

Approved _____ Date 1-16-86
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MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Vice Chairman, Representative Hassler at
Chairperson

1:30 a.m./p.m. on January 15, 1986 in room 423-S of the Capitol.

All members were present except:

Chairman Littlejohn, Representative Branson, Representative Wagnon, all excused.

Committee staff present:

Emalene Correll, Research
Bill Wolff, Research
Norm Furse, Revisor
Sue Hill, Secretary to Committee

Conferees appearing before the committee:

Dr. Robert C. Harder, Secretary of Social Rehabilitation Services.

See Visitor's register, (Attachment No. 1.)

Vice Chairman Hassler called meeting to order at 1:35 p.m. this date in the absence of Chairman Littlejohn who is ill. She gave his welcome to Committee Members, along with her own for the 1986 Legislative Session. Representative Hassler commented to members about the new meeting room seating arrangement, and furnishings, and is hopeful the better facilities will serve us well.

Rep. Hassler then introduced Dr. Robert Harder, SRS, who gave an explanation of bill requests. There were 5 bill requests, as shown in (Attachment No. 2.). He then answered several questions from Committee Members.

Following the bill requests and questions, Vice Chairman Hassler asked the pleasure of Committee in regard to requests. Representative Williams moved that these bills be introduced and referred back to this committee. Motion seconded by Rep. Blumenthal, no discussion, motion was unanimous.

Dr. Harder then gave the SRS Annual Report, going over the material that he had distributed to committee members, (See Attachment No. 3.) giving an introduction, citing cost savings in various programs, goals for the future, and initiatives planned for the coming year that will help to improve SRS's effectiveness and efficiency.

It was a lengthy and very informative report.

Following Dr. Harder's Annual Report, he distributed to members, (Attachment #4.) which described a report on Teenage pregnancies. He gave alarming statistics, and commented he would like to give a full report on this growing problem in the State of Kansas, at another Committee meeting very soon if possible.

Vice Chairman then adjourned the meeting.

GUEST REGISTER

DATE 1-15-86

HOUSE

PUBLIC HEALTH AND WELFARE

NAME	ORGANIZATION	ADDRESS
✓ Jerry Zankutzel	KS MEDICAL SOCIETY	TOPEKA
Aileen Whitfill	SRS	Topeka
Robert Hindee	SRS	"
Michael Byington	Topeka Resource Center for handicapped / and KASVI clinic	Topeka
Ken Schafermeyer	KS Pharmacists Assoc.	Topeka
Gary Robbins	KS Optometric Assn	Topeka
BILL DEAN	Merrell Dow	Overland Park
KEITH R LANDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS	TOPEKA
Jack Snively	A.C.C.H.	Perry
Dick Hummel	KHCA	Topeka
Michael Burke	Hammond Holiday Home - L	Larned, KS
Lewis Allen	KHCA	TOPEKA
George A. Duggan	KS Dept. on Aging	"
Kevin H. Jurland	K A H A	Topeka
Linda Baabus	KU Special Ed. Intern	Lawrence
Verona Roberts	Topeka United Way	Topeka
Rig Silber	DoB	
Joan Strubler	KAPS	Manhattan
Dave Ranney	Harris News	Hillsboro
Fane Wolf	Assoc. of CMHCs of KS	Topeka

Attachment 1
1-15-86 H.PHW

Attn #2
1-15-86

KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
Office of the Secretary

M E M O R A N D U M

TO: The Honorable Members
of the House Public Health
and Welfare Committee

DATE: 15 January 1986

FROM: Robert C. Harder *RCH*

SUBJECT: SRS's 1986 Legislative
Proposals for House
Public Health and Welfare
Committee

The following is a summary of bills which the Kansas Department of Social and Rehabilitation Services is asking House Public Health and Welfare Committee to introduce for the purpose of referring back to the Committee for hearings during the 1986 Legislative Session.

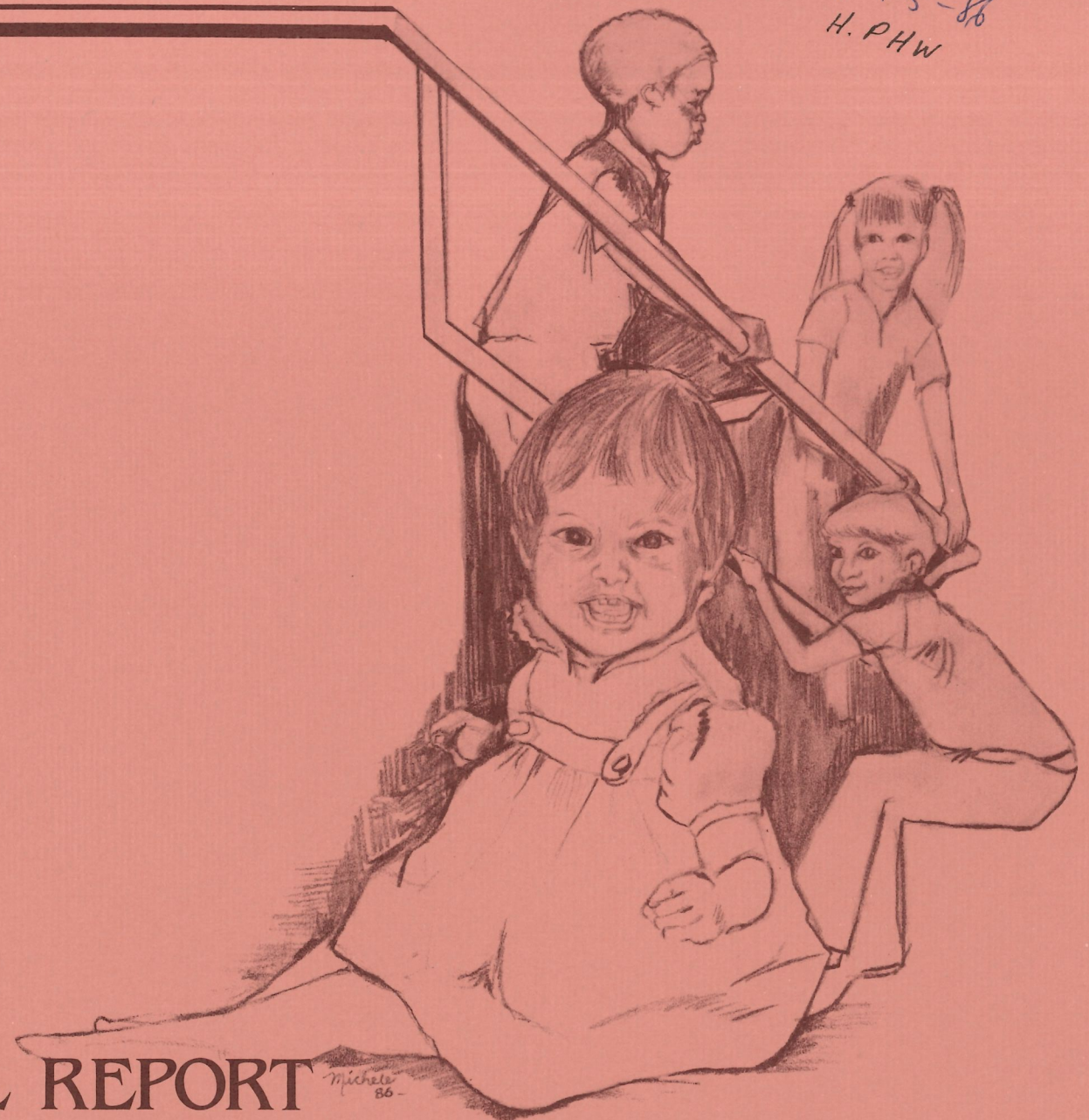
1. The Department is proposing legislation that would grant the Secretary the authority to limit general assistance to persons who are unemployable and to families in which a minor child or a pregnant woman resides.
2. The Department is proposing legislation to further tighten up the criminal law concerning sexual exploitation of minor children so that nude dancing in facilities such as pop shops would be clearly prohibited.
3. The Department is proposing legislation to grant the Secretary the authority to license all residential facilities (except for SNF's and ICF's) that are taking care of mentally retarded, mentally ill, and other handicapped persons.
4. The Department is proposing legislation to allow the Secretary to lease or sell the Kansas Industries for the Blind facility at Kansas City and to lease such facility at Topeka.
5. The Department is proposing legislation to bring the sheltered workshop employees at the Kansas Industries for the Blind under the state retirement program.

RCH:mo

Attn. #2
1-15-86

Hs. PHW

Attn #3
1-15-86
H. PHW

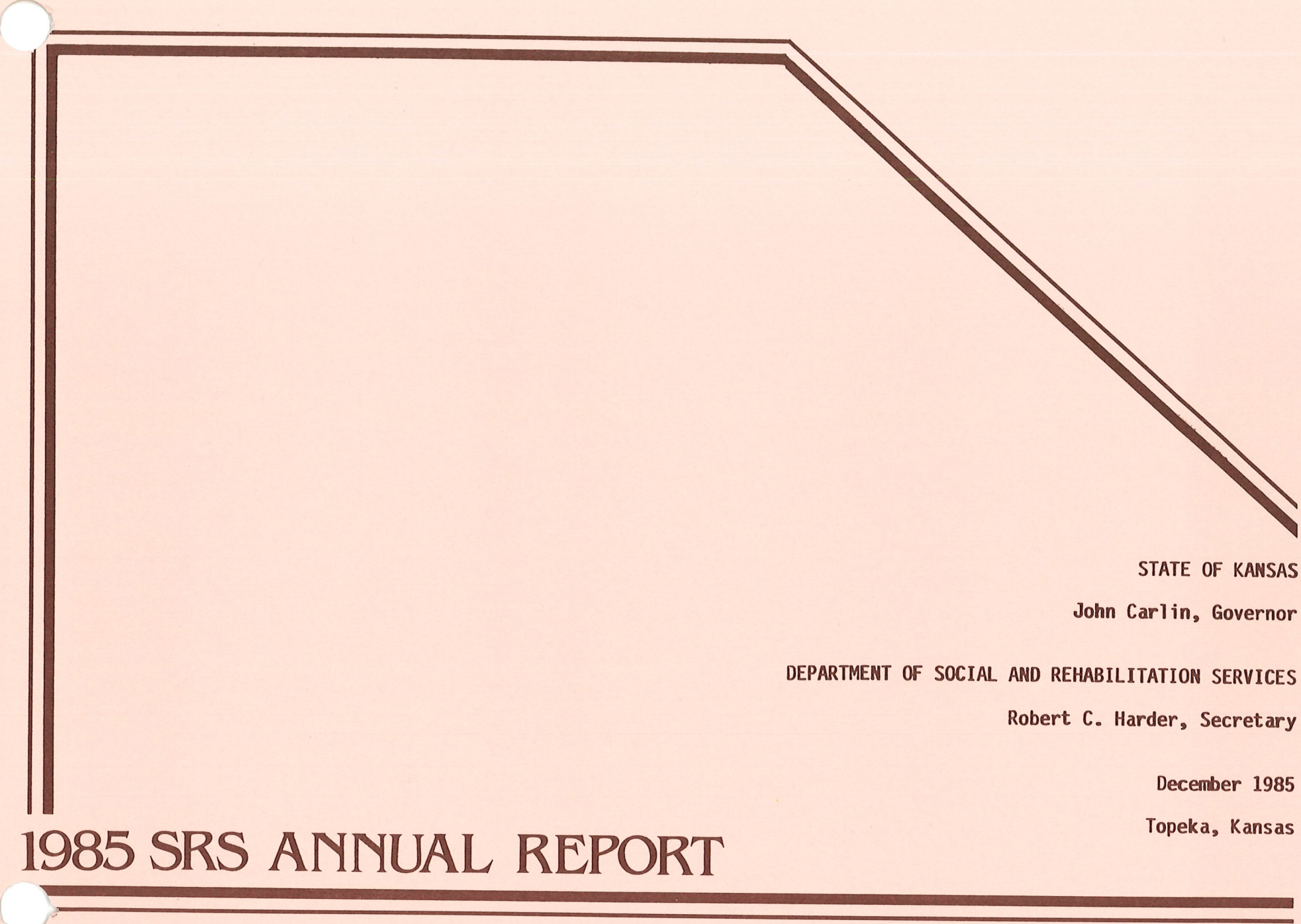


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1985 SRS ANNUAL REPORT

Kansas Department of Social and Rehabilitation Services

Hs. PHW
1-15-86
Attachment 3



STATE OF KANSAS

John Carlin, Governor

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

Robert C. Harder, Secretary

December 1985

Topeka, Kansas

1985 SRS ANNUAL REPORT

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AREA OFFICES SOCIAL AND REHABILITATION SERVICES

Area Office	Address	Telephone	Manager	Chief of Social Services Admin. Services Chiefs	Chief of IM VR Supvr.	Counties Served By Area
CHANUTE	1500 West 7th Box 708 66720	(316) 431-3390 KANSAN 566-1400	Lauren Harrod, Mgr. Sheila Burt, Sec.	Gary Beck, S.S.C. Jerry Tallent, A.S.C.	Jo Jones, I.M.C. Ed Viers, V.R.S.	Neosho, Montgomery, Wilson, Woodson
EMPORIA	1015 Scott Box 1468 66801	(316) 342-2505 KANSAN 567-8280	Joe Myers, Mgr.	Arlene Schroeder, S.S.C. Mary Beth Stapp, A.S.C.	Lougene Marsh, I.M.C. Jan Buckman, V.R.S.	Lyon, Chase, Morris, Marion, Dickinson
GARDEN CITY	2701 North 11th 67846	(316) 275-0271 KANSAN 566-6500	Dale Barnum, Mgr. Barbara Kemper, Sec.	Verlene Kunz, S.S.C. Marilyn Hassler, A.S.C.	Jolene Thul, I.M.C. Doug Windholz, V.R.S.	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, Mgr. Janice Leiker, Sec.	David Schmidt, S.S.C. Wilma Look, A.S.C.	Edgar Grass, I.M.C. Ralph Kasselmann, V.R.S.	Cheyenne, Rawlins, Decatur, Norton, Phillips, Smith, Sherman, Thomas, Sheridan, Graham, Rooks, Osborne, Wallace, Logan, Gove, Trego, Ellis, Russell
HIAWATHA	810 Oregon St. Box 218 66434	(913) 742-7186 No KANSAN	Orveda Anderson, Mgr.	Don Madsen, S.S.C. JoAnn Wenger, A.S.C.	Sylvia Lowder, I.M.C. Kathie Fesh, V.R.S.	Brown, Jackson, Jefferson, Atchison, Doniphan
HUTCHINSON	501 North Monroe Box 1326 67504	(316) 663-5731 KANSAN 567-3200	Doris Gough, Mgr. Mary Aleman, Sec.	Thomas Warders, S.S.C. Bertha Smith, A.S.C.	James Johnson, I.M.C. Bob Marker, V.R.S.	Reno, Rice, McPherson, Harvey
JUNCTION CITY	1012 N. Jefferson Box 1027 66441	(913) 762-5445 KANSAN 567-8120	Flordie Pettis, Mgr. Mary Bleam, Sec.	Sakinah Salahu-Din, S.S.C. Maxine Lathrop, A.S.C.	Barbara Dunlap, I.M.C. Conrad Harman, V.R.S.	Geary, Riley, Wabaunsee, Clay, Nemaha, Pottawatomie, Washington, Marshall
KANSAS CITY	I Gateway Ctr. 66101 Box 1248 66117	(913) 371-6700 KANSAN 565-4110	James Wann, Mgr. Mary Jane Stanfield, Sec.	Hilde Farley, S.S.C. Eva Letcher, A.S.C.	Roz Muirhead, I.M.C. Pat Rettenmaier, V.R.S.	Wyandotte
OLATHE	One Patrons Plaza 66061	(913) 782-6600 KANSAN 566-1210	Mike VanLandingham, Mgr. Esther Rieschl, Sec.	Glenda Davis, S.S.C. LaRue Smith, A.S.C.	Betty Friauf, I.M.C. Karen Sherwood, V.R.S.	Johnson, Leavenworth
OSAWATOMIE	Box 1000 66064	(913) 755-2162 KANSAN 567-8110	Arthurine Criswell, Mgr. Fran McCourt, Sec.	William Pickering, S.S.C. Janet Williams, A.S.C.	Georgie Wright, I.M.C. Jerry Leonard, V.R.S.	Miami, Franklin, Osage, Coffey, Anderson, Linn
PARSONS	400 N. 32nd Box 914 67357	(316) 421-4500 KANSAN 567-8585	Martin Semonick, Mgr. Linda Hayden, Sec.	Bob Mikel, S.S.C. Glendola Ruark, A.S.C.	O.D. Sperry, I.M.C. Ed Viers, V.R.S.	Cherokee, Labette
PITTSBURG	20th & 69 Bypass Box 402 66762	(316) 231-5300 KANSAN 567-8590	Herbert Hickman, Mgr. Cheryl Hallacy, Sec.	Michael Harrison, S.S.C. Jackie Tinsley, A.S.C.	Kenneth Harton, I.M.C. Ed Viers, V.R.S.	Crawford, Bourbon, Allen
PRATT	802 South Main Box 367 67124	(316) 672-5955 KANSAN 567-8610	Gary Dalton, Mgr. Joyce Hedrick, Sec.	Joyce Ryan, Act. as S.S.C. Mary Carnaghi, A.C.S.	Lester Lyden, I.M.C. Lyle Wheeler, V.R.S.	Barton, Rush, Pawnee, Stafford, Edwards, Pratt, Kiowa, Comanche, Barber, Harper, Sumner, Kingman
SALINA	2130 S. Ohio Graves Plaza Box 6200 67401	(913) 825-8111 KANSAN 567-6110	June Garrett, Mgr. Wavelyn Schneider, Sec.	Ted Mintun, S.S.C. Mary Ann Schnepf, A.S.C.	Marlys Mattingly, I.M.C. Sid Bieber, V.R.S.	Saline, Ellsworth, Lincoln, Ottawa, Cloud, Mitchell, Jewell, Republic
TOPEKA	4th & Oakley 66606 Box 1424 66601	(913) 295-9521 KANSAN 566-9210	Faith Spencer, Mgr. Eileen Moran, Sec.	Jan Bowen, S.S.C. Travis Taylor, A.S.C.	Oliver Green, I.M.C. Kathie Fesh, V.R.S.	Shawnee, Douglas
WICHITA	3244 E. Douglas Box 1620 67201	(316) 651-5300 KANSAN 565-5300	John Alquest, Mgr. Joyce Gibbs, Sec.	Pat Blankinship, Act. S.S.C. Bill Plank, A.S.C.	Keith Massie, I.M.C. John Paul, V.R.S.	Sedgwick
WINFIELD	Pinecrest Bldg. Box 735 67156	(316) 221-6400 KANSAN 567-8655	Billie Orr, Mgr. Norma Rowe, Sec.	Gary Nelson, S.S.C. Martha Wright, A.S.C.	Julia Lambert, I.M.C. Lyle Wheeler, V.R.S.	Butler, Greenwood, Cowley, Elk, Chautauqua

YOUTH CENTERS AND MHMR INSTITUTIONS
SOCIAL AND REHABILITATION SERVICES

Larned State Hospital	Larned, KS 67550	565-8226	George Getz, M.D.
Osawatomie State Hospital	Osawatomie, KS 66064	566-2224	J. Russell Mills
Topeka State Hospital	2700 W. 6th St. Topeka, KS 66606	561-4222	Eberhard Burdzik, M.D.
Rainbow Mental Health Facility	2205 W. 36th St. Kansas City, KS 66103	565-6258	Jack Southwick
Parsons State Hospital and Training Center	2601 Gabriel Parsons, KS 67357	566-3220	Gary Daniels, Ph.D.
Winfield State Hospital and Training Center	Winfield, KS 67156	567-4201	Michael Dey, Ph.D.
Kansas Neurological Institute	3107 W. 21st St. Topeka, KS 66604	561-5301	Ann Marshall-Levine, Ph.D.
Norton State Hospital	Norton, KS 67654	566-0204	Michael Davis, Ph.D
Youth Center at Atchison	Atchison, KS 66002	567-8100	Philip Knapp
Youth Center at Topeka	1440 N.W. 25th St. Topeka, KS 66608	561-7701	Gene Wilson
Youth Center at Beloit	1720 N. Hershey Beloit, KS 67420	565-0110	Denis J. Shumate
Youth Center at Larned	Larned, KS 67550	565-8391	Maxine Vaughan

CHART SHOWS SOME OF THE MANY PROGRAMS AND AGENCIES UNDER THE UMBRELLA OF THE
KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

GOVERNOR
STATE OF KANSAS

SECRETARY
OF SRS

MENTAL HEALTH AND
RETARDATION SERVICES

MH Institutional Programs
MR Institutional Programs
Community MH Programs
Community MR Programs
Kansas Planning Council on
Developmental Disabilities
Larned State Hospital
Osawatomie State Hospital
Topeka State Hospital
Rainbow Mental Health Facility
Parsons State hospital
and Training Center
Winfield State Hospital
and Training Center
Kansas Neurological Institute
Norton State Hospital

INCOME MAINTENANCE
AND MEDICAL SERVICES

Aid to Families
With Dependent Children
General Assistance
Medical Assistance
Food Stamps
Quality Control

ADULT SERVICES

Homemaker Services
Alternate Care
Job Preparation Programs
State Economic Opportunity Office
Adult Care Home Program

EXECUTIVE ASSISTANT
FOR POLICY AND PROGRAM DEVELOPMENT

Analysis, Planning and Evaluation
Administrative Hearings

YOUTH SERVICES

Children in Need of Care Program
Juvenile Offender Program
Protective Services
Foster Care
Fiscal Management, Licensure
and Certification
Youth Center at Atchison
Youth Center at Beloit
Youth Center at Larned
Youth Center at Topeka

REHABILITATION SERVICES

Client Services; Independent Living
Client Assistance Program
Disability Determination Services
KS Vocational Rehabilitation Center
Vocational Rehabilitation Unit
KS Comm. f/t Deaf & Hrg. Impaired
Services for the Blind
Kansas Industries for the Blind
Rehabilitation Center f/t Blind

ALCOHOL AND
DRUG ABUSE SERVICES

Treatment/Intervention
Employee Assistance Program
Prevention
Grants Management and Support

LEGAL SERVICES

Fraud and Recovery

CIVIL RIGHTS
EQUAL EMPLOYMENT OPPORTUNITY

ADMINISTRATIVE SERVICES

Finance and Accounts
Audits
Staff Development
Research and Statistics
Child Support Enforcement
Data Processing
Personnel


SRS POLICY COMMITTEE

Robert C. Harder
Aileen C. Whitfill

Peter Rinn
Clyde Howard
Mike VanLandingham
Charles Stevenson
Anita Favors
Jim McHenry
John Schneider
Gerald T. Hannah
Joan Watson
Robert Barnum

Secretary
Executive Assistant for Policy
and Program Development
Chief Counsel
Civil Rights/Equal Employment Opportunity
Area Office Coordinator
Commissioner of Administrative Services
Commissioner of Adult Services
Commissioner of Alcohol and Drug Abuse Services
Commissioner of Income Maintenance and Medical Services
Commissioner of Mental Health and Retardation Services
Commissioner of Rehabilitation Services
Commissioner of Youth Services

(913) 296-3271
(913) 296-3271
(913) 296-3967
(913) 296-4766
(913) 782-6600
(913) 296-3271
(913) 296-4300
(913) 296-3925
(913) 296-3271
(913) 296-3774
(913) 296-3911
(913) 296-3284



1985 SRS ANNUAL REPORT

Kansas Department of Social and Rehabilitation Services

INTRODUCTION

The Department of Social and Rehabilitation Services (SRS) is pleased to issue its twelfth Annual Report of activities to the Governor, the Legislature, and the people of Kansas. This Annual Report describes SRS's activities, states the purposes or goals of those activities, and assesses SRS's success in the past year in reaching those goals. This Annual Report also describes social, demographic, economic, and other trends that will affect SRS programs in the coming years. Finally, this report describes initiatives planned for the coming year to improve SRS's effectiveness and efficiency.

The operation of SRS is rooted in constitutional provisions which read in part: "Institutions for the benefit of mentally or physically incapacitated or handicapped persons, and such other benevolent institutions as the public good may require, shall be fostered and supported by the state... The respective counties of the state shall provide, as may be prescribed by law, for those inhabitants who, by reason of age, infirmity or other misfortune, may have claims upon the aid of society."

State law reads in part, "The Secretary of Social and Rehabilitation Services shall develop state plans, as provided under the federal social security act, whereby the state cooperates with the federal government in its program of assisting the states financially in furnishing assistance and services to eligible individuals... The Secretary shall have the power and duty to determine the general policies relating to all forms of social welfare which are administered or supervised by the Secretary and to adopt the rules and regulations therefor."

From that legal background the SRS Policy Committee has developed the following mission statement.

- o To be responsive to the needs and concerns of Kansans who endure economic, emotional, and

physical handicaps which are beyond their capability of self-care.

- o To maximize community-based alternatives.
- o To provide institutional services in a humane and rehabilitative setting.
- o To promote self-reliance through appropriate education, treatment, training, and employment.
- o To protect individuals who are unable to protect themselves.
- o To provide quality services within the resources available.
- o To advocate on behalf of the needs of the poor, needy, and disabled.
- o To promote wellness and a healthy life style through proactive prevention programs.
- o To maintain an organizational climate that ensures fair treatment, encourages cooperation, fosters career development and mobility, and rewards achievement and excellence.

To meet this challenging mission SRS administers a wide variety of programs, including services to meet basic maintenance needs such as cash assistance, medical assistance, and Food Stamps. SRS provides a variety of social services, job training programs, and rehabilitation services to increase its clients' independence. SRS provides services to protect adults and children from abuse and neglect. SRS also operates institutions for youth offenders, physically disabled individuals, and mentally retarded and mentally ill individuals.

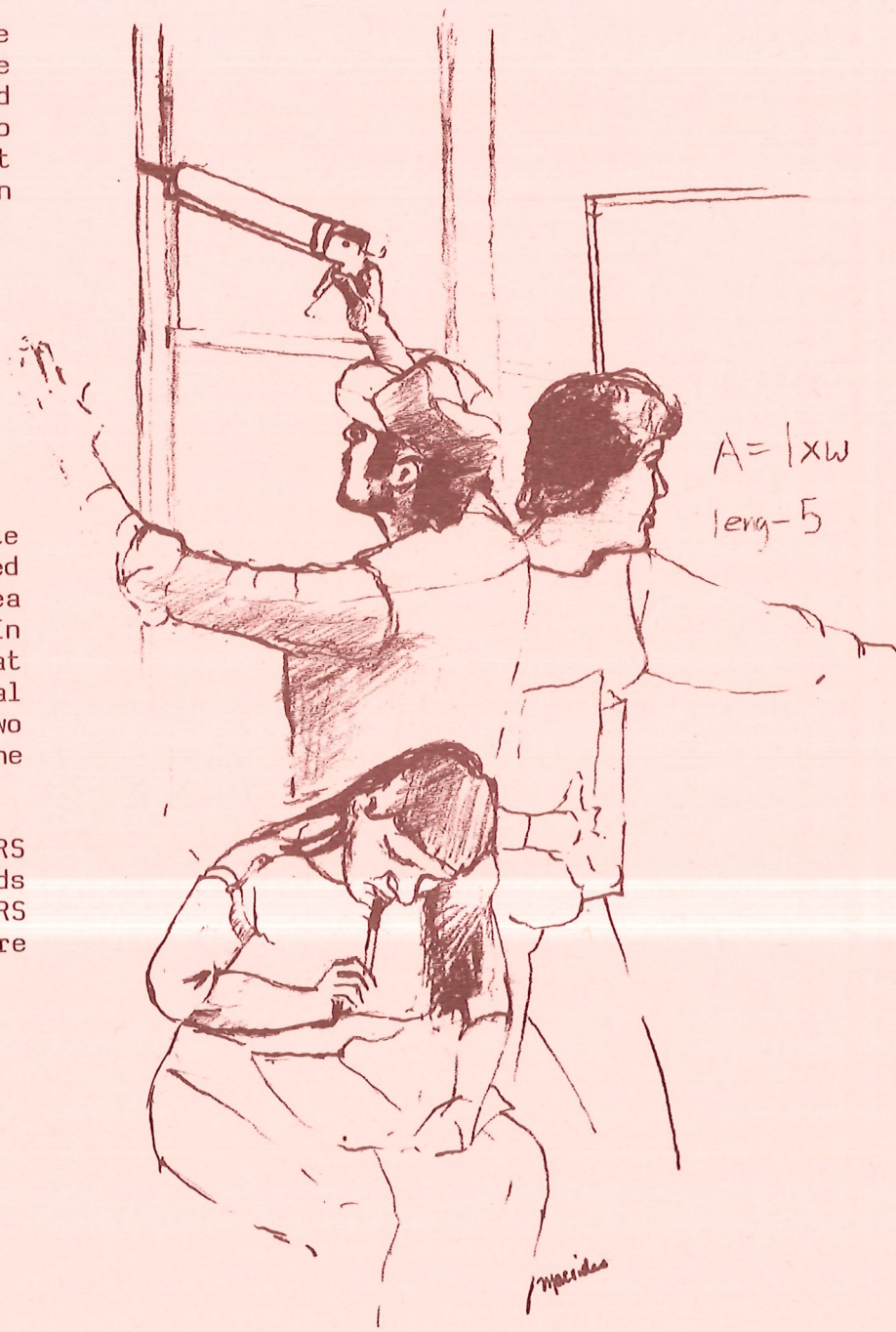
Under the authority of the Secretary appointed by the Governor with the consent of the Senate, the Department consists of six statutorily established service divisions, each of which is directed by an

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 facilities.

The following sections describe more fully SRS services and programs, describe significant trends relevant to those programs, and describe SRS initiatives designed to make those programs more efficient and effective.



OVERVIEW OF SOCIAL AND REHABILITATION SERVICES PUBLIC INPUT AND LEGISLATIVE ACTIONS

Accountability and public input are an integral part of SRS operations. The sharing of information through the monthly SRS open meetings, area advisory committees, 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 participate either through a conference telephone hookup or in person in Topeka.

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

1985 Kansas Legislative Action Affecting Social and Rehabilitation Services

Major pieces of legislation passed by the 1985 Legislature that affect SRS operations are briefly summarized below:

ADMINISTRATION

S.B. 51 provides a comprehensive system to help collect child support for both families receiving Aid to Dependent Children (ADC) and for other families. It provides for expanded methods of collecting support (wage withholding and income tax offsets), allows expedited judicial processing, and ensures closer coordination between SRS and the judicial system.

H.B. 2102 provides the basic appropriation for most of SRS excluding Mental Health and Retardation Services. It includes a 6 percent increase in ADC and General Assistance grants for the first six months of the fiscal year and a 7 1/2 percent increase for the second six months. It includes an 8 percent increase for the first six months and 10 percent increase for the second six months for payments to residential foster care providers. It provides a 15 percent increase for payments to family foster care providers and a 10 percent increase for payments to day care providers. It provides 10 additional staff for Fraud and Recovery and 3 additional staff for work programs.

ADULT SERVICES

S.B. 72 expands the persons required to report abuse and neglect in adult care homes to include psychologists, and also provides a misdemeanor penalty for not reporting.

S.B. 89 gives SRS specific authority to investigate reports of abuse and neglect of adults outside of medical facilities.

ALCOHOL AND DRUG ABUSE SERVICES

H.B. 2102 provides \$200,000 new money for youth alcohol and drug abuse treatment programs, and \$200,000 additional new money for abuse prevention and treatment programs.

H.B. 2142 encourages local boards of education to provide alcohol and drug abuse prevention programs for their students.

INCOME MAINTENANCE AND MEDICAL SERVICES

S.B. 131 provides that General Assistance clients convicted of misdemeanor fraud will be ineligible for one year and will be disqualified forever if convicted a second time. If convicted of felony

fraud, they are disqualified for 5 years after the first conviction and disqualified forever after a second conviction.

H.B. 2510 allows financial organizations to provide SRS information about the accounts of Public Assistance clients to verify resources. This makes computer matching of bank and Public Assistance records possible.

MENTAL HEALTH AND RETARDATION SERVICES

S.B. 92 expands the membership of the Governor's Advisory Commission on Mental Health and Retardation Services to include a representative from the Department of Corrections and a member associated with community mental retardation services.

S.B. 362 excludes state psychiatric hospitals from mandatory liability insurance. Money saved by not paying the hospital premium will allow SRS to pay individual premiums for physicians at the hospitals.

H.B. 2304 allows licensing of campus style programs (more than one building) for intermediate care facilities for the mentally retarded, as long as the total complex does not exceed 75 residents.

H.B. 2355 allows Kansas Industries for the Blind and rehabilitation agencies to provide, and be paid for, services as well as products.

REHABILITATION SERVICES

S.B. 335 expands the membership of the Kansas Committee on Employment of the Handicapped.

YOUTH SERVICES

S.B. 69 requires the filing of a genetic, medical, and social history with adoption petitions. SRS will be the central registry for retaining the basic information.

S.B. 71 brings Kansas into the Interstate Compact on Adoption and Medical Assistance which assures continued medical services for special needs children who have moved across state lines.

S.B. 167 allows videotapes of child victims of abuse or neglect to be admitted as evidence.

S.B. 259 allows SRS social workers to act as education advocates for children in SRS custody who need special education services.

H.B. 2054 protects persons cooperating with investigations of child abuse and neglect from negative sanctions imposed by their employer.

H.B. 2055 permits the sharing of confidential child abuse and neglect records with court-appointed special advocates.

H.B. 2105 defines more specifically the crime of sexual exploitation of a child, and expands the definition.

H.B. 2145 clarifies issues related to persons prohibited from working in child care and day care if they have a previous felony record.

H.B. 226-2 requires notice to grandparents and other relatives of proceedings concerning placement of a child being removed from the home of the parents.

H.B. 2497 allows the Department of Health and Environment to issue temporary permits to operators of homes for children.

OFFICE OF THE SECRETARY

The Secretary of SRS provides overall policy guidance and management of the agency. The Executive Assistant for Policy and Program Development and the Area Office Coordinator serve as principal staff to the Secretary and have agency-wide responsibility.

Legal Services

Goal: To provide legal services to the Department.

The Legal Division coordinates and directs the legal activities of the department. The Division is responsible for litigation involving the department as well as providing legal advice to the Secretary and staff.

Fraud and Recovery Program

Goal: To investigate fraud and to recover funds from people who owe money to SRS.

The Fraud and Recovery Program coordinates the department's efforts to prevent, identify, investigate, and prosecute both recipient and service provider fraud, and operates the welfare fraud hotline (1-800-432-3913). It reviews warrant replacement requests to ensure two warrants are not cashed; conducts special investigations; and assists various SRS programs to recoup administrative overpayments and terminate fraudulent providers from program participation. The Program is also responsible for recovering medical assistance payments when a third party is legally liable, and assisting state institution reimbursement officers in collecting amounts due and owing from patients or other responsible persons.

Activity Data: The following table includes information on the activities of the Fraud and Recovery Program.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Recipient convictions	124	77	--(a)
Provider convictions	4	4	4
Civil judgements	400	401	--
Recovered fraudulent overpayments	\$903,670	\$947,031	--
Hotline savings	\$246,048	\$446,162	--
Third party medical assistance recoveries ...	\$505,403	\$714,527	\$714,527
Institutional reimburse- ment collections	\$108,326	\$156,492	\$156,492

(a) Blanks in tables throughout this report indicate either the figure was unavailable or cannot be estimated.

The table shows a decline between Fiscal Years 1984 and 1985 in recipient convictions while provider convictions remained the same. There were increases between Fiscal Years 1984 and 1985 in all of the other activities included in the table. These changes do not represent trends.

Due to decentralization of the recipient fraud program, brought about by the addition of 10 new field investigator positions, some figures pertaining to recipient fraud activity for Fiscal Year 1986 cannot be accurately projected. The figures for the other activities are expected to be the same as for Fiscal Year 1985.

Planned Initiatives: In a continuing effort to help eliminate fraud and misrepresentation in its various assistance programs the Department has added 10 new investigator positions to its anti-fraud program. These positions were included in the Fiscal Year 1986 budget and have been assigned to local SRS Area Offices around the State.

Civil Rights/Equal Employment Opportunity

Goal: To ensure fair treatment and equity in employment and services, and to ensure that SRS and its service providers comply with affirmative action, equal opportunity, and nondiscrimination provisions of federal and state civil rights laws and regulations.

The Civil Rights/Equal Employment Opportunity Program develops and implements affirmative action, equal opportunity, dispute settlement, and civil rights compliance policies and procedures to meet the program's goals. When a problem in these areas arises, the Program's staff provides advice and technical assistance to correct the problems or deficiency, and then follows up to ensure that corrective action has alleviated the situation. More specifically, the Civil Rights/Equal Opportunity Program's four primary areas of responsibility include:

- o Equal Employment Opportunity Training and Technical Assistance develops and monitors equal employment policies that ensure SRS's hiring practices are fair and are administered without regard to race, color, national origin, sex, religion, handicap, or political affiliation. Training and technical assistance on these policies are provided.
- o Affirmative Action Plan Administration writes the SRS affirmative action plan and evaluates the plans of SRS offices. The staff analyzes work force data to assess progress toward meeting goals, and develops and implements recruitment strategies to increase the pool of qualified minorities, women, and handicapped persons.
- o Civil Rights Compliance consists of data collected to determine if SRS and its service providers are in compliance with non-discrimination, equal opportunity, and affirmative action requirements.

Corrective action guidelines are issued and monitored when necessary.

- o Civil Rights Complaint Investigation, Mediation and Coordination investigates discrimination complaints and attempts to mediate a resolution by holding fact finding sessions, advising employees of their rights, serving as a consultant to managers, and recommending a resolution. If formal charges are filed, the staff assesses their validity and coordinates federal and state investigations.

