for physical health and safety.

The Kansas Statutes on guardianship/conservatorship were substantially revised in the 1983 session of the Kansas Legislature and signed into law by Governor John Carlin effective July 1, 1983. The new law enables the courts to personalize and individualize guardianships and conservatorships and provides more explicit safeguards for wards/conservatees and seeks to assure that the guardians and conservators shall provide services which guarantee "that personal, civil and human rights" of the individuals are protected. Passage of Senate Bill 11 expanded and clarified the role of guardians. Adult Services recruits and trains guardians/conservators for disabled elderly persons, many of whom reside in nursing homes.

Goal 3) To increase the number of dependent adults receiving residential and day care services.

There is an increasing demand for residential and day care services for dependent adults. For example, there is a growing number of aging parents who are no longer physically able to care for the dependent adult. Program efforts to expand residential and day services will prevent

inappropriate and costly institutionalization and also allow individuals to reside in the least restrictive environment. Day Care Services are primarily used by elderly adults who live with their adult children who are employed or unable to care for the aged parent 24 hours a day.

Goal 4) **To initiate investigations of all abuse/neglect reports within 48 hours and complete the investigations within two weeks.**

Prompt investigation enables SRS to intervene and provide needed protective services expediently. Protective services to adults in both medical and non-medical facilities will increase as the proportion of frail elderly individuals grows, as continued economic instability renders individuals on fixed incomes extremely vulnerable and as the number of elderly over the age of 75 with chronic health problems increases.

State Economic Opportunity Office

The State Economic Opportunity Office (SEOO) serves as an advocate for the poor by developing and implementing programs which assist low income individuals to receive the resources necessary for attaining the skills, knowledge, and motivation needed to become self-sufficient. The SEOO administers the Community Services Block Grant Program, the Weatherization Program, and other special programs for low-income individuals including the Emergency Food and Shelter Program under the Emergency Jobs Bill.

Through the Community Services Block Grant, SEOO allocated $2.7 million in funding to community action agencies and other community based agencies including migrant and seasonal farm worker organizations to provide a range of services to low-income individuals. In FY 1983 the state implemented regulations requiring that 50% of all funds awarded to the community action agencies be spent for direct services to low-income individuals. Services provided include transportation, emergency assistance, food, clothing and employment training.

SEOO's Weatherization Program, funded by the U.S. Department of Energy (state energy conservation program, emergency jobs bill and oil overcharge funds) as well as 10% of the State's Low-Income Energy Assistance Block Grant allocation, provides funds to community action agencies, regional planning commissions and local units of government for weatherizing homes throughout the state for low-income elderly and handicapped individuals.

INCOME MAINTENANCE AND MEDICAL SERVICES

SRS offers several cash assistance (income maintaining) programs, a program of medical assistance, and a food stamp program for needy individuals in Kansas.

Aid to Dependent Children

Aid to Dependent Children (ADC) is SRS's primary cash assistance program providing help to children who are deprived of parental support due to absence or death of a parent, the incapacity of a parent, or the unemployment of a parent. ADC is funded partially by the federal government and is administered within the guidelines set by the federal government. In FY 1982, SRS's implementation of the program changes mandated by the Omnibus Budget Reconciliation Act of 1981 resulted in 4,652 case closures. In December 1982, changes mandated by the Tax Equity and Fiscal Responsibility Act of 1982 which contained amendments to Title IV-A of the Social Security Act were implemented by SRS. The major changes in the ADC program resulting from this amendment included: (1) not allowing deprivation for ADC based on the absence of a parent due solely to active military service, (2) rounding down of the budgetary deficit to the lower dollar whether more or less than 50 cents, and (3) prorating the budgetary deficit for the month of application.

In May 1983, SRS implemented several optional provisions of the Omnibus Budget Reconciliation Act of 1981 as well as other technical changes in the Kansas Administrative Regulations. Changes included: (1) Job search requirement for recipients, (2) implementation of the Community Work

Experience Program (CWEP) in the Topeka, Kansas City, and Wichita areas, (3) increased penalty periods for potential employment failures, (4) elimination of ADC eligibility based solely on pregnancy, (5) deletion of the reconstruction period when an absent parent returns, a parent's disability terminates, or an unemployed parent returns to work, (6) development of an Aid to Pregnant Women (APW) program to meet the needs of women who are six or more months pregnant, have no other children, and potentially eligible for ADC in the month a child is expected to be born, (7) consideration of the full equity value of jointly owned resources as being available to an applicant or recipient, (8) treatment of assigned support reported by Child Support Enforcement as nonexempt income in determining eligibility, and (9) percentage reduction of the shelter allowance in all ADC cases when other persons reside in the home but are not included in the assistance plan.

Aid to Dependent Children assisted 24,533 Kansas families or about 68,692 persons per month in FY 1983, an increase from the 23,309 families, or about 64,737 persons assisted in FY 1982.

General Assistance

Funded entirely by the state, the other major cash assistance program, General Assistance (GA) is designed to meet the needs of individuals and families who do not qualify for ADC, APW (6 or more months pregnant), or the federally funded Supplemental Security Income program. On April 1, 1983, because expenditures in the GA program had risen dramatically and created budgetary problems for all assistance programs, it was necessary to make major policy and procedural changes in the GA program. In order to stay within budgetary allocations and at the same time provide assistance to persons with the greatest need, two GA programs were established:

General Assistance Unrestricted (GAU) provides assistance to those adults or families in which all legally responsible adult members meet one of the following criteria: (a) persons who are 51 years of age or older, (b) parents and minor children (non-ADC), (c) persons medically determined incapacitated for 30 days or longer, (d) persons medically or psychologically determined mentally retarded, (e) persons psychologically or medically determined mentally ill who are precluded from employment for 30 days or longer and participating in a treatment program, (f) persons participating in a vocational rehabilitation training program, (g) persons residing in alcohol and drug abuse facilities, and (h) persons needed at home to care for a family member unable to care for self according to medical verification and when there is no one else to provide the care.

Transitional General Assistance (TGA) provides limited cash assistance for persons until they can join the labor force and who meet the following requirements: (a) do not meet GAU criteria, (b) have not voluntarily rendered themselves unavailable for employment (e.g. adults enrolled in postsecondary school or training programs), and (c) are in need. The TGA payment cannot exceed $100 for one person and $175 for a married couple.

In addition, the APW program provides state-funded cash assistance to women in their first five months of pregnancy who have no other children and are potentially eligible for ADC in the month the child is expected to be born. They must meet either GAU or TGA eligibility criteria during this time period.

All adults receiving GAU or TGA are automatically eligible for limited medical coverage under a new MediKan program. The GA programs are closely tied to economic conditions in Kansas. Because of poor economic conditions and unemployment, caseloads continued to rise. General Assistance served about 10,923 persons in June 1982 and the increased number of persons receiving assistance under the GA programs (TGA, GAU, APW) in June 1983 was 14,919.

Low Income Energy Assistance Program

This federally funded program is designed to assist low-income households in meeting their heating and cooling costs. Approximately 62,000 households, representing 151,061 persons, received benefits under the winter and summer portions of the FY 1983 program.

Refugee Program

The Refugee Resettlement Program consists of cash assistance, medical assistance, and social services. The social service funds are made available to community refugee agencies who provide career counseling, employability planning, job orientation, job development, job follow-up, English as a second language, and other supportive services that will enable the refugee to become or remain self-sufficient. The Refugee Program provided assistance to 3,352 individuals a month in FY 1983, compared to 3,800 individuals a month in FY 1982.

Complaint System

Another responsibility of the Public Assistance Section is responding to complaints about public assistance and medical assistance programs which come to central office. During FY 1983, 1,236 client complaints were received in central office; 463 had to do with Aid to Dependent Children, 408 with General Assistance, 242 with Medical Assistance, and 123 with other SRS programs. Each complaint is a contact between SRS central office and usually the local office and a response for the client. Also, SRS regularly investigates problems referred from constituent services of the Governor's office as well as referrals from state legislators and the congressional delegation. SRS strives to be accountable to the public by responding fully (but confidentially in protection of the clients) and in a timely manner to all inquiries.

Food Programs

The Food Programs Section administers the federally-funded Food Stamp Program and is responsible for developing policies and procedures for Kansas, within USDA guidelines, as well as for the issuance of food stamps. The Food Stamp Program served an average of 52,000 households, or 135,000 persons, each month in FY 1983. These figures represent an 8% increase in the number of Kansas households participating in the Food Stamp Program over that in FY 1982. The program served 48,000 households or 122,000 persons each month in FY 1982. Kansas received $68 million in food stamp benefits in FY 1983.

In 1983, the Food Programs Section also assumed responsibility for the distribution of USDA surplus commodities to emergency food banks in Kansas. In FY 1982, this program provided 342 Kansas food banks with a total of 3,600,000 pounds of cheese, 1,400,000 pounds of butter, and 100,000 pounds of nonfat dry milk. The U.S. Department of Agriculture figures indicate that these commodities, provided to needy Kansas families, were valued at over $7.5 million. These commodities were distributed, with the cooperation of the Kansas National Guard and numerous community organizations and volunteers, at no cost to the state.

Medical Programs

The administration of the Medicaid (Medical Assistance) Program provided for under Title XIX of the Social Security Act is the responsibility of the Division of Medical Programs. The Kansas Medicaid (MA) Program, which is partially state funded, provides an array of medical services to the medically indigent to improve the general health of the people and to lessen the economic hardship which often accompanies a serious illness.

SRS's first priority continues to be to assure that efficient and effective services are provided in the least restrictive environment. Medical assistance expenditures rose 9.3% over the previous year in FY 1983, from $215.5 million in

FY 1982 to $235.6 million in FY 1983. This compared with an average annual growth rate of 15.6% during the ten year period between fiscal years 1970 and 1980. In order to control the spiraling costs of the Medicaid program, a number of cost saving measures have been implemented since FY 1980. The General Assistance-Medical Only program coverage was eliminated in FY 1981, thus resulting in only a 5.4% growth in Medicaid expenditures between FY 1980 and 1981, an increase from $204 million to $215.5 million. The following graph illustrates medical assistance expenditures as a percentage of total state general fund spending.

Fiscal Year	Total State General Fund Expenditures (in millions)	Medicaid State General Fund Expenditures (in millions)	Percent Medicaid/State General Fund
1977	$ 815.7	$ 77.3	9.4%
1978	840.1	78.1	9.2%
1979	965.4	87.5	9.0%
1980	1,111.8	84.2	7.5%
1981	1,258.7	103.6	8.2%
1982	1,346.1	110.9	8.2%
1983	1,406.0	118.8	8.4%

As economic conditions worsened in Kansas during 1982 a shortfall in the state general fund balance was forecast for FY 1983. Program cuts were required to assure that the state's general revenue fund would not be deficit at the end of FY 1983. In response to the projected state general fund shortfalls and the continued spiraling rise in medical assistance expenditures, SRS implemented reduced medical service coverage for adult General Assistance recipients on April 1, 1983. This limited medical assistance program is referred to as MediKan and is funded by all state money. Children in General Assistance families, as well as individuals and families who qualify for the dual state and federally funded Aid to Dependent Children and the Supplemental Security Income programs (aged, blind and disabled) continue to receive broader medical service coverage under the Medicaid program. A comparison of the scope of service coverage follows:

	Medicaid	MediKan
Physician Services	24 office visits/ calendar year	12 office visits/ calendar year
Inpatient Hospital Services (Surgery)	Medically necessary elective and non-elective surgery	Non-elective surgery only
Optometric Services	Eye exams and eyeglasses every two years	None covered
Dental Services	Limitations on a range of procedures	Oral surgery only

In addition to the implementation of the MediKan program, a number of cost management measures were implemented in the Medicaid program, including prior authorization of services, establishment of more stringent recoupment and billing of Medicare and other third party payers, ancillary review of inpatient hospital services and non-coverage of certain procedures. Pre-admission screening of all nursing home admissions to determine need for institutional level care was implemented statewide, resulting in the nursing home occupancy rates for Medicaid decreasing from 92.5% in FY 1982 to 92.0% in FY 1983. Admission and continued stay utilization review of all hospital admissions was implemented, resulting in a decrease in hospital admissions per 1000 eligibles from 183 to 174 admissions, and a decrease in days of hospital stay per 1000 eligibles from 1,212 to 998 days, an annual savings of $12.6 million.

The federal Budget Omnibus Reconciliation Bill of 1981 was also responsible for far reaching changes in the Medicaid program proposed during FY 1982 and implemented in FY 1983. The most significant changes were:

1) Medicaid agencies were given authority to establish their own reimbursement system, not being required to base rates on Medicare methods or maximums. This allowed the establishment of Medicaid profiles for all private providers.

2) Medicaid agencies were given authority to establish their own prospective payment system for hospital services. SRS negotiated with the Kansas Hospital Association for a set per diem rate for all inpatient hospital services. This prospective payment system was implemented July 1, 1983 and is projected to save $11,666,923 during FY 1984. The prospective payment system required the calculation of a rate based on the costs of the hospital in FY 1981 as the base year. The annual per diem rate for FY 1984 was based upon a 7% inflation factor applied to each year after the base year. New rates will be determined each year by negotiating an inflation factor by which the base rate is increased. In addition, hospitals are limited to a maximum number of Medicaid program days paid at the per diem rate.

3) Medicaid agencies were given authority to request waivers to provide home and community based services as an alternative to nursing home care. Kansas implemented the home and community based services program statewide July 1, 1983. Anyone determined to be qualified for nursing home level care may select alternative home and community based services. The services provided are those determined medically necessary to allow recipients to stay in their own home or other residential setting receiving necessary services.

Four hundred fifty-three nursing home eligible recipients chose to participate in the Home and Community Based Services Program. Each recipient was assigned a case manager in the SRS area office who is responsible for assuring that the recipient's needs are met. These recipients used the following services between January 1 and June 30, 1983:

Non-medical Attendant Care	237
Homemaker	194
Congregate Living	93
Habilitation	85
Night Support	42
Wellness Monitoring	41
Adult Family Home	35
Medical Attendant Care	21
Respite Care	3
Adult Day Care	0
Medical Alert	0

In FY 1979 the certified Kansas Medicaid Management Information System was installed. Until that time the ability to detect fraud, abuse and misutilization was very limited. The installation of the certified Kansas Medicaid Management Information System (MMIS) and a sophisticated claims processing system brought into focus many changes and limitations required to operate an actuarially sound and programmatically acceptable system. By FY 1983, approximately 400 edits and audits, installed due to the detection of fraud or abuse, screened the claims to assure these abuses would be identified and disallowed in claims processing. The system resulted in savings and recoupments of $61,454,403 in FY 1982, and $72,498,003 in FY 1983.

FY 1985 IM/MS Goals

The major goals proposed for FY 1985 are as follows:

Goal 1) **To achieve a statewide Quality Control dollar accuracy rate of 97% or more in the cash programs and a case accuracy rate of 97% or more in the medical eligibility programs.**

With the passage of the Michel Amendment by Congress in 1980, States were required to reduce, by equal one-third increments, their payment error rates to 3% for the period of September 1983 to October 1984. If a state fails to meet the ultimate 3% goal, or any of its interim annual target dates, it is subjected to a penalty. Due to failure to meet the interim target rate for the period ending September 30,

1981, a $1.9 million sanction was levied against the State of Kansas. Although the final outcome regarding the sanction is uncertain at this time with the submission of a good faith waiver request, a renewed emphasis has been placed on reducing the QC error rate in both the cash and medical programs.

There has been a greater commitment on both the state and federal level in error reduction through the institution of an extensive program of corrective actions. This program has included the improvement of agency management practices, stricter verification requirements, and the hiring of a Corrective Action Specialist for the state. It appears that our efforts have been increasingly productive as the State QC dollar error rate has dropped from 6.3% to 3.4% between September 30, 1981 and September 30, 1982. The 97% accuracy rate goal is of the upmost importance to the agency and is mandated by law to be achieved.

Goal 2) To process 96% of all applications statewide within 45 days of the application filing date.

The goal for processing applications is the continuation of our agency's commitment toward providing the best possible service to our client population. Although there are factors in the application process which are beyond the control of the agency and can slow the processing time (e.g., disability determinations, client noncooperation, etc.), the agency has consistently met the 96% goal. In fact most applications are processed in less than 30 days. As it is felt that the 96% processing level is the best that can be accomplished, the goal is one of maintaining the status quo which has resulted in a high level of efficiency in meeting the needs of our clients.

Goal 3) To achieve a statewide Food Stamp Quality Control payment accuracy rate of 93%.

The Quality Control Section of SRS reviews a random sample of food stamp eligibility decisions for correctness of eligibility determination and payment amount. This sample is then subject to rereview by the Federal Quality Control Section and fiscal sanctions are levied against any state exceeding certain payment error rate targets. Steps undertaken to reduce the payment error rate in Kansas include:

Enhanced training of program staff;

Inclusion of individual data on the computer data base; and

Increased use of computer matching techniques.

The Quality Control payment accuracy rate for FY 1983 was 92.1%.

Goal 4) To provide initial food stamp benefits to no less than 95% of all eligible applicants statewide within 30 days of the application filing date.

Approximately 3,400 households make initial application for food stamps statewide each month. Many of these families apply because they have recently experienced a loss or reduction in their available income. The Food Stamp Program mandates that whenever possible benefits should be provided to needy households within 30 days. The provision of food stamp benefits to persons who apply for and are eligible for those benefits has been given a high priority. Despite the continued program growth with no additional staff, eligibility workers provided initial food stamp benefits to 96.5% of all eligible applicants statewide within 30 days of the date of application.

Goal 5) To recover at least $240,000 in overissued food stamp benefits.

Each month, due to inadvertent error, agency error, or fraud, some food stamp recipients receive more benefits than they are entitled to. When this occurs, a claim is filed against the individual and action is taken to recover the benefits. To encourage collection efforts, the federal government allows the state to retain a share of the benefits recovered. The Food Programs Section is working

with the SRS Data Processing Section to develop an automated accounts receivable system to enhance collection efforts. In FY 1983, more than $300,000 in overissued food stamp benefits was recovered.

Goal 6) To have 800 individuals participating in the Home and Community Based Services Program by the end of FY 1985.

This program authorized by waiver provisions of Section 2176 of the Omnibus Budget Reconciliation Act of 1981 permits Medicaid funds to be used for community services for those who might otherwise be placed in an adult care home. The Program includes such things as homemaker services, non-medical attendant care, and adult day treatment. The aggregate cost of the services must be less than the average aggregate costs of those persons had they stayed in, or been initially admitted to an adult care home. In FY 1983, the adult care home population dropped by over 300 persons, due in large part to this program. While such continued declines are not forecast due to the increased aging population, we do foresee the percentage growth in adult care home population to be less than the percentage growth in the number of persons age 75 or older.

Goal 7) To hold expenditures for inpatient hospital services at FY 1984 levels despite the 7% medical inflation rate anticipated for FY 1985.

This will be accomplished by 1) continuation, and in some cases intensification of our admission and utilization review program, 2) the prohibition of elective surgery for both the Medicaid and MediKan populations, 3) anticipated decrease in both populations as the Kansas unemployment rate falls to 4% in FY 1985, and 4) continued encouragement of use of less costly treatment methodologies, such as outpatient services and home health services.

Goal 8) To implement three alternative delivery/ reimbursement programs by the end of FY 1985 in an effort to contain rising health care costs.

Work is currently under way to contract with a limited number of HMO's to provide pre-paid medical services. Also to be tested in several counties is the Primary Care Network. This involves assigning each Medicaid eligible to a single primary care physician who, for a $3.00 per capita fee, will act as medical case manager for each person's use of non-emergency medical services. Other initiatives which may be tested include competitive bidding for urban hospital services, and variations of the capitation and case manager models.

MENTAL HEALTH AND RETARDATION SERVICES

Mental Health & Retardation Services (MH&RS) is comprised of two service systems, mental health and mental retardation. The eight hospitals administered by Mental Health and Retardation Services provide direct treatment programs to Kansas' mentally ill or mentally retarded citizens. In addition, MH&RS administers the program of state aid to Kansas' community mental health and mental retardation and developmental disabilities centers.

Mental Health Services

A wide array of specialized residential services is available to Kansas residents through the programs and services of the state's four psychiatric hospitals, located at Osawatomie, Topeka, Larned, and Kansas City, Kansas, with each serving a designated catchment area.

