

MINUTES OF THE SENATE COMMITTEE ON WAYS AND MEANS

The meeting was called to order by Senator August "Gus" Bogina at
Chairperson

11:00 a.m./p.m./ on March 22, 1985 in room 123-S of the Capitol.

All members were present except:

Committee staff present:

Research Department: Robin Hunn, Gloria Timmer, Paul West
Revisor's Office: Norman Furse
Committee Office: Judy Bromich, Doris Fager

Conferees appearing before the committee:

Dr. Robert Harder, Secretary, Social and Rehabilitation Services
Dr. Gerald Hannah, Division of Mental Health and Retardation Services

HB 2128 - Appropriations FY 1986, SRS Institutions

HB 2154 - Supplemental Appropriations FY 1985, SRS Institutions

HB 2154 - Youth Center at Topeka

There were no questions following Senator Winter's presentation of the Subcommittee Report on this section.

HB 2128, Section 2 - Youth Center at Topeka

Senator Winter explained the subcommittee report for this section. In answer to questions from committee members, he indicated that no significant changes were made in either House or Senate subcommittee reports.

HB 2154 - Youth Center at Beloit

Following Senator Winter's presentation of the subcommittee report on this section, committee members were given the opportunity to question him.

HB 2128, Section 3 - Youth Center at Beloit

Following Senator Winter's explanation of the subcommittee report on this section, he was asked if special education costs are under contract. He answered in the affirmative, indicating that this is true of all Youth Centers.

HB 2154 - Youth Center at Atchison

There were no questions following Senator Winter's explanation of the subcommittee report on this section.

HB 2128, Section 4 - Youth Center at Atchison

Senator Winter presented the subcommittee report on this section. Senator Bogina asked if he knew why the House deleted KIPPS at all the Youth Centers. Senator Winter indicated they gave no specific reasons.

Senator Feleciano asked for an explanation of House subcommittee recommendation No. 7 concerning a Post Audit study regarding the contracted educational programs at the Youth Centers. Senator Winter said they wanted to look at some of the problems they have had in the past with local school districts. He said this has not been approved by the Post Audit Committee at this time.

Winter

Senator/indicated that Senate subcommittee recommendation No. 2 is in error and should be stricken. Motion was made by Senator Winter and seconded by Senator Gannon to delete Senate subcommittee recommendation No. 2 from the report. The motion carried by voice vote.

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON WAYS AND MEANS

room 123-S Statehouse, at 11:00 a.m./p./m. on March 22, 1985

HB 2128 - Continued

HB 2154 - Continued

Systemwide findings and recommendations - Mental Health and Retardation

Senator Winter referred to Attachment A in connection with this part of the subcommittee report. There was extended discussion concerning the problems noted in the letter. Dr. Harder explained that Senator Weicker had special Congressional hearings on the topic of the kinds of programs being provided to the mentally retarded. He added that he feels the committee's attempt was in good faith. He indicated his Department agrees with a lot of the problems, but may go about correcting them in a different manner.

Dr. Harder said the big problem is the threat of immediate withdrawal of federal financial participation. He added that, in the past, time was given to make necessary changes; but that does not currently seem to be the case.

Several suggestions were made concerning the matter, including having the Governor write to members of Congress--especially Senator Bob Dole; and having the Governor, as chairman of the National Governor's Conference, take it up with that organization. Another suggestion was to have Dr. Hannah talk to Mr. Brennan, who wrote the letter (Attachment A).

During the discussion, it was revealed that the Federal Government has not defined the term "adequate treatment" so it is difficult for states to know what standards they are supposed to meet.

There was discussion concerning Item No. 3 under Technical Recommendations on page 4. The discussion centered around whether the expenditure for furniture should come from O.O.E. or whether it is a capital improvement item.

HB 2154 - Kansas Neurological Institute

There were no questions from committee members following Senator Winter's explanation of the subcommittee report on this section.