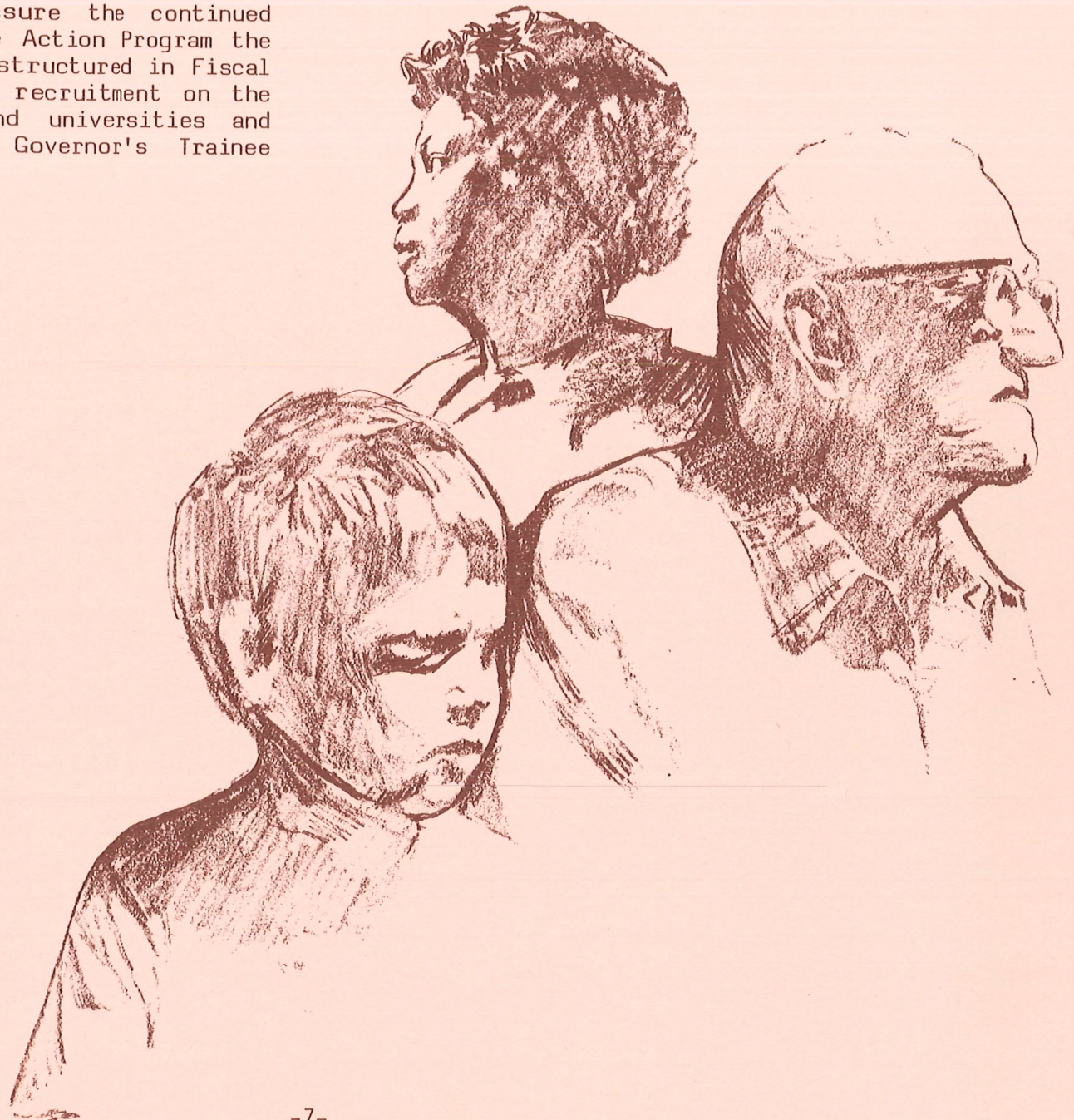
Activity Data: The following table includes information on the activities of the Civil Rights/Equal Employment Opportunity program.

<u>Activity</u>	<u>Expected</u>		
	<u>FY 84</u>	<u>FY 85</u>	<u>FY 86</u>
Number of EEO training sessions..	11	11	15
Attendance	269	327	360
Number of compliance training			
Sessions	5	5	8
Attendance	112	119	180
Number of compliance reviews	36	50	63
Average deficiencies per review	4	2	2
Number of informal grievances ...	73	80	88
Number resolved through mediation/fact finding	57	64	71
Number refiled as formal grievances	16	16	16
Number of civil rights complaints	12	16	14
No probable cause findings ...	11	16	14
Negotiated settlement	1	0	0

The table shows the total number of EEO and compliance training sessions and compliance reviews increasing over the three-year period. The anticipated result in Fiscal Year 1986 is that the average number of compliance deficiencies and the number of formal grievances will remain stable, and

all complaints will result in no probable cause findings.

Planned Initiatives: To assure the continued effectiveness of the Affirmative Action Program the recruitment component will be restructured in Fiscal Year 1986 to include extensive recruitment on the campuses of Kansas colleges and universities and emphasis on the use of the Governor's Trainee Program.



**EXECUTIVE ASSISTANT FOR POLICY AND PROGRAM
DEVELOPMENT SUPERVISES TWO UNITS**

Office of Analysis, Planning, and Evaluation

Goal: To provide information to SRS managers that enables SRS to more effectively and efficiently use its resources.

The Office of Analysis, Planning, and Evaluation develops in-depth reports on the effectiveness and efficiency of SRS programs, and provides decision-makers with objective information to assist them in considering policy and administrative options.

Activity Data: During Fiscal Year 1985 the following major studies were completed:

- o The Primary Care Network (PCN) Study showed that the pilot program to assign Medicaid clients to a primary physician, who provides or approves all medical care, has reduced utilization of medical services. The study also showed interviewed clients were generally more satisfied with their medical care after PCN than before. The study recommended several administrative changes to increase the program's effectiveness.
- o The Rehabilitation Services Study described the Rehabilitation Services process in detail, traced the effectiveness of the program over the last ten years, and made recommendations to improve the program's effectiveness.
- o The Foster Care Program Study described the Foster Care process in detail, showed changes in funding and caseloads in recent years, and presented options for program changes needed to cope with increasing reports of abuse and neglect, and rising foster care placements.

The Office completed shorter studies of the possibility of earmarking public assistance grant

increases for utilities in order to allow increased Food Stamp allotments, and of the staffing issues in the State mental retardation institutions. The Office also developed a planning and budgeting process that brings long-range planning, budget development, and other related functions into a single coordinated process. Finally, the Office assisted in the review of budget issue papers and produced the SRS Annual Report in conjunction with Research and Statistics.

Planned Initiatives: In the fall of 1985 the Office will complete two major reports. The first is a comprehensive review of the problems of single women with children in poverty in Kansas, the programs currently available to help them, and innovative programs around the country being used to help women and children in poverty. This study will include much new information about the characteristics of these women in Kansas and the status of current programs. The other study, based on a large number of surveys and interviews, will describe the services SRS provides to prevent the need for foster care placement for abused and neglected children, and will assess the effectiveness of those services. Other studies will be based on the policy and management priorities of the Department.

Administrative Hearings Program

Goal: To provide an appeal process for SRS clients, providers, and other parties whenever an action is taken or a decision is made by SRS. Timely decisions should be rendered as to the appropriateness of the decision or action.

The Administrative Hearings Program is responsible for maintaining a fair hearing process to ensure that all providers, clients or other interested parties may appeal any agency action or decision. The section is also responsible for maintaining a process for Food Stamp disqualification hearings. Examples of appeals filed range from clients who believe their

benefits were inappropriately denied or reduced to Medicaid providers who are appealing their reimbursements for medical services.

Food Stamp disqualification decisions are not reviewed by the State Appeals Committee. They are appealed directly to District Court. One Food Stamp disqualification decision was appealed in Fiscal Year 1985. This case is still pending.

Activity Data: The following table includes information on the number of appeals filed, their outcome, and the timeliness of their disposal.

<u>Activity</u>	<u>Expected</u>		
	<u>FY 84</u>	<u>FY 85</u>	<u>FY 86</u>
Appeals filed	1,082	955	--
Recipient appeals	817	763	--
Provider appeals	265	192	--
Percent disposed within time limits (60 to 90 days)	84%	85%	90%
Food Stamp appeals	765	484	--
Percent disposed within time limits	100%	100%	100%

In Fiscal Year 1985, 955 appeals were filed, 763 were recipient appeals and 192 were provider appeals. Of those cases, 85 percent of those cases were disposed of in a timely manner. Another 484 Food Stamp disqualification cases were filed in Fiscal Year 1985 and 454 were disposed of, 100 percent of those in a timely manner.

In Fiscal Year 1985, 123 cases were appealed to the State Appeals Committee. Of those 100 were affirmed, 7 reversed, 4 remanded (sent back for rehearing), and 3 affirmed in part and reversed in part. Nine are pending. Of the 123 cases, 23 were appealed to district court. Only three of those cases have been disposed of. In one, the hearing decision was affirmed and in two the decision was reversed.



ADMINISTRATIVE SERVICES

The goal of Administrative Services is to provide necessary support services to the various program areas within SRS to assure that their programs achieve the stated goals. Support services are provided in the areas of finance, research and statistics, personnel services, audits, data processing, and staff development. Also, direct program services are provided to obtain child support from the absent parents.

Child Support Enforcement Program

Goal: To protect and ensure children's financial stability by establishing and enforcing their right to support from responsible parents and to reduce the burden on the taxpayer by recovering child support owed to Aid to Dependent Children recipients.

The Child Support Enforcement program, in conjunction with the Judicial branch and local prosecuting attorneys, locates absent parents, establishes paternity, and establishes and enforces support orders. The program uses a variety of remedies to enforce collection including income assignments; garnishing wages; and intercepting unemployment benefits, federal and state income tax refunds, and other state payments.

Activity Data: The following table shows this program's performance in terms of the number of child support obligations established and the benefit/cost ratio. The benefit/cost ratio is the child support collected divided by the administrative costs of making those collections.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Collections in millions	\$11.3m	\$11.3m	\$22m
Obligations established	2,030	1,698	3,700
Benefit/Cost ratio	2.29/1	2.09/1	2.50/1

Significant Trends: The near doubling of expected child support collections in Fiscal Year 1986 is due primarily to a number of major changes in the child support enforcement system that became effective in July 1985 in response to new federal and state laws. The key changes are:

- o Child support services are being provided at no charge to persons who are not Aid to Dependent Children recipients.
- o Authority to garnish wages is being sought from the courts whenever payments are delinquent 30 days or more, and such garnishments will continue indefinitely rather than requiring court approval to continue.
- o SRS is working with courts to set up an expedited system of establishing child support orders.

Planned Initiatives: The primary initiative for the coming year is to work with a larger staff and refined procedures to effectively collect child support for more people. Among the specific administrative changes are development and implementation of a statewide computerized network connecting SRS units to courts for casework and fiscal management purposes, and a new interstate unit that will screen and appropriately handle requests from other states for assistance in collecting support from parents living in Kansas.

Finance and Accounts Program

Goal: To continue to provide timely and accurate financial support to SRS including budgeting, payments processing, federal and state expenditure reporting, grants management, cost management, purchasing, records management, cost allocation, collections processing, and financial audits coordination.

The Finance and Accounts Section provides a wide variety of support services which include:

- o Budgeting services including assistance to agency sections and divisions with the preparation and tracking of their budgets through the executive and legislative process.
- o Expenditure reporting services including the filing of federal expenditure reports and distribution of expenditure data to agency sections.
- o Cash management activities to regulate the amount of federal funds drawn to cover immediate expenditures.
- o Purchasing services for all major equipment and supplies for the agency, including the preparation of specifications for equipment, and solicitation and storage for approximately 500 of the forms used by SRS.
- o Collections processing service for accounting and reporting of various agency accounts receivables.

Activity Data: The number of days required to perform key finance functions are shown in the following table.

<u>Activity</u>	<u>FY 84 Actual</u>	<u>FY 85 Goal</u>	<u>FY 85 Actual</u>	<u>Expected FY 86</u>
Number days after end of month to produce expend. and fund balance reports.	15	15	15	15
Number days to make client payments after central office receipt	4.3	4.3	4.2	4.2
Number of days to make vendor payments after central office receipt ..	4.5	4.5	3.5	3.5
Number days to fill orders				
For supplies	1.2	1.2	1.3	1.2
For forms	1.9	1.7	1.9	1.8
Number days to process misc. vouchers	4.1	4.0	4.5	4.2

This table shows the extent to which the Finance and Accounts Program has processed key reports, and vouchers within reasonable time limits. In Fiscal Year 1985 all processing goals were met, and we expect that the 1986 goals will also be met.

Personnel Services Program

Goal: To provide personnel services to management and employees which are accurate, timely, and equitable.

The SRS Division of Personnel Services is responsible for providing total personnel services for 7,788 full time positions including employment services (recruitment, applications, examinations, certification, and selection), classification and compensation, labor relations, management information, payroll and benefits, and discipline and performance evaluations.

Activity Data: The following table provides information on the activities of the personnel services program.

<u>Activity</u>	<u>FY 84 Actual</u>	<u>FY 85 Goal</u>	<u>FY 85 Actual</u>	<u>Expected FY 86</u>
Number of applications for employment scored	3,300	3,600	3,250	3,600
Percent within 10 days ..	83%	92%	98%	98%
Number of classification requests received	475	480	521	600
Percentage of classification actions completed within 30 days	79%	80%	95%	95%
Percentage of classification requests completed by field staff	--	--	18%	30%

The percentage of classifications completed by field staff is a measure of the effort to improve efficiency by decentralizing the classification process. Classification is the process of deciding how a job's responsibilities compares to other jobs, and what the salary range for a particular job should be.

Audit Program

Goal: To ensure accountability by completing required audits in a timely and accurate manner, and to complete internal and special request audits.

The Audit Program is responsible for three major types of audits. First, the Audit Program sets reimbursement rates for certain providers of SRS services whose reimbursement rates are based fully or partially on actual costs. These providers include participants in the Kansas Medicaid Program including hospitals, mental health centers, and nursing homes. The reimbursement rates are set after performing desk audits on cost reports filed by the providers and field audits in which cost reports are checked to make sure they match the providers' financial records.

Second, the Audit Program performs post audits on grants awarded by SRS to ensure all grant funds and assets are properly accounted for, and to ensure the grantee complies with the terms of the grant award and state and federal regulations. The Audit Program also reviews the accounting system of potential grantees and conducts site visits for financial monitoring during the grant period. Third, the Audit Program conducts internal audits of SRS institutions, the 17 area offices, SRS's various payment systems, as well as operational audits of Central Office Divisions and Sections to verify compliance to regulations, policies and procedures. The audits ensure accountability for incoming and outgoing funds, and compliance with certain regulations.

Activity Data: The following table includes information on the activities of the Audit Program.

<u>Activity</u>	<u>FY 84 Actual</u>	<u>FY 85 Goal</u>	<u>FY 85 Actual</u>	<u>Expected FY 86</u>
Desk Audits				
Hospitals	380	385	293	400
Nursing homes	417	420	401	400

<u>Activity</u>	<u>FY 84 Actual</u>	<u>FY 85 Goal</u>	<u>FY 85 Actual</u>	<u>Expected FY 86</u>
Children's residential programs	41	45	58	60
Field Audits				
Nursing homes	84	63	115	100
Children's residential programs	33	50	28	30
Community based programs.	70	80	107	70
Internal-area office	15	6	12	6
Internal-payment systems.	18	12	10	10
Internal-state institutions	--	5	3	5
Internal-other	--	--	10	5
Other Audits - not included above	--	--	10	5

Data Processing Program

Goal: To improve agency efficiency through automation by maintaining and enhancing major payment and service delivery systems, and to improve and develop automated statistical reporting systems.

The Data Processing Section is responsible for maintaining and enhancing SRS's major automated payment and service delivery systems. This includes monthly production of cash payments, issuance of monthly medical identification cards, and issuance of lists of eligible Food Stamp recipients. Each of these systems also must produce many reports to enable field staff to maintain the accuracy and timeliness of grants and other benefits. Data Processing also maintains various computerized statistical files on social services, foster care, vocational rehabilitation, quality control, and other programs. Data Processing produces an agency data processing plan and is working on a major project to further automate the public assistance eligibility process.

Activity Data: The following table includes information on the activities of the Data Processing program.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>
Work requests	544	240
Percent completed	27%	58.4%
Hours estimated to complete projects	5,853	5,540
Actual hours	7,478	5,742

Significant Trends: During Fiscal Year 1985 Data Processing implemented a training and computer support program for SRS program sections. Program sections are given access to the central computer, and are given training and support on user packages. This has enabled sections to develop their own reports and special requests without significant need for Data Processing resources. Data Processing has spent 670 hours on this activity. At the same time the number of work requests for data processing has been reduced.

A significant effort of 2,000 programming hours has been spent on enhancing the Food Stamp system to allow the entry of all individuals' social security numbers to reduce duplication and fraud. SRS has also begun the automation of the Child Abuse Registry which will allow for faster and more accurate identification of children previously abused. Data Processing continues to utilize about 30 percent of its resources to maintain existing systems.

Planned Initiatives: Data Processing will convert the current FARMS (Financial Accounts Receivable Management System) system from its current operating environment to one that will allow for easier enhancements to the system and make it compatible with other agency systems. The project is expected to require 12 to 15 months to complete.

Staff Development Program

Goal: To enhance the performance of SRS staff and to increase program effectiveness by providing training to SRS employees, including supervisory training and program specific training.

The Staff Development Program does initial training for specific jobs, ongoing training to maintain a high caliber of professional service, and training required for program changes due to federal and state legislation. In Fiscal Year 1985, curricula were developed for family services, protective services, and for new Food Stamp workers. A series of courses has been initiated for adult services workers. Efforts have continued to expand training curriculum for public assistance and medical services. Supervisory training has been offered to all new supervisors.

Staff Development also coordinates training not conducted by its own staff, maintains a library of over 3,000 volumes, and produces media presentations for training purposes. During Fiscal Year 1985, the Media Department concentrated on producing video presentations for orientation of new workers to SRS.

Activity Data: The following table shows an increase in the amount of staff training provided in Fiscal Year 1985.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Development of curricula	(a)	4	3
Supervisory series: number of times offered	(a)	6	6
Completion of media productions	19	13	15
Days of training provided by all trainers	264	413	413
Number of SRS staff days spent being trained	6,828	8,254	8,254

(a) not measured in Fiscal Year 1984

Planned Initiatives: The following initiatives are planned for Fiscal Year 1986 to improve the performance of SRS workers.

- o Increased emphasis on the development of self learning kits, combining handbook material with audio/visual aids.
- o Expansion of training on investigative interviewing for public assistance workers to reduce errors in eligibility determination, and training in skill areas that will be needed to adjust to the new automated eligibility system.
- o Increase emphasis on searching for outside resources for advanced training of experienced workers.
- o Expansion of supervisory/management courses to include an advanced series on data based management (how to use data to improve management).
- o Increased emphasis on the process of orienting new workers throughout the agency.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Percent of federal reports produced on time and accurately	85.7%	93%	95%
Number of reports moved to clerical staffing	2	5	5
Number of new systems finalized	2	3	3
Number of new systems initiated	6	5	6

Research and Statistics Program

Goal: To produce timely and accurate reports and to design information systems oriented to user needs and management objectives.

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 information systems support functions such as training and documentation.

Activity Data: The following table shows improvement in the percentage of reports produced on time.

ADULT SERVICES

The goal of Adult Services is to provide a variety of services to low income people, physically or mentally disabled people, and elderly people to enhance their quality of life and ability to live independently or in the least restrictive environment their health will allow, thus preventing premature entry into an institution.

Adult Abuse, Neglect, and Exploitation Program

Goal: To prevent or relieve the abuse, neglect, and exploitation of adults by others or themselves.

The Adult Abuse, Neglect, and Exploitation Program is a response to the need for protection of adults 18 years of age or older. Protective services are provided voluntarily, except in a crisis situation. The services are provided through SRS area/local direct services staff.

Prior to Fiscal Year 1981, services were provided only to those adults suspected of being abused, neglected or exploited in nonmedical settings. During the 1981 Kansas legislative session, a law was enacted that mandated this service be provided to residents of medical facilities (adult care homes, hospitals, and state institutions). During 1983 the Kansas legislature amended the law to include a provision for providing protective services to persons in Adult Family Homes. Also passed during the 1985 legislative session was a new law which directs SRS to investigate reports of abuse, neglect or exploitation of adults residing outside of a medical setting.

Activity Data: The following chart indicates the continuing growth of the program.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Total reports received	1,366	1,554	1,754
Medical	445	577	727
Nonmedical	921	977	1,027
Investigations completed within two weeks			
(Medical & Nonmedical) ...	1,172	1,258	1,460
Investigative findings (Medical & Nonmedical)			
Confirmed	594	610	720
Potential Risk	332	411	470
Unconfirmed	440	513	564
Average age of reported			
Medical	65	68	67
Nonmedical	59	57	57

Significant Trends: Services to residents of adult care homes will continue to increase as the public and advocacy groups for the aging become aware and knowledgeable of the State legislative mandate. Services to individuals in their own home will also continue to increase as a result of legislation requiring reporting of abuse and neglect outside of medical settings, the current emphasis on the provision of services to enable persons to remain in their own homes, and the responsibility to ensure the welfare and safety of these persons.

Planned Initiatives: As the number of reports continues to increase efforts will be made to respond within 48 hours to the reported person's situation and to assess the need for services. An attempt will also be made to provide the needed services, for persons consenting, within two weeks after the investigation and submit the report of findings to the central registry within three weeks of the date of the report. However, there are not enough adult protective service workers in some areas to adequately meet investigative and reporting needs. If Adult Services is to fully meet the mandated staff action of the Kansas Legislature, staff will need to be

increased in the local area offices to deal with increasing work loads.

Adult Community Living and Day Programs

Goal: To provide habilitation and rehabilitation services to developmentally disabled, physically handicapped, and aged Kansans to prevent inappropriate institutionalization.

The Community Living and Day Program provides a multitude of services primarily to the developmentally disabled, and also to the physically handicapped and aged Kansans. In doing so it prevents inappropriate and costly institutionalization for persons who have never been institutionalized but need services to ensure their continued living in the community, and assists individuals being released from the state mental health/mental retardation institutions to return to the community.

Grant awards are issued to a selected group of nonmedical local public agencies, non-profit or proprietary private agencies, and individuals or organizations. These groups provide services to SRS clients in the following programs: 1) Adult Day Programs, and 2) Community Living (Residential) Programs.

Activity Data: The following are data showing Fiscal Years 1984 ad 1985 activities.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Community living program			
Average served per quarter	951	955	982
Group living	738	634	645
Semi-independent living ..	192	188	192
Independent living	19	123	135
Respite care	2	10	10

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Day program			
Average served per quarter	1,861	1,812	1,892
Day care	72	55	55
Life skills training	240	197	200
Work activity	1,500	1,523	1,600
Work adjustment	49	37	37

Significant Trends: The need for Community Living and Day Programs has steadily increased each year. Extensive waiting lists are being maintained by grantee agencies of individuals currently awaiting entry into community living facilities and/or day programs. In addition, there is a population of mentally retarded individuals currently enrolled in day programs and living with parents over age 70 years. These persons will soon need community living services.

Planned Initiatives: There is a shortage of specialized community based services for the difficult-to-serve populations described above. While this need for specialized programs goes unmet, current programs serving less severe clients are having difficulty maintaining services. If additional resources can be obtained, the funds will be used to stabilize current programs, and create new programs to make it possible to adequately serve more severely disabled clients in the community.

Guardianship/Conservatorship Program

Goal: To provide guardians/conservators to act on behalf of low-income elderly and disabled adults who do not have the capacity to act on their own behalf.

SRS administers the state general funds for the provision of guardianship and conservatorship. Part of the funds is allocated to Mental Health and Mental Retardation Services for contracting with the Kansas Advocacy and Protective Services (KAPS) for the recruitment, training, and monthly fees paid to guardians/conservators. Guardians/conservators

participating in KAPS are expected to advocate for and protect their wards/conservatees. Guardians/conservators, within the parameter of the law, make reasonable decisions concerning a ward's personal needs and physical health; and make reasonable decisions concerning the management of a conservatee's financial resources.

The remaining portion of the funds is administered by Adult Services for the purposes of employing a part-time attorney (or contracting with attorneys) to process the cases, and to provide legal consultation to the social work staff; as well as reimbursement for the required travel for court appearances, guardian ad litem fees, court costs, and filing fees. A guardian ad litem is a legally recognized advocate for the ward/conservatee.

Activity Data: This program has been beneficial in obtaining guardians/conservators for low-income disabled adults.

<u>Activity</u>	<u>Expected</u>		
	<u>FY 84</u>	<u>FY 85</u>	<u>FY 86</u>
Number of wards/conservatees	240	347	750
Number of guardians/conservators	--	161	175
Number of new guardians/conservators recruited	71	108	67

Significant Trends: Currently many elderly and disabled low-income individuals are in need of guardianship/conservatorship services, but cannot afford the costs of legal services. Often family members are not willing to assume the legal roles of guardians/conservators in behalf of their loved ones.

In Fiscal Year 1986 it is projected that, at a minimum, 375 guardianship petitions will be filed in behalf of institutionalized adults. This is a result of the guardianship statute (K.S.A. 59-3002) that requires a guardian for persons in the state mental health/mental retardation institutions.

According to the 1980 United States Census there are 412,296 Kansans 60 years or over making up 17.4 percent of the state's population. This number and percentage will increase in the coming years. With increased longevity, there will be an increase in health problems and mental deterioration among our elderly populations. Therefore, there will also be a greater need for and demand from the elderly population to have legally appointed guardians/conservators to assist them in making decisions regarding their personal and financial affairs.

Planned Initiatives: In order to effectively continue the provision of guardianship/conservatorship services and to process petitions in a timely manner, Adult Services will be considering the feasibility of employing a full-time attorney for the purpose of filing all guardianship petitions throughout the State.

Alternate Care Program

Goal: To provide nonmedical, in-home and community based services to elderly and/or disabled individuals whose medical needs do not require adult care home placement, and to prevent or reduce inappropriate placements in medical facilities.

The Alternate Care Program was developed in response to the needs of elderly and disabled (mental illness or mental retardation) Kansans who did not require the intensive level of care offered by medical facilities but required support services to remain in the community. Alternate Care enables individuals to maintain independence and self-sufficiency through the supportive services of Adult Family Homes, Congregate Living Homes, and Nonmedical Attendant Care. The Alternate Care Program was instituted during Fiscal Year 1982 in response to the demand to provide quality, cost-effective services as alternatives to institutionalization, and encourage development of the least restrictive community resource. The program recognizes that some individuals require supervision and supportive

services which are not always available from families or friends.

The three components of Alternate Care services currently available are Adult Family Homes, Congregate Living Homes, and Nonmedical Attendant Care. Adult Family Homes accommodate up to four elderly or disabled individuals. Congregate Living Homes enable five to ten clients to live in the community with minimal supervision and guidance and reduce the need for institutionalization. In addition, Nonmedical Attendant Care services provide personal, nonmedical, 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. SRS monitors the services and provides limited financial assistance, up to an allowable maximum, for service costs to eligible individuals. The program does not pay for room and board.

Activity Data: The growth of the program is reflected in the following table. These data represent an unduplicated count of clients receiving each type of service.

<u>Activity (Clients)</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Nonmedical attendant	35	39	39
Adult family home	39	45	45
Congregate living	148	193	193
Total	222	277	277

Significant Trends: The Alternate Care Program has expanded yearly since inception. We expect that Alternate Care services will expand because of the demands placed upon the State to provide adequate services to an increasingly dependent elderly population. Other factors that contribute to increasing demand include the cost of health care and institutionalization which makes community services a cost effective alternative; the trend toward locating supportive services within the community to enable

persons to remain in their own homes or the least restrictive community environment their health will allow; increasing health problems caused by longevity which may limit an individual's capacity to function independently; and the increasing number of family members entering the work force and necessitating demand for coordination and expansion of community services.

Home and Community Based Services Program

Goal: To provide social and health services in the home or community to clients who would otherwise need to be in more expensive adult care homes.

This program utilizes Medicaid dollars for services provided in the home or community to elderly, physically disabled, and mentally retarded clients who would otherwise require placement in an adult care home. SRS social workers and licensed registered nurses determine whether or not each applicant for these services needs a level of care provided in an adult care home or can be appropriately served in a less restricted setting. Most of the services are purchased by SRS, except for homemaker services, which are provided by SRS employees. Homemaker service is provided to Home and Community Based Services recipients in conjunction with other services to prevent institutionalization. Thirteen services are available to eligible recipients, including nonmedical attendants, medical attendants, adult family home, and night support. The average costs for these services are about \$360 per month compared to \$625 for an adult care home, resulting in savings of about \$2 million annually.

Activity Data: The following table shows the number of recipients served by the Home and Community Based Services program.

<u>Activity</u>	<u>March 1984</u>	<u>March 1985</u>	<u>Expected 1986</u>
Number of Clients Served ..	555	650	750

Homemaker Services Program

In March 1983, 244 clients were served. The rapid growth of the program reflects the heavy demand for alternatives for those who would otherwise be in adult care homes. About half of the program's clients are elderly, while the remainder are split nearly evenly between the mentally retarded and physically disabled. This program is authorized by a waiver to federal regulations and was renewed in March 1985 to continue to March 1988.

Significant Trends: After three years of active programming in support of community based services, alternatives to long term institutional care are available to a significant number of elderly in Kansas. However, there is an increasing need to provide medical/social services in the community. Stringent prospective reimbursement systems for in-patient hospital services have been implemented by Medicaid and Medicare, resulting in earlier discharges from hospitals that now have incentives to discharge patients as soon as possible. The elderly/disabled are increasingly aware of and more assertive in demanding community-based care -- both medical and nonmedical -- to enable them to remain independent as long as possible.

Planned Initiatives: It is imperative in order to maintain our federal waiver and ensure the cost effectiveness of the program, that we provide services only for those individuals who are legitimately eligible for adult care home placement. To ensure that this be done, the following will be initiated: First, uniform training for screening teams (nurse and social worker) statewide to help facilitate their knowledge in determining applicants eligibility for Adult Care Home placement. Second, a revision of the process of placement, approval, and review procedures for mentally retarded applicants/recipients.

Goal: To enable financially eligible elderly and disabled Kansans to meet the goals of self-sufficiency or prevention of institutional care.

Homemaker Services are based on a professional assessment of need by SRS social service staff. Each homemaker is placed with an individual or a family in a private home or apartment as part of the agency's casework plan. Hours of service provided are based upon medical need and eligibility status. Homemaker staff are state employees subject to the same regulations as all other state employees. Each SRS area is responsible for hiring, supervising, and monitoring service provision and costs.

The only Homemaker Services provided are those deemed necessary to enable the client to meet the established goals. It does not include services that may generally be classified as personal care, non-essential, or luxury. The services provided are:

- o Home Maintenance - Performance of heavier cleaning requiring more time and effort than normally needed on a daily basis and minor house repairs (inside and outside the home).
- o Homemaking - Preparation of meals and performance of light housekeeping tasks which are normally performed routinely inside the home to keep it in a continuous state of cleanliness.
- o Home Management - Identification of, planning for, and performance of tasks necessary to the successful operation of a home including meal planning; purchasing food, personal items, and household supplies; and budgeting of time and money.

Activity Data: During Fiscal Year 1985, the Homemaker Program provided 655,954 hours of service to 9,235 households. An average of 8,308 persons benefited from the service each month. The services enabled a monthly average of 3,773 persons to avoid placement in adult care homes.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Hours of service	593,896	655,954	655,954
Families (households served)	8,672	9,235	9,235
Average number of persons prevented from adult care home living each month	3,790	3,773	3,773

Significant Trends: The number of aging and disabled persons requiring homemaker services is increasing. The Fiscal Year 1985 average monthly waiting list was 150. A response to this demand has been to increase referrals to other social service agencies to assist clients who are on waiting lists for service, and to increase volunteer hours used for homemaker services.

Planned Initiatives: There are an increasing number of mentally ill and mentally retarded adults recently placed in independent community living that may require homemaker services. Thus, the development of a new procedure for working with these populations will be considered. There has in the past been some suggestion that some of the mentally retarded might be used by Adult Services as homemakers to the elderly. We believe this is not a realistic goal and should not be attempted.

Volunteer Program

Goal: To extend limited resources through the use of volunteers.

Any adult or child receiving income maintenance, medical, or social services from SRS is eligible for the volunteer program. Volunteers provide direct services to clients, indirect services (such as preparing and distributing food), and administrative services (such as serving on advisory boards). Clients are referred by social workers and are provided services when volunteers with skills

appropriate to the need are available. Examples of services include:

- o Provide transportation for adults, teenagers, or children to the doctor, hospitals, treatment centers, activity centers, grocery or drug store.
- o Locate available low-cost housing for homeless persons.
- o Visit patients in nursing homes (adult care homes) when no relatives are available or responsible.
- o Locate furniture or clothing for needy children, adults, or families.
- o Provide clerical services to SRS offices -- typing, filing, etc.
- o Serve as receptionist aide in an SRS office.
- o Tutoring children.
- o Accompany social workers to deliver a child to destination.

Activity Data: During Fiscal Year 1985 the Volunteer program provided 143,209 hours of service. The value of service totaled \$559,716.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Registered volunteers	694	875	875
Hours of service	55,542	143,209	143,209
Number of clients served .	11,070	10,329	10,329
Value of work performed ..	\$166,626	\$559,716	\$559,716

No funds have ever been budgeted for this state program. The large increases from Fiscal Year 1984 to 1985 resulted primarily from more accurate reporting by area offices.

Significant Trends: Hours of Volunteer service provided to SRS have increased this past fiscal year. Monthly average hours of service provided increased to transient younger families in need due to unemployment rises in some counties in the state.

Planned Initiatives: In Fiscal Year 1985 the following will be done to increase the effective use of volunteers.

- o Assist each SRS management area to establish, maintain, and enlarge their local volunteer service unit. These units will be composed of official SRS volunteers and supervised by an area volunteer coordinator.
- o Encourage all SRS staff to identify needs for and to utilize unpaid staff services to help reach case goals for individuals and families.
- o Create volunteer jobs within the agency and recruit special persons to fill these needs.
- o Encourage area volunteer coordinators to become familiar with all other volunteer programs which may be used as area resources for SRS clients.
- o Conduct training workshops for SRS personnel to improve volunteer service development and volunteer program management.

Adult Care Home Program

Goal: To improve the quality of care of recipients in adult care homes, adult family homes, and other adult care home alternatives; and to ensure that clients enter these facilities only when the need for services has been carefully established.

The Adult Care Home Program contracts for services, monitors services, and makes Medicaid/Medicaid payments for over 12,365 recipients in 391 facilities. The Medicaid/Medicaid recipients account for about half the adult care home residents in the state. The facilities include skilled nursing facilities, intermediate care facilities, intermediate care facilities for the mentally retarded (including state institutions), and intermediate care facilities for mental health. SRS has thirteen Independent Professional Review Teams comprised of a social worker and registered nurse who evaluate, assess, and monitor every six months the quality of care given to Medicaid recipients in these facilities. They also annually review the services provided and the need for continued care for recipients in Home and Community Based Services (including adult family homes and congregate homes) and state mental hospitals (recipients under 21 and over 65 only).

Activity Data: The following table shows the number of Medicaid/Medicaid recipients in adult care homes.

<u>Activity (Clients)</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Skilled	224	215	215
Intermediate	10,588	10,594	10,476
ICF-MR large (16 beds plus)	600	600	600
ICF-MR small (15 beds or less)	100	100	125
ICF-MH	856	856	949
Total	12,368	12,365	12,365

Significant Trends: In the future the number of persons having characteristics associated with needing care in adult care homes will increase significantly. Also the intensity of services needed by this population may increase because the proportion of elderly persons over 75 is increasing. Nationally the number of persons 85 or older will grow from 2.6 million to 5.1 million in the next 16 years. At the same time, the proportion of children to care for elderly parents outside adult care homes is declining.

Planned Initiatives: SRS has made several changes in its adult care home reimbursement regulations to help slow the change in ownership of facilities (which often inflates reimbursement rates, particularly for the capital expenditure portion of the reimbursement) and to make changes in the reporting requirements for chain operators. A task force comprised of several agencies and representatives of private groups was established during the summer of 1984 to assess alternative reimbursement methods and make recommendations to the Secretary.

Job Preparation Programs

Goal: To decrease dependency by increasing employment for current or potential public assistance and Food Stamp recipients.

The Job Preparation Programs serve public assistance (PA) and Food Stamp recipients. The major Job Preparation activities are targeted in four urban counties (Wyandotte, Shawnee, Douglas, and Sedgwick) and 15 other counties which cover about 75 percent of the State's public assistance caseload. The SRS Job Preparation Programs provide employment/training and social services needed by public assistance recipients to maintain Public Assistance eligibility, with the goal of returning the recipient to self-sufficiency through employment. Availability and types of services provided are dependent upon federal and state eligibility criteria and funding availability. At the time an individual or family applies for public assistance or Food Stamps, the intake worker provides the applicant with registration/referral forms for the appropriate Job Preparation services.

Current services are provided as part of the federally mandated Work Incentive Program (WIN) for Aid to Families with Dependent Children (ADC) clients, Community Work Experience Program (CWEP) for ADC and General Assistance Unrestricted (GAU) clients, Job Club for Transitional General Assistance (TGA) clients and other categories, and the Food Stamp Work Registration/Job Search Program for Food Stamp recipients.

Services provided include: work registration, employment screening/assessment, structured job search and follow-up, work experience, group training in job seeking skills, child care, medical related services needed for employment, home and financial management, emergency intervention, social work counseling, referral for alcohol and drug services, literacy training, and referral to other community

resources including the Job Training Partnership Act Program (JTPA).

Work Incentive Program (WIN): The WIN program is federally mandated to assist ADC applicants/recipients to achieve the goal of self-support. The program is dually administered by the Department of Human Resources which provides employment/training services, and SRS which is required by law to provide social services necessary for the ADC recipient to participate in WIN.

Due to federal funding limitations the program operates only in Wyandotte, Sedgwick, Douglas, and Shawnee counties, serving approximately 60 percent of the State's ADC population. All ADC applicants/recipients in those counties must register with WIN as a condition of eligibility unless exempt under the law. Non-exempt ADC clients in other counties must participate in a job search including at least five job contacts each month. Exemptions include single parents with children under the age of six, incapacitated persons, youth over age 16 in school or training, and persons over age 60.