Osawatomie is a 392-bed psychiatric treatment center which serves residents from the 23-county area of southeastern Kansas (880,399 population or 34% of the state's population). The hospital provides treatment for mentally ill persons 14 years of age and older.

Topeka State Hospital, a 385-bed facility, was established in 1875 to provide a full range of psychiatric services for the residents of the 31 northeastern counties of the state (1,044,763 population or 44% of the state population). The hospital provides evaluation and treatment of psychiatric patients, multi-disciplinary professional education, and

community education and consultation.

Established in 1914, Larned State Hospital is a 408-bed licensed psychiatric facility that provides inpatient care for children, adolescents, and adults from 51 counties in the western half of the state (437,946 population or about 19% of the state's population). While in most respects the operation of Larned State Hospital is very much like the other two state psychiatric hospitals, it is singular in one important aspect of its function. The State Security Hospital is located on the Larned State Hospital grounds, providing a maximum security setting for criminal offenders in need of psychiatric treatment or evaluation. The Security Hospital also provides treatment for non-forensic patients who pose behavior problems and may be transferred from other institutions.

Rainbow Mental Health Facility is a 58-bed institution in Kansas City metropolitan area which was established in December of 1973 to provide psychiatric services for children, adolescents and adults. The facility primarily serves Johnson and Wyandotte county populations; however, the children's program serves the 35 eastern most counties for the state. Rainbow Mental Health Facility also serves Atchison, Leavenworth, and Douglas county on a special overflow basis.

The average resident population of Kansas' four state psychiatric hospitals steadily declined over the ten year period between 1971 and 1981. The four state psychiatric hospitals had an average resident population in FY 1983 of 1149 people, a decrease of 4% from 1982. The hospitals served 4482 people in FY 1983, representing a 10% decrease from the 4988 people served in FY 1982. A total of 3326 people were admitted and 3266 discharged in FY 1983, an 11% decrease in admissions and a 16% decrease in discharges from FY 1982. Average length of stay at Kansas' state psychiatric hospitals has declined by 41% since FY 1973; it was 118 days in FY 1983, an increase of 19% from FY 1982. Forty-one percent of the patients discharged in FY 1983 stayed for 30 days or less; 63% stayed fewer than 60 days; and 82% for fewer than six months.

Average resident length of stay increased due to a decrease in the alcohol treatment programs. In FY 1982 the overall average number served in the psychiatric hospitals was 1228, the length of stay for the alcohol treatment programs was 26 days and the average length of stay in the psychiatric hospitals was 132 days. In FY 1983 the overall average number served in the psychiatric hospitals was 880, the length of stay for the alcohol treatment programs was 30 days and the average length of stay was 150 days.

Some consequences of discontinuing the alcohol treatment program have shown up during 1983. Rainbow as a whole has dropped 40% in the total number of clients served. This has been directly related to the alcohol treatment program which had a much higher admission and discharge rate.

Community mental health programs are served in part by the Community Mental Health Centers and supported in part by MH&RS through state "649" funds, Community Support Programs, mental health block grant, mental health special projects, and PACT. The 31 licensed community mental health centers provide the basic mental health services to their local communities. These services include: outpatient, consultation and education, 24 hour emergency services, and screening service. In addition, many centers are maintaining and broadening their services to the chronically mentally ill population by providing partial hospitalization services, inpatient services, residential services and community support services. Also, centers are targeting other special populations with development of specialized services for children and elderly, chronically mentally ill and alcohol and drug clients. The community mental health centers are licensed according to K.S.A. 75-3307b. This past year new licensing standards have been drafted and are being tested in the community facilities. The community mental health centers are licensed by the Secretary of SRS and Mental Health and Retardation Services. The center's license is based on service delivery standards, financial and management standards and community relations standards.

The community mental health agencies are established in

accordance with K.S.A. 19-4001-4015 and receive a part of their funding from the state aid financing by way of K.S.A. 65-4401-4408. Mental Health and Retardation Services submits an annual budget based on requests received from community centers and the money is distributed based on eligible income matched by state dollars. For 1983 the centers received $5,423,346 in state formula aid. Additional funding for the community mental health centers comes from medicaid and other fees for service, county mill levies from 105 counties, and Federal Mental Health Block grant. In the mental health centers in 1983 approximately 66,538 patients were served in an outpatient service; 4,220 patients in inpatient services; 3,174 patients in partial hospital services and 857 patients in residential services. This brings the total to 74,789 patients as compared to 60,000 persons being served in 1980.

In FY 1983 Kansas received a federal grant from NIMH for $127,000 to provide for the funding of Community Support Programs for the chronically mentally ill. Project staff visited more than 85% of the Mental Health Center catchment areas in Kansas promoting programs for the chronically mentally ill, speaking to State Hospital administrators, mental health center directors and staff, SRS area office administrators and staff, and Mental Health Association volunteers and staff. Two four-state regional conferences were held with the support of the CSP office. One was held in September 1982 under the auspices of the Midwestern Association of Psycho-Social Rehabilitation Services (MAPSRS) and one in May 1983 with a $10,000 grant from the CSP office. More than 200 participants attended the first and over 300 attended the second.

In addition, five CSP grants were awarded to Community Mental Health Centers to start programs for the chronically mentally ill. The grants are listed in the following table. The National Institute of Mental Health Community Support Programs Grant has been renewed for FY 1984 at the same $127,000.

The Federal Mental Health Block Grant funds are targeted to serve:

1) The chronically mentally ill,

2) severely mentally disturbed children and adolescents,

3) the mentally ill elderly,

4) others who are currently underserved, and

5) the mentally ill discharged from hospitals.

The licensed community mental health center is eligible to apply for mental health block grant funds if the center is providing four out of five basic services and is planning to add the fifth service. These services are outpatient, consultation and education, 24 hour emergency services, screening services and partial hospitalization services. Under the service category of partial hospitalization the centers have applied to begin programs such as residential services, community support programs, drop-in centers, sheltered workshop programs, etc. The Federal Block Grant funds expended in State FY 1983 amounts to $1,634,779. These funds were grants for outpatient services (four grants), consultation and education services (two grants), 24 hour emergency service (two grants), partial hospitalization services (thirteen grants), community support services (four grants), and one grant for technical assistance. There were a total of twenty-seven Mental Health Block Grants awarded in FY 1983. The majority of these grants targeted the needs of the chronically mentally ill and are listed in the following table.

Community Support Program Grants

Cherokee County Mental Health Center Social Rehabilitation Group to serve ten patients	$2,000
High Plains MHC Extension of Residential Housing through transportation	$10,000
Cowley County Mental Health Center Self-help peer support group	$3,500
Shawnee Community Mental Health Center Transitional Living Program	$23,039
Miami County Mental Health Center Apartment Living Program	$4,867

Mental Health Block Grants

Johnson County Mental Health Center--Community Support	$124,000
Wyandot Mental Health Center--Community Support	$50,000
NE KS Mental Health & Guidance Center--Partial Hospitalization	$64,473
NE KS Mental Health and Guidance Center--Outpatient Children	$27,827
Bert Nash Community Mental Health Center--Outpatient	$54,887
Bert Nash Community MH Center--Partial Hospitalization	$53,772
Bert Nash Community MH Center--Screening and Emergency	$50,112
Bert Nash Community MH Center--Consultation and Education	$59,145
Prairie View Mental Health Center--Community Support	$63,000
Shawnee Community MH Center--Partial Hospitalization	$135,000
Iroquois Center for Human Development--Partial Hospitalization	$47,000
Assoc. of Community MH Centers of KS--Technical Assistance	$35,408
Mental Health Center of East Central Kansas--Outpatient	$138,638
Mental Health Center of East Central KS--Partial Hospitalization	$43,362
Shawnee Community Mental Health Center--24 Hr. Emergency	$50,000
Area Mental Health Center--Partial Hospitalization/Residential	$37,268
Area Mental Health Center--Partial Hospitalization	$2,343
Pawnee Mental Health Services--Outpatient	$213,800
Pawnee Mental Health Services--Partial Hospitalization	$78,176
Pawnee Mental Health Services--Consultation and Education	$92,532
Pawnee Mental Health Services--Community Support	$95,468
Wyandot Mental Health Center--Partial Hospitalization/Residential	$18,630
Shawnee Community MH Center--Partial Hospitalization/Residential	$24,000
Johnson CO MH Center--Partial Hospitalization/Community Support	$25,000
Pawnee Mental Health Services--24 Hr. Emergency	$20,024
Sedgwick CO Dept of Mental Health--Partial Hospitalization/Residential	$10,000
Sedgwick CO Dept of MH--Partial Hospitalization/Case Management	$20,000

As a means of facilitating the integration and coordination of the different mental health services offered by the state hospitals and community mental health centers, system linkages are maintained through the Partnership Agreement for Continuity of Treatment (PACT) project which was established in 1978. PACT is the conceptual model whereby working agreements between the state hospitals and community mental health centers allow these separate mental health agencies to function as a single system in meeting the hospital admission and aftercare needs of the mentally ill.

Initially PACT began in 1978 as a pilot project, with three of the state hospitals and eight community mental health centers participating. By 1979, the project had expanded to include 12 more centers, and an additional two centers began participation in 1980. By the end of 1983, all but three of the community mental health centers (Franklin, Labette, and Iroquois) were counted among the PACT participants.

The primary activities of PACT have been focused on psychiatric screening prior to state hospital admission, appropriate referral for hospital admission, and coordination of aftercare services, including medication checks, outpatient treatment and other services designed to assist the discharged patient to reintegrate and resettle in the community so as to make rehospitalization less likely.

The number of direct state hospital admissions has shown a steady decrease during the period since the PACT project was initiated. The percentage of patients receiving some type of screening before admission to one of the state hospitals remained stable during the first 18 months of PACT's operation. PACT has resulted in more appropriate referrals and more established communication for patients referred. Based on the aftercare forms received during the first 10 months of FY 1983 approximately 68% of the patients discharged during FY 1983 were referred for aftercare services. Of these, 68% were referred to the community mental health centers, 16% were referred to other community resources, and 16% were referred to private practitioners. The remaining 32% refused aftercare services, went to nursing homes, were discharged by the courts or left AWOL or AMA before aftercare plans were finalized.

In FY 1983 there were 26 PACT grants awarded to 26 community mental health centers. The grant categories included: 24-hour emergency services; screening services; aftercare; patient support groups; case management; and transitional apartments. Within the PACT budgeted funds, there is one special children's project at Area Mental Health Center.

Mental Retardation Services

Kansas has four state institutions for care and training of the mentally retarded/developmentally disabled. The primary mission of institution based services is to provide a program of habilitation and treatment for those in residence at each facility. In FY 1983, the Winfield State Hospital and Training Center primarily served nonambulatory severely and profoundly mentally retarded infants and adults. Winfield's average resident population during FY 1983 was 509. The Parsons State Hospital and Training Center served primarily ambulatory profoundly to moderately retarded children and adults. The average resident population at Parsons during FY 1983 was 281. The Kansas Neurological Institute in Topeka, Kansas primarily served mentally retarded children and adults with multiple handicapping conditions. The average resident population at this facility was 385 during FY 1983. The number of residents served at Norton State Hospital was 152 during FY 1983.

A high priority goal of Mental Health and Retardation Services is to reduce statewide service areas to regional service areas and promote a range of services that adequately meet the needs of the mentally retarded citizens of that region. In the past, the Kansas mental retardation institution-based service system has been characterized by the specialized statewide focus of mental retardation institutions rather than each being multipurpose, serving those within defined catchment areas in conjunction with community-based programs in those areas. In FY 1982, efforts began to regionalize the service system through the development of Regional Cooperatives. The underlying principle behind a Regional Cooperative is the coordination of a full range of resources available to the mentally

retarded in a specific geographic area. In spite of reduced revenue, efforts continued throughout FY 1983.

In addition, the 1982 legislature passed House Concurrent Resolution 5054 which endorsed the cooperative development and implementation of regional plans which involve interaction between state institutions under the jurisdiction of the Secretary of Social and Rehabilitation Services and community-based mental health and mental retardation programs. The resolution encourages the Secretary of Social and Rehabilitation Services to make the resources of state institutions available, within the limits of staff and appropriations, to local community programs.

Each institution has initiated efforts to implement the intent of HCR 5054. The activities of each institution in this regard fall into the areas of (1) service coordination, (2) diagnostic and evaluation services, (3) staff training services, (4) technical assistance and consultation services, and (5) facilitation of community service development.

Two examples of the type of institutional-community cooperation promoted by HCR 5054 are the Vocational Training Program jointly developed by Cowley County Developmental Services and Winfield State Hospital and Training Center, and the Interagency Preschool Handicapped Children's Center jointly developed by Cowley County Developmental Services, Cowley County Special Services Cooperative, and Winfield State Hospital and Training Center.

The current focus on providing treatment in settings least restrictive of personal freedom has, in the past several years, greatly increased the number of mentally retarded and other developmentally disabled persons requiring service in community-based programs. Twenty-nine community-based MR/DD agencies receive a portion of their funds from Mental Health and Retardation Services.

The community MR/DD agencies are established in accordance with K.S.A. 19-4001-4015 and receive a part of their operating support through state aid financing by way of K.S.A. 65-4401-4408. For the current year the State Aid portion of their funding is approximately 10% of their total budget. The 1983 budget for the community agencies totals approximately $37 million and the facilities are serving over 4,600 clients. The clients in these facilities are in five day per week day programs and approximately one-third of them are in group living or residential programs as well.

The community MR/DD agencies are licensed and certified by Area SRS staff. Licensing is primarily concerned with physical environments which include space, safety and administration. Certification is more concerned with program standards - staffing, quality of programs, policies relating to admissions, discharges, etc. All centers have documented admission and discharge criteria which is monitored for continued eligibility of Adult Social Service funding.

The programs and services provided by community-based programs include: Adult Day Care, Adult Life Skills, Work Activity, Vocational Evaluation, Projects with Industry, Occupational Skill Training, Job Placement, Sheltered Employment, Intermediate Care Facility/Mental Retardation/ Developmentally Disabled, Congregate Living, Group Living, Semi-Independent Living, Independent Living, Respite Care, Early Childhood Development, Communication, Physical Restoration (Inpatient and Outpatient), Individual Support Services and Transportation. The significance of the programs provided in community-based programs is recognized by comparing the number served. In 1968, approximately 430 clients were being served in community facilities, while in FY 1983 over 4,600 clients are being served. The largest number is served in adult day programs of work activity/work adjustment, etc. Work adjustment programs are designed primarily to assist mentally retarded/developmentally disabled (MR/DD) persons, who demonstrate only basic work skills, to develop critical work behaviors that will improve their prospect of obtaining employment. Work activity programs are designed primarily to provide long term work instruction and supervision to enable MR/DD individuals who demonstrate prevocational

skills, to ultimately participate in higher-level vocational programs. These have been the primary services purchased by the Social Service Division of SRS with Federal Title XX (now Social Service Block Grant) funds. The community MR/DD agencies currently serve 3300 clients in adult work activity/work adjustment programs. The agencies also serve 1250 clients in group living programs and have over 1300 individuals in preschool programs for the handicapped.

Additional funding for the community MR/DD agencies comes from local mill levies with 99 counties approving a local levy. Jackson County became the 99th county as their Commissioners agreed to a levy in late June of this year. This funding source provides about 5.6 million dollars and would increase considerably if all counties would levy the maximum of one mill as approved by the 1982 legislature. Another major funding source is Social Service Block Grant (formerly Title XX) funding. That income is estimated at approximately $8,000,000 for the current year. Production income is another major source. It is projected at $4.9 million for the current year - but more importantly client salaries from that production are projected at $1,812,000.

Kansas Planning Council on Developmental Disabilities

The Kansas Planning Council on Developmental Disabilities (DD Council) is a fifteen member body appointed by the Governor in response to Federal Legislation. The Council membership as mandated is composed of 15 members, 50% of whom must be a consumer (that is either developmentally disabled persons themselves or parents and/or guardian of a person with developmental disabilities). The remaining members represent state and community agencies and organizations who are concerned with providing services to the developmentally disabled.

The overall mission of the Kansas Planning Council is: to improve the quality of life for people with developmental disabilities, to maximize their development potential, and to assure their access to and participation in the same privilege and freedoms available to all citizens of the state.

In carrying out this mission, the Council has five major responsibilities:

1) To develop a comprehensive plan for the state-wide delivery of services to people with developmental disabilities.

2) To monitor and evaluate those services and insure that they truly are accountable to the people they are serving.

3) To advocate on behalf of people with developmental disabilities.

4) Study state programs for the developmentally disabled and make suggestions and recommendations to the various state departments for coordination and improvement.

5) Award grants in designated priority service areas to meet unmet needs.

It should be emphasized that the Council itself does not provide direct services. Instead, it awards at least 65% of its funds to agencies that do provide services. The Council awards these funds through .competitive grants to agencies responding to "requests for proposals" in one of the following areas: family-like living arrangements; case management; child development; non-vocational social development.

In FY 1983 the DD Council's budget included $420,139 in federal funds and $130,851 from state and local match for a total amount of $550,990. The DD Council awarded a total of $467,794 in grants for alternative community living ($375,506) and case management ($92,288) services.

Other major projects and activities supported by the DD Council are:

1) Southeast Regional Cooperative: In support of the philosophy of coordinated services through regionalization described in the Kansas Long Range Plan for Mental Retardation, the Council awarded a grant to begin the planning for a regional cooperative in Southeast Kansas.

The project is designed to develop a coordinated system of data collection as a start for developing a regional plan for services to the mentally retarded and developmentally disabled.

2) Governor's Conference on Developmental Disabilities: The Kansas Planning Council on Developmental Disabilities was pleased to sponsor the first Statewide Conference dealing with the dually-diagnosed clients. This Conference was a working session, where professionals from Mental Health and Developmental Disabilities listened to presentations and then worked in small groups to develop future action strategy for Kansas.

3) Community-Based ICF/MR/DD Residential Program: The Council awarded a grant for start-up funds for a new small-bed (6-8) ICF/MR/DD residential facility. This facility is the first free-standing small community-based ICF/MR and is considered a demonstration project for serving as an example for other programs to follow.

4) Developmental Disabilities Internship Program: This project hopefully will have long-term benefits for residential programs in Kansas. Conducted by the University of Kansas, this program allows Master's- and Doctorate-level students to work in community residential programs. This program is designed to emphasize behavior management and techniques to train direct care staff in serving developmentally disabled. The result would be to: 1) train students in effective service delivery; 2) integrate training with direct delivery of services; 3) increase the capacity of community services to provide effective services for hard-to-place developmentally disabled people; and 4) to expand the curriculum of the University of Kansas for students desiring to work in the area of adult community services.

5) Facilities Management Information System (KFMIS): By providing a grant to the statewide association of community developmental disabilities agencies, the Council was instrumental in developing a data collection and program evaluation system for use by agencies providing services to the developmentally disabled.

6) Residential and Case Management: Federal developmental disabilities funds have had a major impact on services in Kansas. More than 20 projects were funded in the area of Residential and Case Management, providing the opportunity in many instances for agencies to fill gaps in services, or to pilot test projects to be continued with local support.

Kansas Special Olympics

Mental Health and Retardation Services also administers state funds for the Kansas Special Olympics program. The Special Olympics was created by the Joseph P. Kennedy, Jr. Foundation in 1968. Since then, it has become the largest program of sports training and athletic competition for the mentally retarded in the world. The Kansas Special Olympics program has been in existence since 1970.

In December of 1982, Governor John Carlin issued a proclamation declaring the week of January 1 through 7, 1983 as "Special Olympics Week in Kansas."

The Kansas Special Olympics 1983 Winter Games were held in February. Due to the increase in participation, the state was divided into two parts. Groups from the western portion of the state participated in the Winter Games West in Salina. The remaining groups took part in the Winter Games East in Lawrence.

The Kansas Special Olympics held its 1983 Summer Games in June in Wichita. During FY 1983 the Kansas Special Olympics provided competitive events to approximately 8,000 mentally retarded citizens in Kansas and training in bowling, rollerskating, volleyball, basketball, cheerleading, soccer, softball, swimming, gymnastics, track and field, wheelchair events, ice-skating, alpine and nordic skiing. In addition, the Kansas Special Olympics prepared to send a contingent of 68 athletes and 17 coaches to participate with 4,000 athletes from 50 countries at the 1983 International Special Olympics Games in Baton Rouge, Louisiana, in July of 1983.