HB 2128, Section 5 - Kansas Neurological Institute

Senator Winter presented the subcommittee report on Section 5. In answer to a question from Senator Bogina, he said there is no additional funding involved in Senate subcommittee recommendation No. 3.

HB 2154 - Larned State Hospital

No questions were asked following Senator Winter's presentation of the subcommittee report on this section.

HB 2128, Section 6 - Larned State Hospital

Senator Winter explained the subcommittee report on Section 6. There were no questions.

HB 2154, Osawatomie State Hospital

Senator Winter explained the subcommittee report on this section. There were no questions from members of the committee.

HB 2128, Section 7 - Osawatomie State Hospital

There were no questions following Senator Winter's explanation of the subcommittee report on Section 7.

HB 2154, Section 13 - Rainbow Mental Health Facility

Following Senator Winter's explanation of the subcommittee report, members were given the opportunity to question him.

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON WAYS AND MEANS

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HB 2128 - Continued

HB 2154 - Continued

HB 2128, Section 8 - Rainbow Mental Health Facility

There were no questions following Senator Winter's presentation of the subcommittee report on Section 8.

HB 2154 - Parsons State Hospital and Training Center

Following Senator Winter's explanation of the subcommittee report, members of the committee were given an opportunity to question him.

HB 2128, Section 9 - Parsons State Hospital and Training Center

There were no questions following the subcommittee report presentation by Senator Winter.

HB 2128, Section 10 - Norton State Hospital

There were no questions following Senator Winter's explanation of the subcommittee report on Section 10.

HB 2154 - Division of Mental Health and Retardation Services - No Questions

HB 2128, Section 11 - Division of Mental Health and Retardation Services

During discussion of the subcommittee report by Senator Winter, there were questions about Senate recommendation No. 3. Dr. Harder called the committee's attention to Attachment B, which explains methods used in determining the amount of "649" state aid. Mr. Klotz indicated his department had suggested the new method of determining the figure, and is satisfied that it is an improvement over the old method. Following an extended discussion, motion was made by Senator Feleciano and seconded by Senator Doyen to provide a 46% match, rather than the 44% match recommended by the subcommittee. The motion carried by voice vote. (This would increase funding by \$606,450).

In connection with House subcommittee recommendation No. 5, motion was made by Senator Feleciano and seconded by Senator Winter to amend the subcommittee report to note that it is recognized that the Legislature must look at the possible need for a supplemental appropriation during the 1986 session. The motion carried by voice vote.

There was discussion concerning House subcommittee recommendation No. 6. There was discussion about the amount of funding needed for the Guardianship Assistance Program. Dr. Harder said he is not sure what the need will be; and he indicated the appropriation could be made now, or could be in the form of a supplemental appropriation next year.

Motion was made by Senator Doyen and seconded by Senator Winter to amend the subcommittee report to provide \$62,000 for the Guardianship Assistance Program. The motion carried by voice vote.

HB 2154 - Topeka State Hospital

During discussion of the subcommittee report on this section, there were questions about the nurses training program. Senator Winter said a program had been established to train nurses as they work at the hospital. He said there is not enough interest in the program to continue it.

HB 2128, Section 12 - Topeka State Hospital

There were no questions following Senator Winter's presentation of the subcommittee report on this section.

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON WAYS AND MEANS

room 123-S, Statehouse, at 11:00 a.m./p.m. on March 22, 1985

HB 2128 - Continued

HB 2128, Section 13 - Winfield State Hospital and Training Center

There was committee discussion following Senator Winter's presentation of the subcommittee report on Section 13. Senator Kerr asked about the union agreement mentioned in House subcommittee recommendation No. 1. Dr. Harder explained that in the union agreement there is a provision that it is necessary to give two weeks' notice before an employee is shifted from one 8-hour shift to another. He said his Department feels this needs to be re-negotiated so that relief help is "just that." He suggested that it may be difficult to re-negotiate the contract.