Activity Data: The following table includes the number of persons participating in WIN, the number of those whose ADC cases were closed due to employment or penalty for noncooperation, and the reduction in ADC grants attributed to the WIN program.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Number of persons certified (participating)	4,706	4,234	4,000
Number of ADC grants closed or reduced due to employment	2,207	1,778	1,428
Number of ADC grants closed due to penalty	218	261	220
Amount of annualized welfare grant reduction based upon current federal formula (in millions)	\$4.3m	\$3.5m	\$3.7m

The declining number of participants is largely the result of improved economic conditions. The decline in the grant reductions is caused both by a decline in the number of participants and a change in the federal formula used to calculate grant reductions.

Food Stamp Job Search Program: The Food Stamp Job Search Program, a project funded by the U.S. Department of Agriculture, serves Public Assistance and non-Public Assistance Food Stamp recipients who are required to register for work by Food Stamp regulations. Mandatory work registrants are those persons who are physically and mentally fit; 18 years of age or older but not 60 years of age or older; single parents with children over the age of 6; youth not in school; members of two parent families; and persons not otherwise exempt such as those receiving unemployment insurance or participating in the Work Incentive Program.

Activity Data: The following table includes the number of program registrants, the number assessed for job readiness, the number employed, and the number of cases closed for not completing the program's requirements.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Number of Food Stamp work registrants	3,458	3,569	4,630
Number assessed for job readiness	1,395	2,074	2,872
Number employed	341	495	715
Number of cases closed for not completing requirements	517	790	1,135

Fiscal Year 1986 will be the first full year with Food Stamp Job Search operating in five counties. Therefore, the number of participating Food Stamp recipients and the number employed is expected to increase.

Community Work Experience Program (CWEP): The purpose of the Kansas CWEP is to provide quality work

experience for Aid to Dependent Children (ADC) and General Assistance (GA) recipients in order to develop or maintain good work habits and work skills. CWEP work sites are with public and non-profit organizations. CWEP is one component of the WIN program in counties that have a WIN program. There is a CWEP program in 19 counties.

For non-WIN counties that have a CWEP program, recipients are registered by the income maintenance worker and when the case is approved they are referred to the CWEP worker. CWEP is voluntary for regular ADC cases but mandatory for ADC unemployed parent cases. The program is mandatory for Transitional General Assistance clients. The CWEP worker matches the recipient to appropriate work site based on the recipient's work skills and education. CWEP clients in these counties are also required to actively search for a job. The purpose of CWEP is primarily to provide work experience. Effective April 1, 1985, a new tracking system was initiated to report the number of CWEP participants who gain unsubsidized employment.

The type of work experience CWEP offers includes clerk-typist, mechanic, cashier, cook, janitor, and many others. CWEP clients must participate in order to receive their public assistance grant. They also receive up to \$30 transportation expenses to and from the work site. In Fiscal Year 1985, microcomputers were purchased for all WIN areas to assist in effectively matching clients work history, skills, and interests to available CWEP positions.

Activity Data: The following table shows an expected increase in the number of clients assigned to work sites.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Average number of clients assigned at CWEP work sites per month	1,493	1,312	1,300
Dollar amount of public service work provided (in millions)	\$2.7m	\$3.3m	\$3.4m
Total paid CWEP clients for allowances	\$216,491	\$270,798	\$541,714

That total dollar amount paid to CWEP participants for allowances is for recipients' transportation cost to and from their assigned CWEP work site. Late in Fiscal Year 1985 the transportation allowance was increased to a maximum \$30 per month per participant. Another reason for the increased allowances expected in Fiscal Year 1986, is that the proportion of ADC clients in the program is expected to grow. ADC clients work more days than GA clients and therefore receive a higher allowance. Clients work only the number of hours times minimum wage that equals their public assistance grant, and ADC grants are usually higher than GA grants.

Job Club Program: The purpose of Job Club is to provide confidence building and job seeking skills to allow public assistance recipients to be competitive in the job market. The basic program is two weeks in length. The first week clients participate in classroom instruction providing peer group support, self-assessment of skills and interests, and goal setting. Job seeking techniques are practiced such as completing applications, interviewing, resume development, finding jobs that are not advertised, and obtaining job interviews through use of the telephone.

During the second week, Job Club participants call local employers using telephone techniques which describe their work skills and assets. Job interviews are obtained from these calls and completed by the participants. Since 80 percent of job openings are never advertised, this allows the Job Club participant to obtain employment quickly.

Recipients who do not obtain work within one month are referred to the Job Training Partnership Act Program (JTPA is not an SRS program) or continue in individual Job Search with follow-up by Job Club staff for 90 days. Items needed for Job Search or employment such as transportation, clothing, General Education Development (GED) testing for a high school diploma, and others, are provided through community resources or Job Club funds.

As a new initiative in Fiscal Year 1986, Job Club will on a trial basis extend the telephone bank portion from the current one week to either 2 or 3 weeks. After six months of operation the extended Job Club will be evaluated to determine if it increases the placement and retention rates of Job Club participants. If so, the extended telephone banks will be made as a permanent part of Job Club design and operations.

Job Club is currently available through SRS in Sedgwick, Wyandotte, Shawnee, Saline, Geary, and Montgomery counties. Three additional Job Club positions were approved in the Fiscal Year 1986 budget. Therefore, expansion of Job Club is planned for two additional counties.

Activity Data: The table shows an increase from Fiscal Year 1984 to 1985 in all areas. The Fiscal Year 1984 figures are for the first nine months of operation, whereas the Fiscal Year 1985 figures are based on a full twelve months. Another reason for the increase between 1984 and 1985 was the inclusion of clients other than TGA clients in the program.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Number of cases closed for employment	697	1,004	960
Number closed for penalty	1,556	2,211	1,800
Estimated grant reduction from employment	\$551,439	\$953,744	\$806,400

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Savings for 3-month non-cooperation ...	\$513,087	\$637,998	\$540,000
Total savings	\$1,064,526	\$1,591,742	\$1,346,000
Cost benefit ratio (annualized grant reductions divided by administrative costs)	\$2.30 per \$1 spent	\$3.27 per \$1 spent	\$2.50 per \$1 spent

Significant Trends: Since the implementation of the Job Club, CWEP, and Food Stamp Job Search Programs in Fiscal Year 1984 there have been significant reductions in all categories of public assistance and Food Stamps. The chart below is a comparison of the overall caseloads in July 1983 to the caseloads in June 1985.

<u>Program</u>	<u>Monthly Average FY 84</u>	<u>Monthly Average FY 85</u>	<u>Differ- ence</u>	<u>% Re- duction</u>
General Assistance ..	12,971	10,784	2,187	16.9%
Food Stamps	133,688	118,505	15,183	11.4%
Aid to Dependent Children.....	70,896	66,661	4,235	6.0%

The jobs programs, in combination with improving economic conditions, deserve partial credit for these caseload reductions.

Planned Initiatives: If adequate resources are available, the jobs programs will implement two important initiatives.

- o Job Preparation Programs Assessment and Evaluation System. With the increased emphasis on a variety of work program options for Food Stamp and public assistance recipients, it has become imperative that a comprehensive assessment system be developed to determine client employability needs and assignment to the appropriate work program.

Support services such as GED testing, eyeglasses, dentures, and comprehensive medical/mental evaluations could also be provided based on funding availability.

The proposed assessment and evaluation system could be implemented in the major metropolitan areas targeting Wichita in Fiscal Year 1987. It is projected that \$314,000 would be needed to implement and administer the proposed assessment system which would serve 5,120 recipients in the first year.

- o Post Employment Services for SRS Recipients. Currently, public assistance recipients receive child care and medical benefits for only a short duration after employment. Money for transportation is another supportive service needed during the first few months of employment. This program initiative would offer such services and therefore provide recipients with added incentive to seek and retain employment.

Provision of extended medical benefits for General Assistance recipients would involve expenditure of approximately \$102,000 in State General Funds. Transportation for the first month of employment at \$30 per person (816 recipients) totals \$24,480. Extended child care would require approximately \$300,000 and would extend these benefits for six months.

State Economic Opportunity Office Programs

Goal: To improve the human conditions and standard of living for low income Kansans through direct assistance that supplements other programs.

Community Services Block Grant Program: The Community Services Block Grant (CSBG) program is a \$2.7 million federally funded program of direct assistance to individuals. SRS funds a network of Community Action Agencies and a Migrant and Seasonal Farmworker Organization to provide an array of

primary services in 35 counties and secondary services in 44 counties.

Under the terms of the Community Services Block Grant law grantee agencies must carry out activities which have a measurable and significant impact on poverty. Activities to help low income people secure and retain employment, attain an adequate education, make better use of available income, obtain and maintain adequate housing, achieve greater participation in the community, and make use of other poverty programs.

Activity Data: The number of people provided various services is shown below.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Nutrition	188,081	100,000	100,000
Medical Assistance	436	500	500
Housing	3,568	1,000	1,000
Transportation	15,728	4,000	4,000
Referral	8,000	2,500	2,500
Budget Planning	6,067	2,000	2,000
Utility Assistance	14,288	8,000	8,000
Job Training	2,692	400	400
Job Placement	696	400	400
Financial Assistance	6,288	1,500	1,500
Information	8,000	2,500	2,500
Education	235	200	200
Clothing	22,000	27,000	27,000
Number of persons becoming self-sufficient	175	200	200

Significant Trends: The Community Services Block Grant Program is scheduled to expire at the end of Federal Fiscal Year 1986. At this writing, reauthorization is not likely. Should this program not be refunded, this will mean a loss of services to over 100,000 Kansans annually and the elimination of 265 Kansas jobs. To meet this eventuality, the Adult Services Commission has requested \$1.5 million be appropriated from the State General Fund starting in

Fiscal Year 1987 to maintain and continue this program.

Planned Initiatives: Several initiatives are planned:

- o Adoption of indirect cost rates. In an effort to increase the percentage of funds used for direct services rather than administration, we have begun granting to agencies a percentage of their other costs for administration. This percentage varies for each agency based on rates determined by the federal government. Some special administrative costs are granted to agencies above these percentage limits.
- o Implementation of the CSBG Policy Manual. The 1985 program year is the first full program year for which a standard policy and procedures manual was in place ensuring the consistent and uniform application of all policies.
- o Formation of the CSBG Task Force. The formation of the task force allows for the systematic input of grantees into the decision making process. The task force provides a formal voice thus providing grantee ownership for grant policies and procedures.

Weatherization Assistance Program: The purpose of the Low Income Weatherization Program is to ameliorate the adverse effects of high energy costs on low income people by weatherizing their homes. The program seeks to reduce fuel costs for low income families, make homes more habitable and healthful, increase the standard of living, and at the same time reduce statewide energy consumption.

Eligibility is not restricted to home owners. Renters are eligible if they meet the poverty guidelines and if landlords meet certain conditions.

Activity Data: The following table shows the number of homes weatherized, the average weatheriza-

tion cost per home, and the average savings on fuel consumption.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Number of homes weatherized	6,349	4,743	2,435
Number of individuals served	15,936	11,857	6,088
Average cost per home	\$775	\$807	\$1,440
Average savings on fuel consumption	18%	18%	18%

Significant Trends: Over the past several years, funding for the Weatherization Program has fluctuated dramatically, going from \$4.1 million in State Fiscal Year 1983, to \$5.3 million in State Fiscal Year 1984, and reduced to \$4.2 million in State Fiscal Year 1985. The latter figure includes a full 15 percent transfer from the Low Income Energy Assistance Program (LIEAP). There are no additional funds available. The average cost per home in Fiscal Year 1986 is expected to be \$1,440. This will result in 2,435 homes being weatherized in 1986. The estimated number of eligible homes based on the 1980 Census is 110,482.

Planned Initiatives: Because of the decrease in funding for the Weatherization Assistance Program and an increase in the average cost per home (from \$807 in Fiscal Year 1985 to \$1,440 in Fiscal Year 1986), fewer homes will be weatherized. However, a more thorough weatherization job can be done on each home as a result of the cost per home increase. In order to continue this worthwhile program at nearer to Fiscal Year 1985 levels, it will be necessary to request State General Funds or designation of other federal funds for weatherization.

Quality Control Program

Goal: To ensure that Adult Services staff, grantees, and providers comply with regulatory standards, program requirements, and terms of grant awards.

Further to ensure corrective action when problems are found.

This program includes two types of activities to meet its goals. First, it licenses, certifies, or registers providers of Adult Day and Community Living, Alternate Care, and Home and Community Based Services. Second, this program monitors compliance with regulations, program requirements, and terms of grant awards among providers through site reviews, documentation of problems, and plans for corrective action for deficiencies cited.

Activity Data: The following table summarizes the number of providers licensed, certified, registered, and monitored by the Quality Control program.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Providers Licensed, Certified, or Registered	109	211	235
Grantees and Providers Monitored	46	74	82

Significant Trends: The table shows the number of providers licensed, certified, or registered is expected to increase from 211 in Fiscal Year 1985 to 235 in Fiscal Year 1986. Most of that increase is a result of modest increase in the number of Adult Family Homes and Congregate Living Homes. The expansion of monitoring activities in Fiscal Year 1986 is mainly due to increased monitoring of the performance of Economic Opportunity Program subgrantees.

Planned Initiatives: The agency plans on adding the following areas in its monitoring reviews: Work Incentive Program, Job Search, Community Work Experience Program, Adult Services grant programs, corporate guardianships, and emergency shelters.

ALCOHOL AND DRUG ABUSE SERVICES

The goal of Alcohol and Drug Abuse Services is to reduce alcohol and drug abuse by funding prevention, intervention and treatment programs, and providing leadership and advocacy on behalf of a continuum of care including prevention and various levels of treatment. Major issues are coordinated with the Kansas Citizens Advisory Committee on Alcohol and other Drug Abuse, a 24-member advisory committee composed of citizens and representatives from the professional associations, service consumers, alcohol and drug program professionals, and grassroots citizen organizations.

Prevention Programs

Goal: To expand the availability of alcohol and drug prevention services to underserved populations and geographic areas in Kansas.

Prevention Grants Program: This program provides funding, technical assistance, and monitoring services to 16 community and school alcohol and drug abuse prevention programs. Monitoring includes pre and post training questionnaires to assess the effect of the programs in changing the knowledge and attitudes of the participants.

Activity Data: The following table summarizes the activities of this program.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Number participating in community and school pre- vention programs	126,059	137,781	150,000
Number of grants	14	16	17
Amount of grants	\$382,888	\$451,764	\$551,000

Fiscal Year 1985 data shows a 50 percent gain in knowledge of alcohol and drug abuse facts among participants in these programs. There is also a six percent decrease in intent to use alcohol and drugs among participants. In the area of attitudinal

change, a two percent gain is regarded as significant by researchers. Also in Fiscal Year 1985 two local programs were awarded prevention grants targeted to women. The demand for community and school prevention programs continues to grow as more communities begin to address their local alcohol and drug problems.

School and Youth Programs (School Team Training):

The program provides five days of intensive training for teams of five persons (school administrators, teachers, counselors, and a community representative), who learn prevention skills and develop an action plan to address alcohol and drug abuse problems in their school. Following the training, the teams receive ongoing technical assistance and an opportunity to attend leadership training. In Fiscal Year 1985, a second training session was added with funding from the Kansas Department of Transportation. ADAS received requests from 71 teams but had funding for only 44 teams. The expansion of youth and school programs is a priority. The School Team Training Program has proven its effectiveness in reducing alcohol and drug abuse and other self-destructive behaviors.

Activity Data: The following table summarizes the activities of this program.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Number teams trained	31	44	44

Following the June 1985 training, participants in pre and post tests showed a 38 percent gain in knowledge about the action planning process to reduce alcohol and drug abuse. The goal for Fiscal Year 1986 is to fund two training sessions which will add 14 school districts and 210 team members to the network. This will result in a 20 percent increase in knowledge, a five percent decrease in schools identifying problem areas, a 20 percent increase in availability of alcohol and drug curriculums, and a 20 percent increase in alcohol/drug prevention special projects.

A special prevention program is Students Against Driving Drunk (SADD). SADD is a national program to eliminate drunk drivers, save lives, and assist youth with resisting peer pressure. The Kansas SADD network has grown from 28 chapters to 77 in Fiscal Year 1985. In addition to the SADD network, a task force was formed in Fiscal Year 1985 to develop a Teen Institute in Fiscal Year 1987 for 200 students. The Institute would allow students to learn about alcohol and drug abuse and develop individual prevention projects.

Significant Trends: The demand for alcohol and drug prevention services from school systems is expected to grow as a result of H.B. 2142. This bill, passed by the 1985 Legislature, authorizes school districts to develop programs for students to identify, examine, prevent, and resolve alcohol and other drug problems. The current prevention system, with existing funding levels, is unable to adequately serve the 1,498 Kansas public schools.

Other Prevention Programs: ADAS continues to provide alcohol and prevention assistance, information, and consultation to parent education programs and parent support groups. Nine presentations were given to these groups in Fiscal Year 1985.

The SRS Wellness program educates SRS employees on health issues including alcohol and drug abuse. In Fiscal Year 1985, a long range plan for wellness was presented to the Secretary of SRS and the largest ever SRS Fun Festival was held in September 1984. The Fun Festival is a one-day annual wellness event funded by Griffith and Blair Realtors, Inc.

The hunter safety program is a new youth initiative that began in January, 1985 with the Kansas Fish and Game Commission. The program, entitled "Know Your Limit," presents factual information about the risks of combining alcohol and hunting. Printed resources, radio-television public service announcements, and newspaper/magazine articles will be used. The

messages will also be incorporated in local hunter safety clinics. This program, the first in the nation, has the potential to reach 14,000 Kansas youth annually through hunter safety clinics.

Treatment and Intervention Programs

Goal: To expand the availability of affordable alcohol and drug intervention and treatment services.

Treatment Grant Programs: There were 35 grants awarded totaling \$4,192,818 to licensed or certified programs in Fiscal Year 1985.

Activity Data: The following table shows the number of clients admitted to treatment and the percentage increases in admissions under 35 years of age.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Number admitted for treatment	21,000	21,577	22,680
Admissions under age 35	62%	64%	65%

The number of people admitted to treatment programs increased for the second consecutive year for a total of 21,577 persons in Fiscal Year 1985. ADAS-funded programs treated 59 percent of these clients. Clients who successfully completed treatment and participated in a follow-up study, reported the following results six months after treatment:

- o 88 percent have not used or use less alcohol/drug than prior to treatment.
- o 54 percent have not used any substance since discharge.
- o Employment increased from 64 percent at admission to 75 percent at the time of the survey.

Significant Trends and Planned Initiatives: Due to increased public awareness, prevention and early intervention, the demand for treatment services continues to increase with waiting lists in many programs. The 1985 Legislature approved \$200,000 for

funding a youth residential treatment program. Although a welcome step, the demand for service far exceeds the capabilities of one program. SRS/ADAS estimates there are 33,000 unserved youth in Kansas. Three thousand of this group are indigent. ADAS has advocated the need for another 20 bed (intermediate) residential program to serve 120 indigent youth plus funding for five outpatient counselors and three day treatment programs. This initially would provide treatment services for 730 indigent youth. According to the results of an SRS/ADAS needs assessment, there remains a continuing demand for a variety of services (including prevention and different levels of treatment) aimed at minority populations, women with dependent children and other special populations such as children of alcoholics. Programs are also experiencing severe staff turnover because of inadequate salaries, and there is a need to repair and/or replace substandard treatment facilities.

Employee Assistance Program: The Employee Assistance Program (EAP) is a statewide management tool to assist employees whose personal problems are affecting their job performance. Intervening in alcohol and drug abuse, alcoholism and problem behavior early is vital. Early intervention while family, friends, and jobs are intact, maximizes the chances for successful treatment. It is estimated that 10-20 percent of any workforce is experiencing some kind of serious personal problem and uses 75-80 percent of health care benefits for that workforce. Studies show the cost of replacing an employee is at least \$5,000. This program, in retaining workers, is both humane and contains costs for the State.

Activity Data: In Fiscal Year 1985, there were 25 training events for SRS and other State agencies with 472 people trained in EAP management concepts. There were 26 new programs that signed agreements to be a part of the EAP diagnosis and referral network across the State. Model Student Assistance Programs were studied in Fiscal Year 1985, for local Fiscal Year 1986 and 1987 implementation. They will provide a resource to school teachers and administrators who

need to make referrals to community agencies when students are identified whose work is hampered by personal problems. These programs closely resemble the EAP program.

Technical Assistance and Information Programs

Goal: Develop and significantly strengthen services through technical assistance and information/resource development.

Technical Assistance Program: The need to provide quality technical assistance and information has become an ADAS priority. Community based programs need assistance in developing management skills, marketing strategies, and in obtaining private sector funding. It is also important to provide assistance to community groups such as local councils, Lions, Elks, and Chemical People task forces. These groups have affirmed their commitment to reduce alcohol/drug abuse, and they need assistance in state-of-the-art information, strategies to network with local programs, and options for assisting the prevention and treatment programs financially.

Activity Data: In October 1984, 150 people attended a statewide conference for local advisory councils and community groups on building community coalitions. In November, alcohol and drug program directors participated in a workshop on working with private sector funders. ADAS also created a consultant position to provide fund-raising assistance to ADAS-funded programs.

Planned Initiatives: As competition for scarce resources continues, it is important that ADAS and all service providers maximize services by working as a united service system. A Kansas Alcohol and Drug Continuum of Care Coalition is being developed to promote information-sharing, coordination of services, and well-focused advocacy at both the state and local level. The Coalition will serve as an umbrella group for the professional associations, grassroots groups, service clubs and interested

support groups. The first statewide meeting was held in September, 1985.

Licensure and Certification Program: This program licenses alcohol and drug treatment centers as required by Kansas statute. Licensed mental health centers, hospitals, and adult care homes are exempt from licensure requirements. These exempted facilities are certified by this program. Facilities are licensed and certified to ensure that they meet standards for effective operation. Among the standards included in the process are the safety of the physical facility, the treatment center's procedures to maintain confidentiality of records and the personal privacy of clients while in the center, and adequate staff levels.

Activity Data: The following table shows a steady increase in the number of facilities licensed and certified.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Number of facilities	157	185	211

Informational Resources Program: There was an expanded emphasis in Fiscal Year 1985 on developing greater public awareness, and on developing informational resources capable of influencing state and local decision-makers. Kansas alcohol and drug data (collected from prevention and treatment programs) was incorporated into data case statements, newsletters, new printed resources, news releases, and radio-television public service announcements. ADAS continued to expand and refine the Resource Clearinghouse Services to meet demands for data and public informational materials.

Activity Data: There has been a 550 percent increase in requests for Resource Clearinghouse information since 1980. Media campaigns have included October Awareness Month and a drinking and driving awareness effort in December with SADD, the Associated Students of Kansas, Pizza Hut Inc. and

ADAS. Pizza Hut and Pepsi Co. provided funding for 150,000 auto bags, coupons, and bumper stickers with the theme, KNOW ENOUGH TO SAY NO. ADAS also provided assistance to the ongoing Kansas Association of Broadcasters' Alcohol/Drug Awareness Program. The KAB donated one million dollars in airtime in 1984-1985 and was awarded a Presidential Citation.

INCOME MAINTENANCE AND MEDICAL SERVICES

The goal of Income Maintenance and Medical Services is to provide financial and medical assistance to low income Kansans in a timely and accurate manner. Programs are designed to provide income assistance and medically necessary services while maintaining incentives for self-support and containing costs within available resources. Income Maintenance and Medical Services provides cash assistance, Food Stamps and medical coverage to needy persons. It also administers programs providing energy assistance and commodities to low income persons and social services to assist refugees in their resettlement in this country.

Income Maintenance Services

Goal: To provide financial support to needy persons in a timely and accurate manner through programs designed to provide incentives toward eventual self-support.

Aid to Dependent Children Program: This program provides basic financial support to families with children who are deprived of parental support due to the death or absence of a parent, the incapacity of a parent, or the unemployment of a parent. Persons eligible for Aid to Dependent Children automatically receive medical assistance as well.

Activity Data: Information on clients served, dollars spent, and other measures of this program's activities are included in the following table.

Activity	Expected		
	FY 84	FY 85	FY 86
Dollars granted to eligible people in millions	\$86.0m	\$82.7m	\$84.4m
Average number of monthly recipients	70,896	66,661	62,247
Average monthly grant per person	\$101.13	\$103.41	\$112.92
Percent applications finalized within 45 days	97%	98.4%	98%

The total persons served in Fiscal Year 1985 decreased by six percent from Fiscal Year 1984 and the total dollars expended decreased by 3.9 percent. The expenditure decrease resulted from the decrease in number of recipients. Average monthly grants increased slightly in Fiscal Year 1985. The table shows that 98.4 percent of the applications received in Fiscal Year 1985 were completed within the 45 day limit. Moreover, the vast majority of those were completed well within 30 days.

General Assistance Program: Funded entirely by the State, this program provides minimum financial support for eligible individuals and families in need who do not meet eligibility requirements for other types of public assistance. The program encompasses two separate programs, General Assistance Unrestricted (GAU) and Transitional General Assistance (TGA). GAU recipients are persons who are age 51 or older, parents of minor children not eligible for Aid to Dependent Children, medically determined incapacitated for 30 days or longer and participating in a treatment program, residing in alcohol and drug abuse facilities, or who are needed to care for a family member unable to care for himself or herself. GAU recipients receive 80 percent of the assistance they would if they were Aid to Dependent Children recipients, unless they are participating in Community Work Experience or are in vocational rehabilitation, in which case they receive 100 percent.

TGA recipients are needy persons ages 18 to 51 (not eligible for GAU) who are available for employment. TGA payments cannot exceed \$100 for one person and \$175 for a married couple. Persons eligible for GAU and TGA automatically receive MediKan, a state funded limited medical assistance program.

Activity Data: The following table includes information on the number of General Assistance clients, the dollars granted, the average size of grants, and the percent of applications finalized within 45 days.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Dollars granted to eligible people in millions	\$15.3m	\$13.0m	\$13.3m
Average number of monthly recipients	12,971	10,784	10,449
Average monthly grant per person	\$98.12	\$100.58	\$105.77
Percent applications finalized within 45 days	98%	98.8%	98%

During Fiscal Year 1985, \$13,016,112 was granted to eligible persons. The average number of persons receiving General Assistance (GAU and TGA) in each month of Fiscal Year 1985 was 10,784. The total number of persons served in Fiscal Year 1985 decreased by 16.9 percent from the number in Fiscal Year 1984, and the total dollars expended decreased by 15.2 percent. The average monthly grant per person of \$100.58 in Fiscal Year 1985 was an increase from the Fiscal Year 1984 amount of \$98.12. In Fiscal Year 1985, over 98 percent of all applications for general assistance were processed within the required 45 day period, and the vast majority of these were finalized well within 30 days. The continuing decline projected for Fiscal Year 1986 in the number of clients is due to improving economic conditions.

Food Stamp Program: This federally funded program is designed to safeguard the health and well-being of the nation's population by raising the level of nutrition among low income households. The Department is responsible for developing policies and procedures for Kansas within federal guidelines, as well as for the issuance of Food Stamp benefits to eligible households.

Activity Data: The following table includes information on the number of Food Stamp clients, the amount of Food Stamps granted, the average per client amount of Food Stamps granted, and the percent of applications completed within 30 days.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Value of Food Stamps received in millions	\$69.3m	\$64.3m	\$66.1m
Average monthly number of households in program	50,453	45,449	44,000
Average monthly number of recipients	133,688	118,505	116,600
Average monthly Food Stamp grant per client	\$43.17	\$45.20	\$47.20
Percent of applications completed within 30 days ..	96.9%	97%	97%

The Food Stamp Program served an average of 45,449 households, or 118,505 persons each month in Fiscal Year 1985. These figures represent an 11.4 percent decrease in the number of Kansas households participating in the Food Stamp Program compared with Fiscal Year 1984. Kansas received \$64.3 million in Food Stamp benefits in Fiscal Year 1985, a decrease of \$5.0 million from Fiscal Year 1984. In Fiscal Year 1985 the average monthly Food Stamp benefit per person was \$45.20. The benefit is expected to increase to \$47.20 in Fiscal Year 1986 due to scheduled cost of living benefit increases. During Fiscal Year 1985, 97.0 percent of all Food Stamp applications were completed no later than 30 days after the date of application. This timeliness rate should remain around 97 percent in Fiscal Year 1986.

Low Income Energy Assistance Program: The purpose of the federally funded Low Income Energy Assistance Program (LIEAP) is to provide assistance to eligible low income households to help offset the costs of home energy. Assistance provided is intended to supplement the household's ability to cope with the high costs of energy, rather than to reimburse for total costs.

- o Winter Heating Phase - Application for assistance must be made during the period December through March. The size of the one-time benefit is determined by four factors: income, type of housing structure, type of heating fuel, and cost

of energy. Although there are no age or disability requirements for Winter Heating assistance, 46 percent of 1985 winter recipient households contained an elderly member and more than half of those elderly households had incomes below the poverty level.

o Summer Cooling Phase - Application for assistance must be made during July, August or September. Summer Cooling assistance is designed to aid eligible elderly and disabled populations most susceptible to heat stroke and other heat-related illness. The size of the benefit is determined by three factors: income, type of housing structure, and the cost of energy. More than half of summer recipients are over 75 years of age.

o Medical Emergency Assistance Cooling Phase - Application for this limited form of crisis assistance must be made during August and September. It is designed to alleviate an energy related medical emergency if a household is without a cooling appliance or the energy needed to operate a cooling appliance. A physician's statement is required indicating that a household member is suffering from a condition which may be aggravated by the heat. Size of benefit level is determined by the delinquent amount of the cooling energy bill, up to \$200, if energy assistance is the desired benefit. If the household needs purchase, rental, repair, or installation of a cooling appliance, up to \$50 will be paid for a fan, or up to \$200 for an air conditioner.

Activity Data: The following table shows households assisted, total dollars granted, and average benefits.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Benefits granted in millions	\$11.3m	\$12.3m	\$12.9m
Total households assisted ..	68,174	68,031	68,644
Average Winter benefit	\$186	\$214	\$214
Average Summer benefit (elderly and disabled)	\$111	\$111	\$135
Average Medical Cooling Emergency Assistance	\$105	\$107	\$115

As allowed by federal guidelines, 10 percent of the block grant funding supporting the LIEAP program is transferred to the Social Services Block Grant and 15 percent is set aside for use by the Adult Services Weatherization Program. Continued coordination exists between the Weatherization and LIEAP programs to improve delivery and effectiveness of both efforts.

Refugee Assistance Program: The primary goal of the federally funded Kansas Refugee Resettlement Program is to promote economic self-sufficiency and effective resettlement for refugees within the shortest possible time after entrance into Kansas, through coordinated and effective use of support services, cash, and medical assistance. Economic self-sufficiency is defined as gainful employment in nonsubsidized jobs with at least 90 day retention and receipt of a wage adequate for the basic economic needs of the person and family, without reliance on public assistance. Effective resettlement means refugees have become self-reliant in utilizing community resources, have learned English, and have adjusted socially and culturally.

Activity Data: The following table shows the number of clients receiving assistance, and the value of cash, social services, and medical services provided to those clients.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Dollars of cash granted to eligible people in millions	\$2.5m	\$1.8m	\$1.4m
Medical assistance for refugees in millions.....	\$1.1m	\$1.0m	\$.7m
Average monthly recipients .	2,048	1,386	1,214
Dollars of Social Services in millions	\$1.3m	\$1.1m	\$1.2m

During Fiscal Year 1985, \$1,779,646 in cash assistance and \$953,109 in medical assistance was provided to eligible refugees. The average number of refugees receiving cash assistance in each month of Fiscal Year 1985 was 1,386. The number of persons receiving assistance has been decreasing by a net average of 18 persons each month. This is a result of the time limit on refugee-funded assistance and the number of refugees that are assisted in becoming self-sufficient. In Fiscal Year 1985 \$1,060,658 was spent on social services.

Commodity Distribution Programs: The Temporary Emergency Food Assistance Program (TEFAP) enables needy Kansans to receive, at no cost, other surplus United States Department of Agriculture food commodities for home consumption or prepared meals through soup kitchens. This federally funded program helps to improve the diet of needy persons and at the same time strengthens the agricultural market for food that American farmers produce. Over 300 agencies and organizations statewide volunteered to distribute the commodities to thousands of needy Kansans each month.

Activity Data: The following table shows the dollar value and number of pounds of food distributed.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Number of pounds of food distributed in millions	6.6m	10.3m	10.3m
Dollar value of food distributed in millions	\$7.8m	\$11.7m	\$11.7m

In Fiscal Year 1985, 4,017,600 pounds of processed cheese, 1,668,766 pounds of cheddar cheese, 1,459,656 pounds of butter, 1,080,000 pounds of flour, 756,000 pounds of honey, 640,512 pounds of rice, 607,200 pounds of nonfat dry milk, and 160,000 pounds of cornmeal were provided to needy Kansas families.

Planned Initiatives for Income Maintenance Programs: In Fiscal Year 1986 SRS is placing emphasis on corrective action plans aimed at increasing the efficiency of the income assistance programs and reducing program payment error. Federal legislation in the Aid for Dependent Children and Food Stamp Programs has established payment error rate targets for states. These targets, set at three and five percent respectively, are artificially low with no historic or statistical basis to indicate that states can achieve these goals. As a result, SRS is working with the National Governor's Association to encourage a quality control system that is accurate and also a fair measure of the State's performance. In the meantime, states which do not achieve the target error rates face a loss in federal funding. Thirty-nine states, including Kansas, will face a loss of federal Aid to Dependent Children funding in the next year due to excessive quality control errors in the 1983 Federal Fiscal Year. In Kansas the disallowance will be approximately \$500,000. Kansas is currently contesting a \$1.9 million sanction imposed for Aid to Dependent Children errors in 1981. All sanctions for Food Stamp errors have been waived by the federal government because of actions taken in Kansas to reduce errors.

Kansas public assistance programs are failing to provide subsistence levels compatible with decency and health. Aid to Dependent Children and General Assistance standards are at a level which, when combined with other available income assistance, do not meet the minimum needs of the individual as established by the Ways and Means Committee of the Kansas House in 1985. The present assistance levels achieve only 84 percent of the Minimum Needs Level,

which is itself only 85 percent of the federally established Poverty Level. It is necessary to acknowledge that resolving this problem cannot be accomplished in Fiscal Year 1986 when budgetary constraints may preclude a cost of living increase for cash assistance recipients and could well necessitate across-the-board benefit reductions.

Medical Assistance Program

Goal: To provide medically necessary services to low income Kansans while containing costs within available resources.

The Medical Assistance Program provides for the administration of medically necessary services to eligible SRS clients. This program manages reimbursement for medical services provided to SRS clients, and it originates and implements medical cost containment strategies.

Activity Data: The following table shows the average number of medical assistance recipients and the dollars spent on medical assistance.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Medical assistance dollars spent in millions	\$229.2m	\$226.5m	\$228.6m
Average monthly number of recipients	70,165	66,153	68,348

In Fiscal Year 1985, \$226,460,595 was spent on medical services. This amounts to a yearly average of \$1,229 for each recipient. Overall expenditures are 1.2 percent less than was spent in Fiscal Year 1984 when \$229,213,394 was spent.

Recent medical cost containment strategies have resulted in considerable cost avoidance. They include the following:

- o Reduction of covered medical services. In Fiscal Year 1985, the scope of covered services was

reduced, as it had been in Fiscal Year 1984. The most significant reductions were:

- Hospital services for psychiatric inpatient care were limited to 14 days.
 - Outpatient elective surgery was eliminated from coverage. (Inpatient elective surgery for most clients had been eliminated the year before.)
 - Physician and chiropractic office visits were each reduced from 24 to 12 per year.
 - o Surveillance and utilization review. A special unit within the Division of Medical Programs is responsible for reviewing the payments made for services against the services actually provided and billed. This ensures that program policies are followed, and that professional standards for medical providers are followed. In Fiscal Year 1985, recoupments rose as this unit focused on non-certified days in adult care homes and non-certified hospital ancillary charges. This program also identifies Medicaid clients who are abusing medical services. These abusive clients are then locked in to one physician who approves all medical care.
- | <u>Activity</u> | <u>FY 84</u> | <u>FY 85</u> | <u>Expected
FY 86</u> |
|-------------------------------------|--------------|--------------|---------------------------|
| SURS Recoupments (in millions)..... | \$1.4m | \$2.5m | \$2.4m |
| Clients Locked-in | 260 | 344 | 419 |
- o Prospective hospital payment system. Beginning in Fiscal Year 1984, SRS began reimbursing hospitals for services at a predetermined rate based upon actual historical costs per patient day by individual hospital. These predetermined rates were based upon 1981 hospital costs, and then an inflation factor was added to them. The prior system of paying for actual costs after they were incurred contained no incentive for hospitals to contain costs. The prospective payment system resulted in a \$13,534,951 cost avoidance from 1983

to 1984. From 1984 to 1985, \$6,845,524 in costs were avoided. While most of this was due to the prospective payment system, other program restrictions and policy changes also reduced costs.

- o Hospital Utilization Review. Every hospital admission that Medical Assistance reimburses is reviewed by an SRS contractor generally within 24 hours after admission. Each admission is again reviewed every three days thereafter to ensure that the continued hospital stay is medically necessary. This has resulted in the average hospital stay being reduced from 6.49 days in Fiscal Year 1983 to 6.18 days in 1984, and 5.86 days in 1985.
- o Primary Care Network. This program was initiated in 1984 as a pilot project in three counties. Medical services for clients are coordinated by a physician case manager who provides care and approves referrals for other medical services. This program both improves patient care by ensuring that all clients have a physician, and avoids costs by the physician preventing overuse of medical services.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Number of eligibles (Unduplicated)	29,359	41,538(a)	96,643(a)

(a) The program began in the middle of Fiscal Year 1984 and is being expanded to five more urban counties in Fiscal Year 1986.

- o Outpatient Hospital Laboratory Payment. The rate of payment was set at the lesser of either billed charges or the maximum allowed. The maximum plus two percent per procedure code is the current rate paid. \$1,117,911 in costs were avoided.

Planned Initiatives: There has been some success in recent years in containing medical costs. The search continues for additional ways to control costs

without reducing the scope of services or the group of individuals who are served.