Kansas Advocacy and Protective Services

Mental Health and Retardation Services administers state and federal funds for Kansas Advocacy and Protective Services (KAPS). The services provided by this agency are currently mandated under the Developmental Disabilities Act (PL 95-602). The overall activities of Kansas Advocacy and Protective Services are geared "to assure that developmentally disabled persons in Kansas realize to the fullest extent possible the rights and responsibilities of their citizenship." This goal is pursued through four major program areas: casework, information and referral, training and systems advocacy.

Kansas Advocacy and Protective Services also sponsors the Kansas Guardianship Program (KGP). This program is operated from funds from Mental Health and Retardation Services and Adult Services divisions of Social and Rehabilitation Services. The program serves adults who have reached the age of legal responsibility, but who are impaired by reasons of a mental or physical condition to the extent that they are functionally unable to make reasonable decisions concerning their personal needs, physical health, food, clothing, shelter and support, and are functionally unable to make reasonable decisions concerning the management of their own financial resources. The individuals served by the project are dependent upon public support, and have no family members capable or willing to assume responsibility for their care.

The KGP maintained activities to recruit potential guardians/conservators in response to requests from area SRS offices and other agencies. During FY 1983, 38 persons applied to become eligible guardians/conservators and 22 were approved. The KGP received 151 requests for assistance in finding a guardian/conservator and the KGP was able to nominate a person to serve in this capacity on 89 occasions. Requests for persons to be nominated as guardians/conservators were withdrawn on 36 occasions. Notifications that the person nominated had been appointed by the court were received on 41 occasions. Materials concerning the duties and obligations of a guardian/conservator were mailed or personally provided to 107 individuals in the recruitment process.

FY 1985 MH&RS Goals

The major goals proposed for FY 1985 are as follows:

Goal 1) **To achieve or maintain compliance with at least 90% of the regulatory standards for accreditation or certification (ICF/MR, KSDE, JCAH, Medicare and Medicaid) at each of the four state psychiatric hospitals and the four state mental retardation institutions.**

External review of state-operated programs promotes accountability to the public and ensures quality care and treatment of the mentally ill and mentally retarded constituents of Kansas. Regulatory agencies compare the state programs against standardized criteria of quality. Performance related to regulatory standards can be expressed by percent compliance with standards, or percent regulations with no deficiencies cited.

Goal 2) **To maintain or improve the interdisciplinary process of habilitation and treatment in the four state psychiatric hospitals and the four state mental retardation institutions.**

Internal review of state-operated programs is another process for promoting accountability and ensuring quality care and treatment of mentally ill and mentally retarded persons. One means of obtaining internal program review is through the interdisciplinary process. An interdisciplinary team of professionals provides input into, reviews, and evaluates each individual client's habilitation and treatment program. One measure for describing the performance of the interdisciplinary process is the percent of residents for which interdisciplinary case conferences were held during the fiscal year.

Goal 3) **To increase the amount and range of staff training at each of the four state psychiatric hospitals and the four state mental retardation institutions.**

External and internal review of state-operated programs provides the needed ongoing monitoring of client care and treatment programs. It is also critical to maintain a continuous staff development process to further ensure quality service delivery. Technological advancements, statutory and regulatory changes, and individual client needs, to name just a few factors, require the continuous upgrading of professional and paraprofessional expertise. One performance indicator is the amount of staff training; specifically, the number of clock hours of staff training and the number of staff receiving training.

Goal 4) **To increase the number of cooperative projects between the eight state-operated hospitals and institutions and the community-based service providers for the mentally ill and mentally retarded.**

Consistent with HCR 5054, it is the premise of SRS that the combined efforts of the state-operated and the community-operated programs will result in more unduplicated services for a wider range of mentally ill and mentally retarded persons than either service system could accomplish independently. One measure of such efforts is the number of cooperative projects established or maintained during the fiscal year.

Goal 5) **To increase the quantity and range of residential services available through community-based programs for the mentally ill and mentally retarded.**

One of the major gaps currently existing in the statewide service system for the mentally ill and mentally retarded is the shortage of residential placement alternatives in community-based programs. SRS recognizes this serious need and is developing multiple strategies for increasing residential resources. Measures for this goal include the total number of residential placements available through community-based centers, and the number of different types of residential placements available within each geographical catchment region.

Goal 6) **To develop plans for expanding the amount of services available throughout the state for difficult-to-serve populations, such as the chronically mentally ill, the dual-diagnosed mentally ill and mentally retarded, the developmentally disabled criminal offender, the severely aggressive and violent mentally retarded, and other low-incidence populations.**

Another major gap in the Kansas service system involves appropriate services for low-incidence and/or difficult-to-serve mentally ill and mentally retarded individuals. Services for such individuals typically are quite costly in terms of cost, personnel, physical facilities, and management efforts. Accordingly, establishing and expanding costly programs to meet these increasing needs requires considerable planning. Measures for this goal include the total number of special programs for mentally ill and mentally retarded individuals who require intensive training and/or treatment, and the number of completed plans for expanding these special programs.

YOUTH SERVICES

Programs for children and youth who have been identified as children in need of care or juvenile offenders are provided by Youth Services. An array of services is administered by two divisions--the Division of Children in Need of Care and the Division of Juvenile Offender Programs. These services include foster care, family services, grant programs for community based services, child protection services, adoption and adoption support services, aftercare programs for youth released from youth centers, and day care for children. The Commissioner of Youth Services oversees the Youth Centers at Atchison, Beloit, Larned, Osawatomie and Topeka, which provide correctional programming for juvenile offenders.

Adoption Program

The thrust of the Kansas adoption program is to return the responsibility of child rearing and parenting from the state to the family. Concerted efforts have been made to assure that all children in the guardianship of the Secretary who cannot live with their own parents are placed with approved adoptive families, regardless of age, race, physical or mental handicaps. Area staff assessed and approved 219 adoptive families for minority and special needs children in FY 1983.

The aim or mission of the Kansas adoption program is to assure the timely adoptive placement of all children and thereby reduce the length of time a child remains in the foster care system. For FY 1983 the goal was to place 90% of the non-handicapped white pre-school children for adoption within 90 days after the referral for adoption was received in Central Office and 75% of the special needs or minority children for adoption within one year after the adoption referral was received. Ninety-one percent of the non-handicapped white pre-school children were placed within 90 days of the adoption referral. The average length of time was 2.5 months. Seventy-four percent of the special needs or minority children were placed within one year after the adoption referral. The average length of time to place such children was 9.1 months. A total of 223 children were placed for adoption in FY 1983. Nearly 80% were special needs, minority, or children over age six.

Both the adoption support program and the ability of the agency to purchase adoption services from private agencies have helped assure the timely placement of all children. In the course of last fiscal year, adoption support services were provided to a total of 516 individual children and facilitated the placement of 62 additional children during that period of time. The agency purchased adoption services for 23 children for whom SRS did not have appropriate families.

The development of the "legal risk" adoption policy has significantly reduced the time a child remains in foster care without a permanent family. This policy makes it possible to place a child with a potential family prior to the time the agency has legal authority to issue consents. This approach enables the child to start bonding with the adoptive family at a younger age and prevents subsequent moves.

The increased movement of children into adoption is largely due to the Department's belief that all children should experience family life, and that all children are adoptable. The effective use of the statewide Adoption Resource Exchange, the Adoption Support Program and Purchase of Service money has contributed to SRS' successful adoption program.

Child Protection Services

Under the Kansas Code for Care of Children which became effective January 1, 1983, the Department is mandated to conduct two child protection programs: Child Abuse and Neglect Services and the Child in Need of Care: Non-Abuse/Neglect Services.

Child Abuse/Neglect Services include intake of reports, investigations, crisis counseling, emergency shelter, referral to other services, and the Child Abuse/Neglect Central Registry. An ongoing program of public awareness and education is conducted by Youth Services staff through presentations to interest groups and in collaboration with state child advocacy groups. Child Protection Services investigates all reports of suspected child abuse and neglect. Timely investigations ensure that children in imminent danger receive immediate protection and care. When investigation confirms a report of abuse or neglect, the law requires that SRS take whatever steps are necessary to protect the health and well-being of the child and that of any other child or children under the same care.

In FY 1983, the Child Abuse/Neglect program objective was to investigate 19,425 reports of suspected child abuse/neglect. Of this number 6,605 (34%) were projected

as reports of abuse and 12,820 (66%) were projected as reports of neglect. The actual FY 1983 number of reports was 19,498; the number of abuse reports totaled 7,145 (37%) and neglect reports totaled 12,353 (63%). The number of reports received represents a 4% increase over FY 1982. From 1973 through 1981 the state had experienced a 25% average yearly increase in reports. With an increase of only 4% in FY 1983, future increases are expected to be from 3% to 5% yearly.

In order to ensure a timely response to reports of suspected child abuse and neglect, the Department has established goals regarding the length of time between receiving a report and the agency's response. The Department achieved a 95% statewide average compliance rate in FY 1983 in meeting these goals.

Child protection services has responsibility for administration of the federal child abuse formula grant and responsibility to monitor and evaluate the programs funded by the grant. In FY 1983 the federal grant funded an intrafamilial sexual abuse diversionary program for Sedgwick County and an adolescent in-home family services program in Saline County. Third year funding was provided for training Department staff, law enforcement personnel and mental health clinicians in investigative skills and treatment methods in cases of child sexual abuse. In FY 1983 a total of 336 professionals participated in the child sexual abuse training program. Grant funds were also made available to each of the Department's 17 management areas to conduct child abuse and neglect public awareness and education programs. State grants are made to Parents Anonymous to maintain a statewide crisis hotline and to fund a statewide conference for sponsors, chairpersons, PA chapter members and state board members, and Department social service staff. State grants are also made to the annual Governor's Conference on Child Abuse and Neglect.

The Child in Need of Care: Non-Abuse/Neglect program conducts a preliminary inquiry whenever information is received that a child appears to be a child in need of care to determine whether the interests of the child require further action be taken. The child or youth who may be a child in need of care includes the youth with unexcused school absences; the youth who commits an act prohibited by state law, city ordinance or county resolution but which is not prohibited when done by an adult; the child less than 10 years of age who commits an act which if done by an adult would constitute the commission of a felony or misdemeanor; and the child/youth who may be described as in conflict with home, school, or community. Upon completion of the preliminary inquiry the Department determines whether it is possible to provide the services necessary to protect the interest of the child.

Services of this program include receiving information that a child appears to be a child in need of care, receiving reports from the schools that a child is not attending school as required by state law, conducting preliminary investigations of the circumstances of the child's home and environment which were the subject of the report, crisis intervention, counseling, referral to community resources or to SRS Family Services, and case management.

The Child in Need of Care: Non-Abuse/Neglect program objectives established for the period January 1 through June 30, 1983, were to conduct 1,690 preliminary inquiries of a child appearing to be a child in need of care (other than a child with unexcused school absences), to receive 6,000 reports of unexcused school absences, and to conduct 600 (10%) investigations of unexcused school absences. The actual figures for the 6 months period are 807 preliminary inquiries conducted, 1,757 reports of unexcused school absences received and 389 (22%) investigations of unexcused school absences conducted. Since the Child in Need of Care: Non-Abuse/Neglect Services is a new program, the number of reports of unexcused school absences was lower than projected and a higher percentage of the reports was investigated than had been anticipated.

Family Services

The State of Kansas recognizes a commitment to protect the well-being of all children and youth. The State also

recognizes the dignity and worth of families. Coupled with a dedication to the preservation of the family as the primary means of assuring the healthy growth and development of children, Kansas addresses this concern for safeguarding children and preserving the family by providing services through the Department of Social and Rehabilitation Services.

In 1982, the Legislature adopted the Kansas Code for Children in Need of Care. The Code, effective January 1, 1983, covers the mandate provided by the former Kansas Child Protection Act and was broadened to include services on behalf of children previously termed truant and wayward. Accordingly, in the second half of FY 1983, the population eligible for Family Services was expanded to include all families of Children in Need of Care.

The Family Support Worker Program was implemented statewide in September 1982, after a successful three years as a pilot project. The program offers direct in-home services for families. By May 1983, all seventeen SRS management areas were actively providing home based services to prevent the unnecessary out-of-home care of children and services to reunite separated families. Preventive services were delivered to 85% of the total population and reunification services were delivered to 15%. During FY 1983, Family Support Services were delivered to 2,639 children due to abuse and neglect, 87 children in need of care not abused or neglected and 1,083 families of children in need of care.

There are 128 paraprofessional family support workers statewide providing in-home services. These workers provide direct services to families utilizing a teaching/modeling approach. Their work supports and does not supplant the family in problem solving and conflict resolution.

Recognizing the varied and complex needs of chaotic, dysfunctional families, SRS initiated, in October 1982, a purchase of service component to Family Services. Implemented to further the goals of prevention and reunification, SRS purchases specialized services that are beyond the scope of existing SRS programs. Services purchased for families who are otherwise unable to provide them using their own resources include preventive day care, counseling and therapy, specialized homemaker services and parent education.

Day Care

Day care is a critical service for low-income employed parents or parents participating in an education/training program, and a valuable component of the continuum of care for children who have a handicapping condition severe enough to require specialized services or who have been abused or neglected.

In FY 1983, the Department purchased day care services for 1761 income eligible children daily from 420 licensed day care homes, 164 registered day care homes, 70 SRS approved relative, and 207 licensed Child Care Centers at an annual expenditure of $2,417,788. This figure reflects a 36% decrease from the 2,738 children served in FY 1982 at an annual expenditure of $4,051,061.

Foster Care

SRS provides services to children in need of care in foster care settings to ensure that the social and educational needs of the youth are met. If the child cannot be returned home, then the goal is to provide an alternative permanent home in the most family-like setting possible, such as relatives, adoptive homes, permanent foster care. For older youth, the preparation may be for self-support and independence.

SRS continued to strengthen the permanency planning thrust of the Children in Need of Care foster care program in FY 1983. Emphasis has been on planning, monitoring, and review of casework activities aimed at increasing the probability of a permanent relationship for the child, either by returning the child home, or, if this proves impossible, by moving the child toward adoption.

As of June 30, 1983, foster care services were being provided to 3,664 children who were placed in SRS custody by court action as children in need of care because they were without adequate parental care or supervision. Approximately 88% or about 2,900 of these children were in out-of-home living arrangements which include 1,507 in family foster home placements; 609 in community group homes, residential centers or other treatment/training facilities; 308 in relative placements and 230 in adoptive home placements.

During FY 1983, $241,175 in foster care related child support was collected from legally responsible persons for children in foster care, and 1,182 interstate compact on placement of children agreements were processed.

During the first six months of 1983, 513 children in need of care in the custody of SRS were returned to the custody of their parents, and 206 children in need of care in the custody of SRS were released from SRS custody due to reaching age 18 or custody was transferred to other.

Grants Program

Youth Services administers five grant programs with differing purposes. The Federal Juvenile Justice and Delinquency Prevention program is designed to start projects for status and juvenile offenders in the prevention and treatment areas. Community Based Services grants are awarded to projects which impact upon both children in need of care and juvenile offenders. The Family and Children Trust Fund was created to provide local community organizations with seed money to establish projects to prevent family and child abuse. The Federal Child Abuse and Neglect grants are awarded for purposes of prevention or treatment of abuse and neglect. Special foster care grants are designed to meet specialized needs of both children in need of care and juvenile offenders.

In 1983 nine grants totaling $347,969 were awarded from Juvenile Justice and Delinquency Prevention funds. Eight of the projects were designed to enhance the ability of the state and local communities to bring about or maintain the deinstitutionalization of status offenders. The ninth project funded was a statewide restitution conference.

Eleven projects were awarded grants from Community Based Service funds. The total amount awarded was $384,237, and the projects funded ranged from child abuse prevention programs to aftercare services for youths leaving the Youth Centers.

The $134,000 available from the Family and Children Trust Fund allowed the Department to award funds to ten on-going projects and seven new community programs. The services provided included home visitation, counseling of children and batterers, development of school programs, and other community services related to the prevention of family and child abuse.

The Federal Child Abuse and Neglect grants totaling $93,277 were used to increase the training materials available in the state, to provide sexual abuse training workshops across the state, and to establish treatment projects in Wichita and Salina.

Foster care funds in the amount of $275,200 were awarded to two special foster care projects. A grant to the Four Tribes assists their social services program in providing foster care to Indian children, and a grant to the Sedgwick County Mental Health Center funds residential aftercare services to offender youth in the Sedgwick County Youth Aftercare Project.

Youth Services grant programs awarded over 1.2 million dollars to 43 projects during 1983. The range of services encompassed projects designed to enhance the ability of the state and local communities to meet the needs of both children in need of care and juvenile offenders. Some of the projects provided preventive services and other treatment services to meet the goals of the Department and the intent of the Child in Need of Care and Juvenile Offender Codes.

Juvenile Offender Program

The 1982 legislature passed a series of bills which had a significant impact on the youthful offender. K.S.A. 57-5353 established Youth Services with a Division of Juvenile Offender Programs which for the first time, placed community and institutional program planning, field services and the youth center programs under the same administration. The Advisory Commission on Juvenile Offender Programs, composed of representatives from the state legislature, the judiciary, law enforcement, and community groups was established to "confer, advise and consult with the Director of Juvenile Offender Programs with respect to the policies governing the management and operation of all services, programs or institutions under the jurisdiction of the Commissioner." The Kansas Juvenile Offenders Code which became law effective January 1, 1983 set apart the care and treatment of youth who commit unlawful acts from abuse and neglected children and status offenders.

The major thrust of the division in FY 1983 has been the implementation of legislation related to juvenile offenders. Major accomplishments include:

1) Hiring of a Director of Juvenile Offender Programs and assigning central office Youth Services staff to the Juvenile Offender Programs.

2) Establishing program goals for the division.

3) Revising admission practices to eliminate delays in admission to youth centers, to schedule admissions in such a way as to serve the convenience of the community and to provide for clear documentation of proper custody.

4) Preparing a policy and procedures manual for field staff and establishing a uniform reporting system for field and youth center staff.

5) Forming the Advisory Commission on Juvenile Offender Programs. The Commission has met seven times, has toured four of the youth centers and one private facility.

6) Implementing the juvenile offender tracking system concurrent with the implementation of the Kansas Juvenile Offenders Code. This system provides data regarding juvenile offenders placed in the custody of the Secretary of SRS or committed to a youth center. This first six months has provided base line data from which program effectiveness will be measured.

7) Identifying the need for, and in conjunction with the Advisory Commission on Juvenile Offender Programs, recommending legislation which permits the KBI to collect and disseminate data on juvenile offenders from police contacts through court actions.

8) Increasing the bed capacity at the Youth Center at Larned to sixty (60) in order to better serve Western Kansas.

9) Conducting open forums across the state to answer questions and receive input regarding the implementation of the Division of Juvenile Offender Programs and the Juvenile Offenders Code.

10) Sponsoring a statewide Conference on Restitution.

11) Standardizing Juvenile Offender Programs policies and procedures by developing a manual, joint training at youth center sites and monthly meetings between the Division of Juvenile Offender Programs and the youth center superintendents.

The division has used and will continue to use a continuum of care and services concept in caring for the juvenile offenders in the custody of SRS. The continuum includes home based services, both before and after an out-of-home placement, foster care placements, institutional placements for mentally ill or mentally retarded youth, and youth center placements. As youth leave a youth center, this same continuum is available. The Department is responsible

for about 1400 juvenile offenders at any given time. Roughly one-third are in various foster care placements, one-third are in youth center placements and one-fifth are with family. The remainder are in various other placements, ranging from state psychiatric hospitals to independent living. The vast majority of youth offenders are not placed in the custody of SRS at state youth centers. These youth are dealt with through diversion, community corrections, court services and other community options. Youth offenders committed to SRS or its youth centers represent the most serious offenders and those who have not responded to community interventions.

Kansas has five youth centers located at Beloit, Atchison, Osawatomie, Larned and Topeka to provide care for delinquent youth referred to SRS for placement by the state's juvenile courts. The youth centers provide residential care, education and treatment emphasizing rehabilitation and accountability of youth for their actions. In FY 1983, Kansas youth centers admitted 458 youths, a 14% increase over the 390 admitted in FY 1981.