Motion was made by Senator Winter and seconded by Senator Gannon to adopt the above subcommittee reports as amended; and to report HB 2128 as amended favorably for passage. The motion carried by roll call vote.

The meeting was adjourned by the Chairman.



Region VII
Federal Office Building
601 East 12th Street
Kansas City, Missouri 64106

March 1, 1985

Distribution: Dr. Harder
Dr. Hannah
Dr. Horner
Dr. Tucker
Retreat Participants
Winfield Area Advisory
Council Members
(Printed March 12, 1985
in Daily Bulletin)

Michael L. Dey, Ph.D., ACHA
Superintendent, Winfield State Hospital
and Training Center
Route 1, Box 123
Winfield, Kansas 67156

Dear Dr. Dey:

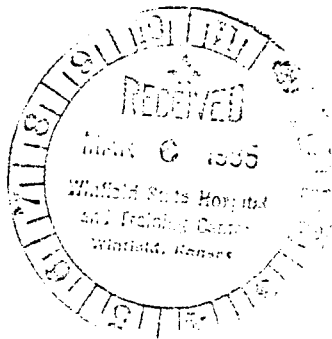
During 1984 representatives from the Health Care Financing Administration visited your facility on two different occasions. During these visits, the teams noted numerous problems in the provision or lack of provision of active treatment, drug medication, physical restraint, patient rights and documentation. These problem areas were discussed with you and members of your staff during the visits and at the time of the exit interview. Enclosed is a general summary of the problem areas.

We understand that you have been addressing these deficient areas and we hope that the deficiencies have now been corrected. Within the next few months we will conduct a full survey at Winfield State Hospital. If the problem areas have not been corrected, it may become necessary for us to initiate some form of adverse action.

Sincerely yours,

Edward M. Brennan
Associate Regional Administrator for
Health Standards and Quality

Enclosure



The following list of problem areas and concerns is based on the two prior visits to Winfield State Hospital and Training Center by survey teams over the past year.

1. Provision of Active Treatment.

Though an effort has been made to provide discrete, objective-based programs to individual clients, the surveyors concluded that the facility is not effectively providing active treatment to each client. The surveyors observed several factors which impeded active treatment.

- a. The facility lacked carryover and coordination of daily activities needed to implement active treatment in living areas.
- b. Clients spent large amounts of time in non-developmental activities.
- c. The ineffectiveness of the treatment program to address behavior problems hindered effective active treatment.
- d. The QMRP's, though monitoring the active treatment programs of clients, did not adequately address content of the plan; focus of responsibility for implementation of the plans; and the developmental and behavioral appropriateness of objectives in the plan.
- e. Planning for active treatment lacked individualization, and reflected the use of available programs rather than the identified developmental needs of individual clients.

2. Control and Discipline of Residents; Behavior Modification Programs

The use of psychoactive medication and physical restraints could be lessened by implementing more developmental behavior management programs as part of an active treatment plan. A more effective active treatment program could alleviate the overdependence on these methods observed by the surveyors.

3. Staff Training

The surveyors found a lack of adequate staff training programs for direct-care, supervisory, and professional staff. Though a 13 week training program exists for direct-care staff, no pre-service training is provided. Line authority and responsibility for training is unclear, increasing the difficulty of providing effective staff training in active treatment programming. The lack of an effective staff training program in developmental programs is a major factor in the facility's difficulty in providing active treatment programs.

4. Professional and Special Programs and Services

The surveyors found a shortage of professional staff and services. This situation creates problems in successfully completing necessary client assessments, objective setting, program design and implementation of active treatment programs addressing individual client needs.

5. Training and Habilitation Services

Though progress was noted by the surveyors by an increase in client objectives, several problems remain regarding the effective training and habilitation of clients. Many clients objectives do not fit into a developmental sequence addressing overall habilitation goals. Also, a review of client's records indicated that training objectives are often continued for months without any indication of the effectiveness of the training program, the progress (or lack of progress) of a client, and whether or not criteria for satisfactory performance had been met. An example of what can happen in particular client training situations with these problems present was noted by the surveyors. Because of a lack of organization, meal times were not used effectively for training clients in eating skills. Because of the large number of clients eating at one time, the staff spent most of its time preoccupied with custodial activities rather than training.