- o Primary Care Network Expansion. This program is being expanded to additional Kansas counties which have heavy concentrations of Medical Assistance clients. We anticipate that there will be increased efficiency in the use of medical services, most notably in the reduction of hospital emergency room use.
- o Health Maintenance Organizations (HMOs). HMOs are another variation of case-managed plans (as is the Primary Care Network). The HMO is paid a set fee to provide all medical care to the patient rather than paid a separate fee for each service. The development of two contracts with health maintenance organizations, to provide services to SRS clients, is a priority.
- o Prenatal Risk Reduction. The focus of this program is to increase through outreach efforts maternal knowledge of nutrition, stress, smoking, alcohol, drugs, and exercise as they affect the birth of healthy infants. Preventive measures reduce the need for more expensive medical care during pregnancy and after the birth. Components of this program are:
 - Increased outreach and education to expand early and regular medical monitoring of maternal and fetal well-being.
 - Increased outreach and information about controllable risk factors such as nutrition, smoking, substance abuse, and ongoing social support for pregnant women.
 - Increased outreach and education to increase early identification of maternal risk factors.
 - The enhancement of links between community resources and families with referral to other resources for nonmedical care.

- The institution of home visits by nurses to check infants for medical problems.
- Increased follow-up medical care through the Early Periodic Screening, Diagnosis and Treatment Program.



MENTAL HEALTH AND RETARDATION SERVICES

Mental Health Programs

Goal: To meet the needs of all Kansas residents needing mental health services by developing, operating, and maintaining mental health programs at the four state psychiatric hospitals, and by monitoring the provision of mental health services and the use of state financial aid in community mental health centers.

State Hospitals for the Mentally Ill: A wide array of specialized mental health services is available to Kansas residents through programs of service offered to the residents of the specific geographic area served by one of the state's four psychiatric hospitals. Osawatomie State Hospital, Topeka State Hospital, Larned State Hospital, and Rainbow Mental Health Facility in Kansas City, Kansas, are all accredited by the Joint Commission on Accreditation of Hospitals and licensed as a hospital by the Kansas State Department of Health and Environment. People admitted to the state psychiatric hospitals often are unemployed, below poverty level, and unmarried. The most frequent reason for admission continues to be psychotic disorders that render the patient dangerous to self or to others.

Activity Data: The average resident population in state psychiatric hospitals in Fiscal Year 1985 was 1,198. This was an increase of 2 percent over Fiscal Year 1984. This represents a reversal of the trend showing a steady decline since 1971. Average lengths of stay declined by 19 percent from Fiscal Year 1975 to an average of 114 days in Fiscal Year 1985, a 7 percent decrease from Fiscal Year 1984. There were 3,796 admissions to state psychiatric hospitals in Fiscal Year 1985.

The following table shows the average daily census for the four hospitals. These figures do not include

clients in special youth rehabilitation centers and screening units at the hospitals.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Average Daily Census	1,177	1,199	1,221

Significant Trends: Consistent with recent research findings, there is an increased awareness of the need for rehabilitation programs aimed at enabling chronically mentally ill people to function in the community. The result of an impaired ability to function in the community, once the individual is discharged from the hospital, is a readmission rate of more than 50 percent within one year. Potential areas for remediation of impaired functioning include vocational skills and basic living skills such as the ability to budget money, secure and maintain housing, take medication as prescribed, engage in social conversations, and other activities designed to help ensure success in a community setting.

Planned Initiatives: Consistent with the growing awareness of the importance of rehabilitation in addition to traditional treatment programs, three large state hospitals (Larned, Osawatomie, and Topeka) have begun major efforts in this area.

Community Mental Health Programs: This program provides state and federal funding for 32 community mental health centers in local communities. The services provided include outpatient therapy, consultation and education, 24-hour emergency services, and screening services. In addition, many centers are maintaining and broadening their services to the long term mentally ill population by providing partial hospitalization services, inpatient services, residential services, and community support services. Centers also are providing specialized services for children, the elderly, and substance abuse clients.

The community mental health centers also participate in the Partnership Agreement for Continuity of

Treatment (PACT), resulting in working agreements between state hospitals and community mental health centers that allow these separate mental health agencies to function as a single system in meeting the hospital admission and aftercare needs of the mentally ill. PACT results in more appropriate referrals and better communication between hospitals and community mental health centers for referred patients. PACT also provides grants to community mental health centers in areas such as aftercare, patient support groups, and supervised living arrangements.

Patient moved out of state	8%
Patient referred to private practitioner..	6%
Patient referred to other community agency	29%
Patient referred to nursing home	7%
Patient refused aftercare	18%
Patient returned to court	22%
Patient returned to jail	3%
Patient eloped	7%
Total	100%

Activity Data: The following table includes information on the number of clients receiving different types of community mental health services.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Total Served	69,783	73,504	77,225
Outpatients	67,714	70,563	73,412
Inpatients	4,004	2,805	--
Partial Hospitalization			
Patients.....	1,804	1,921	--
Residential Service			
Patients.....	835	1,871	--

Significant Trends: The average resident population of Kansas' four psychiatric hospitals steadily declined from 1971 to 1981. This trend toward deinstitutionalization has not continued in recent years. Community based mental health program development has not kept pace with the increasing demand for appropriate and effective community-based residential alternatives for the mentally ill. This has led to hospitalization of individuals who could have been served in less restrictive settings had they been more readily available. The long term mentally ill, the elderly, and children are groups that are particularly difficult to serve within available resources. Supervised living arrangements, social and vocational training, and supported employment are among the service programs most needed by those with long term mental illness. These services are available through only a few of the community mental health centers.

The mental health centers in Fiscal Year 1985 served 70,563 clients through outpatient services, 2,805 clients through inpatient services, 1,921 clients through partial hospitalization services, and 1,871 clients through residential services.

Planned Initiatives: In response to this gap in needed services federal mental health block grant and community support project funds have been directed toward expanding the availability of these services through community mental health centers. In addition, state psychiatric hospitals have begun to expand their transitional living and psycho-social rehabilitation programs.

One means of preventing clients who are leaving institutions from returning is to ensure they are referred to community programs for support services. Of those discharged from the state institutions in Fiscal Year 1985, 35 percent were referred to the mental health centers for aftercare, while 65 percent were not. The following table includes a percentage breakdown of the reasons clients were not referred to the mental health centers for aftercare.

Community Support Program: This program, which is funded through a special grant from the National Institute of Mental Health, provides staff to work

with all parts of SRS and community programs to improve services available to the long term mentally ill. More specifically, the program provides consultation to local entities to enhance the development of local services, participates in the States' mental health planning and regulatory process to ensure that those processes consider the needs of community programs, trains SRS staff at all levels on methods of supporting community programs, develops information materials, and assesses the needs of the long term mentally ill.

Activity Data: All SRS area offices, community mental health centers, and intermediate care facilities for the mentally ill continue to receive technical assistance and training on methods of community support for the long term mentally ill. This program has participated in the following developments in community programs:

- o Every mental health center in Kansas has been visited at least once. Seventeen of the 26 mental health catchment areas have major program development (independent living skills and social skills training, and often residential programs. Some have vocational programs and case management).
- o All Community Mental Health centers receive technical assistance.
- o Every SRS area office has a person trained in community support concepts.
- o All state hospitals are re-allocating resources to develop a psychiatric rehabilitation unit (for example, independent living skills training unit) in conjunction with the Community Support Program.
- o All 19 Intermediate Care Facilities for Mental Health have been introduced to community support concepts.

- o Group home placements have been increased more than 200 this past year with support from the Community Support Program.
- o Several hundred front-line staff have been retrained to expand their awareness and approach to work with the long term mentally ill.

Mental Retardation Programs

Goal: To help mentally retarded Kansans obtain their full potential through programs at four state hospitals and training centers, and by monitoring the provision of services to the mentally retarded and the use of state financial aid to 28 community based agencies for the mentally retarded/developmentally disabled.

State Institutions for the Mentally Retarded: The four state institutions for the mentally retarded (Winfield State Hospital and Training Center, Parsons State Hospital and Training Center, Kansas Neurological Institute, and Norton State Hospital) emphasize training and educational programs that develop the full potential of people with mental retardation and related conditions. Treatment teams at the four institutions provide specialized services, based on the severity of the retardation, to persons whose needs cannot be met within existing community resources.

Currently about 80 percent of the residents are severely and profoundly retarded, while many of the rest have behavior problems or physical disabilities. Staff at the institutions are responsible for evaluations of residents, planning and implementing training and education for residents, and evaluating services provided. Personnel at the hospitals and training centers include activity therapists, psychologists, social workers, nurses, physicians, speech pathologists, special educators, medical specialty consultants, and other habilitation professionals.

Activity Data: The table below shows the average daily census of the four institutions.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Average Daily Census	1,307	1,310	1,294

Significant Trends: In the spring and summer of 1985, 126 new staff were added at Winfield and 97 new staff were added at the Kansas Neurological Institute. Staff additions will likely be necessary at the other two institutions. In addition, the 1985 Legislature provided funds for direct placement of approximately 15 mentally retarded individuals in community based programs.

The need for the recently approved additional staff is the culmination of efforts initiated by the federal government to improve the level of care provided in state institutions for the mentally retarded. Federal regulations require institutions receiving Medicaid funds to provide adequate living unit staff (direct care staff), active treatment for residents, and a variety of other services requiring specialized professionals such as psychologists.

Federal regulations require that there be enough direct care and other staff to provide active treatment. That means each resident must have an individualized plan that prescribes activities and experiences designed to move the resident toward meeting specific and measurable goals (such as being able to eat with a spoon). The individualized plan must be implemented consistently and reviewed and modified periodically based on the resident's progress. The staff additions are in response to increased federal and state enforcement of these requirements.

Without the new staff Kansas' four institutions had more residents per direct care staff person than any institution in Iowa, Oklahoma, and Nebraska. The difference between KNI (1.61 residents per direct care staff person) and Woodward in Iowa (.89

residents per direct care staff person), for example, is dramatic (81 percent). Even with the new staff Winfield has more residents per direct care staff than all but one of the six institutions in the other states. KNI has more residents per direct care staff than all but two of the institutions in the other states. Without the new staff, total staff in Kansas' institutions was also less than in most of the comparison institutions.

Planned Initiatives: The threatened Medicaid decertification of several institutions due to noncompliance with active treatment requirements has led a concentrated effort to provide active treatment at these facilities. The central focus has been and will be on the procedures for identifying target behaviors for residents and developing and implementing procedures for teaching those targets. A key component of active treatment is the increased availability of direct care staff and the availability of full time Qualified Mental Retardation Professionals (QMRP) to supervise the active treatment program of 25-30 residents. A new QMRP program modified an existing program for developing individual active treatment training program plans and developed "scenarios" that provide opportunities to implement active treatment as part of each resident's daily routine. The new program is now being used to train new QMRPs. In addition, with funds provided by the Kansas Planning Council on Developmental Disabilities, a contract has been developed that will create a formal active treatment training project for staff. This project will focus on the training needs of the program directors, unit coordinators, qualified mental retardation professionals, and direct care training staff, and will enable training to be provided in both the public and private intermediate care facilities for the mentally retarded.

Community Mental Retardation/Developmental Disability Program: There are 28 community mental retardation/developmental disabilities agencies that provide services in over 100 locations. This is one

less than last year due to the closing of the Verdigris Valley Developmental Center that served Wilson, Chautauqua and Montgomery Counties. Services to Montgomery County clients are now provided by Class Limited which previously provided services only to Cherokee, Crawford and Labette Counties. Services to clients in Wilson and Chautauqua Counties have not been picked up by another agency at this time. These 28 agencies have been designated by the Secretary of SRS as responsible for services within a single or multiple county catchment area. They receive county funds from a mill levy for mental retardation services, state aid through Mental Health and Retardation Services (popularly called "649" funds), federal Social Service Block Grant funds distributed by SRS's Adult Services section, client fees, grants from the Kansas Planning Council on Developmental Disabilities Services, and other sources.

Activity Data: The emphasis on providing services in the least restrictive setting has greatly increased the demand for services from community agencies. In 1968 about 430 clients were served in community facilities. The number has now grown to over 5,147. (This figure is higher than that appearing in the Adult Services section of this report since that figure represents just those whose services are made possible by the Social Service Block Grant program administered by Adult Services.)

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Total Clients Served	4,851	5,147	5,340
Clients in Work Programs ...	3,479	3,696	3,902
Group Living.....	1,312	1,427	1,542
Preschool Program.....	1,372	1,451	1,438

The community mental retardation and developmental disability agencies provide a variety of services. In Fiscal Year 1985 about 72 percent of all clients received adult work activity and work adjustment services. Work adjustment, one of the work programs available, is designed to assist clients who have

only basic work skills to develop critical work behaviors that will improve their prospect of obtaining employment. Work activity, another type of work program, is designed to provide long term work instruction and supervision to enable clients to ultimately participate in higher level vocational programs. The agencies also provide group living programs to 1,427 clients and preschool programs to 1,451 clients. Other services provided include adult day care, adult life skills, job placement, and transportation. Trends and initiatives in these community programs are discussed in the Adult Services section of this report.

Kansas Planning Council on Developmental Disabilities: The council is a 15-member body appointed by the Governor in response to federal legislation designed to improve the quality of life for people with mental retardation and other developmental disabilities to maximize their potential, and to assure their access to the same privileges and freedoms available to other citizens. Of the council's 15 members, just over half are either developmentally disabled themselves, or are the parents or guardians of a developmentally disabled person. The others represent state and community agencies which provide services to the developmentally disabled.

Kansas Advocacy and Protective Services: SRS administers state and federal funds distributed to Kansas Advocacy and Protective Services. The services provided by this agency are currently mandated under the federal Developmental Disabilities Act. The goals of Kansas Advocacy and Protective Services are "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. This agency also operates the guardianship program to assist adults who are functionally unable to make reasonable decisions concerning their needs and

financial resources. This program is used to locate guardians and conservators when there are no family members available and when SRS local offices are unable to recruit a guardian/conservator. Guardians/conservators make decisions with regard to ward's personal and financial needs within the parameters of the law. This program is described in more detail in the Adult Services section of this report.



REHABILITATION SERVICES

The goal of Rehabilitation Services is to provide a variety of job related services which promote competitive employment, participation in community activities, or access to disability benefits for adult Kansans who have disabilities.

Disability Determination Services

Goal: To enable Kansas citizens who are disabled, and their eligible dependents, to draw federal disability benefits under Title II or Title XVI of the Social Security Act, or to draw medical assistance from the state program; and to assure that applicants and beneficiaries, having the potential to benefit from vocational rehabilitation services, are identified and referred for such services.

Disability Determination Services (DDS) makes disability and blindness determinations for the U.S. Department of Health and Human Services on most Social Security Disability Income (SSDI) and Supplemental Security Income (SSI) claims filed or reviewed in Kansas. In addition, the extent of disability is determined on applications for state Medical Assistance for the Secretary of SRS. These determinations enable individuals who meet the disability requirements, and their eligible dependents, to receive federal disability benefit payments or state Medicaid coverage.

Activity Data: The following table shows the number of claims processed, the percent of claims accurately processed, and the average number of days required to process claims.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Claims processed	17,958	14,308	19,500
Average days to complete			
SSI claim	52	46.8	52

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Average days to complete			
SSDI claim	47	45.6	47
Accuracy rate	96%	96.2%	95%

A total of 14,308 federal SSDI and SSI claims were processed in Fiscal Year 1985. This was about 4,000 fewer claims than planned, due primarily to a federal moratorium on continuing eligibility reviews imposed throughout most of the year. The moratorium on eligibility reviews was imposed pending Congressional action to clarify the criteria for removing eligibility. Of the total processed, 3,344 claims were allowed on initial application; another 473 claims were allowed upon reconsideration; and 99 beneficiaries were determined still disabled after review of their eligibility. The remaining claims were denied or were pending at the end of the year. The potential annual benefit per disability claim is about \$5,500. Determinations made in Fiscal Year 1985 enabled 3,916 Kansas claimants and their eligible dependents to begin or continue drawing disability benefits totaling approximately \$22 million on an annual basis. In addition, 160 determinations were made to establish eligibility for state Medical Assistance.

Approximately 5,691 claimants or beneficiaries were judged to have some potential to benefit from vocational rehabilitation services and were either referred to Rehabilitation Services or advised of the possible availability of services. An additional 661 disabled or handicapped children were identified through the determination process and referred to the Kansas Crippled and Chronically Ill Children's Program for services.

Significant Trends: New applications for disability benefits are expected to increase as the population of older workers with accompanying physical and mental problems grows. Because the Social Security System is already financially overburdened, this will create increased economic

pressure to preserve the Trust Fund's resources by ensuring only eligible clients receive benefits. This pressure, in turn, is likely to be translated into more rigorous eligibility standards and documentation requirements, stricter adherence to continuing eligibility review schedules for beneficiaries with non-permanent impairments, and more sophisticated cost management systems. Even greater emphasis will be given to returning beneficiaries to gainful employment through vocational rehabilitation than exists today.

Planned Initiatives: The following initiatives are planned for Fiscal Year 1986:

- o The Termination Assistance Program will be reactivated to provide resource information and assistance to individuals whose benefits cease.
- o Use of workshop assessments will be expanded to better evaluate claimants and beneficiaries with chronic mental impairments.
- o System changes will be made to improve the appropriateness of vocational rehabilitation referrals and increase the percentage of referred clients who are accepted for rehabilitation services.
- o DDS will participate in a national demonstration project sponsored by the Social Security Administration. The project will test a computer-assisted vocational evaluation system to be used in determining transferability of a disabled person's skills from one occupation to another.
- o An effort will be made to enlarge the panel performing consultative examinations and to improve the speed with which information about clients is transmitted from physicians and hospitals to DDS.
- o An organization design to reconfigure DDS Initial Program Unit staff into case processing modules

will be developed and tested to improve workload management. Claims will be assigned and goals will be established on a group basis.

Rehabilitation Services

Goal: To support the contribution persons with disabilities make to society, by assisting them to obtain employment, independent living, or disability benefits.

Client Services-General Program: The Client Services General Program is composed of 68 counselors and 15 supervisors located in 17 area offices and 13 branch offices throughout the State. There are two field managers, one responsible for 16 area offices in the eastern half of the state and the other for 14 offices in the western half of the state. There is a field services administrator for the statewide Client Services Field Program. The activities of client services are aimed at competitive employment and/or independent living for disabled persons.

Field counselors provide the core of Rehabilitation Services by determining eligibility for vocational rehabilitation services, developing with the client an individualized written rehabilitation program, providing or approving the purchase of services that support employability, developing job opportunities, placing clients in jobs, and assisting the clients in the use of other resources.

Activity Data: The following table includes the number of clients served and rehabilitated, and the ratio of the benefits of rehabilitation services to their costs.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Clients served	9,931	9,305	11,000
Clients rehabilitated ...	1,289	1,356	1,847
Benefit/Cost ratio	2.3:1	1.9:1	1.9:1

Orthopedic impairments constituted the largest percentage of clients served in Fiscal Year 1985, at 36 percent. Other disabilities served were: emotional, 16 percent; mental retardation, 14 percent; deaf and other hearing impairments, 8 percent; cancer, allergies, blood diseases, 6 percent; alcohol and drug, 4 percent; learning disabled, 2 percent; and all other disabilities, 14 percent.

In State Fiscal Year 1985, this program served 9,305 clients, and of this number 1,356 were rehabilitated into employment, not including the blind clients discussed later. Both the number served and rehabilitated are expected to continue increasing in Fiscal Year 1986. To be successfully employed, a client must maintain the position for at least 60 days. For clients rehabilitated into employment in Fiscal Year 1985, an average of 23 months was needed for a client to be rehabilitated.

One of the strengths of Rehabilitation Services 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 rehabilitation program. The benefit to government includes all that it gets back in taxes and reduced public assistance benefits. In State Fiscal Year 1985, the benefit-cost ratio was 1.9:1, a decrease from 2.3:1 in Fiscal Year 1984. It is anticipated that this level will be maintained in Fiscal Year 1986.

Significant Trends: Changes in technology and in health care are redefining, substantially, both what is possible in terms of rehabilitation, as well as the type of persons needing vocational rehabilitation services. Severely disabled persons who are making the transition from institutions and schools into employment are priorities for services at both the federal and state levels.

Approximately 1,500 special education students with physical and mental handicaps leave school each year, many who may need adult rehabilitation services. Additionally, we anticipate that 354 persons needing services will be discharged from state institutions by Fiscal Year 1990. In addition, growth of rehabilitation services in the private sector is expected to increase. Many clients previously served in state-federal programs are now being served by the private-for-profit sector, resulting in public programs serving the most severely disabled clients and those with limited financial resources. These trends are anticipated to increase overall average case costs. In sum, demand for services from severely disabled persons, persons leaving institutions, and persons leaving special education will increase.

Planned Initiatives: Operations proposed for Fiscal Year 1986 will sustain emphasis on increasing the number of disabled persons served by Rehabilitation Services, as well as on increasing the ratio of persons served who have severe disabilities. These outcomes require collaboration with other SRS services, state agencies, private providers, institutions, schools, and the business community. Proposed operations and priorities for State Fiscal Year 1986 include:

1. To emphasize transition into employment initiatives. Initiatives to expand Rehabilitation Services' participation in transitional services began in Fiscal Year 1985 and will continue into Fiscal Year 1986. Transitional services are needed to ensure opportunity for community living and employment for the severely disabled whose functional skills can accommodate those goals.
2. To continue major management changes begun in Fiscal Year 1985 to reduce unnecessarily burdensome management controls and to link the evaluation of counselors' performance to successful client outcomes. These initiatives are intended

to increase the number of clients served and rehabilitated.

3. To increase the use of new and innovative approaches to field operations to assure that timely and up-to-date services are provided, such as: new strategies for job placement, marketing and employer development activities, rehabilitation engineering, work station adaptation and accommodations, job modification, on-site job training, and aiding devices and equipment.

Kansas Vocational Rehabilitation Center: The goal of the Kansas Vocational Rehabilitation Center is to provide work evaluation and training for clients with single or multiple disabilities who lack employment experiences needed to enter the work force. In evaluating clients and providing services, one of the resources available for counselors is the Kansas Vocational Rehabilitation Center (KVRC).

A facility of Kansas Rehabilitation Services since 1966, the Center operates twenty-four hours a day, seven days a week. There are five major client service components. Four are evaluation of vocational abilities, vocational training in the community, health services, and residential services. Specific target populations are the hearing impaired, learning disabled, mentally ill, or other severely disabled persons. Two KVRC evaluation units outside the Center, using one staff person each, are located in Topeka and at the Kansas School for the Deaf in Olathe.

The fifth major program at the Center is the Youth Adjustment Program which provides services to 16 and 17 year old male juvenile offenders who are physically and/or emotionally disabled. That program works toward reducing problem behaviors as well as providing vocational skills so that the youth can successfully cope with community living. Specific target populations for this cooperative program are developed with Youth Services. Ten youth from SRS Youth Centers are selected each year for a special

transitional program that includes training at the Salina Area Vocational Technical School.

Activity Data: The following table includes the number of clients evaluated at the Center as well as results for the Youth Adjustment Program.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Number of vocational evaluations	1,313	1,346	1,400
Number of youth admitted	49	57	45
Percentage who complete program	31%	30%	60%
Percentage of persons completing program who are employed or in training ..	87%	78%	80%
Percentage of youth who are not apprehended for juvenile code offenses	87%	89%	85%

In Fiscal Year 1985 services were provided by a staff of 66. Most clients received health related services, 1,346 clients were vocationally evaluated, 40 received job training, and 57 received services of the Youth Adjustment Program. Due to the high percentage of youth who did not complete their program, 27 percent more clients were admitted to the youth program than anticipated. Better screening will be implemented in Fiscal Year 1986 which will result in fewer clients being admitted, but will result in a higher completion rate. A slight increase is anticipated in the number of vocational evaluations.

Vocational Rehabilitation Unit (VRU): The main purpose of this facility is to identify the vocational potential of mentally retarded clients and to help them develop skills needed for obtaining and maintaining competitive employment. VRU is a resource for services available to rehabilitation programs for mentally retarded clients.

During Fiscal Years 1982 and 1983, VRU provided leadership in developing regional sites for the evaluation, work adjustment, and community living training of mentally retarded clients. VRU continues to furnish technical assistance to these facilities. In Fiscal Year 1985, VRU directed the development of a community based job training project in cooperation with the Topeka Association for Retarded Citizens. This project uses a high intensity training technique referred to as shadow training, in which training is provided one-on-one by a VRU employee to the client while the client is on the job.

Activity Data: During Fiscal Year 1985, 90 percent of total referrals to VRU were made by Rehabilitation Services field offices in the VRU catchment area in the Eastern part of the state. Only in instances where counselors are unable to obtain the service needed locally are referrals accepted from outside the catchment area.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Referrals to VRU	175	260	208
Number completing evaluation .	164	154	162
Number completing work adjust- ment training	57	74	77
Number completing community living training by levels:			
Level I	103	124	131
Level II	37	65	69
Level III	28	35	21
Level IV	28	(a)	(a)
Percent recommended for employ- ment after evaluation/work adjustment	48%	44%	46%
Percent placed in jobs follow- ing services at VRU	49%	42%	44%

(a) Levels III and IV consolidated.

The community living program accelerated its training program during Fiscal Year 1985. This resulted in

the elimination of one training program and allowed clients to move more quickly into independent living.

Services for the Blind

Goal: To prevent blindness, restore eyesight, and rehabilitate blind people.

Blind Employment Programs: This program provides direct employment opportunities, training, and supervision to blind people through the Kansas Industries for the Blind, which consists of sheltered workshops and home industry units, and the business enterprise program. The business enterprise program is the vending stand program operated by blind persons. Products manufactured in Kansas Industries for the Blind are sold to governmental agencies and other customers. The daily average number of blind persons employed in Blind Employment Programs in Fiscal Year 1985 was 85. The program served an average of 78 in Fiscal Year 1984 and will again serve 78 on average in Fiscal Year 1986.

Blind Rehabilitation Center: 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, communications, techniques of daily living, and manual arts. Fifty-two blind persons were evaluated and trained at the Center in Fiscal Year 1985, compared to 58 in Fiscal Year 1984 and an expected 55 in Fiscal Year 1986.

Client Services: This program includes rehabilitation teaching, vocational rehabilitation for the blind, prevention of blindness and restoration of sight, and medical eye care.

The Rehabilitation Teaching program provide training in skill areas that are needed so that blind persons, especially the elderly blind, 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 and Restoration of Sight program and the Medical Eye Care program include educational services, medical and surgical services, and ophthalmological consultation needed to prevent loss of sight and restore eyesight when possible.

Activity Data: The following table shows the number of blind people who were helped to remain independent, the number of vocational rehabilitation clients able to return to employment after receiving services, and the number of people whose eyesight was restored or whose potential blindness was prevented.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Number helped to remain independent	570	563	575
Number of clients returned to employment	109	109	121
Number of persons with blindness prevented or eyesight restored	6	5	5

The Rehabilitation Teaching program helped 563 blind individuals remain independent in Fiscal Year 1985. This number is expected to remain approximately the same during the next fiscal year. The Vocational Rehabilitation Program returned 109 blind clients to gainful employment in Fiscal Year 1985. The figure is expected to increase to 121 in Fiscal Year 1986. Five individuals were provided with services to prevent blindness or restore eyesight in Fiscal Year 1985. It is projected that the same number will be served in Fiscal Year 1986. Blind Services also provides communication to blind persons in the medium of their choice: for example, braille, cassette tape, or large print.

Significant Trends: The estimated number of legally blind persons in Kansas is approximately

5,300. In addition, there are an estimated 7,200 with severe visual impairments. There is no reason to believe that these numbers will change dramatically during the next five years. However, loss of vision is a major handicap among the elderly, and visual impairment is expected to increase as the percentage of elderly persons in the total population increases.

The caseload of deaf-blind individuals has grown over 50 percent since October 1982. While this same percent increase in deaf-blind caseload may not occur during each succeeding two years, continued increase is expected. This will require continuation of specialized services to meet the needs of persons with this dual sensory impairment.

Planned Initiatives: Continued emphasis will be given to transitional services for blind and visually impaired youth from school to work and competitive employment (instead of sheltered or other non-competitive employment) for all blind Vocational Rehabilitation clients who have the potential for reaching this level. More blind persons who need these transitional services will be identified as they leave school so services can be provided at the earliest date. This trend should result in movement of selected blind persons from sheltered employment programs to jobs in the competitive labor market.

Independent Living Programs

Goal: To assist disabled persons to live as independently as possible in their home and community through the provision or coordination of necessary support services.

Independent Living Program: The Independent Living Program funds six Independent Living Centers serving 15 counties, and a nonmedical attendant care training program. This past year it provided start-up funds for an additional three centers serving four rural counties. The new rural centers allowed development of a much needed program to advocate in

the community for access for the disabled and other needs of the disabled.

Activity Data: The following table shows the number of persons receiving some key independent living services.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Number receiving employment assistance	1,321	1,320	1,456
Number maintained or re-located to less restrictive environment	889	1,018	1,030
Number receiving attendant care assistance	672	807	825
Total number disabled assisted	8,781	8,785	9,459
Development of local advocacy network	--	1	--
Number of business and community persons trained in sensitivity workshops	--	69	120

Significant Trends and Planned Initiatives: The need for independent living services will continue along with the trend toward deinstitutionalization of the disabled. During Fiscal Year 1986, new federal funds will enable many of the local SRS offices to provide independent living rehabilitation services formerly provided only by Independent Living Centers. This is expected to continue in Fiscal Year 1987. Developing a primarily volunteer rural Independent Living Center is also a goal in 1987.

Client Assistance Program

Goal: To ensure equitable and appropriate rehabilitation services to clients through information and ombudsman services.

The Client Assistance Program is required by federal law in order to receive federal funding for vocation-

al rehabilitation (VR) services. The program provides direct and indirect services to clients, including: information about Rehabilitation Services; referral to other programs or agencies when appropriate; mediation and client advocacy with regard to problems clients encounter with rehabilitation services, facilities, and staff; technical assistance regarding statutes, rules, and regulations as they apply to the needs of handicapped persons; and feedback to the agency on policy issues.

Activity Data: The following table shows the number of clients served by the Client Assistance Program and the percentage of problems resolved without a formal appeal.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Clients assisted, VR-related .	366	295	250
Clients assisted, Non-VR-related	--	86	100
Percent of problems resolved without appeal, VR-related ..	98%	98%	96%

This program provided assistance in response to 381 requests in Fiscal Year 1985, of which 295 (77 percent) were related directly to Rehabilitation Services. The 86 (23 percent) not related to VR included questions regarding Food Stamps, General Assistance, public accommodations for the handicapped, Workers' Compensation, medical cards, and other human services. Each non-VR request was either answered, referred to an appropriate source for an answer and/or referred to an appropriate source for advocacy. One of the seven appeals of rehabilitation services decisions in Fiscal Year 1985 received indirect Client Assistance and the administrative reviewer ruled in favor of the client. Each of the other appeals resulted in a decision in the agency's favor.

Kansas Commission for the Deaf and Hearing Impaired

Goal: To provide a centralized source to collect and disseminate information regarding the needs and services available to deaf and hearing impaired Kansans.

The Commission facilitates coordination and communication between public and private agencies and units of local, state, and federal government to respond comprehensively to the needs of the deaf and hearing impaired populations and to promote accessibility of all public services to these populations. The Commission provides information, refers deaf people to the appropriate services, and provides direct services of TDD message relay, interpreting, and sign language instruction. TDD message relay is a telephone device the deaf use to type in and receive typed messages.

Activity Data: The following table includes information on services provided by the Commission.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Number of requests for Information received.....	369	729	500
Information filled	347	678	500
Number of TDD calls relayed	--	1,186	2,400
Number of interpreting Hours requested	--	2,245	3,000
Hours filled	--	1,106	3,000
Number of sign language training sessions	--	12	16

The number of requests for information ran higher than expected as a result of increased public awareness of the services. The number of calls relayed ran much higher than anticipated primarily because it was expected to take much longer for the deaf and hearing impaired communities to start taking advantage of this service. The number of interpret-

ing hours requested was somewhat lower than anticipated, but the number the commission was able to fill was only about half the number of hours requested, due to difficulty in finding skilled interpreters.



YOUTH SERVICES

The goal of Youth Services is to provide services to protect the health and welfare of children and to provide services to juvenile offenders that develop responsible and productive youth in the least restrictive environment possible.

Child Protection Services Programs

Goal: To make every reasonable effort to protect the health and welfare of children as mandated by the Kansas Code for Care of Children.

The Child Abuse/Neglect Program: This program involves receiving reports of suspected child abuse/neglect, responding to these reports in a timely manner, providing crisis counseling, making referrals to community services or to SRS family services, providing emergency shelter, and maintaining a central registry of persons who have abused or neglected a child. Every reasonable effort is made to maintain children safely in the family home rather than removing them from the home. In addition, the Department of Health and Environment is informed of investigations of suspected child abuse/neglect in facilities regulated by that Department and every reasonable effort is made to protect the child/children in such a facility.

Activity Data: The following table includes the number of abuse and neglect reports received, the number of confirmed and unfounded reports, and the number of children found eligible for services to prevent abuse or neglect.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	Expected <u>FY 86</u>
Number of children reported abused/neglected	22,450	24,551	27,000
Percent confirmed	34%	31%	28%
Percent at risk of abuse/neglect and eligible for services	36%	36%	39%
Percent unfounded	30%	33%	33%

The number of reports received in Fiscal Year 1985 increased by nine percent over Fiscal Year 1984. This increase is consistent with the gradual increase since Fiscal Year 1980 in the number of reports received. The increase is also consistent with national trends. A ten percent increase in the number of reports is projected for Fiscal Year 1986, while the percentage of those reports confirmed will decline again from 31 to 28 percent. The percentage of reports in the at risk (but not confirmed) and eligible for services category will increase in part because of a growing reluctance to label borderline cases as confirmed since those peoples' names are then entered onto the permanent registry of persons known to have abused or neglected children.

Significant Trends: The increasing public awareness of the need to safeguard children against abuse and neglect while in out-of-home care (including day care centers, family day care homes, foster homes, and residential facilities) has resulted in new legislation at the federal and local level that substantially strengthened the protective services requirements relating to licensure of child care facilities as well as those persons who reside, work or regularly volunteer in a child care facility.

The use of the central registry for background checks has initiated an intensive scrutiny of the child abuse and neglect program. The effort to achieve a balance between the mandate of the Kansas Code for Care of Children to protect children and the need to ensure the rights of due process and confidentiality to all of the individuals involved in a child abuse/neglect investigation requires ongoing examination and refinement.

The public interest in the prosecution of alleged abusers/neglecters with a concomitant concern to reduce the trauma to a child in giving testimony has resulted in new legislation regarding interviews with children. State legislation passed in the 1985 session provides that an interview with an abused/

neglected child under the age of 13 may be videotaped and the tape admitted as evidence. Field staff will be increasingly involved in the taping of interviews with children and testifying in criminal proceedings.

Procedures for the investigation of reports of medical neglect of disabled infants with life-threatening conditions (the "Baby Doe" requirements) was implemented October 9, 1985. The number of reports that may be made regarding the medical neglect of these infants cannot be projected at this time. However, the Baby Doe procedures will involve field staff in additional training and technical assistance programs, regardless of the number of reports that are made.

Planned Initiatives: Due to the need to use a limited number of staff in the most effective way to meet the overall goal to protect children while keeping families together, Youth Services will initiate an internal review of the child abuse/neglect program. The review will include an evaluation of current procedures for processing reports and the criteria for deciding what action to take in different types of cases. Input will be sought from the public, the court system, law enforcement and agency staff regarding decisions as to the reasonable care and treatment of a child. Revised policies and procedures to most effectively use limited social services staff time will result from this effort.

Other Children In Need of Care Services Program:

This program receives reports of children who may be in need of care due to unexcused school absences; who commit an act prohibited by law that is not prohibited when done by an adult; who are less than ten years old and commit an act that would be a felony or misdemeanor if committed by an adult; or who are in conflict with home, school, or community. When children are alleged to be in need of care but are not abused or neglected, our primary task is to

help families, through the provision of family services, find ways to resolve the problem.

Activity Data: The following table shows the number of reports of children with unexcused school absences and the number of cases opened when the information warranted further investigation. The table also shows the number of children reported in need of care for other reasons and the number of those cases opened when the information warranted further investigation.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Number of reports of unexcused school absences.	3,357	3,391	3,500
Cases opened due to school reports	1,013	1,085	1,120
Number of children in need of care reports (not abused/neglected) .	3,060	3,168	3,263
Number of children in need of care cases opened	2,079	2,126	2,186

This proportion of cases opened due to a report of unexcused school absence is remaining quite stable at 30 to 32 percent, but continues to be higher than was anticipated when the program was started.

The high percentage of cases opened for that group of children who were not referred as abused, neglected, or truant, results from public concern for those children whose behavior at home, school or in the community brings them to the attention of SRS and the courts. This taxes staff resources to address the needs of families who require assistance to provide reasonable care and treatment for their children.

Significant Trends: There is an increasing professional and public perception that the major responsibility for school attendance lies with the local school district rather than the current system in which schools report unexcused absences to SRS. Parents, school administrators, and the courts view

most unexcused school absences as an immediate behavior which should be promptly dealt with by the school and parents. SRS is seen as an appropriate referral in those instances where the family is in crisis or is dysfunctional.

There is a significantly increasing public concern regarding missing and exploited children. At the federal, state and local levels, policies and programs to address these problems are being formulated. Innovative programs involving child protection services and law enforcement personnel are being developed with strong community support. For example, the Wichita SRS area office is participating in a federally funded joint program with local law enforcement to identify children who are on the streets and possibly missing or exploited children. SRS staff works with these children to return them to their parents, place them in foster care, or take other appropriate action.

Planned Initiatives: There is increasing awareness that placing children and youth who are not in danger in foster care is costly and damages the family unit. The focus of our activity will be to enable these families to find the solutions to their problems. Area office staff will be receiving specialized training over the next 18 months to increase their skills in providing home-based family services. Although prevention efforts are handled primarily by family service workers, protective service workers must also be trained in prevention techniques so that efforts to prevent foster care placements can begin when SRS first becomes aware of an abused or neglected child.

Family Services and Adoption Programs

Goal: To maintain children in their own homes or to provide a permanent family through adoption.