Nearly 60% of the youth placed in SRS custody are 16 at the time of case opening and are the more serious offenders. Services directed toward emphasizing the youths' accountability for their offenses and helping them to become responsible for the directions of their own lives seem more appropriate for these youth who are nearing adulthood than the more traditional family treatment model. Greater emphasis is being placed on equipping the youth with the skills needed to function effectively as independent adults with special emphasis on development of job skills and vocational/training.

FY 1985 Youth Services Goals

During FY 1983 the following six policy directives were established to guide program administration.

1) To increase the partnership of the public and private sectors while enhancing coordination between all public agencies impacting on youth.

2) To de-emphasize out-of-home placements as the treatment of choice.

3) To strengthen family units with a concentration on providing permanency to children.

4) To habilitate offending youth while holding them accountable for their actions.

5) To provide for the public safety.

6) To protect the safety and welfare of children.

In order to increase the partnership of the public and private sectors, purchase of service programs were utilized in family services and adoption services as well as day care and foster care. Grants were issued to many community based programs to increase the social service resources of Kansas communities. Extensive coordination efforts took place with the State Department of Education in regard to the problem of chronic school absences; with law enforcement in regard to joint investigations of child abuse; and with the courts in regard to implementation of the new codes, Kansas Code for Care of Children and Kansas Juvenile Offenders Code.

The de-emphasis of out-of-home care was strengthened by the statewide implementation of the Family Support Worker Program, close monitoring of the area allocations of foster care money and use of many preventive services, such as the purchase of day care.

Strengthening family units and providing permanency to children go hand in hand and are carried out through the family services program, the use of short term foster care and the adoption programs. In addition, many forms of day care are seen as supporting the family unit.

Habilitating youthful offenders while holding them accountable for their actions is the responsibility of the youth centers and the other juvenile offender programs such as aftercare, vocational education programs, etc.

The provision for the public safety is carried out in the youth center programs.

The mandate to provide for the safety and welfare of children alleged to be in jeopardy is carried out in the child protection services through abuse/neglect investigations and preliminary inquiries regarding children in conflict with home, school or community. Regulatory functions in cooperation with the licensing authority for Kansas child care facilities also provide protection for children.

The FY 1985 proposed goals to meet the six overall policy goals are as follows:

Goal 1) **To assess 200 adoptive families, 80% of whom are for special needs or minority children.**

This goal is designed to assure a continuing supply of appropriate adoptive families for a variety of children. In order to achieve this goal each area is responsible for developing adoptive family recruitment programs which target families for specific children who are "hard-to-place."

All approved families are referred to the Kansas Adoption Resource Exchange maintained by Youth Services Central Office staff so that they may be immediately available for consideration on a statewide basis.

Goal 2) **To place for adoption 200 special needs or minority children (75) within one year after the referral for adoption is received.**

Since nearly 80% of all children placed by SRS fall into this category, the major thrust of the adoption program's activities are directed toward the timely placement of these children. Many of these children have severe long-term physical or emotional problems, or are profoundly retarded. These are the children who until recently remained permanently in the foster care system. In order to achieve this goal, a fully funded adoption support program is needed as well as capabilities to purchase adoption services from other child placing agencies if families are not immediately available through the State Exchange. Referral of such children for adoption services is mandated and procedures and time frames for each service phase preceding the adoptive placement have been established. Guidelines have been developed to assist workers in locating adoptive resources for special needs children.

Goal 3) **To prevent removal of 3,059 children from their homes by providing preventive services to their families.**

This goal was established to prevent unnecessary out-of-home placement of children who, with the provision of in-home services, can remain safely in their own homes. There are two benefits to this approach. The most beneficial is measured in human terms. This prevents break up of the family unit and preserves the family autonomy. We know this is healthier for the child and his family and prevents future drain on the social service systems. The second cost benefit can be measured in terms of the avoidance of expenditures of actual dollars on foster care placements. Therefore through this goal we are not only creating healthier home environments for children but also saving the state dollars.

Goal 4) **To reunify 626 children in need of care with their families after foster care placement by providing family services.**

This goal was established to:

1) Rehabilitate families whose dysfunctional behavior caused the removal of their children;

2) Reduce the length of time children stay in foster care; and

3) Reduce the amount of money needed for out-of-home placements.

In FY 1984 management reports will be initiated from the Child Tracking System in regard to children in foster care.

These reports will identify the target population which will receive services intended to facilitate their return home.

Goal 5) **To investigate the safety and welfare of all children reported as suspected of being abused/neglected.**

The Department is designated by the Kansas Code for Care of Children as the primary agency to receive reports of suspected child abuse/neglect and to investigate in a timely manner all reports which are made in good faith. Field staff will continue to provide intake and investigation of these reports within the agency's designated response goals. As mandated by the Code, field staff will take appropriate steps immediately to ensure the safety or welfare of a child.

Goal 6) **To insure that 1200 children in need of care in the custody of SRS are returned to the custody of their parents.**

This goal is consistent with the federal mandate (P.L. 96-272) regarding permanency planning, and the agency's continual efforts toward returning children back home. It is to be accomplished through the provision of family services in order to alleviate or remove the conditions that led to the placement of the child into the custody of SRS.

Goal 7) **To provide full or partial payment for day care to children of income eligible parents.**

The purpose of this goal is to lessen the burden of day care expenses for employed, low income parents thus allowing them to remain economically self-supporting.

The Department will use state and Social Service Block Grant funding to purchase day care services for 1710 income eligible children from approximately 875 licensed/registered or SRS approved private and non-profit child care facilities. The level of funding will determine how many children of income eligible parent(s) can be served, and the percentage of daily rate increase for providers.

Goal 8) **To monitor aftercare services for juvenile offenders. The provision of aftercare services is vital to the continuum of care concept.**

Many youth require a considerable amount of assistance re-entering the community. They need help in re-establishing family relationships, employment counseling and assistance in preparing for independent living. These needs are particularly acute for the older youth who do not have adequate family resources to assist in their transition.

The aftercare services come from a variety of sources: area office field service staff, private provider agencies that contract their service, and special facilities developed by private providers with SRS grant monies. These services will be monitored to insure they meet the needs of the clients.

Goal 9) **The youth centers are specialized, SRS operated facilities with programs designed to deal with adjudicated juvenile offenders placed in the custody of the Secretary of SRS. The goal of these facilities is to provide a well defined, structured program which meets the needs of the youth and the community by enhancing the habilitation process and maximizing public safety.**

This requires the close coordination of a host of professional services. Each youth undergoes an extensive evaluation process, and individualized programs are developed to address identified needs. Typical programs include academic and vocational education, a structured daily schedule, individual and group counseling and skill development sessions. The central focus of this program is to develop mature individuals who take responsibility for their actions and are capable of returning to the community without jeopardizing public safety.

This goal will be addressed by providing special programming for all residents depending upon their individual needs. These needs will be ascertained through personal evaluation conducted within 30 days of admission to a youth center.

Reports regarding a youth's progress in the youth center program will be provided to the home community every six months.

REHABILITATION SERVICES

Rehabilitation Services provides comprehensive services for rehabilitating disabled adults to become competitively employed and to facilitate disabled adults to fully participate in community activities. These goals are accomplished through three major programs: Disability Determination Services, the Division of Services for the Blind, and the Division of Rehabilitation Programs.

Disability Determination Services (DDS) determines the eligibility of Kansans for Social Security Disability Income, Supplemental Security Income, and Kansas Medical Assistance. The Division of Services for the Blind serves visually impaired, blind or deaf/blind Kansas adults. The Division of Rehabilitation Programs' primary thrust is to provide services to persons with disabilities other than blindness or visual impairment. During FY 1983 a total of 1,032 adults were successfully rehabilitated from both divisions at a total cost of $8,518,242. It is determined that for every dollar spent, $1.40 is returned through reduced assistance and additional taxes paid.

Disability Determination Services

Disability Determination Services' (DDS) primary service is to determine eligibility for federal Social Security Disability benefits for disabled Kansans and their eligible dependents. In addition, DDS refers clients to Vocational Rehabilitation Program and determines eligibility for persons applying for state medical assistance.

During FY 1983, Kansas ranked first in the nation in the accuracy of its determinations on initial claims for seven of the twelve calendar months. In response to growing local concern over the termination or denial of benefits to persons with apparent severe impairments, DDS participated in several initiatives to assure that its determinations were fair, reasonable, and accurate, as well as sensitive and responsive to the needs of applicants and beneficiaries. In addition to several in-house administrative steps, DDS provided public information brochures and educational programs with concerned groups throughout Kansas, designed and implemented a social assessment tool in determining a claimant's ability to actually function in the home and job settings, increased contact with all beneficiaries, and established a staff position to assist terminated beneficiaries in locating other resources.

The State of Kansas was requested and presented evidence before the U.S. House of Representatives Subcommittee on Aging regarding the philosophy and initiatives taken in Kansas to improve the disability determination process. These initiatives have since been used as a model for other states.

Rehabilitation Programs

During FY 1983 Rehabilitation Programs provided services to 9,839 eligible disabled Kansas adults who have a handicap to employment. Services are provided through 67 field counselors and supervisors located in 31 local SRS offices; through agreement with Projects With Industry; through purchase of services; and by two state operated rehabilitation facilities, Kansas Vocational Rehabilitation Center and Vocational Rehabilitation Unit. Kansas Vocational Rehabilitation Center provided comprehensive rehabilitation evaluations for 1,264 disabled persons and rehabilitation and independent living skills to 73 handicapped adolescents. The Vocational Rehabilitation Unit evaluated 279 mentally retarded adults for vocational potential and community living skills, and provided vocational skills, work adjustment, and community living training for 144 adults.

During FY 1983 emphasis was placed on reducing the amount of services purchased, increasing direct services provided and increasing the use of existing resources available through similar benefits. For the 953 clients rehabilitated, there were $1,116,650 in similar benefits for all closures, and an overall benefit-cost of $1.69:1.

The Client Assistance Program assisted 526 persons in resolving problems related to rehabilitation programs, facilities or staff, or to other human services which impacted negatively on their rehabilitation or daily living. Fewer than 2% of the persons who requested assistance subsequently appealed the agency action for which they asked help. In an effort to achieve its goal of assuring that disabled Kansans are aware of benefits available under the Rehabilitation Act, the Client Assistance Program provided approximately 5,500 Handbooks of Services to counselors for distribution to applicants for VR services.

The Independent Living Program is primarily a grants program which currently serves thirteen counties in Kansas through Independent Living Centers located in metropolitan Kansas City, Lawrence, Topeka, and Hays. Each Independent Living Center provides directly or coordinates indirectly through referral those services which assist severely disabled individuals to increase personal self-determination and minimize dependence upon others. The Independent Living Centers in Kansas also provide or coordinate information and referral associated with independent living skills, peer and professional counseling, financial and legal advocacy, social and recreational activities, housing and home modifications, accessible transportation, attendant care, and other support services. Other services may include braille, readers and interpreters, and community awareness of barriers and need for barrier removal. Over 5,000 disabled adults were served by the centers during FY 1983. These services enabled 98 persons to be maintained or moved to a less restrictive environment. The 1983 Legislative Session authorized an optional .5 mill tax levy at the county level to finance services for physically disabled persons, which could include local funding for the Independent Living Centers.

The Kansas Commission for the Hearing Impaired was established in FY 1983 to coordinate services and disseminate information related to Kansans with hearing impairments. The commission serves as an advocate for services affecting the hearing impaired, collecting facts and statistics to encourage and assist public and private agencies and units of local, state, and federal government to cooperate in the delivery of services to respond to the needs of the hearing impaired population. The commission also collects and disseminates information regarding general health and mental health care, employment, vocational and educational needs, and services for hearing impaired persons, including public education related to pre and post-natal warning signs of conditions which may lead to hearing impairment in the fetus or newborn child. These activities are synthesized to form recommendations for legislation to respond to the concerns of the hearing impaired population. During the first year (in operation for six months) 136 requests were received and responses made. The highlight of the year was a coordinated project with two other organizations to be completed in FY 1984 which established a sign language instructor/leadership training seminar to increase the number of hearing impaired trainers.

Blind Programs

The Division of Services for the Blind provides services to prevent blindness, restore eyesight and rehabilitate blind persons. One broad component in the array of services offered is direct employment. This can be of a sheltered nature in workshops and home industry units. It can also be management of vending facilities in public or private buildings. The daily average number of blind persons employed in direct employment during FY 1983 was 70.

The Division operates the Rehabilitation Center for the Blind in Topeka. The Center evaluates blind persons to determine their personal adjustment training needs and provides specialized training in a number of areas that are necessary in order for blind persons to adjust to blindness and live and work independently. Major training areas are designed to develop the blind person's skills in orientation and mobility, communication, techniques of daily living, and manual arts. Fifty-eight blind persons were evaluated and trained at the Center in FY 1983.

The Division also provides vocational rehabilitation services, rehabilitation teaching services, and medical services to

prevent blindness and restore eyesight. Vocational rehabilitation services include a wide range of medical, training, and other individualized services designed to help blind persons obtain and hold employment. Rehabilitation teaching services focus on training in skill areas that are needed so that blind persons, especially elderly blind persons, can function independently and remain in their own homes rather than move to settings in which they must be cared for by others.

The prevention of blindness/restoration of eyesight program includes educational services plus medical and surgical services to prevent needless loss of sight and, when feasible, to restore eyesight. In FY 1983, the provision of vocational rehabilitation services enabled 79 blind persons to engage in gainful employment; rehabilitation teaching services enabled 658 blind persons to remain independent in their own homes; and blindness was prevented or eyesight was restored in eight cases.

FY 1985 Rehabilitation Services Goals

The major goals proposed for FY 1985 are as follows:

Goal 1) **To provide direct employment to a daily average of at least 78 blind individuals.**

The purpose of the direct employment program is to provide employment opportunities to all blind persons who need employment of this nature. The average number projected represents an increase of two for the vending stands program and an increase of six for the sheltered employment component over FY 1983 attainment. This is an ambitious goal. Its attainment is contingent upon the availability of qualified blind persons who are interested in and willing to accept vending stand employment and also the availability of sufficient suitable work for the sheltered employment operation so that additional blind persons can be employed. These factors are not totally within agency control.

Goal 2) **To determine the eligibility for Supplemental Social Security, Social Security Disability and State Medical Assistance for 19,528 claims.**

DDS adjudicated 18,203 disability claims during FY 1983 at a case cost of $205 and a total cost of $3,601,717. It is estimated that 19,528 claims will be processed in FY 1985. This estimate is derived from an involved process which begins with a national workload figure projected by Social Security Administration's actuary for the fiscal year. Adjudication of the FY 1985 workload estimate will require more sophisticated medical exams and tests due to increasingly difficult eligibility requirements necessitating more precise medical evidence. With medical costs expected to rise steadily over the few years, DDS will continuously evaluate its documentation methods for innovative ways to adequately develop cases at the lowest possible costs.

Goal 3) **To increase the benefit cost ratio from 1.69:1 in FY 1983 to 1.9:1 in FY 1985; i.e., for every public dollar spent toward rehabilitation, $1.90 will be returned in taxes and reduced public assistance benefits.**

One of the strengths of the Vocational Rehabilitation (VR) Program is the benefit to society and government as a result of a client being placed in competitive employment. The benefit to society is represented by the total increase in client income that can be attributed to the VR program. The benefit to government includes all that it gets back in taxes and reduced public assistance benefits.

For the last several years the benefit-cost ratio for Kansas has been 2.2:1. As a result of reduced funds, changes in policies, and the delayed impact of these policies, the benefit-cost ratio for FY 1983 was 1.69:1. It is projected that as the impact of the new policies and the availability of funds has time to stabilize, an increase of the benefit-cost ratio will slowly occur. For FY 1985 it is projected that for every dollar spent there will be a return in taxes and reduced public assistance of $1.90.

Goal 4) To rehabilitate 1,311 clients.

The major purpose of Vocational Rehabilitation Services is to successfully place disabled persons in competitive employment. For a client to be considered successfully employed, she or he must have maintained the position for at least 60 days.

Vocational Rehabilitation Services provided a combination of services as determined necessary on an individual basis to include counseling and placement, medical services, vocational training, purpose of tools, supplies, and adaptive equipment, and interpreter services. Historically, for every 1.4 clients accepted for services and a plan established, one will be successfully rehabilitated. During FY 1983 it took an average of 21 months for a client to be rehabilitated.

As the funds and staff available slowly increase and stabilize, it is projected that the number of clients served and rehabilitated will also increase. Factors taken into consideration to arrive at 1,311 rehabilitations include funds available for case services, cost per rehabilitation, clients served and an inflationary factor.

	1983	1984	1985
Case Service Funds	$1,792,481	$2,958,975	$3,005,115
Cost Per Client	$284	$226	$238
Clients Served	9,839	13,122	12,627
Clients Rehabilitated	953	1,357	1,311
Cost Per Rehabilitation	$2,930	$2,180	$2,293

Goal 5) To provide 6,255 individual services to facilitate severely disabled persons to live independently and fully participate in community activities.

The Independent Living Program prepares and assists disabled individuals to participate to the fullest extent possible in day-to-day activities and responsibilities of home and community. This can occur through multiple means. It can be assuring that a disabled person has accessible transportation to and from work, working with a nursing home resident to learn self-help skills, training attendants for the disabled, or providing housing assistance.

During 1985, in addition to resource centers providing services to disabled persons, two additional concepts to increase full participation are being considered.

1) Develop one advocacy network in a low populated area.

2) Educate social service providers to deal more effectively with severely disabled persons.

The advocacy networks would provide role models, peer consultation, and information and referral to other disabled persons within the community. The training will focus its attention to educating public and private human service providers to effectively help identify and resolve the needs and problems of disabled persons seeking to live independently in the community.

During FY 1985, 5,675 individual services to consumers were provided through the Independent Living Program. As the programs become better known, advocacy networks developed, and providers become educated, a 5% increase is projected, for a total of 6,255 for FY 1985.

Goal 6) To provide vocational rehabilitation services which will enable at least 90 individuals to secure employment.

The purpose of providing vocational rehabilitation services is to enable eligible clients to prepare for, obtain, and hold gainful employment. The number of cases closed as rehabilitated indicates the degree to which this purpose is carried out. The projected number of rehabilitated cases is based on the level of funding that is expected to be

available to purchase direct services for clients. The ratio of the number of rehabilitations projected for FY 1985 to the number attained in FY 1983 is roughly the same as the ratio of the expected level of funding for FY 1985 to the amount of funds spent and encumbered for direct client services in FY 1983.

Goal 7) **To provide rehabilitation teaching services that will assist at least 550 persons remain in their own homes.**

This goal reflects the basic purpose of the rehabilitation teaching program which is to enhance the blind persons self-reliance and independent living capability. The number projected for FY 1985 is based on experience from FY 1981 through FY 1983 during which time considerable fluctuation occurred with no discernible upward or downward trend emerging. Professional supervisory judgment considers the FY 1985 goal to be reasonable in view of staffing resources and the amount of travel funds expected to be available.