Provided by the Division
of Mental Health and
Retardation Services

Proposed Reduction in Budgeted ADC Across MR Institutions (FY 86- 90)

State Institutions	FY '85	FY '86	FY '87	FY '88	FY '89	FY '90	Reduction
KNI *ADC (Reduction)	390 (0)	390 (22)	368 (22)	346 (22)	324 (24)	300 (0)	(90)
*Expenditures	\$14,130,383	\$14,737,989	\$15,371,723	\$16,032,707	\$16,722,113	\$17,091,164	
Norton *ADC (Reduction)	160 (0)	160 (15)	145 (15)	130 (15)	115 (15)	100 (0)	(60)
*Expenditures	\$ 6,151,225	\$ 6,415,728	\$ 6,691,604	\$ 6,354,343	\$ 6,627,580	\$ 6,562,566	
Parsons *ADC (Reduction)	285 (0)	285 (21)	264 (21)	243 (21)	222 (22)	200 (0)	(85)
*Expenditures	\$11,752,527	\$12,257,886	\$12,784,975	\$12,679,729	\$13,224,957	\$13,093,630	
Winfield *ADC (Reduction)	510 (0)	510 (28)	482 (28)	454 (28)	426 (28)	400 (0)	(110)
*Expenditures	\$17,096,400	\$17,831,545	\$18,598,301	\$19,398,028	\$20,232,143	\$20,752,125	
Total *ADC (Reduction)	1,345 (0)	1,345 (86)	1,259 (86)	1,173 (86)	1,087 (87)	1,000 (0)	(345)
*Expenditures	\$49,130,535	\$51,243,148	\$53,446,603	\$54,464,807	\$56,806,793	\$57,499,485	

Proposed Increase in Community Retardation Programs

	FY '85	FY '86	FY '87	FY '88	FY '89	FY '90
1 State Aid ("649)	\$ 4,724,757	\$ 6,100,714	\$ 7,619,225	\$ 8,387,493	\$ 9,310,117	\$10,334,230
2 Special Purpose Grants	\$ 30,996	\$ 380,996	\$ 397,379	\$ 414,466	\$ 432,288	\$ 450,876
3 HCBS	\$ -0-	\$ 1,277,500	\$ 2,131,600	\$ 2,246,940	\$ 2,335,635	\$ 2,424,330
4 Medicaid (Title XIX)	\$ -0-	\$ -0-	\$ -0-	\$ 1,566,945	\$ 4,292,400	\$ 4,476,973
5 Social Service Block Grant/ State General Fund	\$8.8 Million/ \$ -0-	\$9.2 Million/ \$1.5 Million	\$9.6 Million/ \$3.1 Million	\$10 Million/ \$4.8 Million	\$10.4 Million/ \$6.7 Million	\$10.9 Million \$6.9 Million
6 Construction, Small ICF-MR's	\$ -0-	\$ 1,680,000	\$ 2,753,520	\$ -0-	\$ -0-	\$ -0-
7 High Tech Foster Care	\$ -0-	\$ 464,400	\$ 969,048	\$ 1,174,800	\$ 1,228,800	\$ 1,278,000
Total	\$13,555,753	\$20,603,610	\$26,570,772	\$28,590,644	\$34,699,240	\$36,764,409

Proposed Reduction in Budgeted ADC Across MI Institutions (FY 86- 90)