Family Services Program: This treatment program is designed to assist parents in fulfilling their child rearing function. Program emphasis is family-

based and directed toward maintaining children in their own homes or returning children to their families following a separation. The population served is comprised of children whom the agency finds to be abused, neglected, or in need of care for other reasons. Program components are family services provided directly by social workers and family support worker services, as well as services purchased from private providers. These are specialized child welfare services for those children whose families are unable to carry out their parenting responsibilities. In Fiscal Year 1985, there was each month an average of 4,700 families participating in one or more components of the program. Each component is discussed below.

Direct family services provided by area field staff (social workers) are generally limited to handling short term crisis situations, and are as intensive and intrusive as necessary for families to achieve and maintain a minimal but acceptable level of family functioning for the maintenance of their children in their homes. It is the responsibility of the professional social worker to assess family strengths and weaknesses and assist them in formulating a plan to correct the deficiencies in the home.

The purpose of the Family Support Worker component is to teach families those skills needed to maintain their children in their own homes. Services are geared to sustaining family strengths and to improving the capacity of parents to provide an acceptable level of parenting skills. Services are provided by SRS-employed paraprofessionals, and may include the following: teaching basic homemaking and parenting skills, assisting the family in accessing necessary community resources and services, assisting the family in the development of coping skills, and providing support systems to families. These services are provided to avert separation of the child from the family, whenever possible, or facilitate a timely return to home when separation is necessary.

The Purchase of Service component provides additional resources to further the goals of the program. The services that SRS purchases from other agencies or individuals cannot be provided by existing SRS resources, cannot be obtained without cost from any other source, and cannot be obtained directly by the client. In Fiscal Year 1985, SRS purchased the following: individual, marital and family therapy; psychological assessments; protective service and special needs day care; interpreter services for foreign speaking and speech/hearing disabled individuals; transportation services to assist families in accessing needed services; exterminator services to assist in providing a safe and sanitary home environment; and parent education classes. During Fiscal Year 1985, 579 plans for purchased services were written with a goal of preventing family dissolution; and 240 such plans were written with a goal of reunifying separated families. In addition, the agency purchased specialized in-home family services. There were 8,306 hours of in-home services purchased from three major purchase of family services contracts which include both individual family therapy (7,759) and group therapy (547). The agency expenditures for purchased services were \$396,156 during Fiscal Year 1985.

Activity Data: The following table shows the number of families and children served in the Family Support Worker Program.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Families served	1,841	2,460	2,952
Children served	4,506	5,155	6,186

In Fiscal Year 1985, services were delivered to 2,460 families with 5,155 children. This is a 14 percent increase over Fiscal Year 1984 when the program served 4,506 children. In Fiscal Year 1985, 86 percent of the participating families received preventive services while the remaining 14 percent received reunification services. Of the 1,292 family cases closed in Fiscal Year 1985, 63.2 percent were

closed following attainment of program goals or return of custody to the parents. The average annual cost to deliver services to one child was \$195.28. If a child were placed in out-of-home foster care, the cost would be much higher (an average of \$588 per month).

Planned Initiatives: Due to increases in requests for services, limited resources, increased severity of the problems of clients served, and eligible families exhibiting more pervasive dysfunctions, the agency will pursue the following initiatives:

- o Increase the quantity and quality of family support services by increasing the hours of service provided and upgrading the pay for paraprofessional workers.
- o Begin providing family support services to the families of juvenile offenders, in addition to children in need of care, so that juvenile offenders can be returned to their homes faster.
- o Ensure availability of purchased services by increasing the rates paid for in-home services purchased from professional agencies.
- o Increase the quality of preventive services by providing special training for staff in the delivery of in-home family based services.
- o Better use limited resources by streamlining procedures to allow a higher proportion of staff time to be spent in the direct delivery of services to the client.
- o Provide intensive services to prevent foster care placement, but when this is not successful, aggressively pursue the termination of parental rights so children can receive a permanent adoptive home.
- o Work cooperatively with court-appointed special advocates (CASA) to assure that permanency plans

are made and implemented to prevent children from remaining in foster care.

Adoption Program: The purpose of the Kansas Adoption Program is to transfer the responsibility of child rearing and parenting from the state to a family. Such children have been placed in the custody of SRS for a variety of reasons (including abuse and neglect). This program, administered by Youth Services, seeks to assure the provision of appropriate, pre-approved adoptive families for all children eligible for adoption. The program's goals are the timely adoptive placement of all children and a reduction in the amount of time children remain in the foster care system awaiting adoption.

Activity Data: Aggressive efforts over the past few years have resulted in an increase in the percentage of eligible children being placed for adoption. In Fiscal Year 1976, 23 percent of all such children were in an adoptive placement by the end of that fiscal year; in Fiscal Year 1985, 39 percent of all such children were in adoptive placements.

The following table shows the number of children referred for adoption, the number placed with adoptive families, and the number placed who had special needs.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Number referred for adoption	230	219	230
Number placed	230	187	200
Number of special needs children placed	195	169	195

Of the 219 children referred for adoption in Fiscal Year 1985, 90 percent were classified as "hard-to-place" due to either age, race, membership in a sibling group, or because of special physical, educational, or emotional needs. Eighty-six percent of these 219 children were placed with families that were recruited and assessed by SRS staff. Thirty-

eight percent of these children placed were of minority heritage and fifty-two percent were over age six at the time of placement.

Some adoptive parents are eligible to receive funds to help them care for their adopted children with special needs. The adoption support program has enabled 102 special needs children to be placed with adoptive families in a timely manner in Fiscal Year 1985. As of June 30, 1985, a total of 545 children were receiving adoption support. Thirty percent of all children approved for adoption support required only medical services to maintain the adoptive placement.

Significant Trends: During the next fiscal year there will continue to be an increase in the number of developmentally disabled children placed for adoption. Research has shown that children previously considered suitable only for institutional living have been successfully placed into adoptive families. Such children often require a number of medical, social, and educational services in order to reside in a family setting. In order to meet these costly needs there will be an increase in the amount of adoption support money needed.

As SRS emphasizes the termination of parental rights in cases where a return to the family is unlikely even after receiving family services, there will be an increase in the number of children needing permanent adoptive homes. If parental rights are terminated at an earlier date, then damage to the children may be less and such children may be easier to place than children who remain longer in foster care.

Planned Initiatives: This year there will be two major initiatives which are designed to increase the number and quality of adoptive families, and at the same time reduce the amount of time SRS staff spend on adoptive family recruitment and assessment.

Another initiative relates to the passage in the 1985 legislative session of Senate Bill 69 which requires that genetic, health, and social information about the adoptive child be filed with the petition to adopt. This bill further requires that all such information, along with the final decrees, be sent by the court to Youth Services for permanent retention, thereby establishing a permanent registry of all adoptions filed in Kansas. This will give adoptive families and adults one central location to contact whenever information is needed regarding the background or medical history of the child.

Foster Care Program

Goal: To provide high quality foster care for children in SRS custody who require an out-of-home placement in the least restrictive and most cost effective environment possible. Also, to provide foster children with services designed to return them to their families if possible, or to a permanent adoptive home as quickly as possible.

The Foster Care Program serves children and youth who have been identified by the courts as children in need of care or juvenile offenders. Children in need of care are those found to be neglected, abused, or in conflict with their family, school, or community. Juvenile offenders are ten to eighteen year olds who have committed an act that would be classified as a misdemeanor or felony if they were adults. Once courts have determined a child to be in need of care or a juvenile offender, the child may be placed in the custody of SRS.

Juvenile offenders in the custody of SRS can be placed in a Youth Center, a state institution, a family foster home, a residential foster care facility (group homes serving up to ten children and residential centers serving ten or more children), with unpaid relatives, or with their parents on a trial basis. Children in need of care can be placed in the same types of placements with the exception of youth centers. Residential facilities are primarily

for children who require more structure and supervision than is found in a family foster home. These facilities are categorized into levels III, IV, V, and VI. The higher levels provide more services and serve children with more difficult behavioral and mental/emotional problems.

Activity Data: The following table summarizes the activities of the Foster Care Program.

Activity	Expected		
	FY 84	FY 85	FY 86
Number in provider placements (end of fiscal year)	2,313	2,490	2,440
Percent in family foster care	65%	67%	67%
Percent in residential facilities	35%	33%	33%
Percent in custody with current administrative reviews	99.4%	98.6%	95.0%
Number of children in need of care returned to custody of parent ...	1,187	1,119	1,100
Number of children in need of care released from SRS custody due to reaching age 18 or custody transferred to other	449	415	450
Number of children legally freed for adoption either through termination of parental rights or voluntary relinquishment	246	177	200

The percentage of children in family foster care increased to 67 percent in Fiscal Year 1985 and is expected to remain about the same in Fiscal Year 1986. The percentage of children having a current administrative review is a measure of the timeliness with which each case is reviewed to ensure

appropriate services. The goal of 95 percent was exceeded in Fiscal Years 1984 and 1985.

Training for all foster parents became a reality during Fiscal Year 1985 with the six hours required by the agency being exceeded by many homes. A recent study showed an average 10.1 clock hours per home received during the year. In addition, the central office licensing specialist continued to work with the Kansas State Association of Foster Parents in the development of their certification program. The creation of several groups of specialized family foster homes required the development of specialized training in several areas. In addition, the state-level initiative for additional pre-service and in-service training resulted in additional teams of foster parents and social workers being made available to train others across the state. Local areas continue to develop specific training programs with the \$1,500 per area allowed for that purpose. The combination of state-level generic training and specific local training initiatives has greatly strengthened the overall foster parent training program.

In Fiscal Year 1985, statewide distribution of foster parent recruitment materials resulted in an increase of new foster homes licensed in the last quarter of the year. Areas were encouraged to develop local initiatives for support and recognition of foster parents. On the state level, Foster Care Month was publicized through a Governor's proclamation.

The following table shows the total number of family foster homes recruited and licensed during the Fiscal Year 1985.

New Homes Recruited	447
Homes Relicensed	1,097
Average Total Homes Available	1,645

In order to provide the least restrictive placements possible for emotionally disturbed youth, the agency initiated several new specialized foster care

programs. The Partners in Parenting Program covers the Kansas City and Olathe areas as well as the entire Kansas City Metropolitan area. Crittenton Center in Kansas City, Missouri, and the Rainbow Adolescent Treatment Unit at the University of Kansas Medical Center have cooperated with Youth Services to establish clusters of specially recruited, trained and supported family foster homes that will provide services to youth from the Crittenton and Rainbow facilities and the Pro Ad Unit at Osawatomie State Hospital. The first cluster of homes is operating, with a second group being trained. There are plans to place approximately 20 youths in such homes, and expand the program other areas of the state as soon as possible.

The Emporia Area Office has developed a cluster of several specialized foster families who will be intensively trained and supported by community resources, and who will work with foster children who might otherwise be institutionalized for either evaluation or treatment. The Wichita Area Office is in the planning stages for a specialized foster family home program which would also provide community-based family placement resources for foster children and youth who might otherwise be institutionalized. Satellite foster homes (family foster homes associated with group homes for support) continue to be available in several parts of the state. Under an SRS grant, Catholic Social Services in Topeka has begun a cluster foster family home program to receive youth from Topeka State Hospital and the Osawatomie Pro Ad Unit. It is expected that specialized family foster care services will be available statewide in future fiscal years.

Significant Trends: Two trends will have a significant effect on the Foster Care Program in the next several years. First, children in foster care are increasingly likely to have behavioral problems. From Fiscal Year 1980 to 1984 the percentage of children in custody with behavioral problems rose from 12.8 to 24 percent. At the same time, the total number of children in custody has begun rising after

remaining stable for several years. This increase in caseloads is caused in part by a rapid increase in abuse and neglect reports, beginning in Fiscal Year 1984. These reports increased from 19,498 in Fiscal Year 1983 to 24,551 in Fiscal Year 1985.

Another significant trend is the number of 17 and 18 year olds leaving the custody of SRS who lack independent living skills. Many of these youth continue to be in need of financial, medical, and social services during a transitional period as they move into independent living. In most cases, once the youth reaches age 18 and has completed high school, there is no further eligibility for medical or financial assistance.

Planned Initiatives: The combination of increasing caseloads, a more difficult mix of children, and limited resources, require consideration of the following initiatives to help ensure the provision of the most cost effective services.

- o An increased emphasis on recruiting family foster home providers is needed to raise the percentage of children in out-of-home care who are placed in less restrictive and less expensive family foster homes. Strategies for improved recruitment will continue to be developed and implemented in Fiscal Year 1986.
- o Increased reimbursement rates and support may also be necessary for some family foster care providers to enable them to accept more difficult foster children. Successful specialized family foster care programs will cost less than placements in group facilities or state institutions. This concept will be tested for cost effectiveness during Fiscal Years 1986 and 1987. These programs may also help increase the stability of foster care placements (i.e., fewer different placements per child).

- o During Fiscal Year 1985 a Supreme Court Task Force studied the Court Appointed Special Advocate (CASA) program for children in foster care. CASAs provide a third party in the court proceedings whose only interest is the welfare of the child. There will be an attempt to expand this program in Fiscal Year 1986. Currently only Wichita and Hutchinson have CASA programs.
- o Youth Services will continue its efforts to reduce the number of children in out-of-home care by aggressively attempting to keep children at home with in-home services; when this is not possible, providing reintegration services to return the child home; and if the child cannot be returned home, pursuing termination of parental rights if adoption is an appropriate goal for the child.
- o Youth Services will continue initiatives begun in Fiscal Year 1985 to reduce the length of stay of children in SRS custody who are in Mental Health/Retardation institutions by expanding specialized foster care programs that can provide care for these children in a less restrictive environment.

Juvenile Offender Programs

Goal: To provide care for juvenile offenders placed in the custody of the Secretary or committed to a youth center, and to develop responsible, productive youth in the least restrictive environment which assures public safety.

There were 780 juvenile offender cases opened in Fiscal Year 1985, an increase of 22 percent over Fiscal Year 1984. Of the 780, 3.4 percent were between 10 and 12 years old; 13-15 year olds accounted for 34.7 percent; 16-17 year olds were 49.1 percent of the population; and 18-20 year olds accounted for 12.4 percent.

As of June 30, 1985, there were a total of 1,475 open juvenile offender cases. Of that total, 31.5 percent were in youth centers and 68.5 percent were in

community placements. Community placements include youth in aftercare projects, at home, or in foster care.

Youth Center Program: Kansas operates four state youth centers located at Atchison, Beloit, Larned, and Topeka. These facilities provided a full range of residential programs for 418 (average resident population in Fiscal Year 1985) juvenile offenders with an emphasis on career education, work place behaviors, academic education, and behavior management. Services are provided in secure, semi-secure and open residential units. The level of structure provided is dependent upon the individual youth's ability to handle responsibility. Length of stay varies in response to individual needs with an average stay of 11 to 12 months for non-violent offenders and 16 to 18 months for violent offenders.

Activity Data: The following table shows admissions to the youth centers by age.

<u>Age at Admission</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
13	37	36	36
14	40	62	51
15	84	87	86
16	93	118	106
17	109	104	107
18	16	7	11
Total Admissions	379	414	397

There were 414 youth admitted to the four youth centers during Fiscal Year 1985, a nine percent increase over the 379 admitted during Fiscal Year 1984. In order to accommodate this increased admission responsibility, the Youth Center at Beloit has operated at or near capacity and the other centers operated at or above capacity for a large portion of the year.

Significant Trends: The increase in admissions of nine percent from Fiscal Year 1984 to 1985 is

significant. If the level of referrals continues to increase it will be necessary to reduce the length of stay or make other changes to operate within currently available resources.

Planned Initiatives: There are two planned initiatives for youth centers. There is a need to provide special programs to a small group of emotionally explosive youth. A very intensive training program to address the special needs of these youth is being developed. The second initiative is to develop new methods of organizing and supervising the education services within the youth centers. A new staff position to assume these educational planning tasks is a top priority for Fiscal Year 1987.

Community Placement Program: This program provides services for juvenile offenders in SRS custody through placement with their parents or relatives, or with out-of-home private providers. These clients accounted for 1,009 or 68.4 percent of all juvenile offenders in SRS custody in Fiscal Year 1985. This is a decrease from 73.0 percent in Fiscal Year 1984.

Activity Data: The number of juvenile offenders placed in regular foster care provider placements is included in the foster care data in this report. In addition to those, there are three residential community facilities mentioned above that serve only juvenile offenders. The following table shows an increase, from 40 in Fiscal Year 1984 to 66 in Fiscal Year 1985, in the number of juveniles served by these three facilities. One smaller facility was closed and a larger facility opened in its place in 1985.

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>Expected FY 86</u>
Number of juveniles served .	40	66	70

Significant Trends: The number of juvenile offenders in SRS custody increased by 780 or 22

percent between Fiscal Year 1984 and 1985. This increase creates a need for additional community placements to aid in the transition from the youth centers to the community.

Planned Initiatives: In response to the increasing demand for community placements for juvenile offenders, four new beds will be added in Fiscal Year 1986. In addition, services available at the community facility in Wichita will be expanded to accommodate more youth needing job placement and community living skills to adapt to independent living.

Child Day Care Program

Goal: To increase the number of marginal income families maintaining or obtaining employment; to foster the child's physical, intellectual, social and emotional development; and to strengthen families by enhancing parenting skills and providing needed support services to prevent abuse/neglect and foster care placement.

Families are eligible for partial reimbursement for day care services from SRS when they are employed or are participating in an education/training program and their gross monthly income meets agency guidelines. If a child has been determined to need the service due to a handicapping condition or abuse/neglect, day care may be provided without regard to family income. Parents are responsible for the selection of the facility. SRS payments may be made to any licensed/registered family day care home or child care center in the state having a purchase of service contract. A relative may be selected as the provider if the home is approved by SRS and a purchase of service contract is developed.

Activity Data: The following table shows the number of children and families receiving day care services, and the number of providers involved in the program.

Activity	Expected		
	FY 84	FY 85	FY 86
Average number of children receiving services .	2,052	2,481	2,480
Average number of families receiving services	1,541	2,147	2,148
Average number of facilities from whom services were purchased	1,050	1,155	1,160

Of the families that received services during Fiscal Year 1985, 66 percent were income eligible families and 34 percent were public assistance clients. Of the children receiving services during Fiscal Year 1985, 60 percent had parents who were employed, 29 percent had parents who were participating in an education or training program, five percent were handicapped, and six percent were in need of protective services.

Significant Trends: Both nationally and in Kansas there is an increasing demand for child day care. The percentage of women, both single and married, who are entering the workforce has increased rapidly in recent years. In 1960, 38 percent of all women in the U.S. were employed. That figure had grown to 53 percent in 1980 and is continuing to rise. During this same period the percentage of all women who had children under age six and who were working rose from 20 percent to nearly 45 percent. By 1990, at least one-half of all preschool children will have mothers in the workforce.

Federal funding to provide day care for low income families has been reduced in recent years. In Kansas the number of children for whom SRS pays day care declined every year between Fiscal Year 1980 and 1984. Although there was an increase in Fiscal Year 1985, the monthly average of children served in Fiscal Year 1985 was only 47 percent of the monthly average served in Fiscal Year 1980. In a survey done by SRS's Office of Analysis, Planning, and Evaluation, the lack of affordable day care was the most frequently cited problem that makes it difficult

- o Community Based Services: These grants provide funds for community projects that help children in need of care and juvenile offenders. Sixteen projects were awarded grants from Community Based Services funds in Fiscal Year 1985. The total amount awarded was \$580,000, and the projects included aftercare services for youth leaving the youth centers, various training programs, start-up funds for adoption services and youth shelters, as well as delinquency prevention programs.
- o Family and Children Trust Fund: These grants provide community organizations with seed money to establish projects to prevent family disruptions and child abuse. The addition of \$141,000 in State General Funds created a total funding base of \$326,000 for Fiscal Year 1985. Thirty-six grants were awarded to 18 first-year projects and 18 ongoing projects to fund child abuse and neglect prevention programs, including home visitation, and parenting education classes. One large grant was awarded to an agency to provide comprehensive community-based prevention services to a limited area of Kansas City.
- o Federal Child Abuse and Neglect: These grants provide funds for programs that are designed to prevent or treat abuse and neglect. Federal Child Abuse and Neglect grants totaling \$114,278 were awarded to continue sexual abuse prevention training, a sexual abuse diversion program in Sedgwick County, and the activities of Parents Anonymous. In addition, funds were provided to support the Annual Governor's Conference on Child Abuse and several other prevention efforts.
- o Foster Care and Special Funds: These grants provide funds to the special needs of certain foster children and juvenile offenders. Foster care and special funds in the amount of \$433,150 were awarded to three special foster care projects: a grant to the Four Tribes to assist their social services program in providing foster care and protective services to Indian children; a

for Aid to Dependent Children recipients to find a job.

Planned Initiatives: As a minimum response to this growing need, Youth Services' initiatives in this area include seeking a 10 percent increase in the maximum daily rates paid to providers by SRS to ensure that adequate providers are available. Youth Services will seek to increase the number of special purpose programs to serve school-age children after school (Latch Key). Finally, Youth Services will promote increased employer participation in the provision of a variety of day care support services for employees' children.

Youth Services Grant Programs

Goal: To administer grant programs that supplement the services provided by other Youth Services programs.

Youth Services administers five grant programs that have different specific goals. Each is described below.

- o Juvenile Justice and Delinquency Prevention: These grants are designed to start projects for status offenders and juvenile offenders in the prevention and treatment areas. In Fiscal Year 1985, 12 grants totaling \$467,288 were awarded from Juvenile Justice and Delinquency Prevention funds. Six of the projects were designed to enhance the ability of local communities to provide non-secure alternatives to the placement of children in jail or other physically locked facilities. Three small grants were awarded to provide developmental and educational services related to the removal of juveniles from adult facilities. Two grants were awarded to Youth Services to enhance the education and training opportunities for the youth and staff at the youth centers, and one grant was awarded to the Wichita Missing and Exploited Children's Unit.

grant to the Sedgwick County Mental Health Center to fund residential aftercare services to juvenile offenders in the Sedgwick County Youth Aftercare Project; and an award to Catholic Social Services to provide specialized family foster care services. In addition, special federal funding in the amount of \$15,000 was used to enhance adoption recruitment.





CHARTS
AND TABLES

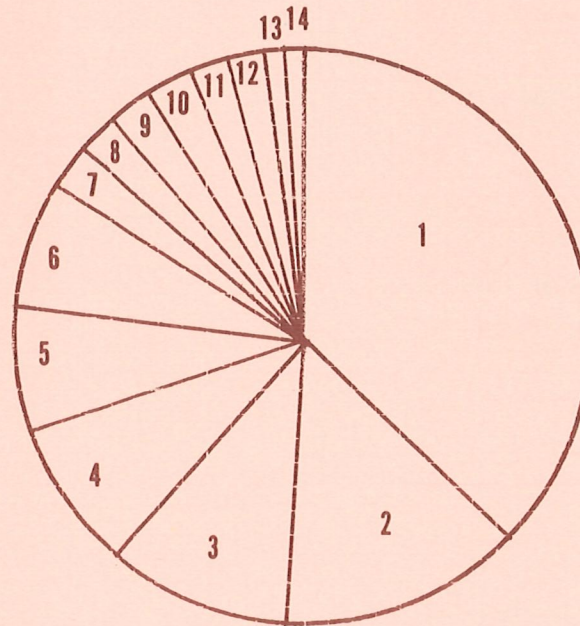
1985 SRS ANNUAL REPORT



TOTAL SRS EXPENDITURES

	<u>Dollars</u>	<u>Percent</u>
1. MEDICAID (TITLE XIX)	\$222,244,118	37.08%
2. AID TO DEPENDENT CHILDREN (ADC)	83,475,288	13.93
3. FOSTER CARE AND OTHER ASSISTANCE	63,649,085	10.62
4. MENTAL HEALTH HOSPITALS	50,224,940	8.38
5. MENTAL RETARDATION HOSPITALS	43,399,101	7.24
6. ADMINISTRATION	43,304,607	7.22
7. MENTAL HEALTH AND MENTAL RETARDATION GRANTS	14,697,349	2.45
8. GENERAL ASSISTANCE	14,583,283	2.43
9. PURCHASE OF SERVICE	14,436,050	2.41
10. DIRECT SOCIAL SERVICE	14,086,579	2.35
11. VOCATIONAL REHABILITATION (includes DDS)	13,184,355	2.20
12. ELIGIBILITY DETERMINATION	13,167,175	2.20
13. ALCOHOL AND DRUG ABUSE SERVICES	4,823,735	.80
14. BLIND SERVICES	4,157,491	.69
TOTAL EXPENDITURES	\$599,433,156	100.00%

FISCAL YEAR 1985



SOURCE: FY 1987 Budget Document

DEPARTMENT STAFF

<u>Central Offices</u>	<u>Actual FY 1984</u>	<u>Actual FY 1985</u>	<u>Revised FY 1986</u>	<u>FY 1987 B Level</u>
Office of the Secretary	34.80	34.80	40.80	40.80
Administrative Services	186.00	192.00	183.00	184.00
Income Maintenance and Medical Services	134.00	109.00	111.20	118.20
Alcohol and Drug Abuse Services	28.00	28.00	28.00	28.00
Adult Services	81.50	29.50	28.50	28.50
Youth Services	35.00	35.00	35.00	35.00
Subtotal	<u>499.30</u>	<u>428.30</u>	<u>426.50</u>	<u>434.50</u>
<u>Rehabilitation Services</u>				
General	273.50	192.50	194.50	198.50
Blind	59.00	65.30	65.30	66.30
Subtotal (Excludes DDS)	<u>332.50</u>	<u>257.80</u>	<u>259.80</u>	<u>264.80</u>
<u>Area Offices</u>				
Administrative Services	611.80	610.80	623.50	628.50
Child Support Enforcement	119.50	140.00	200.00	200.00
Income Maintenance and Medical Services	546.50	546.50	566.10	566.10
Adult Services	137.50	236.10	261.00	264.80
Youth Services	413.00	420.40	421.50	432.70
Subtotal	<u>1,828.30</u>	<u>1,953.80</u>	<u>2,072.10</u>	<u>2,092.10</u>
<u>Mental Health and Retardation Services</u>				
Central Office	19.50	19.50	27.50	27.50
Mental Health Hospitals	2,186.00	2,255.10	2,252.50	2,271.10
Mental Retardation Hospitals	1,995.00	2,014.50	2,339.00	2,339.00
Subtotal	<u>4,200.50</u>	<u>4,289.10</u>	<u>4,619.00</u>	<u>4,637.60</u>
Grand Total	6,860.60	6,929.00	7,377.40	7,429.00

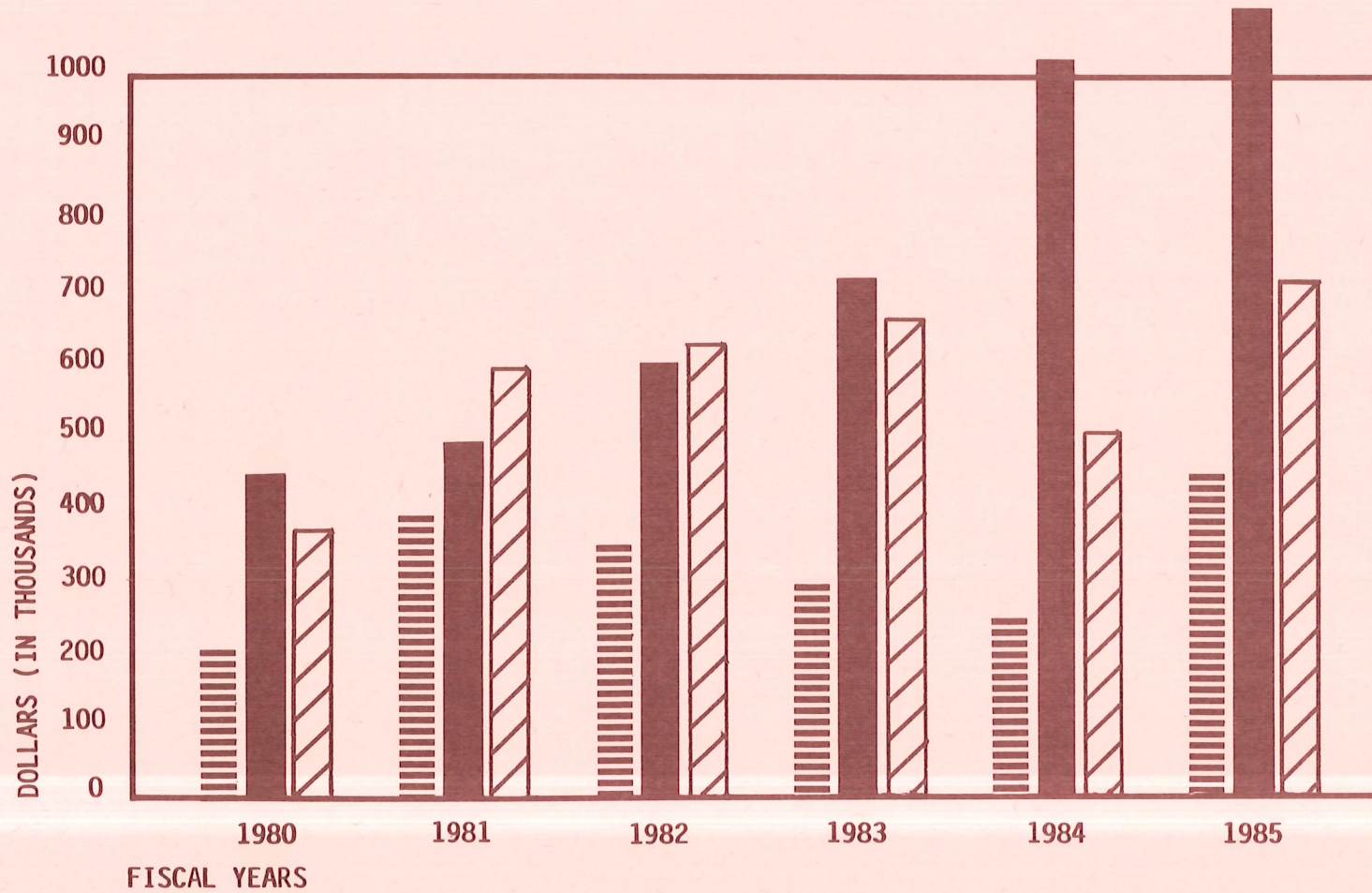
Source: FY 1987 Budget Document




SRS PROGRAM SAVINGS *

		<u>FY 1983</u>	<u>FY 1984</u>	<u>FY 1985</u>
SURVEILLANCE & UTILIZATION REVIEW	Total	\$ 827,396	\$ 1,457,785	\$ 2,534,518
FOSTER CARE COLLECTIONS	Total	\$ 254,221	\$ 283,208	\$ 269,832
INTERIM ASSISTANCE	Total	\$ 240,440	\$ 414,539	\$ 586,060
	Institutional Reimbursement Program Recoveries	--	\$ 108,326	\$ 156,492
FRAUD AND RECOVERY	Fraud Recoveries and Hotline	\$ 865,496	1,149,718	1,393,193
	Medical Subrogation	662,972	505,403	714,527
	Total	\$ 1,528,468	\$ 1,763,447	\$ 2,264,212
	Collections	\$ 9,564,048	\$ 11,256,718	\$ 11,307,320
CHILD SUPPORT ENFORCEMENT	Incentives	634,446	769,756	762,058
	Total	\$ 10,198,494	\$ 12,026,474	\$ 12,069,378
INSTITUTIONAL COLLECTIONS (TITLE XIX PAYMENTS AND FEES)	Mental Health Total	\$ 12,569,675	\$ 11,477,156	\$ 13,178,250
	Mental Retardation Total	19,946,696	20,823,835	21,921,658
	Total	\$ 32,516,371	\$ 32,300,991	\$ 35,099,908
	Hospitals	\$ 9,798,982	\$ 4,716,079	7,152,549
	Nursing Homes	2,438,217	1,208,644	1,719,845
	Pharmacies	1,864	--	--
AUDITS	Mental Health Title XIX	110,672	--	--
	Social Service Grants & Contracts	716,763	278,570	599,427
	Child Support Contract Settlements	--	--	25,107
	Total	\$ 13,066,498	\$ 5,404,192	\$ 9,496,928
GRAND TOTAL		\$ 58,631,888	\$ 53,650,636	\$ 62,320,836

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

FRAUD AND RECOVERY

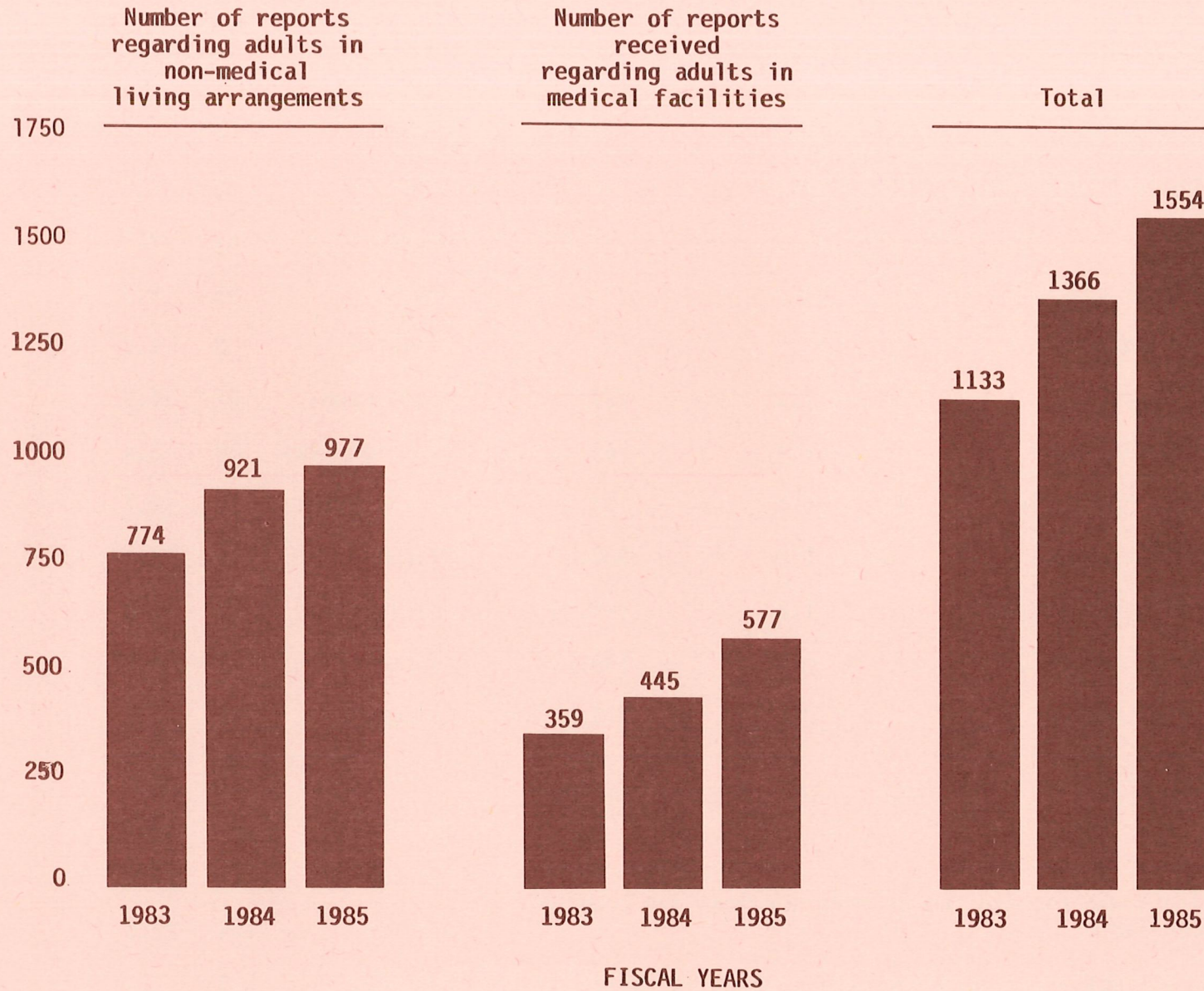


 COST SAVINGS
 FRAUD HOT LINE
 RECOVERIES
 MEDICAL SUBROGATON

	1980	1981	1982	1983	1984	1985
COST SAVINGS FRAUD HOT LINE	203,640	387,908	349,764*	293,796*	246,048*	446,162*
RECOVERIES	449,098	492,182	601,799	718,598	1,011,996	1,103,523
MEDICAL SUBROGATON	370,527	592,802	626,128	662,972	505,403	714,527

*ANNUALIZED

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



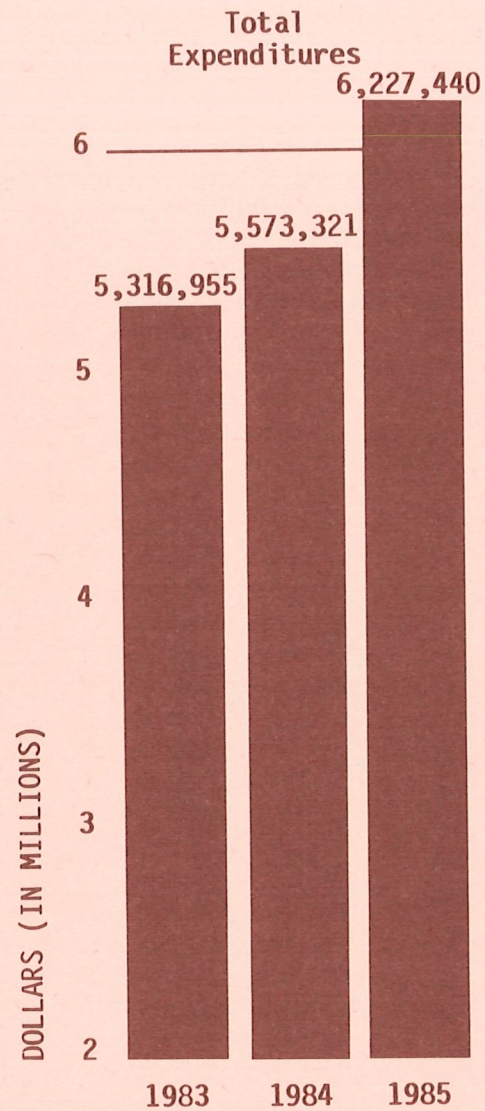
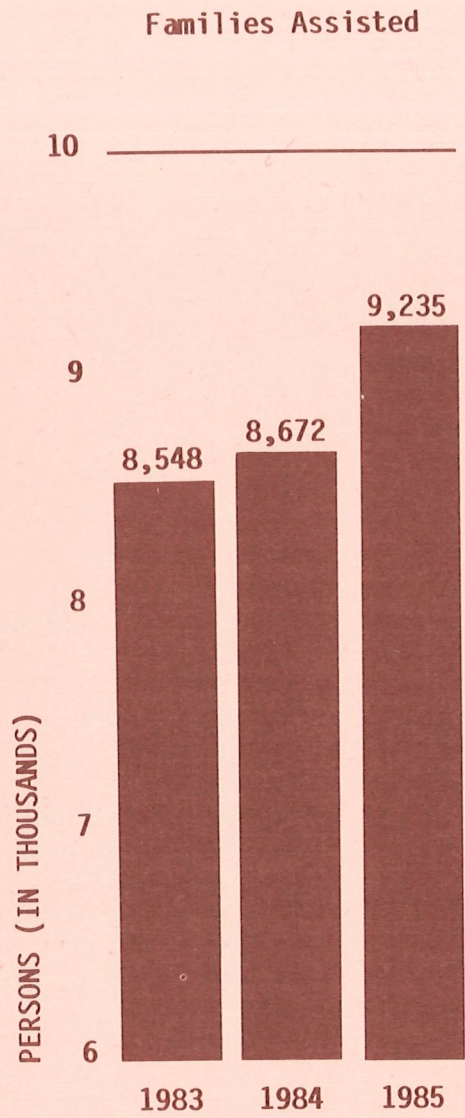
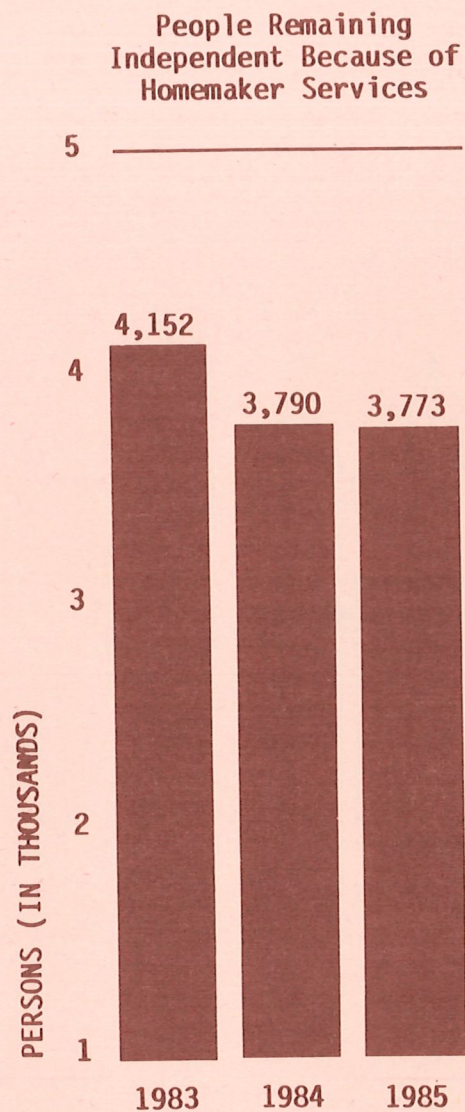
HOME AND COMMUNITY BASED SERVICES PROGRAM

Type of Service	Number of Persons Served In April 1985		Cost Per Person \$	Area	Unduplicated Count of Persons Served by Area Office	
	Persons Served				Unduplicated Persons	
	#*	%			#	%
Case Management	675	99.3	33.51	Chanute	28	4.1
Non Medical Attendant	405	59.6	298.43	Emporia	0	0.0
Homemaker	137	20.1	97.47	Garden City	51	7.5
Congregate Living	111	16.3	179.00	Hays	41	6.0
Habilitation	101	14.9	373.11	Hiawatha	8	1.2
Night Support	48	7.1	222.07	Hutchinson	47	6.9
Adult Family Home	16	2.4	166.23	Junction City	23	3.4
Wellness Monitoring	44	6.5	27.61	Kansas City	59	8.7
Medical Attendant	8	1.2	308.17	Olathe	0	0.0
Medical Attendant/RN	8	1.2	49.13	Osawatomie	12	1.8
Adult Day Health Care	3	0.4	199.00	Parsons	31	4.6
Home Health Aide	3	0.4	115.00 *	Pittsburg	28	4.1
Unduplicated Persons Served	680	--	343.03	Pratt	45	6.6
				Salina	23	3.7
				Topeka	112	16.5
				Wichita	154	22.6
				Winfield	18	2.6
				State Total	680	100.0

* Clients who receive two or more services are counted under each.