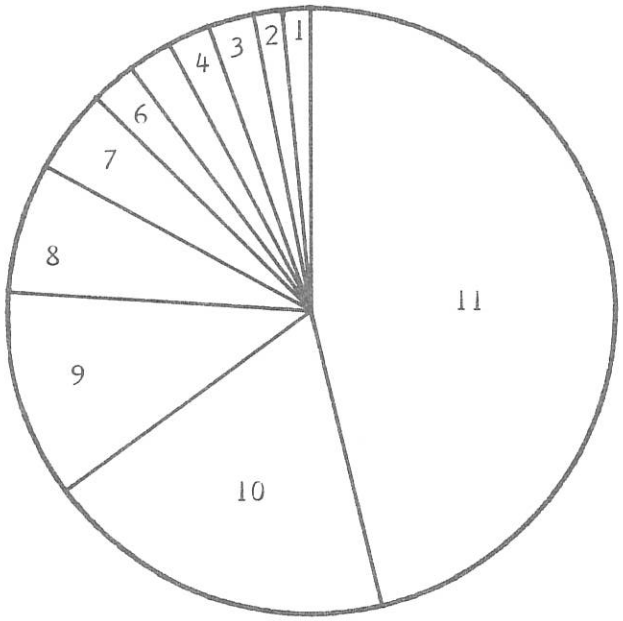
CHARTS AND TABLES

SRS Annual Report 1983

TOTAL SRS EXPENDITURES

		Dollars	Percent
1.	ALCOHOL AND DRUG PROGRAMS	$ 3,497,781	.72
2.	BLIND SERVICES	3,501,844	.72
3.	ELIGIBILITY DETERMINATION	11,627,023	2.40
4.	VOCATIONAL REHABILITATION	11,665,318	2.41
5.	PURCHASE OF SERVICE	11,896,176	2.46
6.	DIRECT SOCIAL SERVICE	12,585,802	2.60
7.	GENERAL ASSISTANCE (GA)	21,547,084	4.45
8.	ADMINISTRATION	35,402,536	7.31
9.	FOSTER CARE AND OTHER ASSISTANCE	52,375,158	10.82
10.	AID TO DEPENDENT CHILDREN (ADC)	88,261,611	18.23
11.	MEDICAID (TITLE XIX)	231,916,921	47.88
	TOTAL EXPENDITURES	$ 484,277,254	100.00

FISCAL YEAR 1983



SOURCE: FY 1985 Budget Document

DEPARTMENT STAFF

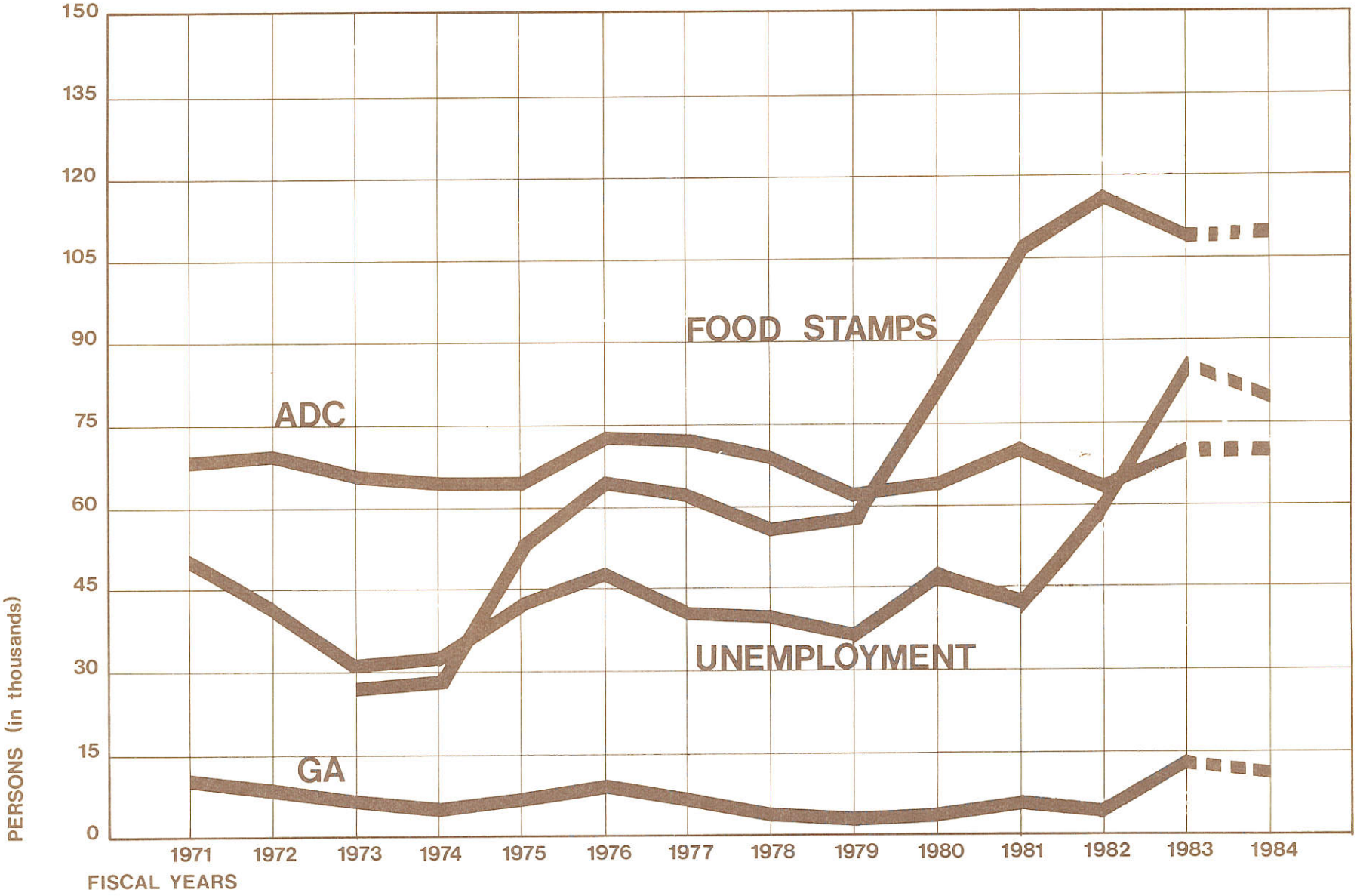
Central Offices	Actual FY1983	Revised FY1984	FY1985 A Level	FY1985 B Level
Office of the Secretary	36.75	34.75	34.75	34.75
Administrative Services	196.00	186.00	186.00	191.00
Income Main. & Med. Services	135.00	131.00	131.00	131.00
Alcohol & Drug Abuse Services	27.00	28.00	28.00	28.00
Adult Services	23.00	24.50	29.50	29.50
Youth Services	46.00	35.00	35.00	35.00
Subtotal	463.75	439.25	444.25	449.25

Rehabilitation Services	Actual FY1983	Revised FY1984	FY1985 A Level	FY1985 B Level
General	278.50	274.50	274.50	285.50
Blind	59.00	59.00	59.00	61.00
Subtotal	337.50	333.50	333.50	346.50

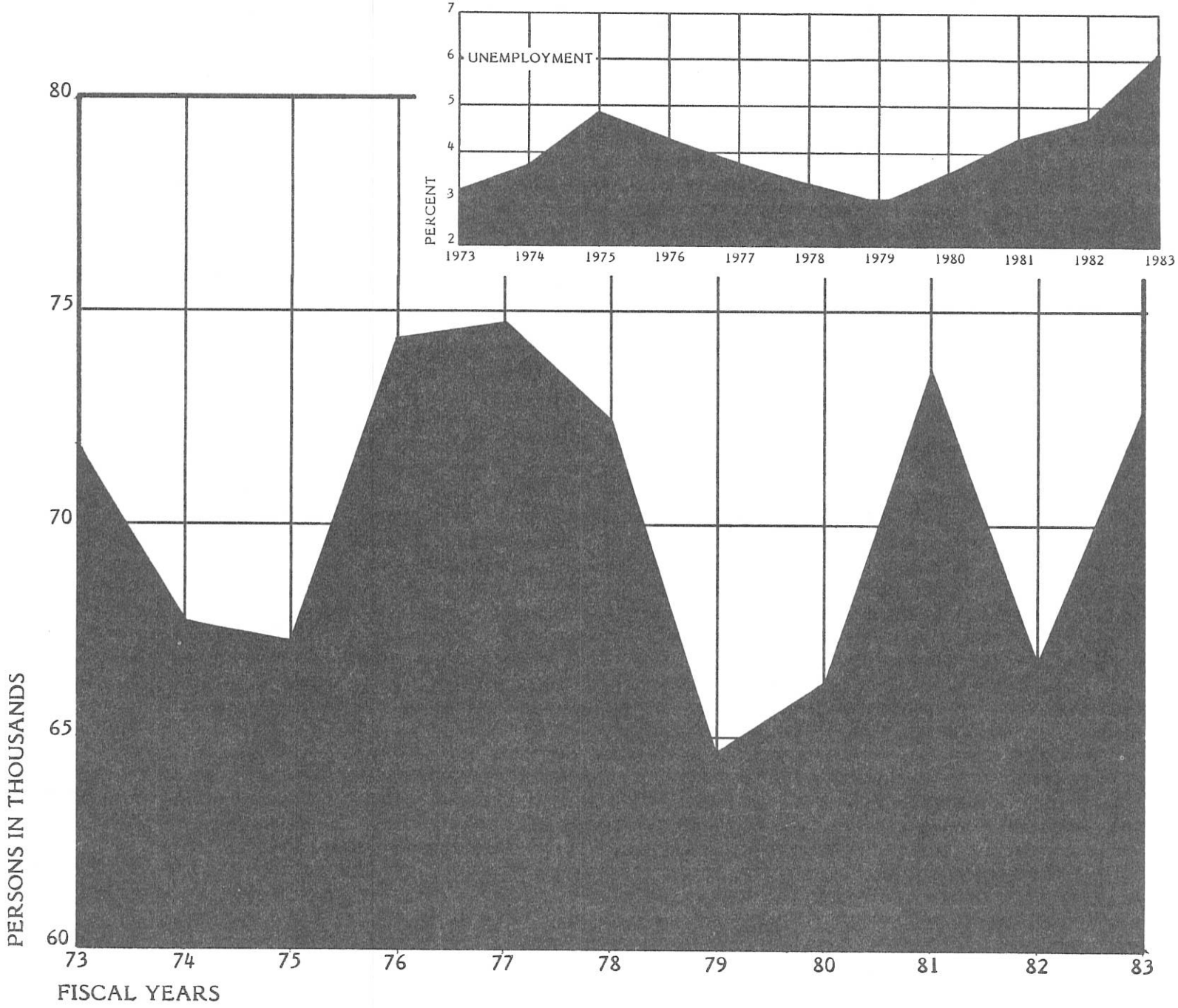
Area Offices	Actual FY1983	Revised FY1984	FY1985 A Level	FY1985 B Level
Admin. Services	607.25	611.75	611.75	611.75
Child Support Enforcement	106.50	119.50	119.50	119.50
Income Main. & Med. Srvs.	556.50	546.50	546.50	563.50
Adult Services	172.50	194.50	201.50	211.50
Youth Services	413.00	413.00	413.00	420.00
Subtotal	1,855.75	1,885.25	1,892.25	1,926.25
Grand Total	2,657.00	2,658.00	2,670.00	2,722.00

Source: FY 1985 Budget

AVERAGE NUMBER OF PERSONS – ADC, GA, FS & UNEMPLOYMENT



AVERAGE NUMBER OF PERSONS RECEIVING AID TO DEPENDENT CHILDREN (includes Foster Care)

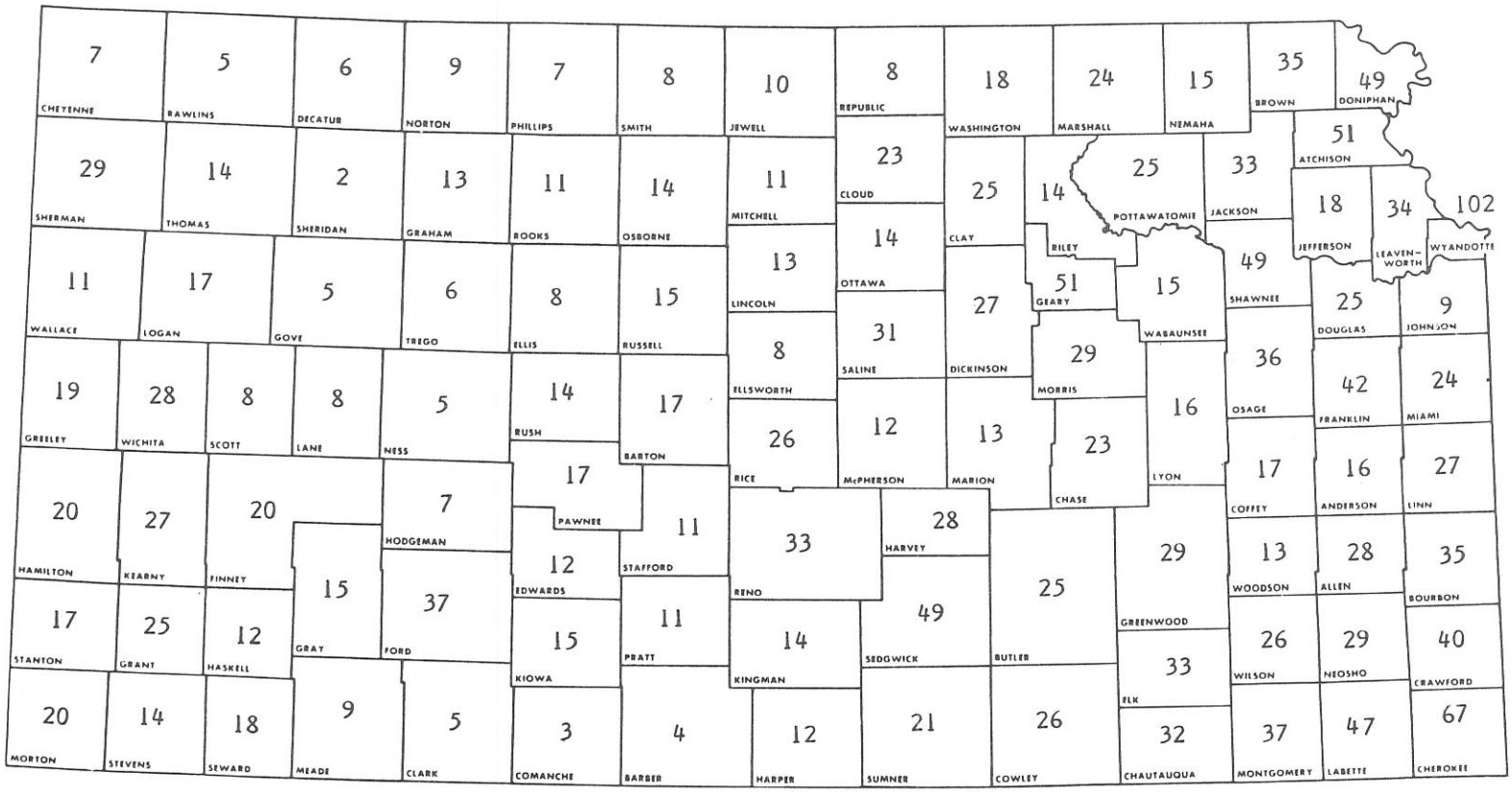


KANSAS PUBLIC ASSISTANCE--ADC and GA Persons and Cases *

Fiscal Year Averages**	Aid to Dependent Children				General Assistance			
	Cases	Persons	Average Persons Per Case	Average Payment Per Case	Cases	Persons	Average Persons Per Case	Average Payment Per Case
1972	19,375	72,373	3.74	$183.47	4,759	8,681	1.82	$ 92.67
1973	20,099	69,991	3.48	194.50	4,670	7,393	1.58	98.62
1974	19,838	65,913	3.32	187.03	4,012	5,931	1.48	96.55
1975	20,407	65,286	3.20	197.15	4,721	7,377	1.56	119.95
1976	23,582	73,215	3.10	225.05	6,453	9,717	1.51	139.25
1977	25,390	73,059	2.88	239.57	6,389	7,723	1.21	146.00
1978	25,320	70,228	2.77	216.95	4,895	5,250	1.07	128.72
1979	22,413	63,138	2.82	235.34	3,748	4,343	1.16	129.59
1980	23,193	64,124	2.76	265.67	4,339	4,612	1.06	147.68
1981	26,311	71,193	2.71	291.54	6,158	6,837	1.11	170.42
1982 **	23,306	64,737	2.78	302.61	7,806	8,700	1.11	167.67
July 1982	22,114	63,196	2.86	$318.48	9,799	10,995	1.12	$163.12
August	22,615	65,065	2.88	319.08	10,326	11,627	1.13	161.70
September	22,744	65,550	2.88	322.09	10,472	11,679	1.12	161.60
October	23,137	66,553	2.88	320.37	10,645	12,043	1.13	162.51
November	23,375	67,426	2.88	320.04	10,722	12,189	1.14	159.04
December	23,786	68,740	2.89	317.42	11,516	13,046	1.13	158.86
January 1983	24,336	70,767	2.91	319.11	12,082	13,791	1.14	157.96
February	24,556	71,788	2.92	316.10	12,651	14,497	1.15	154.07
March	25,154	73,431	2.92	315.11	13,016	14,966	1.15	150.42
April	25,359	74,548	2.94	318.53	13,693	15,694	1.15	126.11
May	25,161	74,468	2.96	307.92	13,097	15,007	1.15	125.99
June	24,533	71,660	2.92	304.72	12,448	14,334	1.15	124.95
1983	23,906	69,433	2.90	$316.48	11,706	13,322	1.14	$149.30

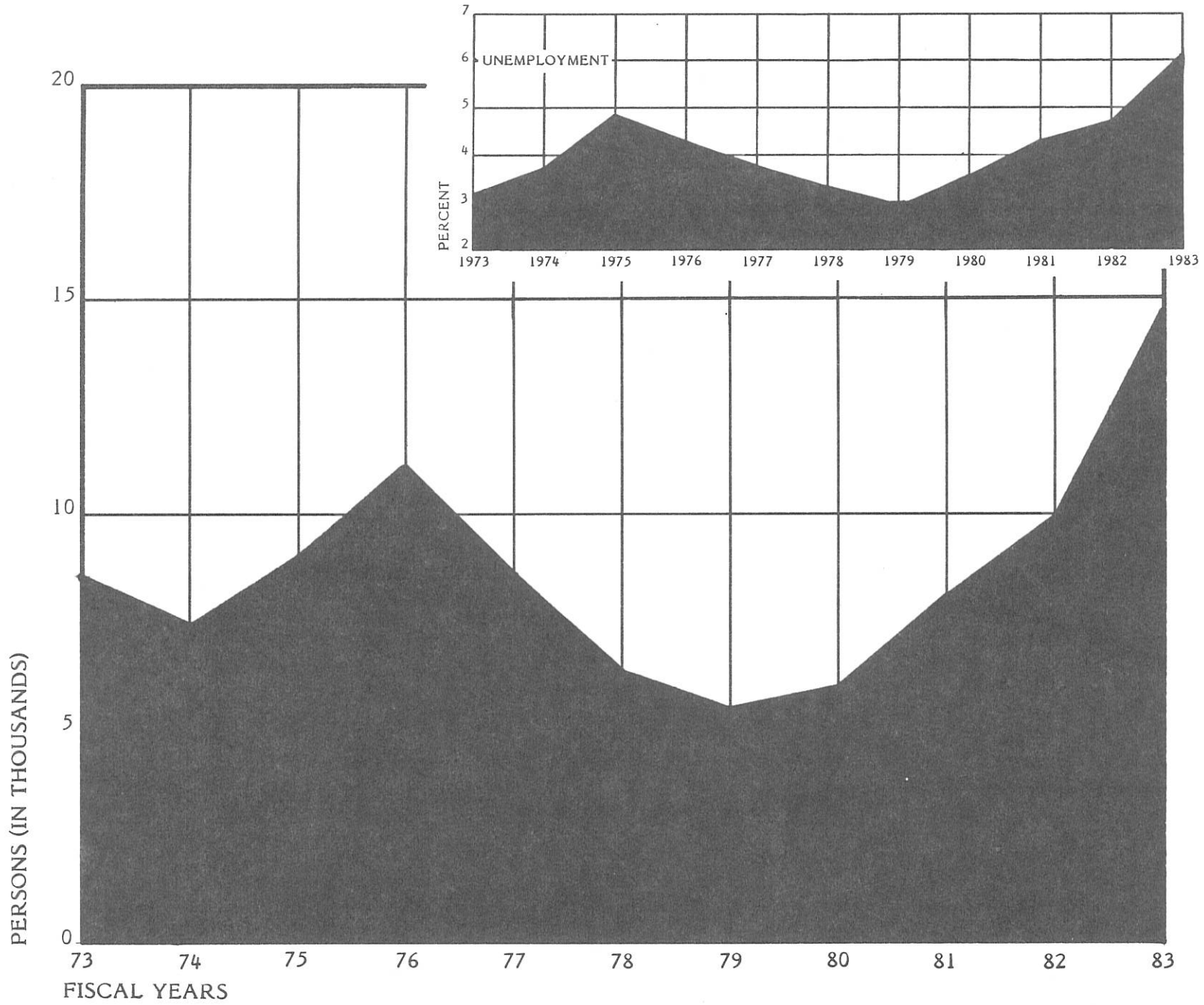
* Maintenance Stat Report.
** Cases and persons for fiscal year are monthly averages.