State Institutions	FY '85	FY '86	FY '87	FY '88	FY '89	FY '90	Reduct
Topeka *ADC (Reduction)	248 (0)	248 (18)	230 (20)	210 (17)	193 (13)	180 (0)	(68)
*Expenditures	\$16,841,862	\$17,566,062	\$18,321,403	\$18,709,223	\$19,513,720	\$19,652,810	
Osawatomie *ADC (Reduction)	270 (0)	270 (19)	251 (20)	231 (17)	214 (13)	201 (0)	(69)
*Expenditures	\$16,308,074	\$17,009,321	\$17,740,722	\$18,103,573	\$18,882,027	\$19,693,954	
Larned *ADC (Reduction)	197 (0)	197 (19)	178 (19)	159 (15)	144 (13)	131 (0)	(66)
*Expenditures	\$21,138,682	\$22,047,645	\$22,995,694	\$23,584,509	\$24,598,643	\$24,956,385	
Rainbow *ADC (Reduction)	20 (0)	20 (0)	20 (0)	20 (0)	20 (0)	20 (0)	(0)
*Expenditures	\$ 3,394,440	\$ 3,540,401	\$ 3,692,638	\$ 3,851,421	\$ 4,017,032	\$ 4,189,764	
Total *ADC (Reduction)	735 (0)	735 (56)	679 (59)	620 (49)	571 (39)	532 (0)	(208)
*Expenditures	\$57,683,058	\$60,163,429	\$62,750,457	\$64,248,726	\$67,011,422	\$68,492,913	

Proposed Increase in Community Mental Health Programs

	FY '85	FY '86	FY '87	FY '88	FY '89	FY '90
1 State Aid ("649")	\$ 6,937,092	\$ 9,060,541	\$ 9,336,380	\$10,234,232	\$11,359,998	\$12,609,598
2 MH Block Grant/ State General Fund	\$2.1 Million/ \$	\$2.3 Million/ \$ 280,000	\$2.3 Million/ \$ 600,000	\$2.3 Million/ \$ 875,000	\$3.35 Million/ \$General Fund	\$3.4 Million/ \$General Fund
3 Medicaid (Title XIX)	\$4.6 Million	\$5 Million	\$6 Million	\$6.5 Million	\$7 Million	\$7.2 Million
4 High Tech Foster Care	\$ -0-	\$ 324,000 30 children	\$ 675,864 60 children	\$1,057,389 90 children	\$1,470,476 120 children	\$1,917,133 150 children
5 Alternate Care	\$ N/A	\$ 241,920	\$ 518,162	\$ 770,720	\$ 995,022	\$1,037,808
6 Court Evaluation	\$ 60,000	\$ 60,000	\$ 62,580	\$ 65,271	\$ 68,078	\$ 71,005
7 PACT	\$ 225,720	\$ 225,720	\$ 235,426	\$ 245,549	\$ 256,108	\$ 267,101
TOTAL	\$13,922,812	\$17,492,181	\$19,728,412	\$22,048,161	\$24,499,682	\$26,502,665

649 Funding

The Division of Mental Health and Retardation Services proposes a new method of determining the amount of "649" matching state aid to community centers.

Old Methodology

$$\begin{array}{r} \text{Calendar Year 1985 Projected Eligible Income} \\ \times \text{ Matching Rate} \\ \hline = 649 \text{ State Aid} \end{array}$$

New Methodology

$$\begin{array}{r} \text{Calendar Year 1983 Actual Audited Eligible Income} \\ \times 5 \text{ percent inflation adjustment} \\ \hline = \text{Estimated CY 1985 income} \\ \times \text{ Matching Rate} \\ \hline = 649 \text{ State Aid} \end{array}$$

Shown below are matching rates that result under both the old and new methodology for both the Governor's recommendation and the Subcommittee's recommendation. The 1984 Legislature approved a matching rate of 38.4 percent. Estimates of eligible income have been revised throughout the year and the FY 1985 appropriation now calculates to a matching rate of 36.1 percent.

	<u>Dollar Amount</u>	<u>Old Method</u>	<u>New Method</u>
Governor's Recommendation	\$15,161,255	42.7%	50.0%
House Recommendation	\$12,163,309	34.3%	40.1%
Senate Subcommittee Recommendation	\$13,341,904	37.6%	44.0%

RH/jar

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