The savings attributed to these clients not being in adult care homes was \$222,117 or \$2.7 million on an annual basis.

ADULT PROGRAMS
HOMEMAKER SERVICES

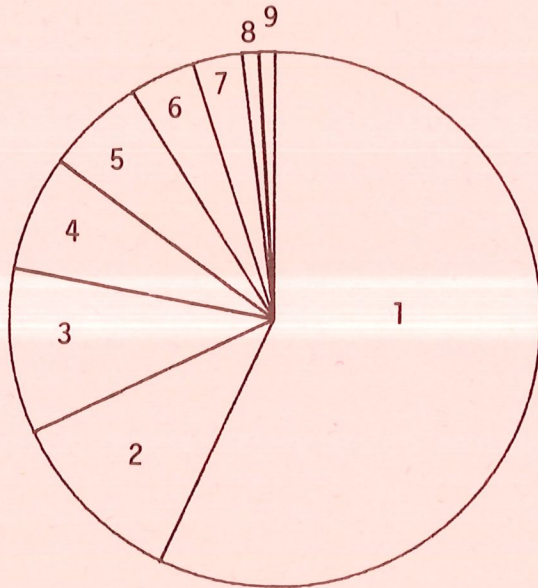
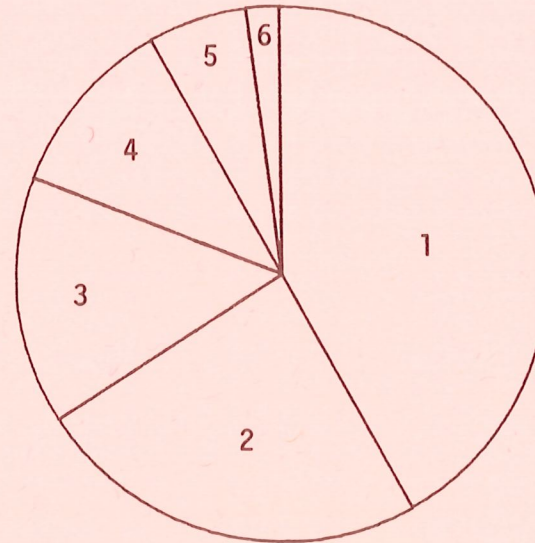


FISCAL YEARS

ALCOHOL AND DRUG ABUSE SERVICES - TREATMENT PROGRAMS, LICENSED OR CERTIFIED - FY 1985

NUMBER OF BEDS LICENSED/CERTIFIED
BY TREATMENT ENVIRONMENT (as of August 1, 1985)

	#	%
1. Inpatient	481	42
2. Reintegration	268	24
3. Intermediate	171	15
4. Acute Care	130	11
5. Social Detoxification	74	6
6. Adolescent Inpatient	30	2
Total	1,154	100

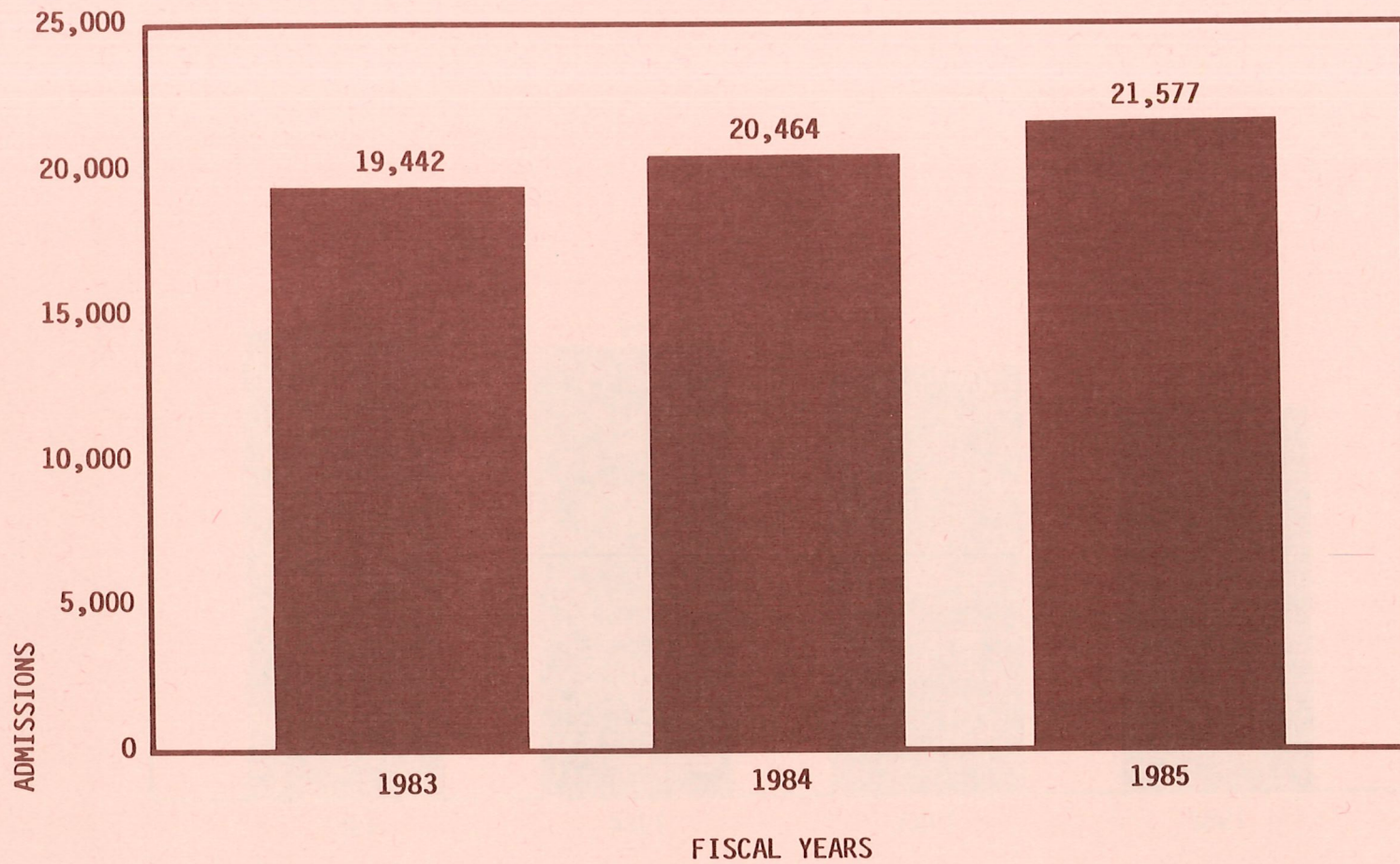


NUMBER OF
TREATMENT ENVIRONMENTS

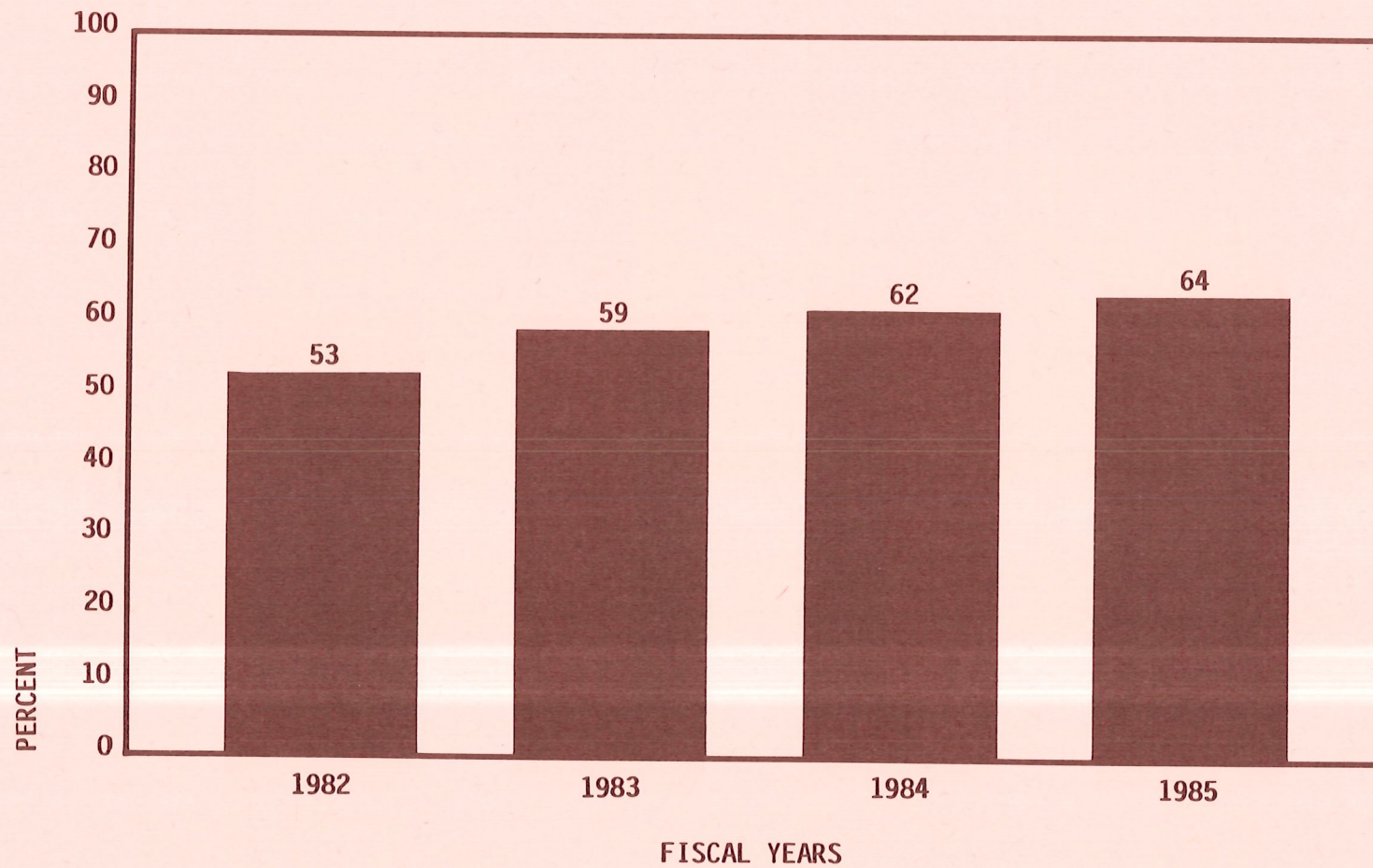
	#	%
1. Outpatient	105	57
2. Inpatient	21	11
3. Acute Care	18	10
4. Reintegration	13	7
5. Outpatient Day Treatment	11	6
6. Intermediate	8	4
7. Social Detoxification	6	3
8. Methadone	2	1
9. Adolescent Inpatient	1	1
Total	185	100

In FY 1985, ADAS granted 35 grants, totaling \$4,192,818 to treatment programs.

ALCOHOL AND DRUG ABUSE SERVICES
TOTAL ADMISSIONS FY 1983 - FY 1985



ALCOHOL AND DRUG ABUSE SERVICES
ADMISSIONS UNDER 35 YEARS OF AGE



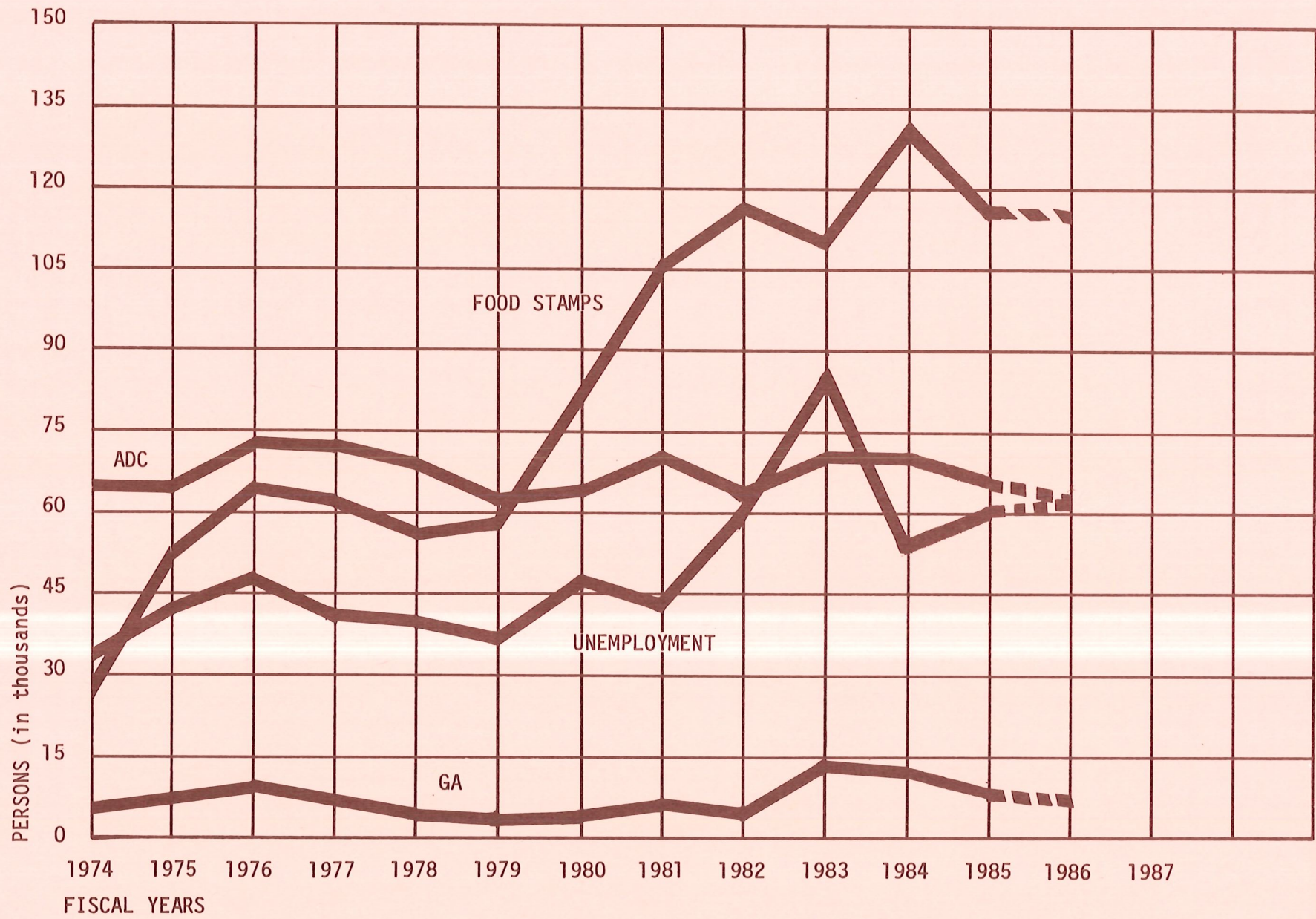
**KANSAS PUBLIC ASSISTANCE
ADC and GA Persons and Cases**

Fiscal Year Averages*	<u>Aid to Dependent Children</u>				<u>General Assistance</u>			
	ADC Cases	ADC Persons	Average Persons Per Case	Average Payment Per Case	GA Cases	GA Persons	Average Persons Per Case	Average Payment Per Case
1972	19,374	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
1983	23,906	69,433	2.90	316.48	11,706	13,322	1.14	149.30
1984	23,969	70,896	2.96	299.12	11,175	12,971	1.16	113.94
July 1984	22,620	66,643	2.95	\$309.48	9,845	11,478	1.17	\$118.68
August	22,663	66,332	2.93	311.26	9,556	11,187	1.17	121.36
September	22,418	66,862	2.94	299.98	9,160	10,737	1.17	112.83
October	22,261	65,218	2.93	306.70	9,018	10,594	1.17	117.96
November	22,192	65,377	2.95	306.29	8,694	10,218	1.18	118.97
December	22,284	65,675	2.95	308.00	8,696	10,214	1.17	122.28
January 1985	22,497	66,332	2.95	312.73	8,925	10,571	1.18	123.13
February	22,944	67,942	2.96	311.67	9,185	10,923	1.19	125.38
March	23,112	68,330	2.96	304.08	9,564	11,413	1.19	121.53
April	23,155	68,778	2.97	299.72	9,495	11,280	1.19	112.51
May	22,773	67,500	2.96	290.63	9,069	10,750	1.19	112.40
June	22,243	65,941	2.96	300.14	8,523	10,042	1.18	116.44
1985 Average	22,597	66,660	2.95	\$305.07	9,144	10,784	1.18	\$118.61

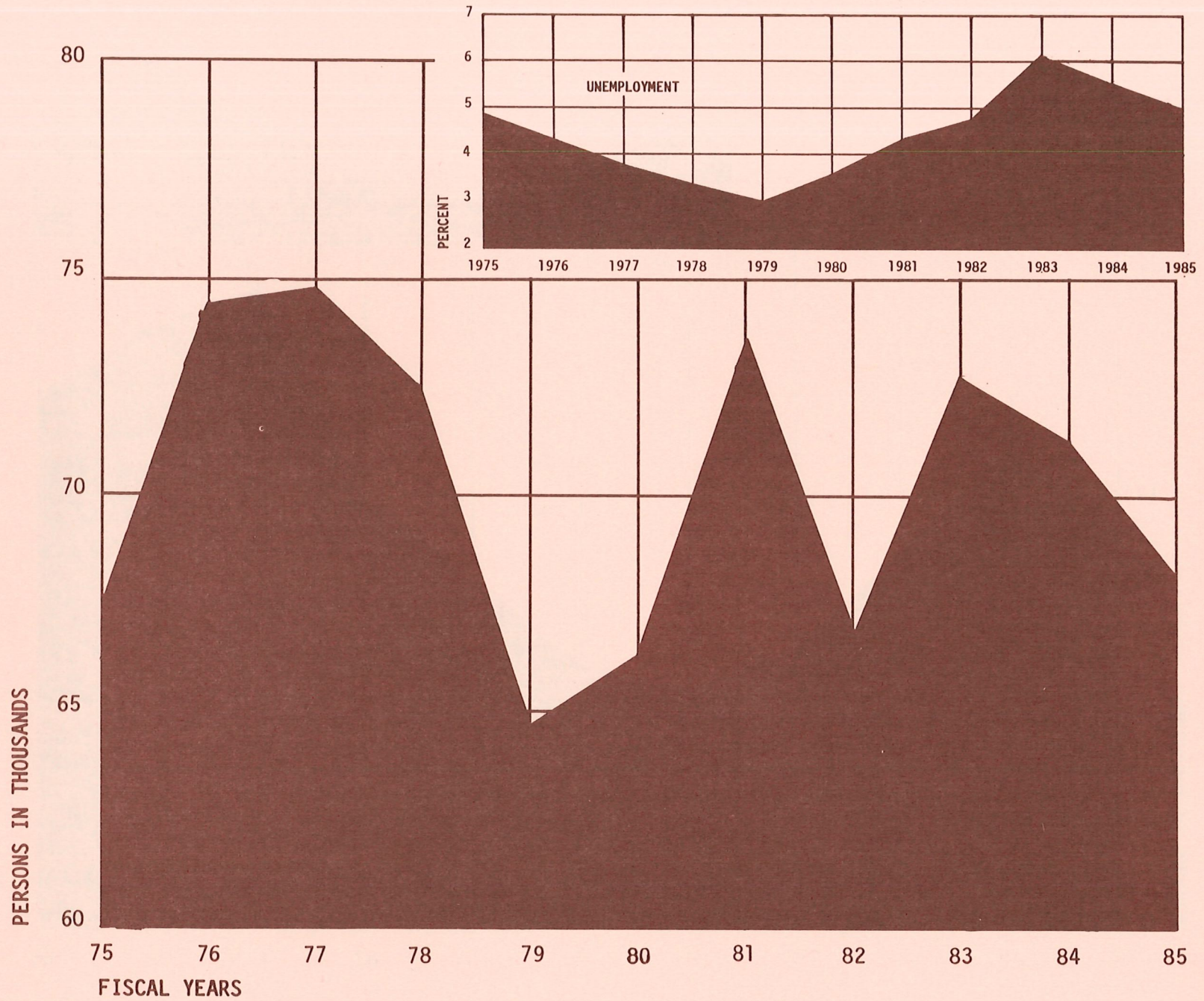
* Cases and persons are averages based upon duplicated counts.

Sources: Maintenance Stat Report, FY 1985, Projected Expenditures Report, FY 1985.

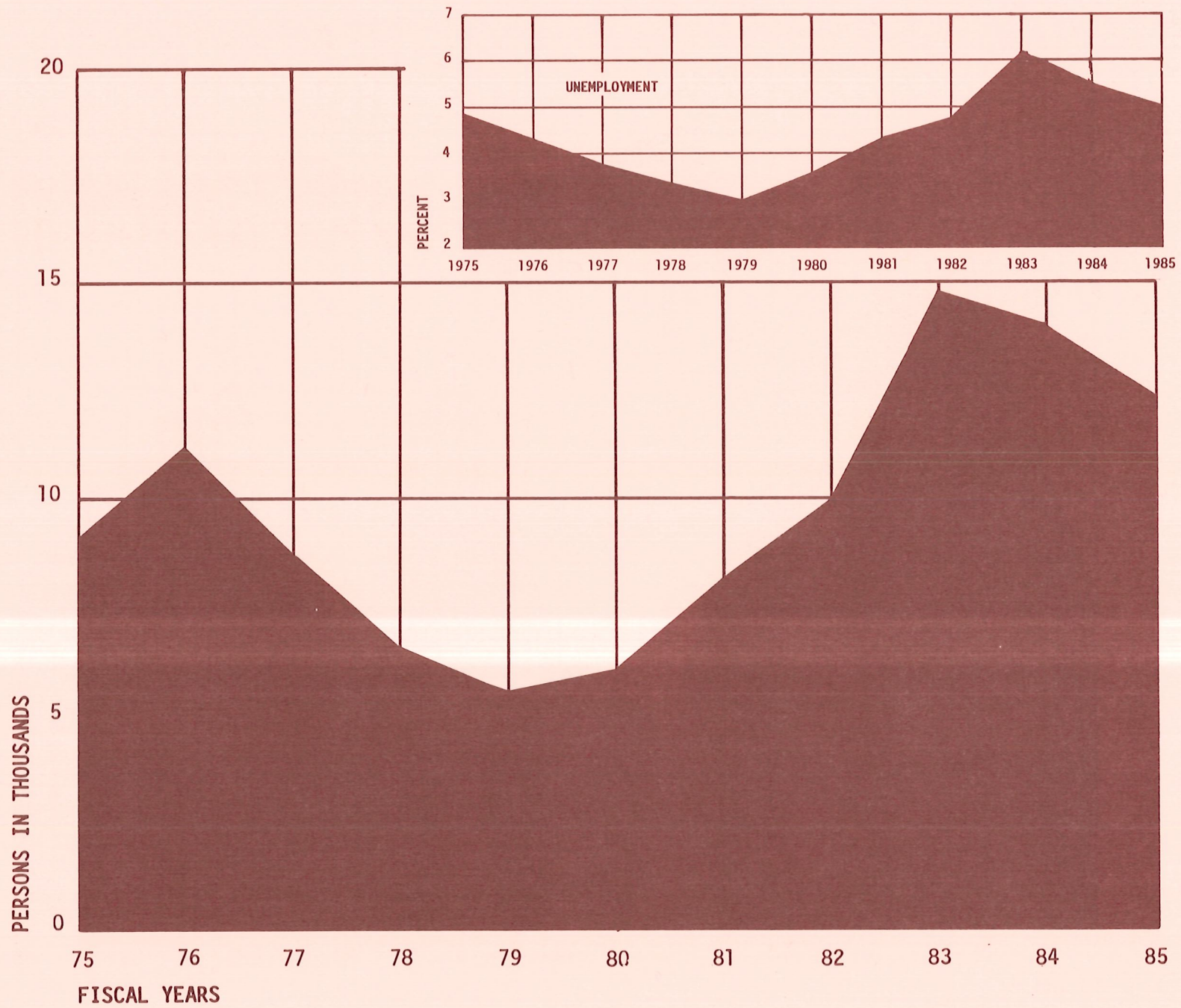
AVERAGE NUMBER OF PERSONS - ADC, GA, FS, & UNEMPLOYMENT



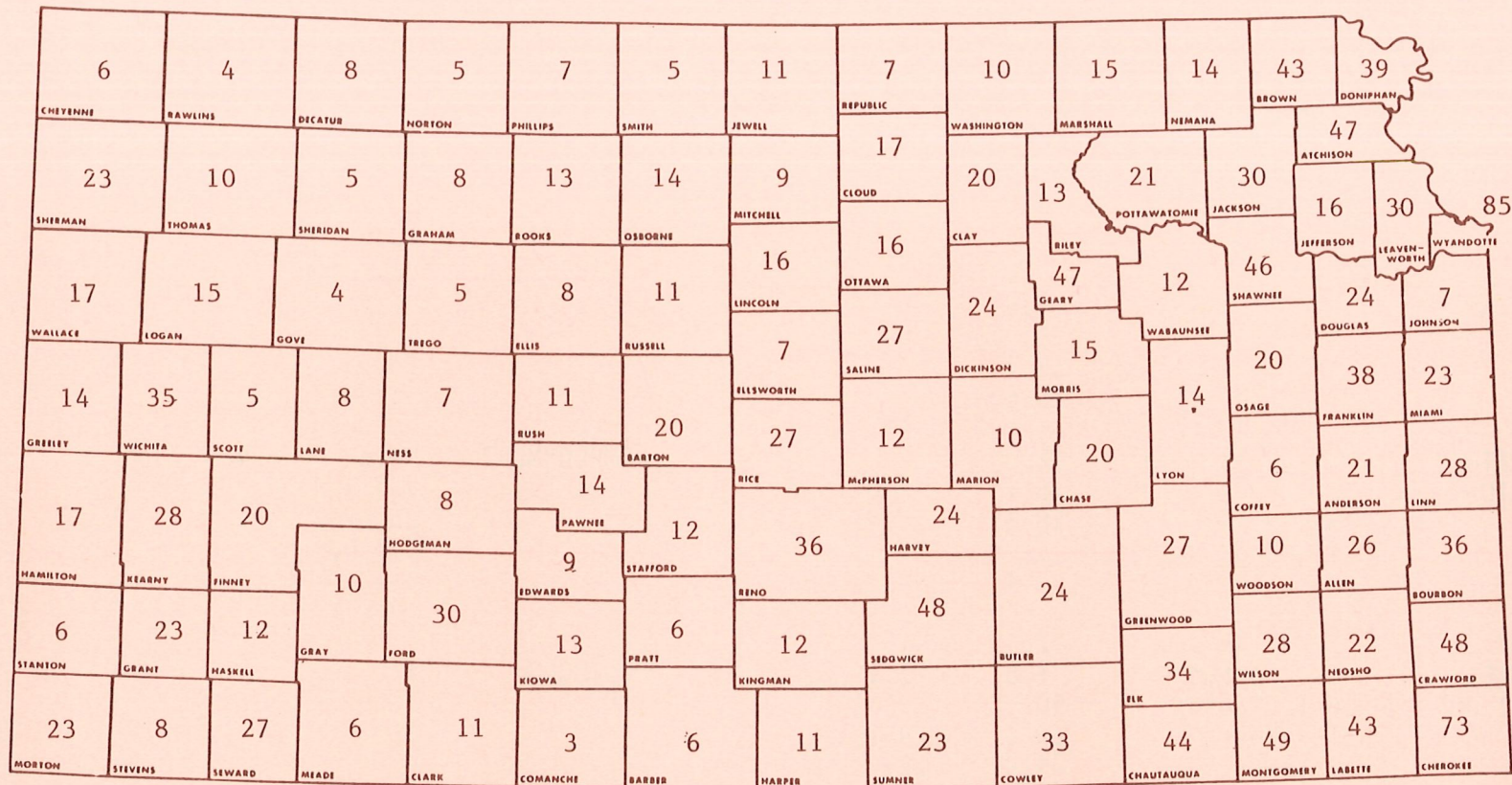
AVERAGE NUMBER OF PERSONS RECEIVING AID TO DEPENDENT CHILDREN (including Foster Care)



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



**KANSAS PUBLIC ASSISTANCE - ADC and GA Recipients Per 1000 Population by County
December 1984**



**PEOPLE PER 1000
POPULATION**

**NUMBER OF COUNTIES
1982 1983 1984**

0-14	42	43	50
15-29	40	36	34
30-49	19	21	19
50-69	3	3	0
70+	1	2	2

AID TO DEPENDENT CHILDREN CHARACTERISTICS

		REG.	UP*			REG.	UP*
		%	%			%	%
KANSAS RESIDENCY	1-5 Months	1.7	4.5	SKILL LEVEL	Never Worked	12.4	1.5
	6-12 Months	3.3	4.5		Unskilled	54.8	50.8
	1-2 Years	6.6	5.0		Skilled	21.2	42.2
	2-5 Years	10.8	17.6		Professional	11.6	5.5
	5 Years +	77.6	68.3				
FORMAL EDUCATION	None	0.4	2.5	WORK HISTORY	Never Worked	12.4	1.5
	Grades 1-8	7.5	16.6		Fulltime	60.6	72.4
	Grades 9-11	36.9	35.2		Parttime	22.4	9.0
	High School	35.7	28.1		Seasonal	1.7	10.1
	High School +	19.5	17.6		Odd Jobs	2.5	3.5
MARITAL STATUS	Never Married	32.0	2.0	UNEMPLOYMENT BENEFITS	Never Received	71.4	22.6
	Divorced	35.7	2.0		Still Receives	0.4	3.0
	Separated	18.3	0.0		Under 1 Month	0.0	1.0
	Widowed	1.7	0.0		1-6 Months	2.1	9.0
	Married Now	4.4	96.0		7-12 Months	3.3	7.0
TIME SINCE LAST JOB	Never Worked	12.4	1.5	HOUSEHOLD SIZE	Over 1 Year	22.8	57.3
	1-6 Months	7.5	21.1		1	0.8	0.0
	6-12 Months	10.0	18.1		2	23.7	0.0
	1-2 Years	19.5	24.1		3	27.4	25.6
	2 Years +	44.4	31.7		4	24.9	36.2
AGE OF YOUNGEST CHILD	Working Now	6.2	3.5	5	12.0	17.6	
	Under 3 Years	42.3	49.7	6 +	11.2	20.6	
	3-5 Years	27.0	19.1				
	6-15 Years	29.5	29.1				
	16-17 Years	1.2	2.0				

* Unemployed parent
NOTE: Detail may not add to 100% due to rounding error.

GENERAL ASSISTANCE CHARACTERISTICS

		%			%
KANSAS RESIDENCY	1-5 Months	4.2	SKILL LEVEL	Never Worked	9.3
	6-12 Months	2.1		Unskilled	59.7
	1-2 Years	3.8		Skilled	24.2
	2-5 Years	9.7		Professional	6.8
	5 Years +	80.1			
FORMAL EDUCATION	None	1.7	WORK HISTORY	Never Worked	9.3
	Grades 1-8	20.3		Fulltime	60.2
	Grades 9-11	33.1		Parttime	12.7
	High School	31.8		Seasonal	9.3
	High School +	13.1		Odd Jobs	5.9
MARITAL STATUS	Never Married	36.9	UNEMPLOYMENT BENEFITS	Never Received	51.3
	Divorced	23.7		Still Receives	1.7
	Separated	10.6		Under 1 Month	0.8
	Widowed	5.5		1-6 Months	4.2
	Married Now	23.3		7-12 Months	5.5
TIME SINCE LAST JOB	Never Worked	9.3	HOUSEHOLD SIZE	Over 1 Year	36.4
	1-6 Months	14.4		1	39.0
	6-12 Months	16.9		2	28.8
	1-2 Years	20.8		3	15.7
	2 Years +	35.2		4	6.8
Working Now	3.4	5	4.7		
			6 +	5.1	

NOTES: Detail may not add to 100% due to rounding error.

General Assistance is comprised of two assistance categories -- GAU (General Assistance Unrestricted) and TGA (Transitional General Assistance).

HISTORY OF KANSAS PUBLIC ASSISTANCE BENEFITS COMPARED TO POVERTY LEVELS
FISCAL YEARS 1975 - 1986

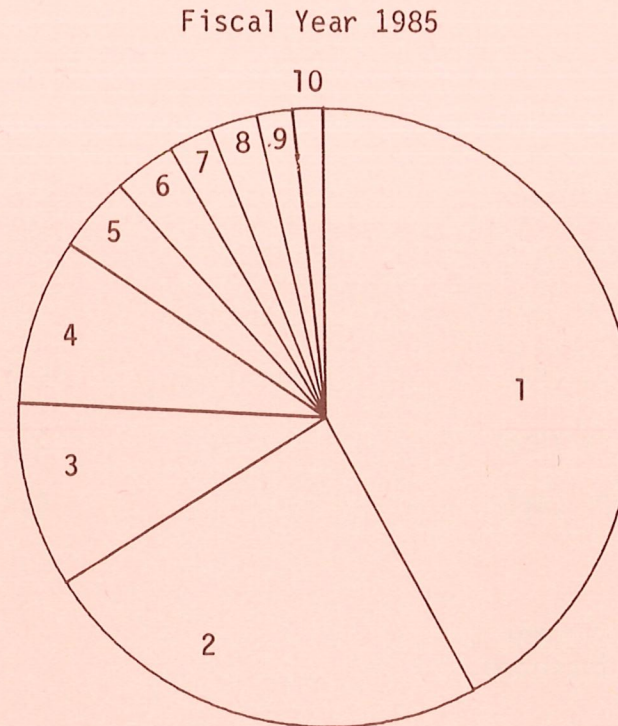
	HH Size	Monthly ADC Grant	Monthly Winterly LIEAP Benefit	Monthly Food Stamp Benefit	Total Monthly Benefits	Federal Poverty Level Monthly-Annual	Total Benefits As a % of Poverty Level	Kansas* Minimum Need Level Monthly-Annual	Total Benefits As a % of MNL		
1975	1	157	---	38	195	215	2,590	90%			
	3	263	---	76	345	352	4,230	98%			
	5	329	---	108	437	489	5,870	89%			
1977	1	162	---	44	206	247	2,970	83%			
	3	273	---	82	361	407	4,890	88%			
	5	364	---	112	476	567	6,810	83%			
1979	1	200	---	49	249	283	3,400	87%			
	3	310	---	116	426	466	5,600	91%			
	5	390	---	162	552	650	7,800	84%			
1981	1	210	11	67	288	359	4,310	80%			
	3	328	11	145	484	589	7,070	82%			
	5	415	11	209	635	819	9,830	77%			
1983		216	15	70	301	405	4,860	74%	344	4,138	87%
	3	338	15	157	510	685	8,220	74%	582	6,984	87%
	5	427	15	231	673	965	11,580	69%	820	9,840	82%
1985	1	222	18	73	313	438	5,250	71%	371	4,452	84%
	3	347	18	159	524	738	8,850	71%	626	7,512	83%
	5	439	18	233	690	1,038	12,450	66%	881	10,572	78%
1986	1	230	18	79	327	456	5,472	72%	388	4,656	84%
	3	371	18	172	561	771	9,252	73%	655	7,860	85%
	5	479	18	250	747	1,084	13,008	69%	921	11,052	81%

These grant amounts are for families with no other income.