KANSAS PUBLIC ASSISTANCE - ADC and GA Recipients
December 1982



PEOPLE PER 1000 POPULATION	NUMBER OF COUNTIES 1980	1981	1982
0-14	33	49	42
15-29	43	42	40
30-49	24	12	19
50-69	4	1	3
70-110	1	1	1

AVERAGE NUMBER OF PERSONS RECEIVING GENERAL ASSISTANCE (includes Foster Care)

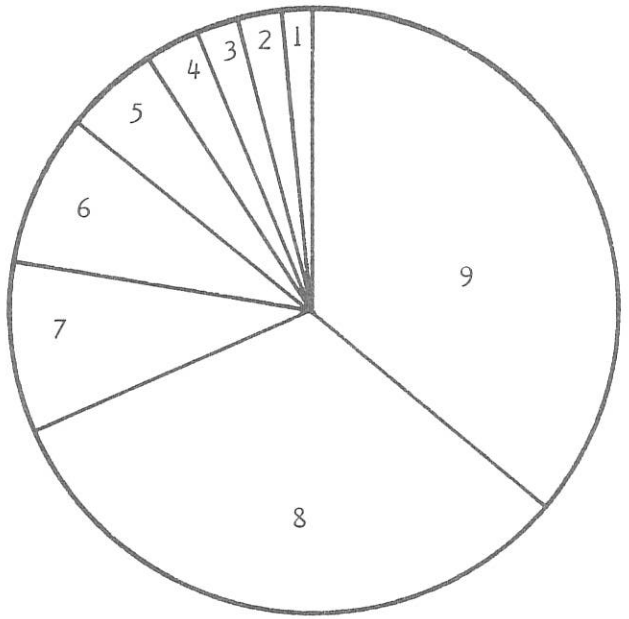


TOTAL EXPENDITURES BY PROGRAM

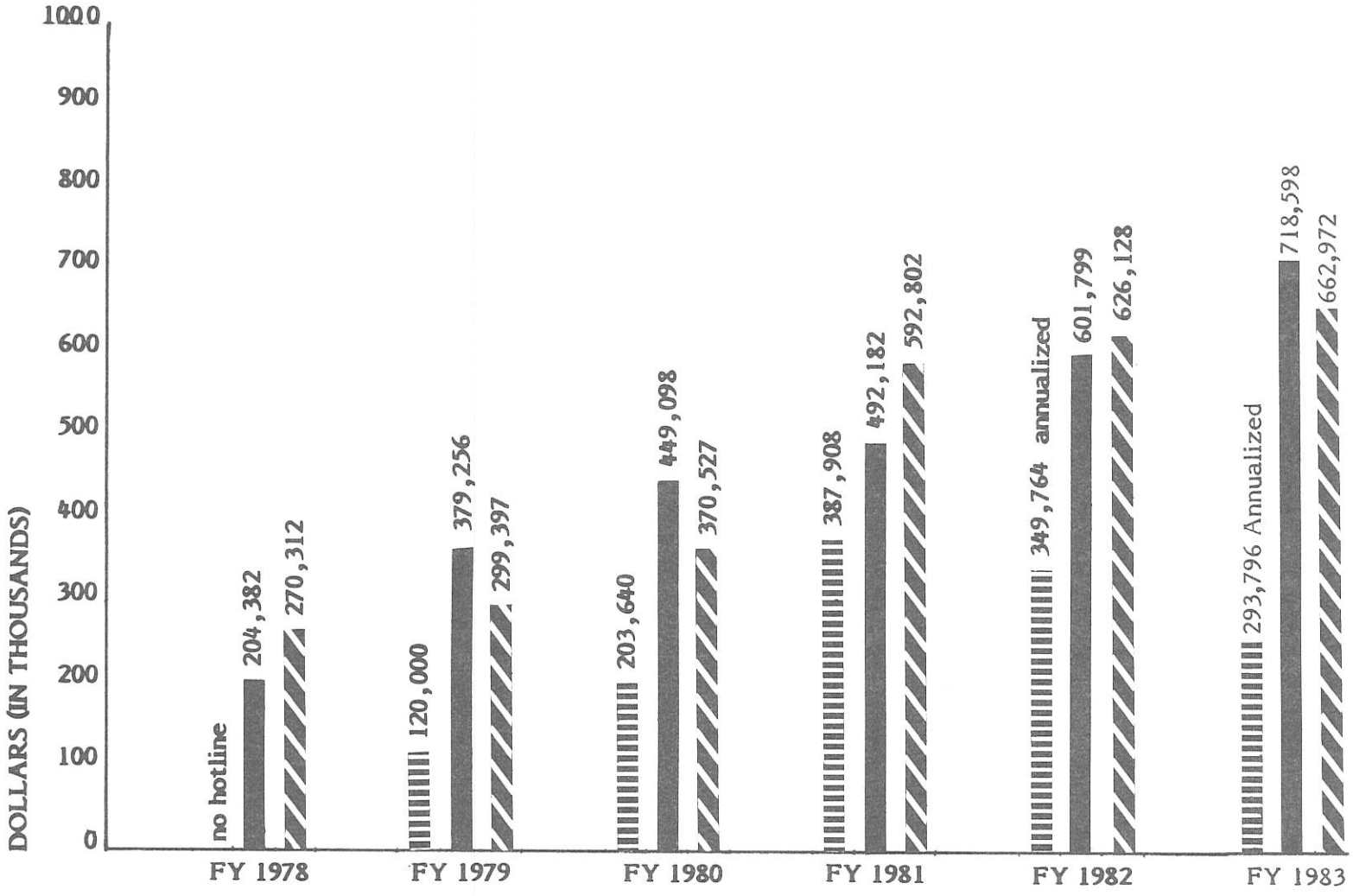
KANSAS MEDICAL ASSISTANCE
Medicaid (Title XIX) Expenditures by Category of Service

	Dollars	Percent
1. MEDICARE BUY-IN	$ 3,696,079	1.58
2. DENTAL	4,201,785	1.80
3. MENTAL HEALTH CENTERS	5,263,302	2.25
4. OTHER SERVICES	8,827,097	3.77
Family Planning	1,849,085	
Laboratory	1,598,228	
Medical Supplies	1,486,258	
Alternate Services	1,338,429	
Optometric	1,059,735	
Medical Transportation	499,992	
Administrative Transportation	318,295	
Podiatry	205,058	
Chiropractic	183,055	
Miscellaneous Practitioners	159,644	
Rehabilitation Services	67,631	
Inpatient Mental Hospital	35,683	
Audiology	25,094	
Rural Health Clinics	910	
5. OUTPATIENT HOSPITAL	11,449,790	4.89
6. DRUGS	18,303,068	7.82
7. PHYSICIANS	22,121,995	9.45
8. INPATIENT HOSPITAL	74,703,870	31.92
9. NURSING HOMES	85,489,937	36.53
TOTAL	$ 234,056,923	100.00

FISCAL YEAR 1983



FRAUD AND RECOVERY



SRS PROGRAM SAVINGS*

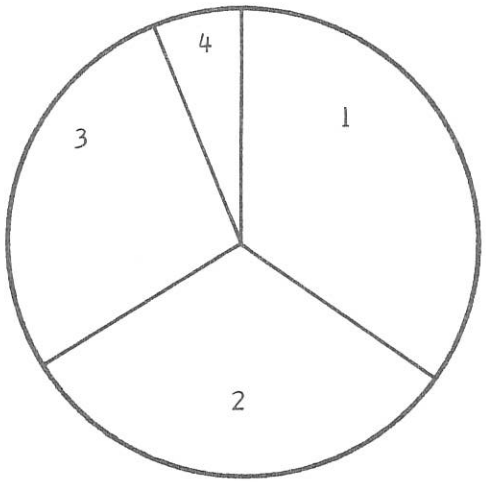
		FY 1981	FY 1982	FY 1983
SURVEILLANCE & UTILIZATION REVIEW	Total	$ 2,385,753	$ 2,221,784	$ 2,663,231
FOSTER CARE COLLECTIONS	Total	$ 107,031	$ 197,452	$ 254,221
INTERIM ASSISTANCE	Total	--	$ 79,100	$ 240,440
FRAUD AND RECOVERY	Fraud	$ 492,182	$ 776,680	$ 865,496
	Medical Subrogation	592,802	626,128	662,972
	Total	$ 1,084,984	$ 1,402,808	$ 1,528,468
CHILD SUPPORT ENFORCEMENT	Collections	$ 6,805,064	$ 7,545,860	$ 9,564,048
	Incentives	322,014	813,274	634,446
	Total	$ 7,127,078	$ 8,359,134	$10,198,494
INSTITUTIONAL COLLECTIONS (TITLE XIX PAYMENTS AND FEES)	Mental Health Total	$11,205,461	$11,379,953	$12,569,675
	Mental Retardation Total	$17,202,021	$17,786,815	$19,946,696
	Institutional Total	$28,407,482	$29,166,768	$32,516,371
AUDITS	Hospitals	$ 2,779,636	$ 5,132,042	$ 9,798,982
	Nursing Homes	2,764,883	1,992,646	2,438,217
	Community Mental Health Centers	--	5,904	110,672
	Pharmacies	--	--	1,864
	Special Grants and Buy-In	--	--	715,928
	Social Services and Grants	302,059	283,172	$13,066,498
	Total	$ 5,846,578	$ 7,413,764	$13,066,498
GRAND TOTAL		$44,958,906	$48,840,810	$60,467,723

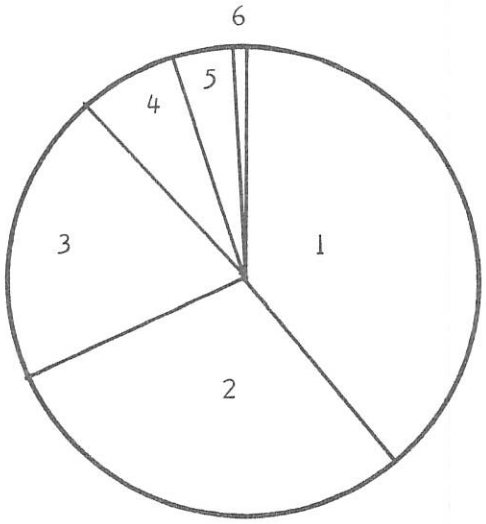
*Exact figures may differ from those previously published due to adjustments made after the end of the fiscal year.

ALCOHOL AND DRUG ABUSE SERVICES - PRIMARY PREVENTION SERVICE RECIPIENTS - FY 1983

SCHOOL-BASED SERVICES

		#	%
1.	Middle School/Junior High	20,256	34
2.	High School	18,643	32
3.	Elementary	16,389	28
4.	College	3,737	6
	Total	59,025	100





COMMUNITY-BASED SERVICES

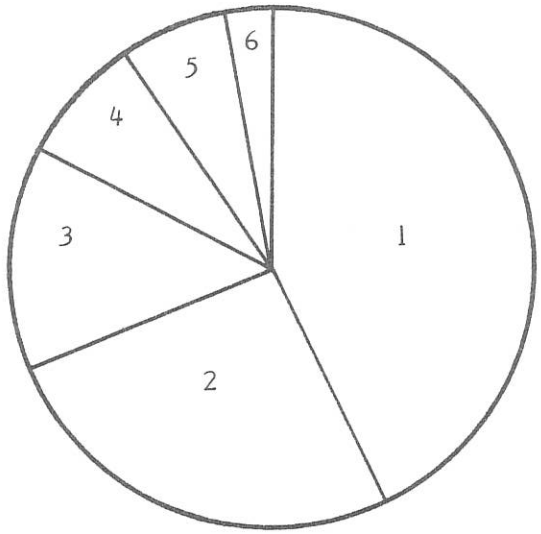
		#	%
1.	General Audience	19,157	39
2.	Parents	14,420	29
3.	Youth	9,710	20
4.	Elderly	3,529	7
5.	Women	1,713	4
6.	Pre-School	367	1
	Total	48,896	100

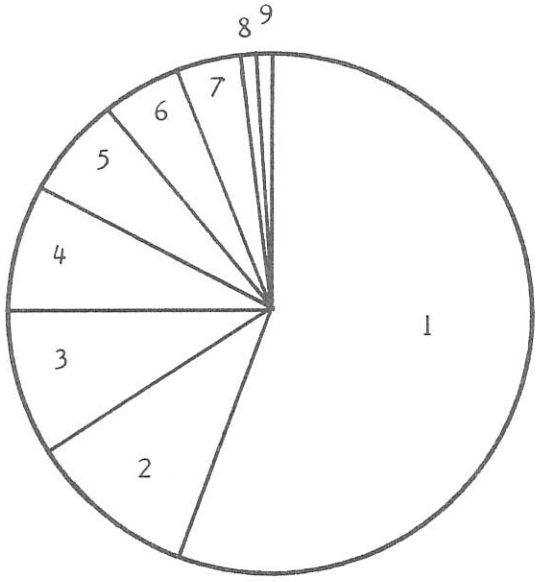
Percentages based on the categories reported by 18 SRS/ADAS-funded programs, July 1, 1982 - June 30, 1983

ALCOHOL AND DRUG SERVICES - TREATMENT PROGRAMS, LICENSED OR CERTIFIED - FY 1983

NUMBER OF BEDS LICENSED/CERTIFIED BY TREATMENT ENVIRONMENT (as of June 30, 1983)

		#	%
1.	Inpatient	463	43
2.	Reintegration	286	26
3.	Intermediate	151	14
4.	Acute Care	80	7
5.	Social Detoxification	80	7
6.	Adolescent Inpatient	30	3
	TOTAL	1,090	100



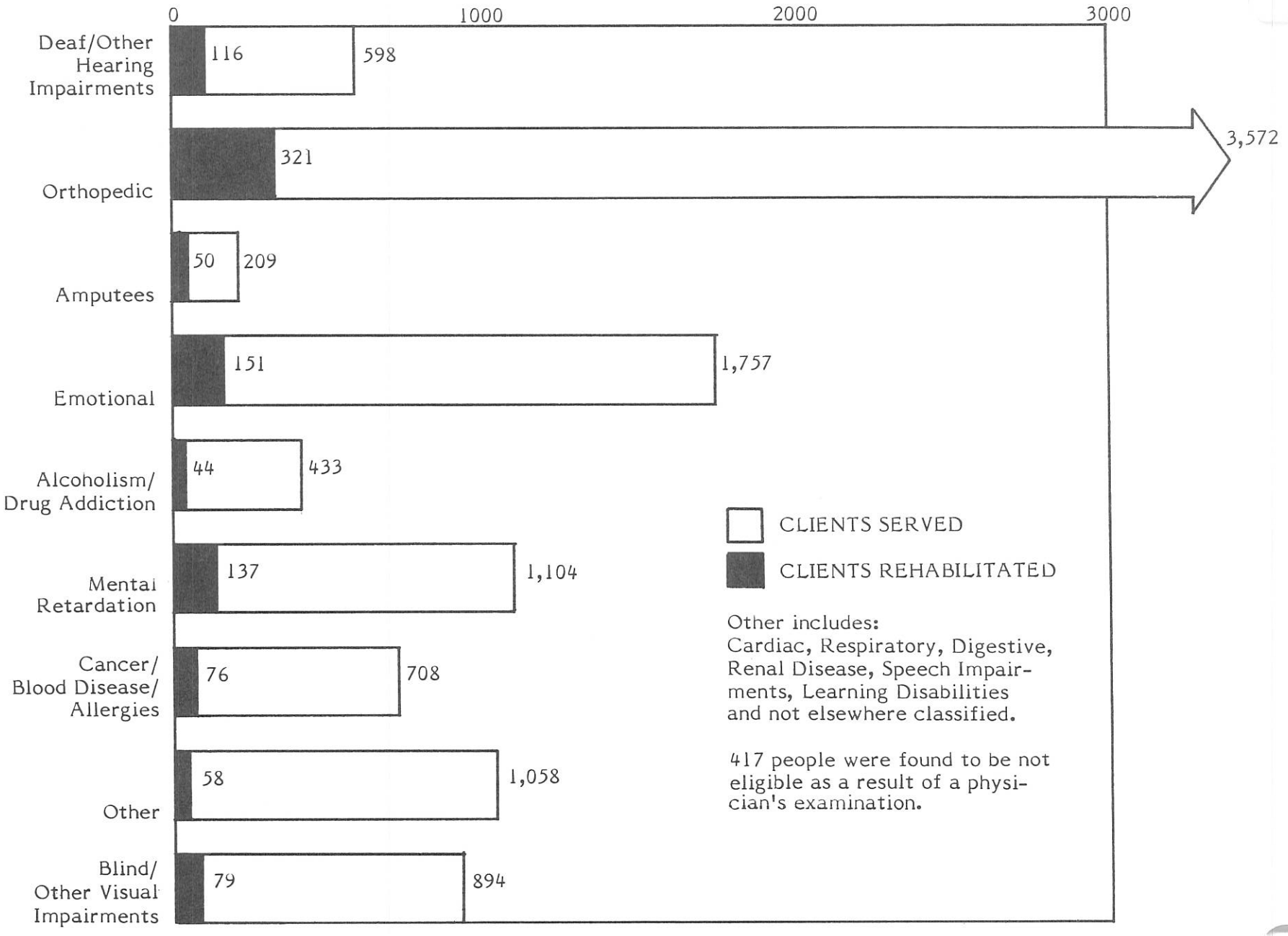


NUMBER OF TREATMENT ENVIRONMENTS

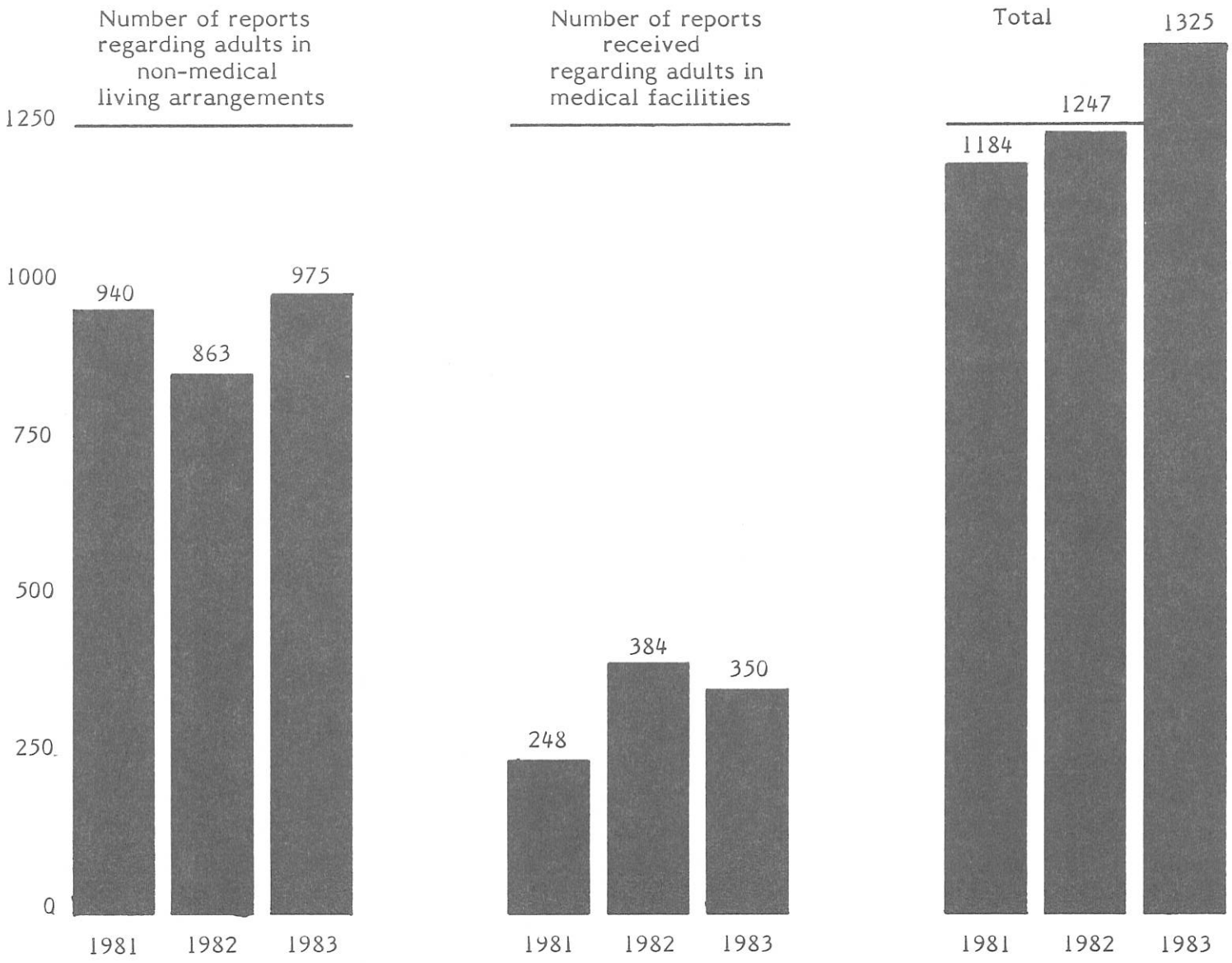
		#	%
1.	Outpatient	80	56
2.	Inpatient	15	10
3.	Reintegration	13	9
4.	Acute Care	12	8
5.	Intermediate	8	6
6.	Social Detoxification	7	5
7.	Outpatient Day Treatment	6	4
8.	Adolescent Inpatient	1	1
9.	Methadone	2	1
	TOTAL	144	100

In FY 1983, ADAS granted $3,926,128 to treatment programs and $402,091 to prevention programs.