*The Kansas Minimum Need Level as established by the House Ways and Means Committee for FY-86.

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

	Dollars	Percent
1. NURSING HOMES	\$ 95,386,425	42.12
2. INPATIENT HOSPITALS	54,323,395	23.99
3. PHYSICIANS	21,915,191	9.68
4. PRESCRIBED DRUGS	19,753,600	8.72
5. OUTPATIENT HOSPITALS	8,978,831	3.97
6. OTHER SERVICES	7,393,076	3.26
Laboratories	2,181,947	
Medical Supplies	1,662,888	
Family Planning	1,457,795	
Optometric Services	647,103	
Ambulances	475,547	
Non-Ambulances	401,601	
Miscellaneous Practitioner	223,511	
Podiatrists	127,153	
Chiropractic Services	99,300	
Rehabilitation Services	71,773	
Inpatient Hospital (Mental)	23,991	
Audiologists	20,354	
Rural Health Clinics	113	
7. COMMUNITY MENTAL HEALTH CENTERS	5,574,150	2.46
8. DENTAL	5,271,449	2.33
9. MEDICARE BUY-IN	4,235,076	1.87
10. ALTERNATE SERVICES	3,629,402	1.60
TOTAL	\$226,460,595	100.00

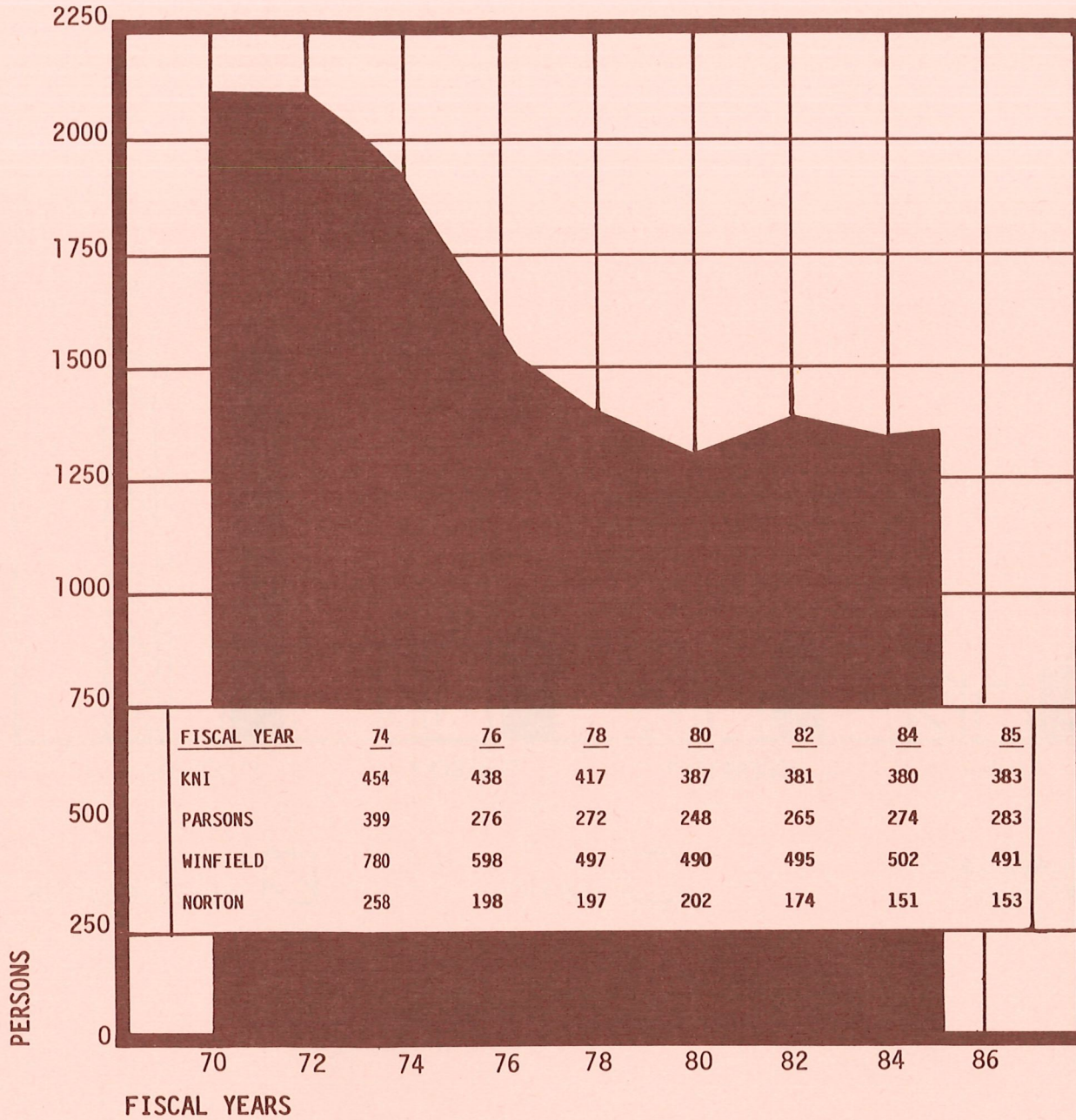


STATE SPENDING ON STATE HOSPITALS AS COMPARED TO COMMUNITY PROGRAMS
FISCAL YEARS 1980 - 1986

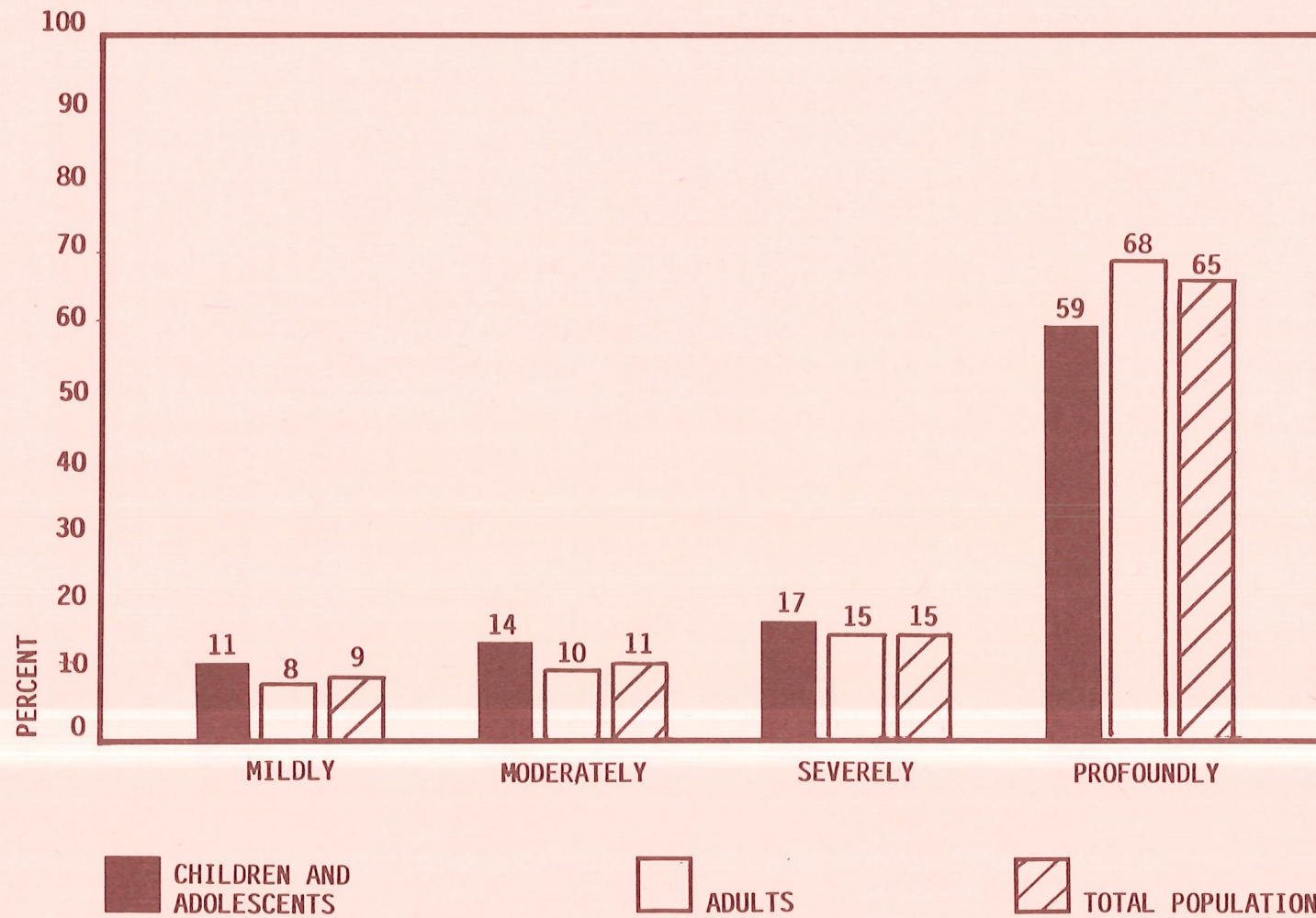
	Community Mental Health Centers	State Mental Health Institutions	Community Mental Retardation Centers	Mental Retardation Institutions
FY 1980	\$3,643,008	\$25,538,846	\$2,205,576	\$13,129,557
FY 1981	\$4,558,889	\$32,246,974	\$2,496,696	\$17,600,139
FY 1982	\$5,198,356	\$35,023,079	\$3,331,841	\$16,475,778
FY 1983	\$5,630,328	\$30,162,100	\$3,422,501	\$18,718,694
FY 1984	\$5,835,583	\$34,335,154	\$3,705,630	\$20,765,495
FY 1985	\$7,162,812	\$41,823,905	\$4,755,753	\$24,087,555
FY 1986*	\$7,972,743	\$42,494,402	\$5,447,282	\$26,107,548
Percent of Increase	118.9%	66.4%	147.0%	98.8%

* Estimated

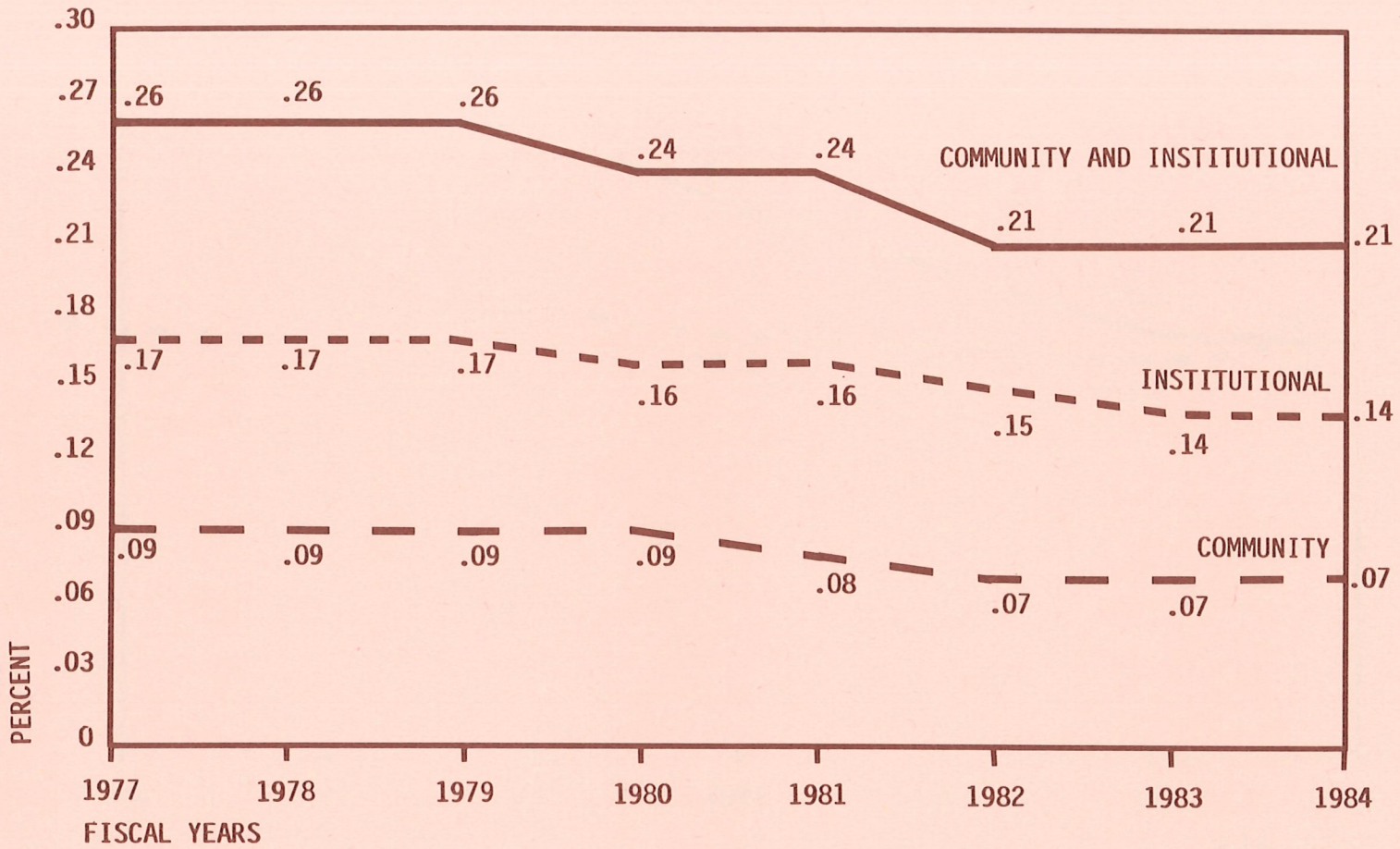
AVERAGE RESIDENT POPULATION OF KANSAS MENTAL RETARDATION HOSPITALS



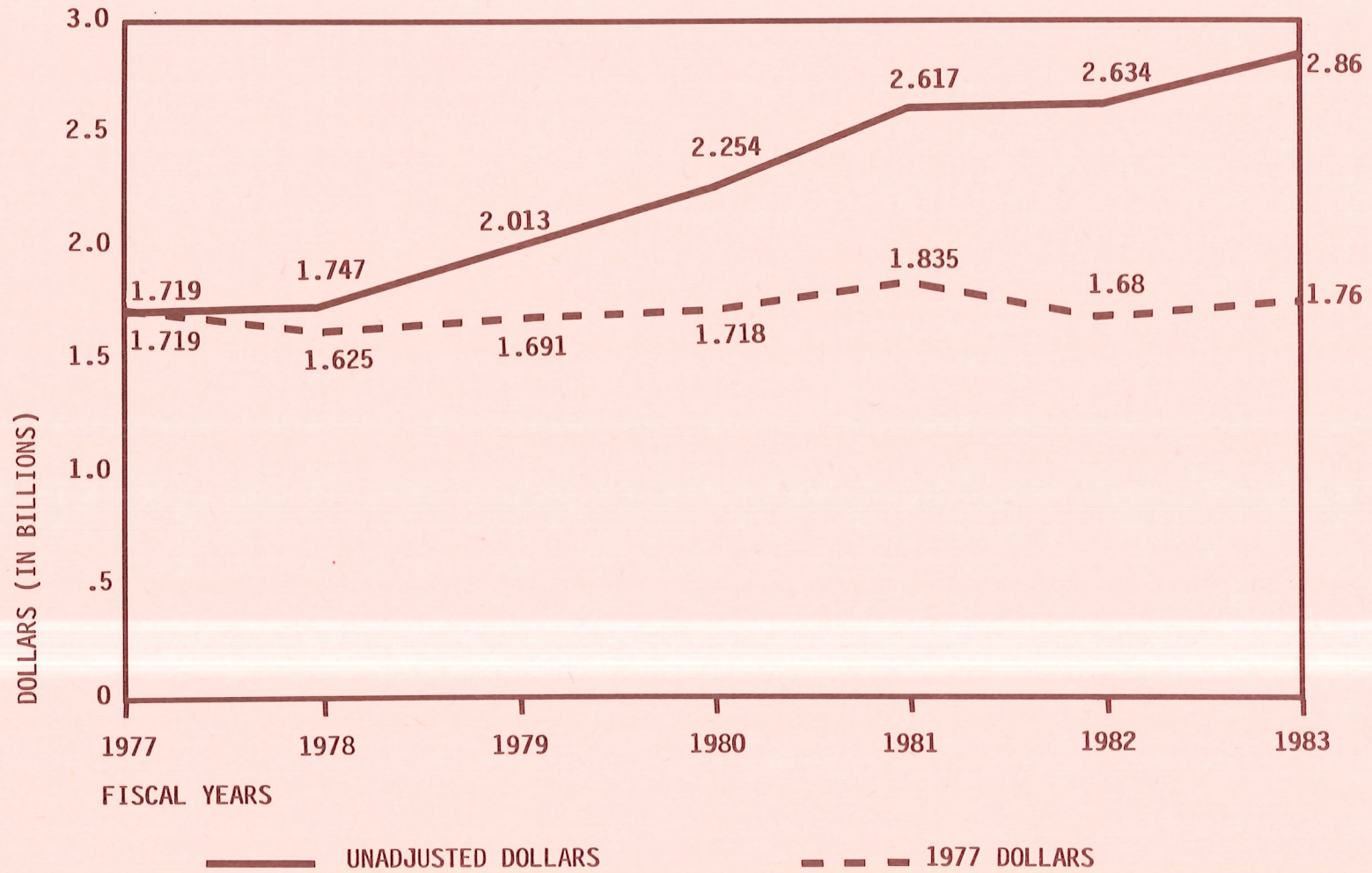
LEVEL OF MEASURED INTELLIGENCE (MI) FOR MENTAL RETARDATION INSTITUTIONS
FY 1985



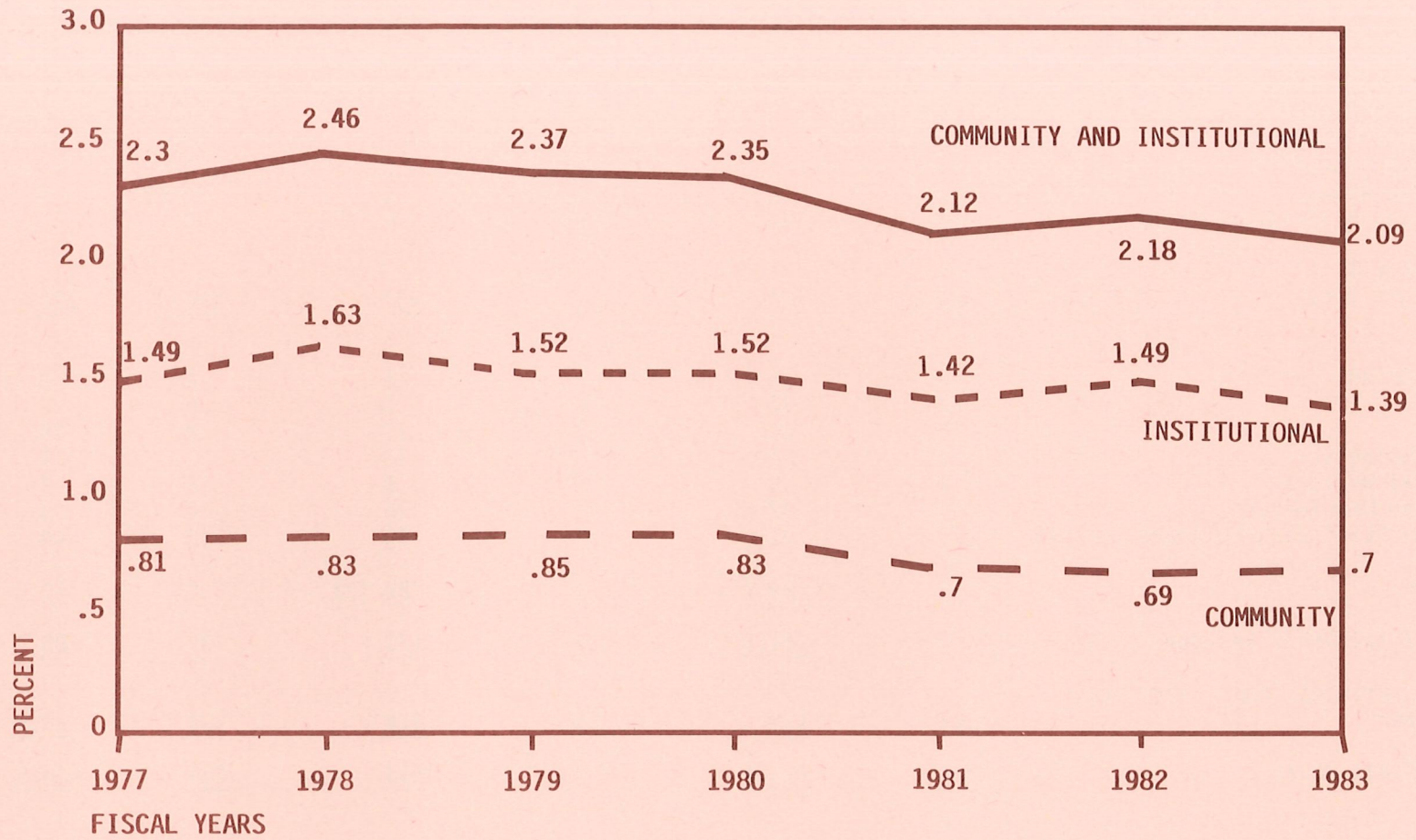
MENTAL RETARDATION EXPENDITURES AS A PERCENTAGE OF PERSONAL INCOME
FY 1977 - FY 1984



TOTAL STATE BUDGET FY 1977 - FY 1983
UNADJUSTED VS. 1977 DOLLARS



RELATIVE GROWTH OF MENTAL RETARDATION EXPENDITURES
 AS A PERCENTAGE OF THE TOTAL STATE BUDGET
 FY 1977 - FY 1983



STAFFING PATTERNS IN KANSAS MENTAL RETARDATION INSTITUTIONS

	<u>KNI FY 86</u>	<u>KNI FY 86 & New Staff</u>	<u>Winfield FY 85</u>	<u>Winfield FY 86 & New Staff</u>	<u>Norton FY 86</u>	<u>Parsons FY 86</u>
Actual Direct Care Staff	217.5	306	313.5	392.5	97	150
Direct Care Supervisory	21	21	15	15	0 (3)	9
Clothing Aides	5	5	3	3	0	0
Medication Aides	0	0	19.5	19.5	0	0
Staff Trainers	0	0	0	0	0	0
Staff Development	1	1	2	2	2	0
Floating Staff	1	1	0	0	0	0
Charge Aides	0	0	0	0	21 (3)	0
Sprcial Project/Treatment	10	10	0	0	0	13
Sub-Total All Direct Care Staff Titles	<u>255.5</u>	<u>344</u>	<u>353</u>	<u>432</u>	<u>120</u>	<u>172</u>
Physicians	6	6	6	6	2	3 (4)
LPNs	23	27	0	0	0	2
RNs	21	26	27	27	8	18
Psychologists	8	8	13	13	3	6
Social Workers	9	9	8	8	4	7
Foster Grandparents	32.5	32.5	26	26	0	0
Other Staff with Resident Contact	71	71	70	70	22	44
Other	<u>0</u>	<u>29 (1)</u>	<u>0</u>	<u>23 (2)</u>	<u>0</u>	<u>0</u>
Sub-Total Other Resident Contact	<u>170.5</u>	<u>208.5</u>	<u>150</u>	<u>173</u>	<u>39</u>	<u>80</u>
Food Services, Administration, Other	<u>199</u>	<u>199</u>	<u>228</u>	<u>228</u>	<u>95</u>	<u>152.5</u>
Total All Staff	<u>625</u>	<u>751.5</u>	<u>731</u>	<u>833</u>	<u>254</u>	<u>404.5</u>
FY 85 Average Daily Census	383	383	491	491	153	283

(1) Includes 14 Qualified Mental Retardation Professionals and 15 Trainee Positions to Ensure Training Funds Are Available.

(2) These 23 are Qualified Mental Retardation Professionals.

(3) Charge aides do supervisory work, work as medication aides, and do administrative work.

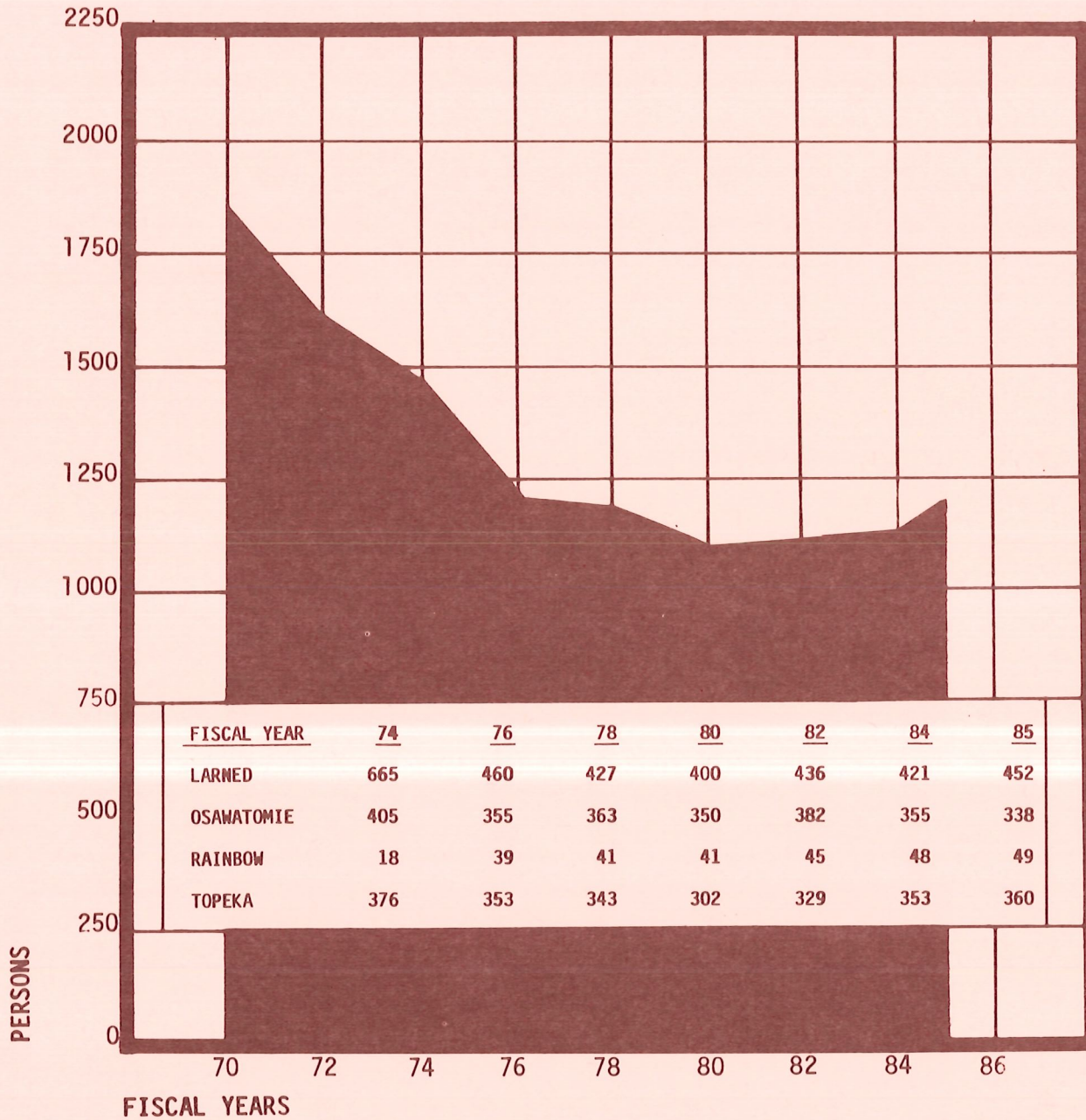
(4) There is also a physician (clinical director) who is listed under "Other Staff With Resident Contact."

**MENTAL RETARDATION INSTITUTIONS IN KANSAS AND SELECTED OTHER STATES
COMPARISONS OF RESIDENTS PER DIRECT CARE STAFF AND RESIDENTS PER TOTAL STAFF**

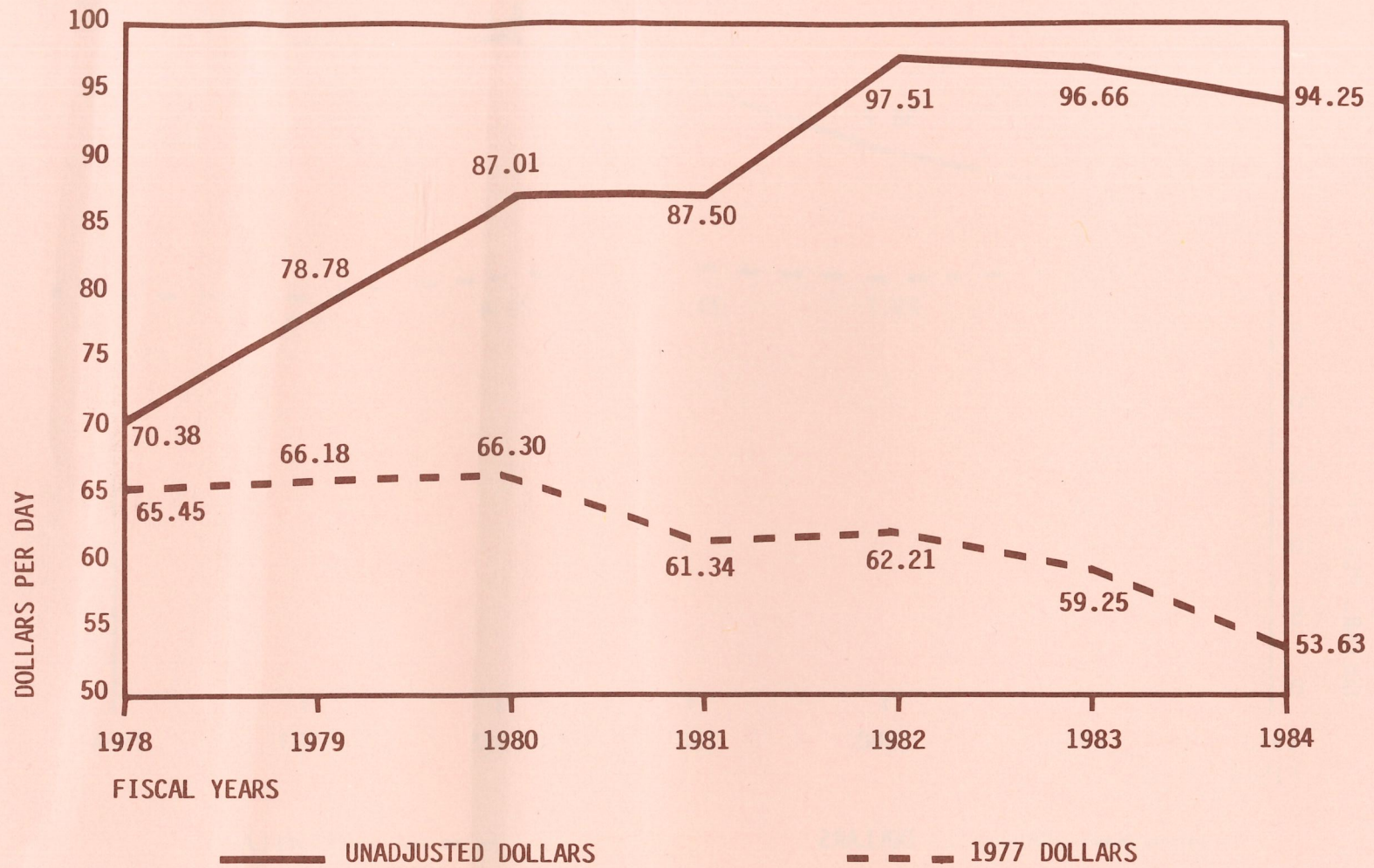
	<u>Resident ADC (FY 85 Average Daily Census)</u>	<u>Direct Care Staff and Supervisors</u>	<u>Residents Per Direct Care Staff</u>	<u>Resident ADC (FY 85 Average Daily Census)</u>	<u>Total Staff</u>	<u>Residents Per Total Staff</u>
Kansas						
KNI Pre(a)	383	238.5	1.61	383	625	.61
KNI Post(b)	383	327	1.17	383	751.5	.51
Winfield Pre(a)	491	328.5	1.49	491	731	.67
Winfield Post(b)	491	407.5	1.20	491	833	.59
Parsons	283	159	1.78	283	404.5	.70
Norton	153	97	1.58	153	254	.60
Iowa						
Glenwood	700	673	1.04	700	1,158	.60
Woodward	505	570	.89	505	1,003	.50
Nebraska						
Beatrice	456	403.8	1.13	456	869.3	.52
Oklahoma						
Pauls Valley	510	435	1.17	510	824	.62
Enid State	493	397	1.24	493	824	.60
Hissom Memorial	533	489	1.09	533	935	.57

- (a) Prior to staff additions resulting from federal and state certification surveys in the spring of 1985.
- (b) After staff additions resulting from federal and state certification surveys in the spring of 1985.

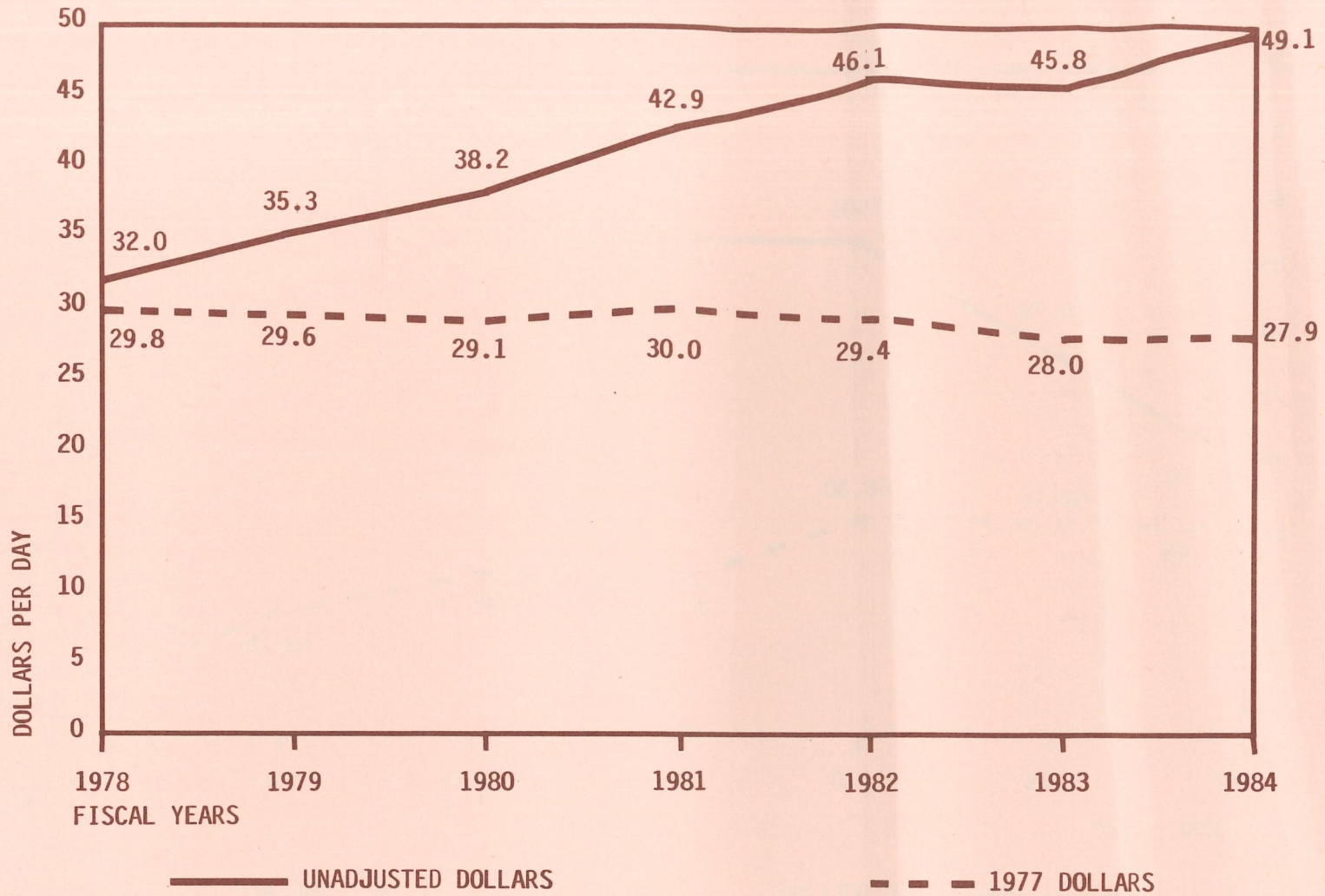
AVERAGE RESIDENT POPULATION OF KANSAS MENTAL HOSPITALS



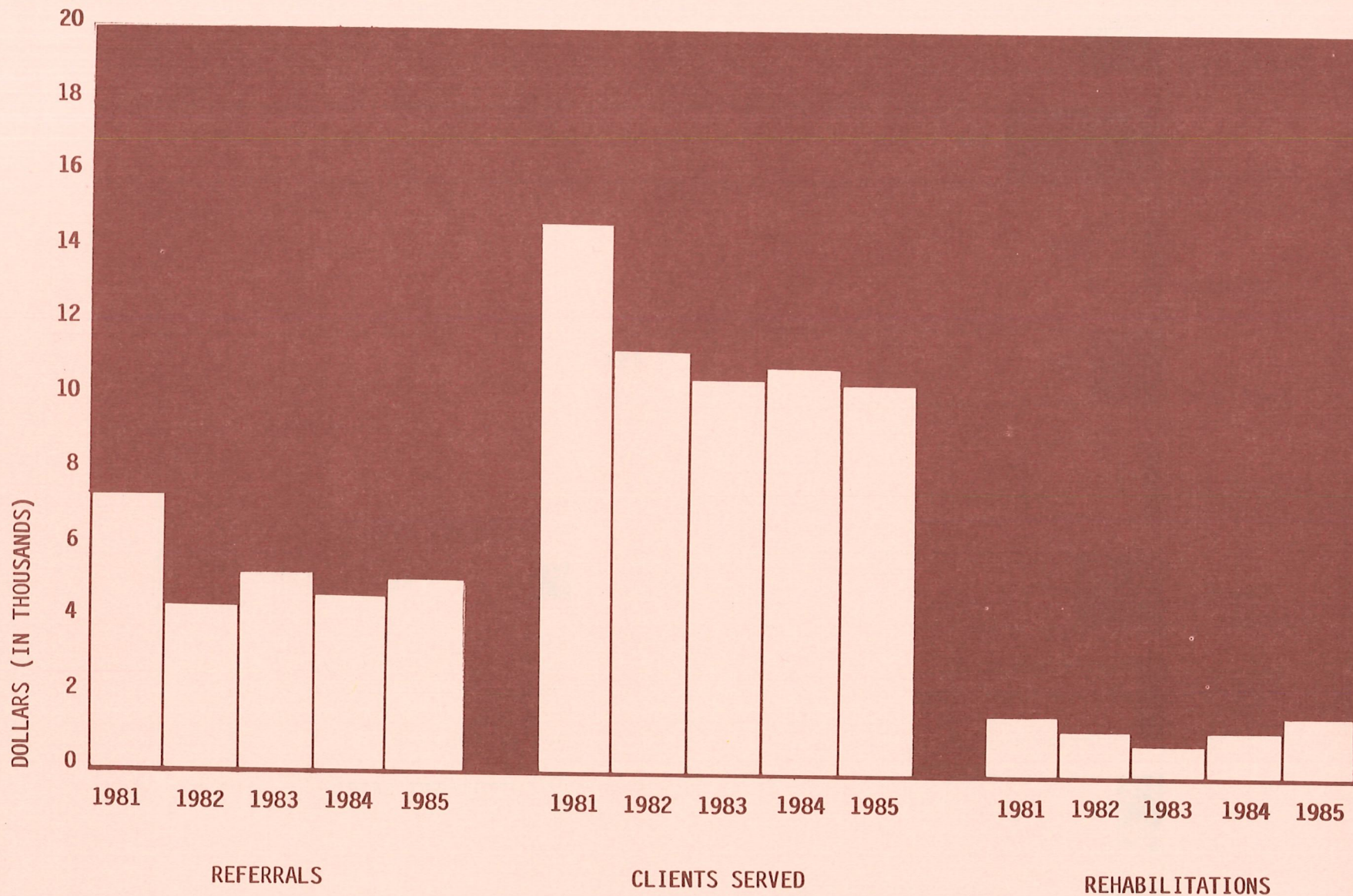
EXPENDITURES PER RESIDENT IN MENTAL HEALTH INSTITUTIONS
IN UNADJUSTED AND 1977 DOLLARS
FY 1978 - FY 1984



TOTAL INSTITUTIONAL MENTAL HEALTH EXPENDITURES
FY 1978 - FY 1984
IN UNADJUSTED AND 1977 DOLLARS

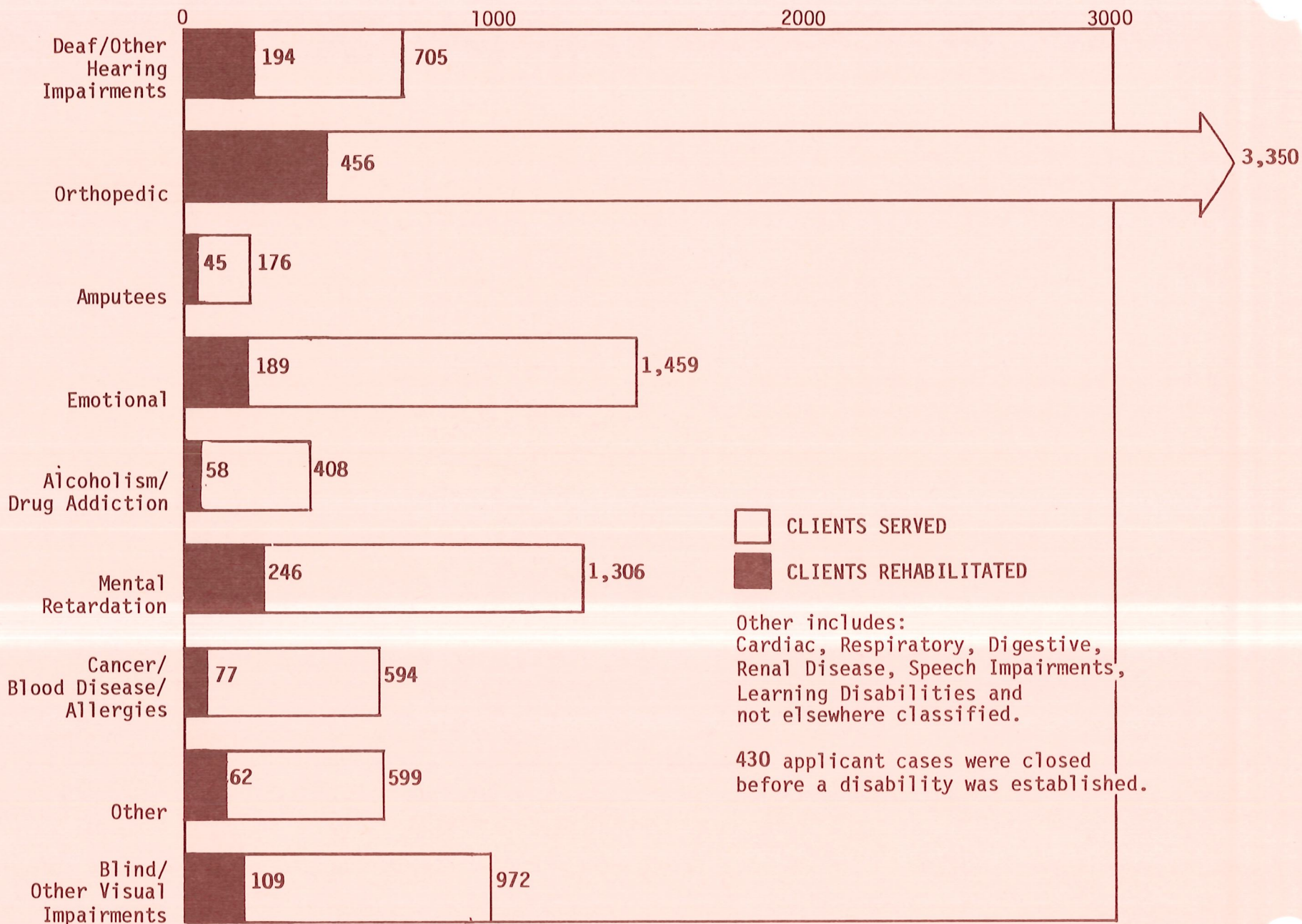


REHABILITATION SERVICES
CLIENTS REFERRED - CLIENTS SERVED - REHABILITATIONS

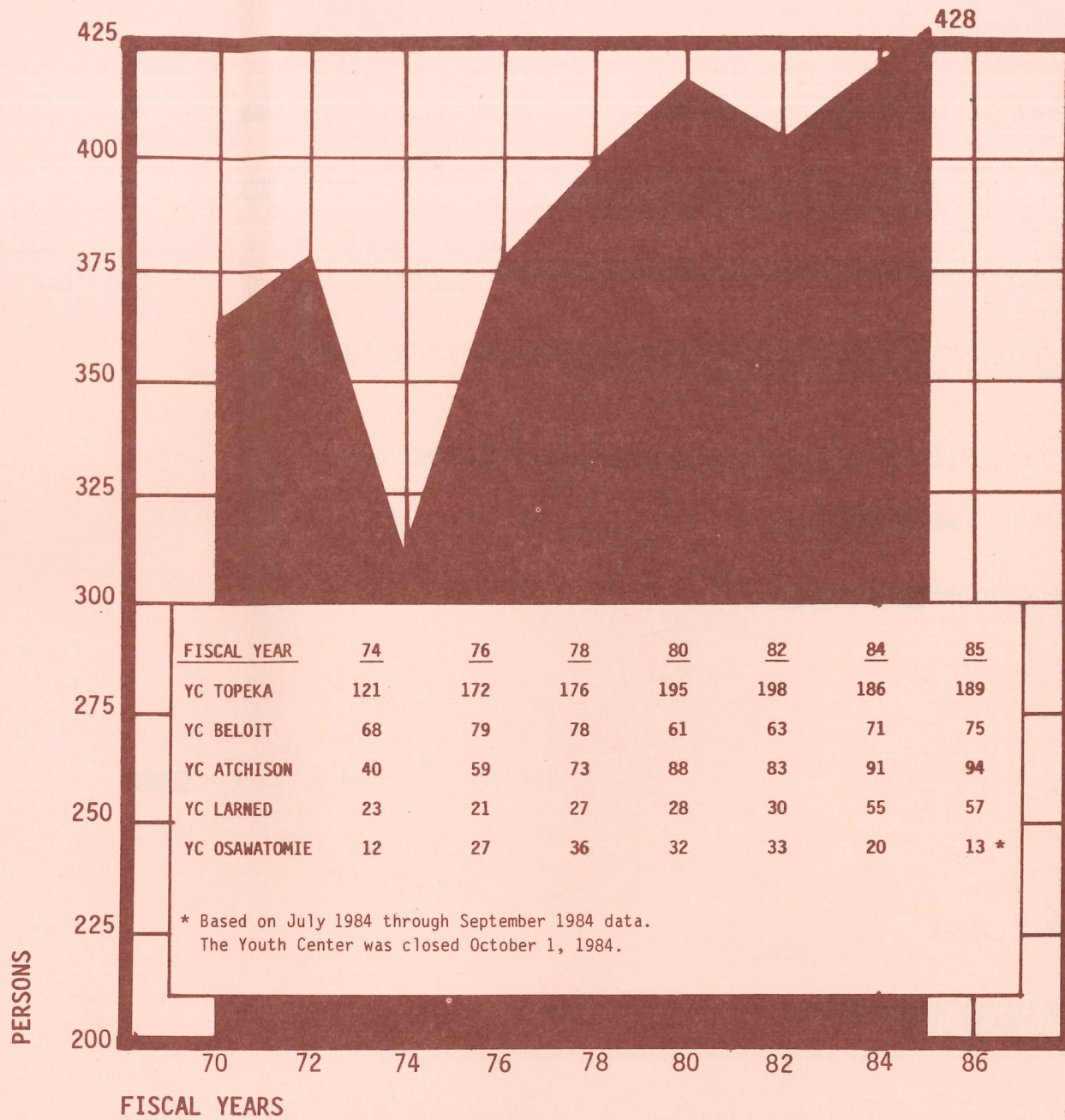


(Average caselife is 23 months)

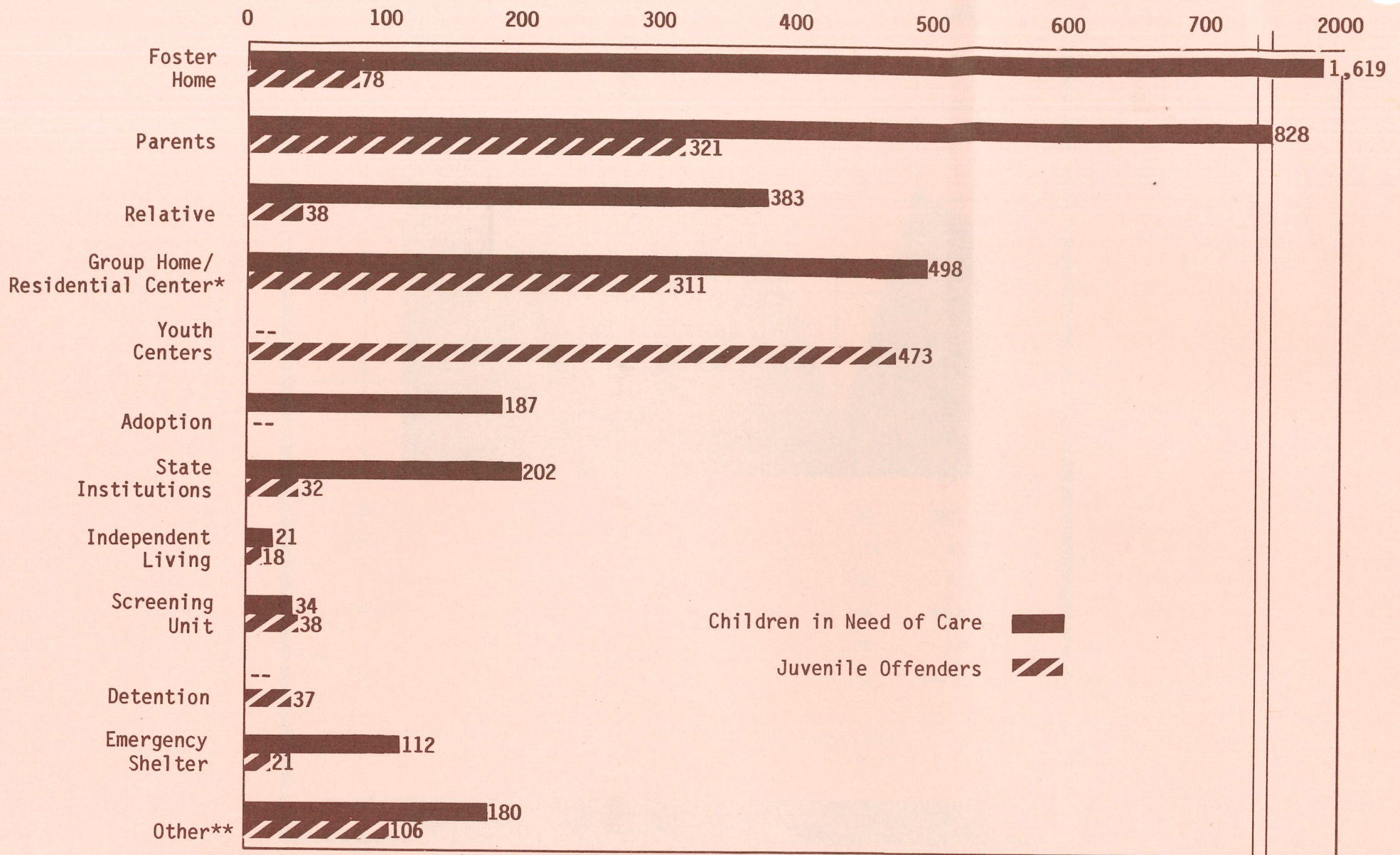
VOCATIONAL REHABILITATION CLIENTS SERVED AND REHABILITATED BY TYPE OF DISABILITY - 1985



AVERAGE RESIDENT POPULATION OF KANSAS YOUTH CENTERS

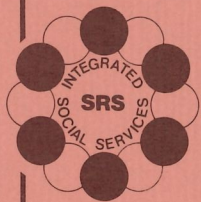


CHARACTERISTICS OF CHILDREN IN CUSTODY OF THE SECRETARY OF SRS, JULY 1, 1985



* Level III, IV, V, VI, unlevelled

** DD Facility, State School Blind/Deaf, Educational Vocational Training, Runaway, Other, and ADAS



Graphic Design - Michele Fontaine
Illustrations - Michele Fontaine and Mark Macrides

Attn. #4
1-15-



**A Kansas Agenda For
Investing In
Women And Children**

December 1985



**OFFICE OF ANALYSIS, PLANNING AND EVALUATION
KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES**

Attn. #4
1-15-86

Hs. PHW

A KANSAS AGENDA FOR INVESTING IN WOMEN AND CHILDREN

DECEMBER, 1985

KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

SECRETARY

ROBERT C. HARDER

EXECUTIVE ASSISTANT FOR POLICY AND PROGRAM DEVELOPMENT

AILEEN C. WHITFILL

The Office of Analysis, Planning, and Evaluation is directed by Aileen C. Whitfill. The Chief Analyst is Mark Levy. The Management Analysts are Stephen Ferrier, Allyn Lockner, and formerly Stephen Schiffelbein. The Secretary is Bonnie Still. Mark Levy had lead responsibility for this report. Stephen Schiffelbein and Stephen Ferrier also contributed.

A KANSAS AGENDA FOR INVESTING IN WOMEN AND CHILDREN

EXECUTIVE SUMMARY

Poverty among single mothers and children has become a critical national concern. As the following table shows, one of every four pre-school children nationally were in poverty in 1983, and that poverty rate is far greater than for older children and adults.

1983 National Poverty Rates

Pre-School Children	25 out of every 100
School-Age Children	21 out of every 100
Elderly Adults	14 out of every 100
Non-Elderly Adults	12 out of every 100

The national poverty rate for all children rose from 14 out of 100 children in 1969, to 16 out of 100 in 1979, and to 22 out of 100 in 1983. According to the Congressional Budget Office the severe increase in poverty among children from 1979 to 1983 was likely the result of back-to-back recessions, rapid inflation in 1979 and 1980, and reductions in income maintenance programs.

Comparable Kansas data on the rise in poverty among children does not exist, but the 1980 Census shows that at least 73,000 Kansas children lived in poverty even after counting their public assistance income. Based on the national trend, that figure is probably over 100,000 today. Kansas provides Aid to Dependent Children benefits to less than half these poor children.

Clearly one way to address the issue of poverty and children is to address the special problems of female headed households. At the direction of the Secretary of the Department of Social and Rehabilitation Services this study assesses some of the factors that contribute to poverty among single mothers, assesses some of the negative consequences of that poverty, assesses the major programs in Kansas currently addressing those problems, and describes some of the innovative programs in place around the country that are attempting to reduce poverty among female headed households. The special problems of and programs for single teenage mothers are also addressed. Finally, strategies for addressing these problems in Kansas are recommended.

While SRS recognizes the difficulty of marshaling the resources needed to address this problem, we believe that effort must be made. We have an obligation to do what we can to reverse the rise in child poverty and to decrease welfare dependence. Failing to make this investment in children is extremely shortsighted. If we do nothing, the costs in terms of crime, alcoholism, child abuse and neglect, low birthweight infants, and future dependence on public assistance will be great. An intensified effort to help the State's poor children is in the self-interest of all Kansans. Following are some of the key findings of this study and a description of the agenda recommended to begin facing the problems of children in poverty.

Some Of The Significant Factors That Contribute To Poverty Among Single Mothers

- o **The increase in poor single parent families.** The percentage of children living with one parent nationally increased from nine percent in 1960 to 19 percent in 1978, and this figure is projected to be 25 percent by 1990. Single parents are much more likely to be in poverty. In Kansas in 1980 one-third of female headed families were in poverty, compared to one out every ten for all Kansas families. (See pages 3-5.)
- o **The increase in births to unmarried teenagers.** Births to unmarried teenagers are on the rise. These mothers are more likely to have more children, less education, more unemployment, and be in poverty than mothers who delay childbirth. An SRS survey of public assistance clients found over half these mothers had their first child as teenagers. (See pages 7-11.)
- o **The inadequate level of publicly funded day care.** As female headed families have increased, publicly supported day care services needed to help these women remain independent has decreased. State funded day care slots in Kansas declined from 5,298 in 1980 to 2,481 in 1985. The survey of Kansas public assistance clients found the lack of day care is most frequently cited as the problem that makes it difficult for public assistance clients to work. (See pages 6-7.)
- o **Unpaid child support.** Child support payments, needed to keep many single mothers out of poverty, are often not made. Nationally only 47 percent of women who are awarded child support receive the full amount due them. (See page 6.)
- o **The lack of job training.** The SRS survey of public assistance clients found that two-thirds of these mothers had no job training and four out of every ten had not completed high school. A review of SRS jobs programs found that two-thirds of the mothers on public assistance are exempt from jobs programs because they have children under six. And almost two-thirds of the non-exempt mothers are not provided services because of inadequate day care capacity or other problems. (See pages 23 and 46-47.)
- o **Having more children increases the likelihood of dependence on public assistance.** Single women with more children are less likely to leave public assistance by working, according to a recent Harvard study. Thus, the number of children women have is a critical factor in their ability to escape poverty. Surprisingly the Harvard study also found single women with children under age six are more likely than women with older children to leave poverty by working. (See pages 7 and 10.)

Some Of The Significant Societal Costs Of Poverty Among Single Mothers

- o **Low birthweight infants.** Low birthweight infants, which contribute heavily to infant mortality and high-cost medical care for infants, is more prevalent among Medicaid clients (almost 10 out of every 100 births) than among all Kansans (6 out of every 100 births). The lack of adequate prenatal care is an important factor in these low birthweights. (See pages 12-17.)
- o **Child abuse and neglect.** Child abuse and neglect occur most frequently among poor families. In fiscal year 1984, over half of all families receiving SRS services to prevent future abuse and neglect were public assistance recipients. (See pages 17-18.)
- o **Alcoholism and depression.** National studies indicate that among the types of women most likely to abuse alcohol are never-married women, divorced or separated women, and unemployed women seeking work. Another study found the greatest increases in depression in recent years are among young and poor female heads of families. (See pages 18-19.)

Data On Kansas Aid To Dependent Children Clients Confirm The Impact Of Teenage Childbirth, The Number Of Children Women Have, Education, And Other Factors On Poverty Among Single Mothers

In order to assess the characteristics of Aid to Dependent Children (ADC) clients and factors related to poverty, this study included a statistically valid survey of ADC clients. The key results of this survey are summarized below:

- o **Teenage Childbirth and ADC.** A disproportionate number of ADC female heads of households are women who became mothers as teenagers.
- o **Teenage Childbirth, Number of Children, Education, and Employment.** ADC clients who became mothers as teenagers are more likely than others to have more total children, not finish high school, and have never worked.
- o **The Effects of More Children.** ADC clients who have more children are more likely to have been on ADC for longer periods, have less education, are more likely to have not had a job for longer periods, and are more likely to have difficulty finding day care.
- o **The Effects of Education and Job Training.** Education and job training are to varying degrees related to higher earnings in previous jobs and less time since the last job, and ADC clients who completed high school or had job training are far less likely to have never worked.
- o **Clients' Lack of Job Training and Education.** Of the surveyed clients, 66.7 percent had never had any job training outside of high school, and 40.5 percent did not have a high school education.

- o **Day Care and Transportation Problems.** Day care and transportation problems were cited by clients as the most significant impediments to employment.

These findings are generally consistent with those of national studies. These findings also support the notion that reducing teenage childbirth, reducing family size, increasing job training, and increasing job support such as day care and transportation could contribute to reduced dependence on public assistance. A previously mentioned national study concluded that women with fewer children are much more likely to leave ADC by working. Helping ADC women to limit the size of their families, if they wish to do so, may be the most significant single step SRS could take toward reducing dependency on public assistance. The number of children the ADC clients had was the only variable that appeared to be by itself strongly associated with the number of years they had been receiving ADC. (See pages 21-28.)

Modifying Or Expanding Existing Kansas Programs Can Decrease Dependency And Ameliorate The Effects Of Poverty

The following existing Kansas programs address the problems of poor single mothers.

- o **Aid to Dependent Children.** The Kansas Aid to Dependent Children (ADC) program provides income to about 65,000 Kansans in families with children deprived of parental support due to absence, incapacity, or unemployment of a parent. In fiscal year 1985 15,598 or 83.4 percent of ADC households were headed by single women. ADC benefits are also provided to about 600 pregnant women who have no other children, but will be eligible for ADC when their baby is born. Despite the clear value of this assistance, it falls short of need because benefits have not kept up with inflation and maximum benefits (combined with other public assistance) equal only 69 percent of the federal poverty level. (See pages 29-30.)
- o **Medicaid and MediKan.** The Kansas Medicaid and MediKan programs provide medical benefits to about 126,000 low-income Kansans. About 18,900 or 26 percent of the Medicaid/MediKan cases include single mothers and their children. Pregnant women eligible for the Aid to Pregnant Women program are also eligible for Medicaid.

It may be possible to add about 450 children over age five to the Medicaid program with little or no cost to the State by including these children under the so-called Ribicoff rule. This change would bring some new children into Medicaid, costing the State money. But a larger group currently on the state-funded MediKan program would be shifted to the partially federally-funded Medicaid program, offsetting some or all of the State costs for new clients. A similar change that would bring more pregnant women into the Medicaid program is being pursued. (See pages 31-36.)

- o **Early and Periodic Screening and Diagnostic Treatment, and Family Planning.** Included in Medicaid/Medicaid coverage are prenatal care, Early and Periodic Screening and Diagnostic Treatment (EPSDT) for children, and family planning. The data indicate Medicaid clients are not fully utilizing any of these available services. Encouraging utilization of these services would be a cost effective way to reduce dependency and ameliorate the effects of poverty. Expanding utilization of family planning services may be particularly cost effective for the State since the federal government reimburses the State for 90 percent of family planning expenditures rather than the usual 50 percent. (See pages 36-37.)
- o **Department of Health and Environment Programs.** The Department of Health and Environment operates several programs that work in concert with SRS programs in this area. The Maternal and Infant Care programs provide prenatal and infant care, and parenting education to about 1,800 mothers in ten counties. Of those, 80 percent are single mothers and 60 percent are teenage mothers. The Women, Infants and Children program provides supplemental food and nutritional counseling to about 24,000 pregnant and breastfeeding women and their children. The Healthy Start program provides home visits to about 10,000 new mothers. The visitors provide support for the family, teach parenting skills, and encourage utilization of preventive health services. The Department also operates family planning clinics in 65 counties. (See pages 37-39.)
- o **Child Support Enforcement.** SRS collects about \$11 million in child support payments for ADC clients and other single mothers. That figure is expected to increase to \$22 million in fiscal year 1986 due to changes in the law that include procedures to make it easier to withhold support from paychecks and provide free child support services to non-ADC cases. Despite this substantial progress, there may be as many as 20,000 or more cases for which it may be possible to get child support, but for which SRS does not have enough personnel to pursue. Also, the State of Wisconsin is experimenting with new child support methods that should be watched and considered by Kansas. (See pages 39-41.)
- o **Employment Programs.** The primary employment program for poor single mothers is the ADC Work Incentive Program (WIN). The primary services of this program are assistance with job searching and unpaid work experience in public and private non-profit sectors. Of all ADC mothers, 65 to 70 percent are not required to register for WIN because they have children under six, despite the fact studies have shown these young mothers have the best chance of gaining employment compared to women who have been on ADC longer. SRS makes no concerted effort to recruit these women to volunteer, largely because the money to provide needed day care and other support services is not available. Of those required to register over 60 percent are found not job ready and receive no services, most often because of inadequate day care and other services. Some states have successfully included significant numbers of mothers of young children in their WIN program and provided the necessary support services. (See pages 42-48.)

- o **Foster Care and Family Services.** SRS programs for abused and neglected children focus on providing services to prevent repeat incidences and foster care placements for children who cannot be safely left at home. Another upcoming study by SRS's Office of Analysis, Planning, and Evaluation will address the cost effectiveness of shifting some family services funds to programs that attempt to prevent abuse and neglect among high risk groups before it happens. Since ADC clients are overrepresented among abuse and neglect cases, ADC clients would be a logical target group for such preventive services. (See pages 50-51.)
- o **The Youth Center at Beloit.** The Youth Center for female juvenile offenders at Beloit is relevant to this study because an astonishing 75 percent of its 76 residents are confirmed or suspected victims of abuse or neglect. Also, the young women at the Youth center are high risk candidates for becoming poor single mothers and potentially abusive mothers. The Youth Center provides vocational education and parenting education to help these young women avoid dependency. (See pages 51-53.)
- o **Alcohol and Drug Abuse Programs.** SRS grants funds to four community organizations that provide alcohol and drug abuse treatment or prevention services specifically to women. SRS also funds treatment programs for youth and preventive programs in the schools. (See page 53.)
- o **Public School Programs.** To varying degrees public schools in Kansas provide parenting education and special programs to help pregnant and parenting teenagers to stay in school. Four Kansas school districts provide particularly extensive programs. For example, six Wichita High Schools have licensed day care centers for the children of students in the schools. (See pages 53-54.)

Innovative Programs Around the Country That Address The Problems Of Female Headed Households In Poverty

States around the country were researched and literature was reviewed searching for innovative programs that address the issues raised in this report. The level of information received about these programs varied, and in most cases was not sufficient to allow evaluations of those programs' effectiveness. The value of these descriptions is that they can provide, in conjunction with the rest of this report, new concepts of how to address the issues of single mothers and poverty. The innovative programs focus on two areas: programs to help teenage mothers and employment programs.

- o **Programs For Pregnant And Parenting Teenagers.** Most of the programs that address the teenage childbearing issue use a combination of approaches, the most common of which are family planning and counseling on the benefits of delayed childbirth for teenagers who are not yet pregnant; and parenting education, family planning, prenatal care, day care, and vocational services for pregnant and parenting teenagers. In many instances, case management is provided to counsel teenagers and help them access available services. Also, in many cases services are

provided in the schools to increase accessibility and help keep these young women in school.

As one example, the State of Illinois will spend \$11 million in fiscal year 1986 on its Parents Too Soon Initiative, which involves ten state agencies and the following major programs.

- The Department of Health funds three demonstration projects, 20 family planning clinics, and 25 prenatal care programs for teenagers. The demonstration projects provide medical, social, and educational services in three areas of the State with high unemployment, high birthrates to teenagers, and high infant mortality.
- The Department of Public Aid has ten specialized caseworkers in Chicago who each serve about 1,000 teenage mothers each year. Caseworkers mail letters to all teenage Aid to Dependent Children clients inviting the clients to an orientation session for the voluntary program. About half those receiving letters came to the orientation session. Those who participate attend three half day workshops on self-confidence, family planning, parenting skills, and home management.
- The Department of Children and Family Services funds 28 community programs designed to prevent unwanted pregnancies and prevent neglect and abuse by teenage parents. The primary services provided by these programs are parenting classes taught in urban areas; home visitors in rural areas who teach homemaking, family planning, child care, and more; and specialized day care to help mothers complete education and training programs. (See pages 55-59.)

- o **Employment Programs.** Common elements among the innovative employment programs in other states include more extensive on-the-job training and other training opportunities than in the Kansas Work Incentive Program, and more extensive support services such as day care and transportation. For example, the National Supported Work Demonstration showed that intensive supported work programs can effectively move long-term ADC clients into jobs. Supported work includes close supervision during on-the-job training by employment program staff, peer group support by working in small groups, and graduated stress that provides increasing productivity demands as the client gains experience.

As another example, Massachusetts has an unusually extensive array of services for its Aid to Dependent Children/Work Incentive Program clients. The program, called CHOICES, is also distinctive in that it recruits volunteers among normally exempt women with children under six. About 20 percent of the participants are WIN exempt clients. The services offered are different from Kansas in two ways. First, higher education, supported work operated by community agencies, and vocational education are provided to 23 percent of the clients. These services, that have potential for allowing clients to get higher level jobs that will pull them out of poverty, are not available in Kansas' WIN program.

Massachusetts officials report higher job placement and retention rates than in their previous WIN program. The second difference is that the CHOICES program includes extensive day care and transportation assistance that comprises 40 percent of the program's budget. The volunteer rate and waiting lists indicate that single mothers who are dependent on public assistance will choose to work if a viable alternative, including day care and support, is made available to them. (See pages 59-62.)

**COST EFFECTIVE STRATEGIES FOR DECREASING DEPENDENCE ON
PUBLIC ASSISTANCE AMONG SINGLE MOTHERS, AND
AMELIORATING THE EFFECTS OF THEIR POVERTY**

This report cannot provide the information needed to solve the immense problems of poor female headed families. The roots of those problems rest largely in national economic and social patterns that are far beyond the ability of any state agency to address. SRS also recognizes that resources for new or enhanced programs are scarce. But we believe we must begin to make the investment necessary to help reduce future dependence on public assistance, child abuse and neglect, and other problems associated with poverty.

Following are four strategies that could be pursued that have the potential to have a significant impact on the problems of poor single mothers, and that are possible to operate at modest levels with moderate costs. (See pages 63-74.)

- o Provide special employment programs for Aid to Dependent Children mothers of children under six, and provide the day care and other support services needed for these women to successfully participate.** A proposal is presented to select a pilot test site and provide high school equivalency education, vocational education, job search assistance, and day care support to 100 mothers of children three to six years old annually. The 100 mothers would be recruited to volunteer for the program. The cost would be about \$110,000.
- o Expand the number of poor pregnant women who receive prenatal care and expand the number of children who receive Early and Periodic Screening and Diagnostic Treatment (EPSDT) services.** Included in this strategy should be the expansion of the Medicaid Ribicoff rules to include children from 5 to 21 years old. Three separate proposals are included.
 - Prenatal Risk Reduction Classes.** One reason low-income women do not receive adequate prenatal care is that they are not aware of its availability and benefits. SRS's current budget proposals for fiscal year 1987 propose to address this problem by including prenatal risk reduction classes as a reimbursable service in the Medicaid and MediKan programs. These classes will be offered by local health departments. The classes will focus on the need for prenatal care; and the importance of avoiding alcohol, smoking, and other dangers to the pregnancy. In order to encourage clients to take these classes, it may be necessary to add an outreach component to the program, including the use of paraprofessionals as in the EPSDT effort described below.

- **Increase Provider Reimbursement For Prenatal Care.** Another problem that can limit the ability of Medicaid clients to get prenatal care is difficulty in finding providers who accept Medicaid clients. This can be a particular problem in rural areas of the state. Kansas' current reimbursement level of \$111 for prenatal care is 56 percent of the regular \$200 fee charged to paying patients by physicians at the 75th percentile (i.e. 75 percent charge less than \$200 and 25 percent charge more). Low reimbursement is sometimes cited by providers as their reason for limiting the number of Medicaid clients they see. SRS should consider raising the reimbursement rate to 100 percent of the regular fee at the 75th percentile to help ensure the availability of prenatal care providers throughout the state.
- **EPSDT Outreach.** Less than half of eligible Medical Services' clients utilize the effective preventive health care program for children - Early and Periodic Screening and Diagnostic Treatment (EPSDT). To increase this figure a proposal is presented to select a pilot test site and utilize one or two paraprofessionals to do outreach for the EPSDT program. The outreach would include face-to-face meetings with clients in SRS offices and in clients' homes, and transportation assistance to clients who cannot get EPSDT. This program would cost about \$30,000. In addition, central SRS staff would continue their efforts to inform primary care physicians in the Primary Care Network program of their contractual agreement to promote and provide EPSDT services.
- **Expand the number of Ribicoff Children.** As described earlier, it may be possible to add about 450 children to the Medicaid program with little or no cost to the State by including these children over five under the so-called Ribicoff rule. This change would bring some new children into Medicaid, costing the State money. But a larger group currently on the State-funded Medikan program would be shifted to the partially federally-funded Medicaid program, offsetting some or all of the State costs for new clients. A proposal is made to make the regulatory changes needed to implement this expansion of the Ribicoff program.
- o **Provide services to Aid to Dependent Children (ADC) clients and other high risk groups designed to prevent child abuse and neglect.** A proposal is presented to select a pilot test site and provide child development and life education classes (including parenting education) to 450 ADC clients, peer support groups to 150 ADC clients, and in-home family services (including parenting education) and support to about 90 clients annually. The cost would be about \$80,000.
- o **Develop programs in conjunction with the Department of Health and Environment, and the Department of Education, to help prevent unintended pregnancy, and provide services to help teenage mothers avoid dependence on public assistance. These programs should include:**
 - **Increased accessibility to Medicaid family planning services.** A proposal is presented to select a pilot test site and work with the local health department to make the one-on-one counseling and

education portion of family planning available in the SRS office on a walk-in basis. The medical portion of family planning (examinations, laboratory, and etcetera) would be done by the regular family planning providers at the regular locations. Outreach workers would be used to encourage the use of these services and make them more accessible. The cost would be \$40,000 to \$50,000.

- **School-based health clinics that make prenatal care, family planning, and general health services more accessible to low-income teenagers.** Such clinics have been very successful in other states at reducing teenage pregnancy and providing access to primary health care. A proposal is presented to work with other state and local agencies to support development of a school-based health clinic initially in at least one urban high school in Kansas. The clinic would provide access to basic health services and family planning. Approximately 2,000 medical services would be provided annually at a cost of about \$160,000. Medicaid would be used to reimburse the clinic for Medicaid covered services they provide to Medicaid eligible students. Other public and private funds would be needed to finance the clinic.
- **Specialized caseworkers for teenage mothers on public assistance to help them access services and plan for their future.** Other states have used specialized caseworkers successfully to provide the additional guidance and support needed by pregnant or parenting teenage public assistance clients to access needed services and make plans to become self supporting. A proposal is presented to select a pilot test site and use one professional and two paraprofessionals to provide case management services to about 300 teenagers at a cost of about \$55,000 annually. The case management services would include helping the teenage client to develop a long-term life plan including goals for education and employment; and helping clients to access services needed to achieve those goals, including prenatal care, infant care, family planning, child care to enable the mother to stay in school, employment programs, and others.