VOCATIONAL REHABILITATION CLIENTS SERVED AND REHABILITATED BY TYPE OF DISABILITY - FY 1983

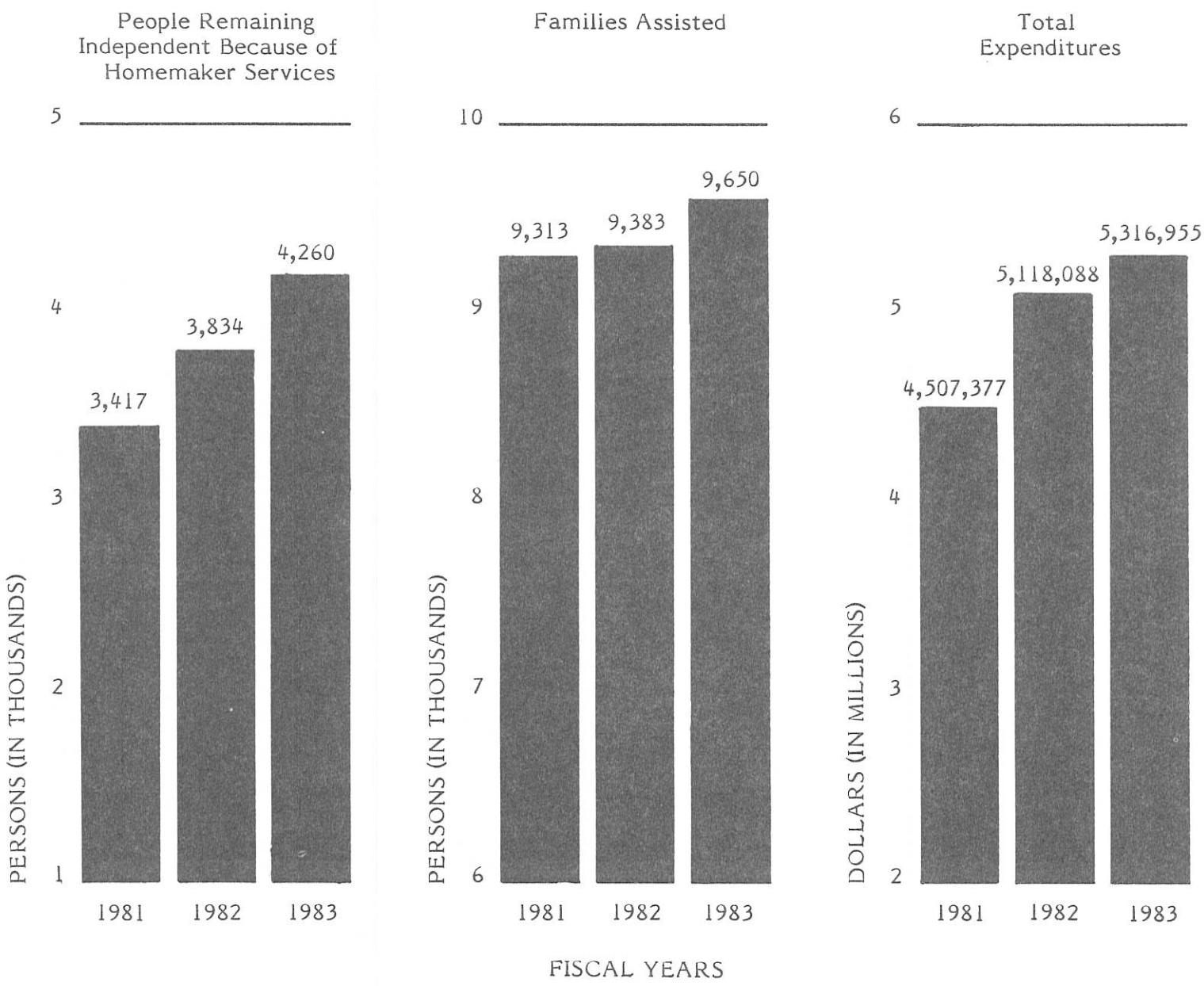


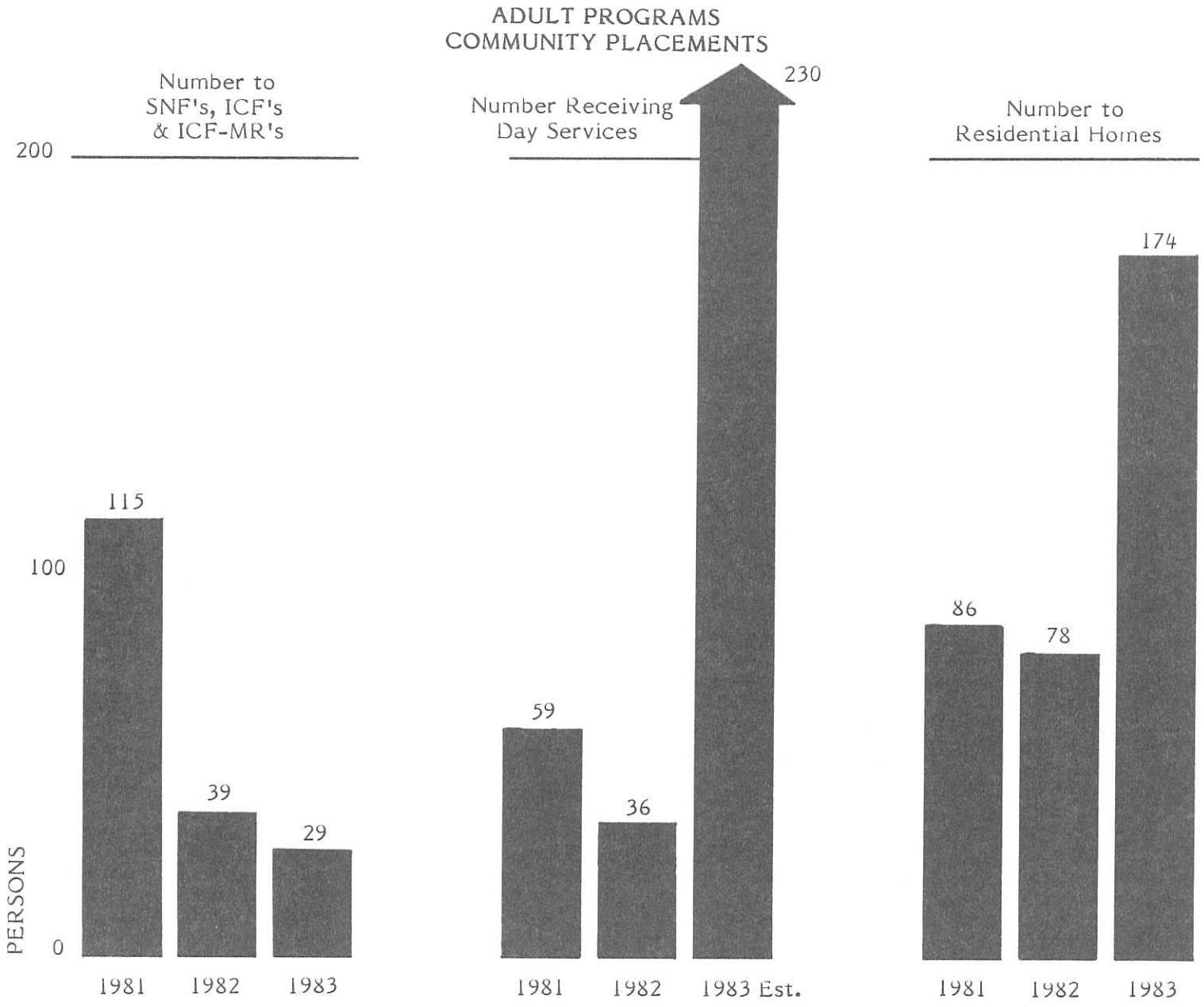
ADULT PROGRAMS
ADULT ABUSE NEGLECT & EXPLOITATION REPORTING, INVESTIGATION AND PREVENTION



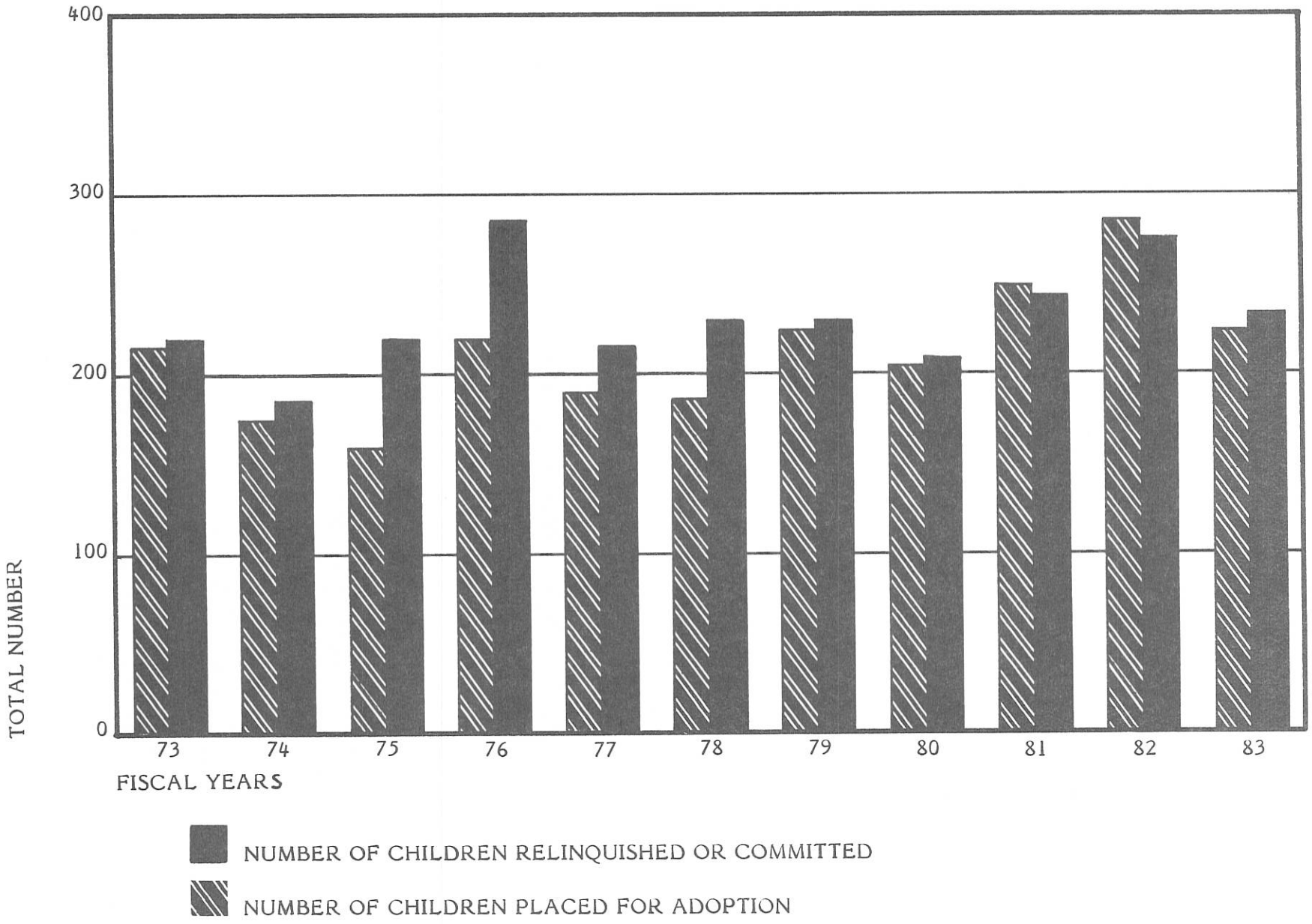
FISCAL YEARS

ADULT PROGRAMS
HOMEMAKER SERVICES

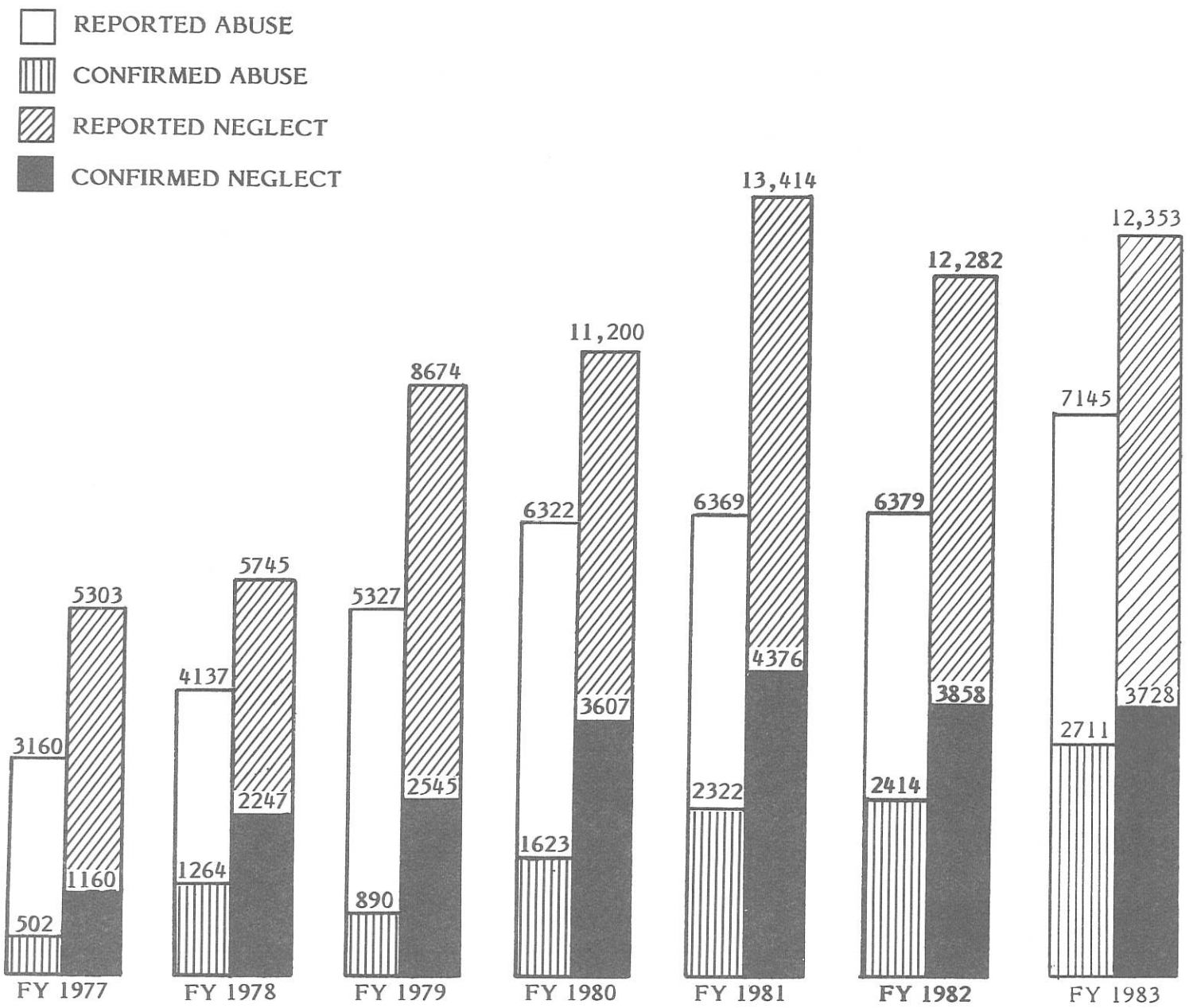



ADULT PROGRAMS
COMMUNITY PLACEMENTS
Number to
SNF's, ICF's
& ICF-MR's
Number Receiving
Day Services
Number to
Residential Homes
200
100
0
PERSONS
115
39
29
59
36
230
86
78
174
1981
1982
1983
1981
1982
1983 Est.
1981
1982
1983
FISCAL YEARS

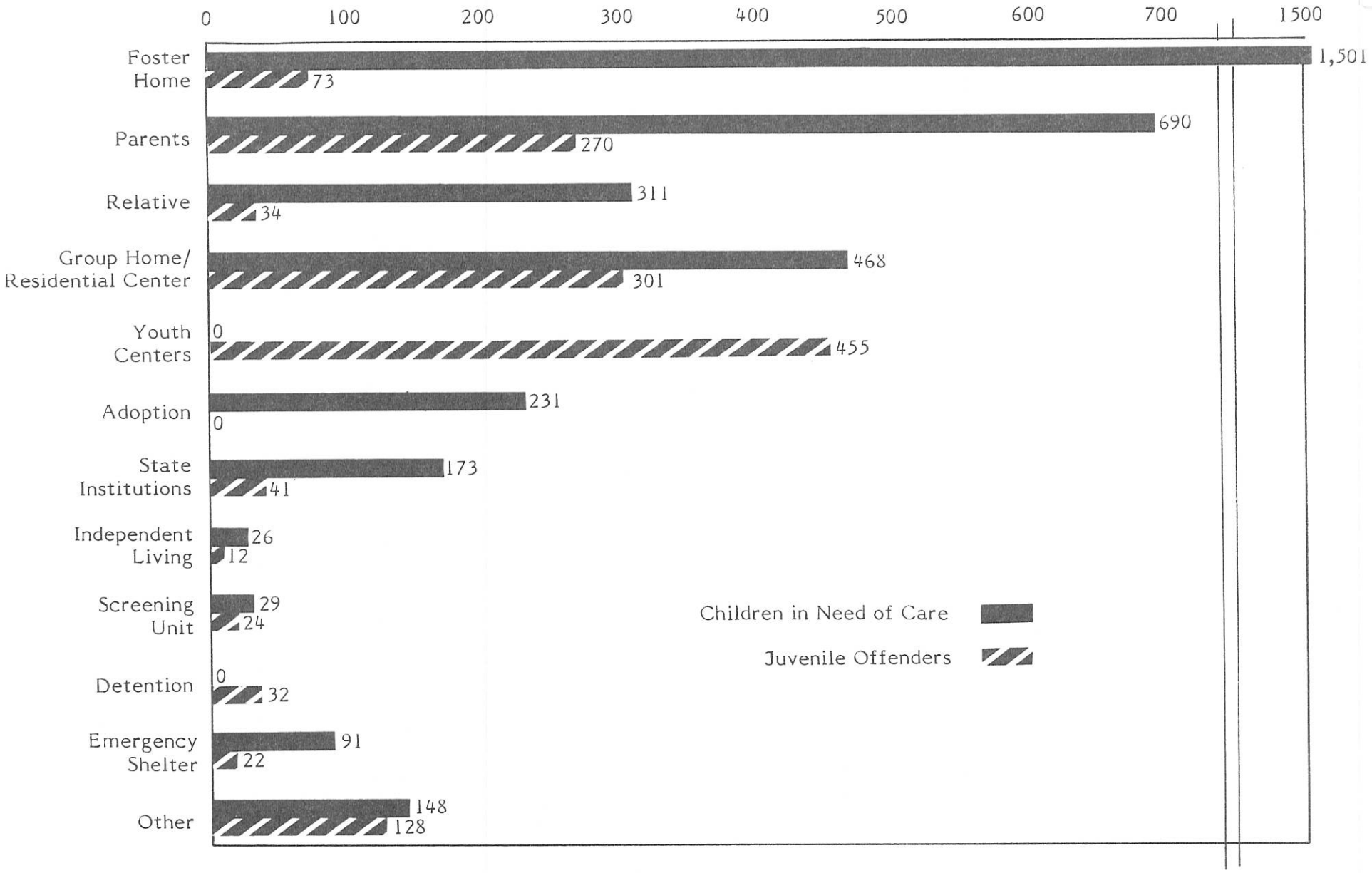
COMPARISON OF CHILDREN COMMITTED AND CHILDREN ADOPTED



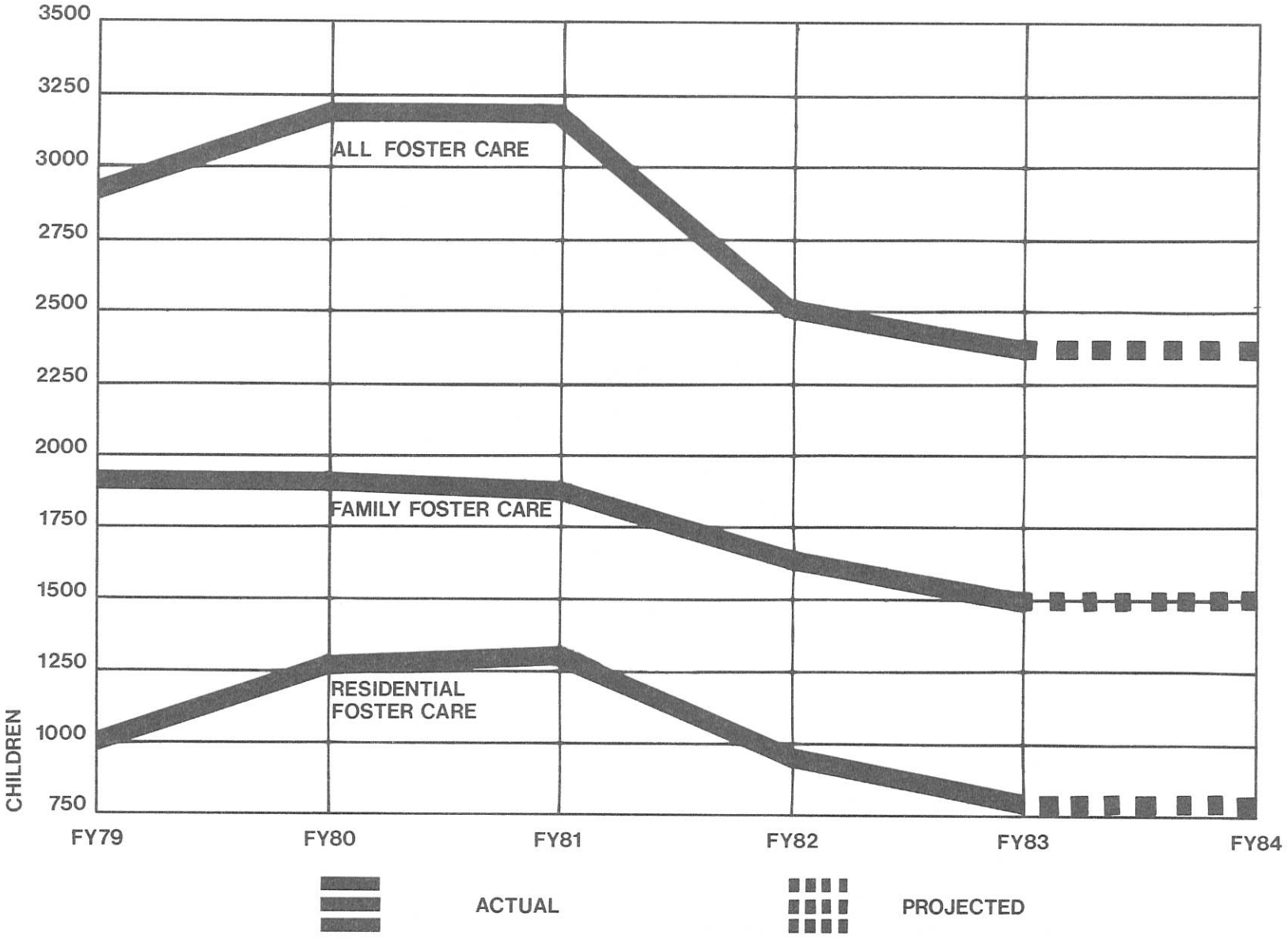
CHILD ABUSE AND NEGLECT
FISCAL YEAR 1977 - FISCAL YEAR 1983



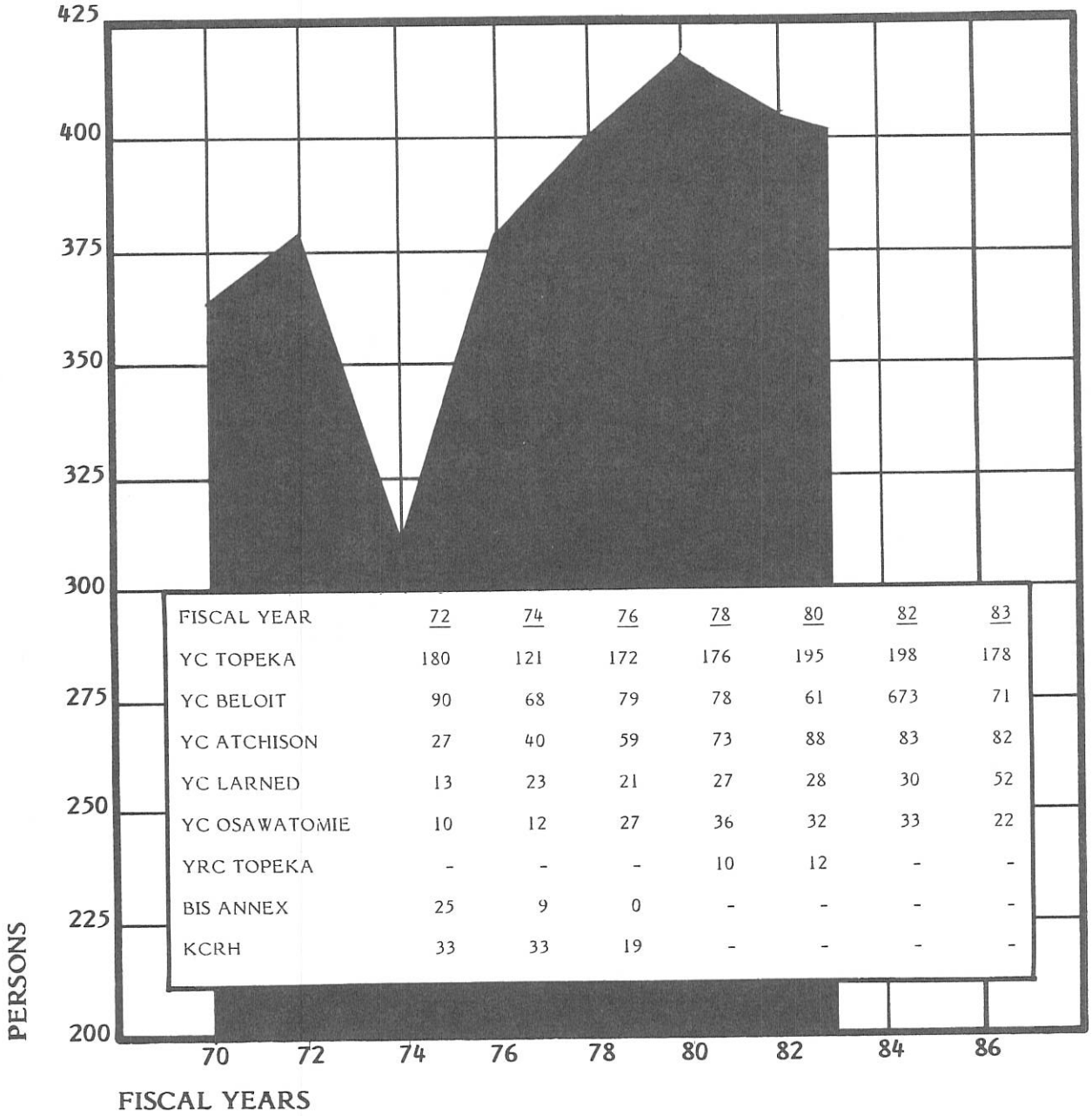
CHARACTERISTICS OF CHILDREN IN CUSTODY OF THE SECRETARY OF SRS, JULY 1, 1983



AVERAGE NUMBER OF CHILDREN IN FOSTER CARE

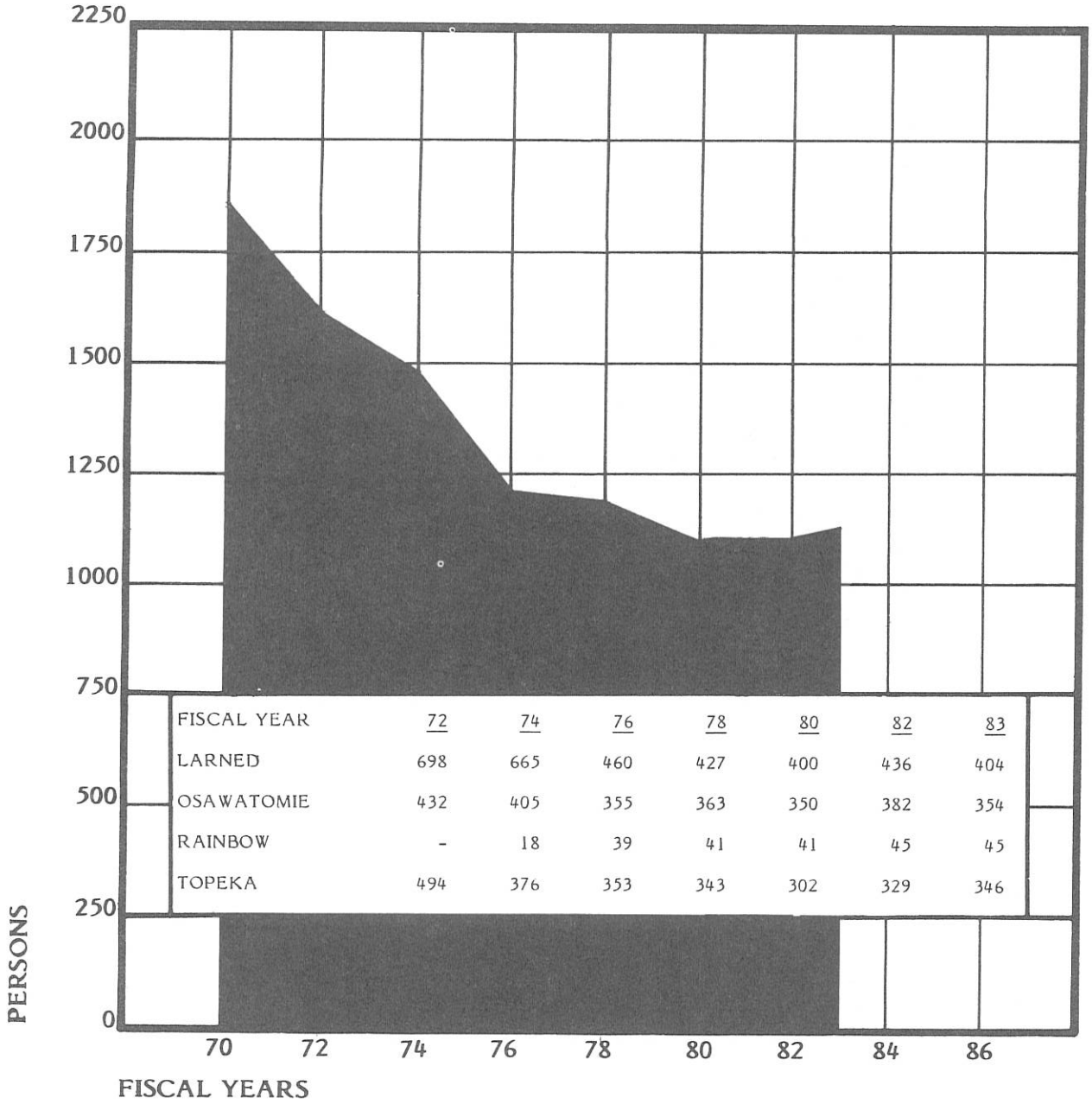


AVERAGE RESIDENT POPULATION YOUTH CENTERS



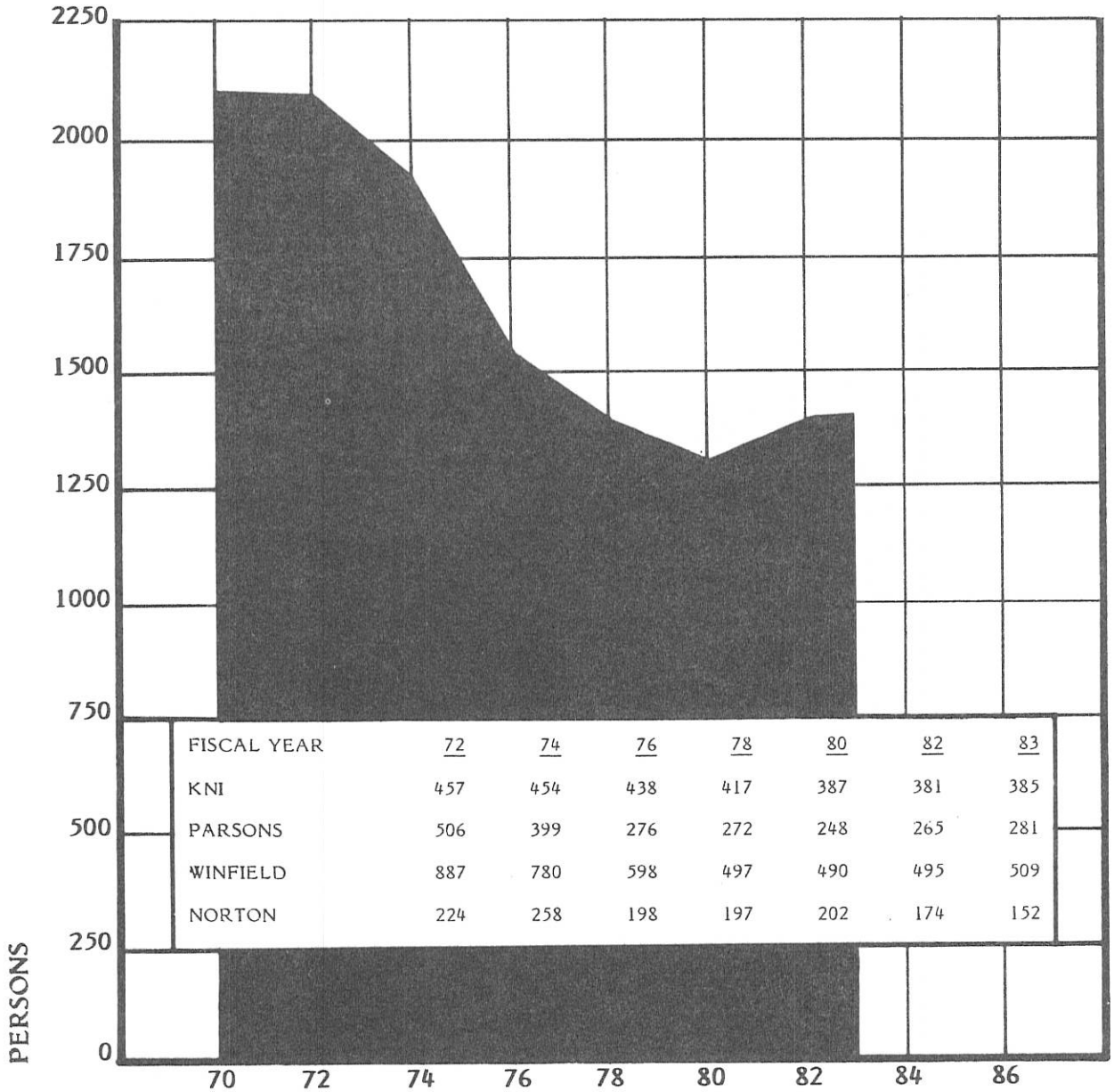
FISCAL YEAR	72	74	76	78	80	82	83
YC TOPEKA	180	121	172	176	195	198	178
YC BELOIT	90	68	79	78	61	673	71
YC ATCHISON	27	40	59	73	88	83	82
YC LARNED	13	23	21	27	28	30	52
YC OSAWATOMIE	10	12	27	36	32	33	22
YRC TOPEKA	-	-	-	10	12	-	-
BIS ANNEX	25	9	0	-	-	-	-
KCRH	33	33	19	-	-	-	-

AVERAGE RESIDENT POPULATION STATE MENTAL HOSPITALS



FISCAL YEAR	72	74	76	78	80	82	83
LARNED	698	665	460	427	400	436	404
OSAWATOMIE	432	405	355	363	350	382	354
RAINBOW	-	18	39	41	41	45	45
TOPEKA	494	376	353	343	302	329	346

AVERAGE RESIDENT POPULATION STATE MENTAL RETARDATION HOSPITALS



FISCAL YEAR	72	74	76	78	80	82	83
KNI	457	454	438	417	387	381	385
PARSONS	506	399	276	272	248	265	281
WINFIELD	887	780	598	497	490	495	509
NORTON	224	258	198	197	202	174	152

Department of Social and Rehabilitation Services
Research and Statistics

MEMORANDUM

FROM: Bob Clawson BC

DATE: January 11, 1984

TO: Dr. Harder
John Schneider
J. Charles Stevenson
Aileen Whitfill

SUBJECT: Increases and Decreases in General Fund Expenditures (Revised)

This is a revision to my November 16, 1983 memo regarding your request for information on general fund expenditures, and percents of change. Please see the table below for year by year changes since 1981.

Medical general fund expenditures for FY 1985 are proposed at -3.74% from FY 1984. The 1984 figures include supplementals. The cash programs are projected for FY 1985 at -1.04% for ADC and -25.20% for GA. Since FY 1981, general fund expenditures for Medical have increased by +10.02% and the cash programs (ADC, GA) have increased by 6.5% and 1.2% respectively. That is, medical has realized an average increase of 2.51% each year while ADC and GA have realized average increases of 1.62% and .29% each year.

General Fund Expenditures

Fiscal Year	Medical	ADC	GA
1985 1/	$ 113,923,739	$ 42,529,018	$ 11,352,960
Change since prior year	-3.74%	-1.04%	-25.20%
Change since FY 1981	+10.02%	+6.47%	+1.17%
Ave. annual increase, 1981-1985	+2.51%	+1.62%	+0.29%
1984 2/	$ 118,351,863	$ 42,976,302	$ 15,178,672
Change since prior year	- .39%	+2.38%	-29.55%
1983	$ 118,812,448	$ 41,975,986	$ 21,544,048
Change since prior year	+7.11%	+9.30%	+41.81%
1982	$ 110,927,205	$ 38,373,412	$ 15,192,503
Change since prior year	+7.13%	-3.93%	+35.39%
1981	$ 103,543,590	$ 39,945,157	$ 11,221,416

1/ Governor's Proposed Budget FY85.
2/ Governor's Revised Budget FY84.

ATT B
1-18-84

KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

Inpatient Hospitals

FY	Expenditures	Units of Service	Average Expenditures Per Service
1981 - Total	$59,579,386	308,116	--
Monthly Average	4,964,949	25,676	$193.37
1982 - Total	$66,578,001	278,140	--
Monthly Average	5,548,166	23,178	$239.37
1983 - Total	$74,703,870	259,476	--
Monthly Average	6,225,322	21,623	$287.90
1984 - Total	$35,442,145	124,734	--
Year To Date Average	5,907,024	20,789	$284.14
		July	$317.39
		December	$260.19

OFFICE OF THE SECRETARY

January 12, 1984

ATT C

KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

Outpatient Hospitals

FY	Expenditures	Units of Service	Average Expenditures Per Service
1981 - Total	$7,401,485	304,566	--
Monthly Average	616,790	25,381	$24.30
1982 - Total	$8,813,654	295,648	--
Monthly Average	734,471	24,637	$29.81
1983 - Total	$11,449,790	320,996	--
Monthly Average	954,149	26,750	$35.67
1984 - Total	$6,243,920	162,220	--
Year To Date Average	1,040,653	27,037	$38.49

OFFICE OF THE SECRETARY

January 12, 1984

ATT 2.