

Approved _____
Date

MINUTES OF THE House COMMITTEE ON Appropriations

The meeting was called to order by Bill Buntен at
Chairperson

8:00 a.m./~~p.m.~~ on Friday, April 10, 1987 in room 514-S of the Capitol.

All members were present except:

Committee staff present: Gloria Timmer, Diane Duffy - Research Department
Jim Wilson, Revisors Office
Sharon Schwartz, Administrative Aide
Nadine Young, Committee Secretary

Conferees appearing before the committee:

Paul M. Klotz, Association of Community Health Centers
Dr. Gerald Hanna, SRS
Steve Robinson, Ombudsman Office, Department of Corrections
Guest List (Attachment 1)

Chairman Buntен called the meeting to order at 8:05 a.m.

SB 138 -- relating to counties; concerning the sale of certain county property; amending K.S.A. 1986 Supp. 19-211 and repealing the existing section.

This bill was proposed and supported by City of Lawrence to facilitate the conveyance of a 300 acre tract in Douglas County for development and marketing purposes. The bill would amend the statute regulating the sale of property by counties to provide an exception from the current election or protest petition procedures.

Representative Shriver moved that SB 138 be reported without recommendation.
Seconded by Representative Dyck. Motion carried.

HB 2592 -- relating to fees charged and collected by certain state agencies.
Representative Duncan explained the bill, which would allow fee agencies to purchase national exams without being subject to 20% state general funds. It would solve the problem of some fee agencies having to come before Rules and Regs each year to ask for a change in the rule, in order to cover the cost of the exams.

Representative Duncan moved that HB 2592 be recommended favorable for passage.
Seconded by Representative Dyck. Motion carried.

SB 316 -- enacting the Kansas community mental health centers assistance act.
Paul Klotz, Executive Director of the association of health centers addressed the committee in support of the bill (Attachment 2). SB 316 would close out the "Kansas Community Mental Health Centers Assistance Act (649 program). He said that many centers believe the program does not permit an equitable distribution of the funding, particularly to the poor and/or populous counties. SB 316 would simply close out the 12 year old program, using an average of the last three fiscal years and would allow for future inflationary increases. It would allow the State to appropriate special purpose funding by grants thru SRS.

Dr. Gerald Hanna of the SRS office spoke to the committee and presented a proposed amendment (Attachment 3). He said the proposed amendment would allow SRS to formally target state funding to provide certain services to certain populations.

Representative Duncan moved that the amendment be adopted. Seconded by Representative Vancrum. Motion carried. Representative Duncan then moved that SB 316, as amended, be recommended favorable for passage. Seconded by Representative Heinemann. Representative Helgerson expressed concerns regarding

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

CONTINUATION SHEET

MINUTES OF THE House COMMITTEE ON Appropriations,
room 514-S, Statehouse, at 8:00 a.m. ~~p.m.~~ on Friday, April 10, 1987

the bill. He felt that passage of the bill would set standards for the Secretary of SRS and that the Legislature would have to limit funding for these centers. He urged the committee to put the issue on hold for another year to allow further study of the issue to see if the formula should be changed. Representative Duncan stated that this would only cause a delay in establishing equity.

Chairman asked for a vote on the motion to recommend SB 316 favorably. The motion carried.

SB 379, concerning health care provider insurance for certain persons engaged in postgraduate training programs.

Marlin Rein addressed the committee in support of the bill which was produced out of counsel with the Commissioner of Insurance's office. They also support the bill. Vickie Thomas, Legal Counsel for KU, spoke to the issues that have risen concerning this matter. The bill would provide that State of Kansas would act as a self insurer on medical malpractice for medical students in residency training. It would further clarify the existing law by making clear to whom it applies and when settlements can be made. It will also save on administrative costs.

Representative Vancrum moved that the new law become effective upon publication in the Kansas Register. Seconded by Representative Ott. Motion carried.

Representative Miller suggested language in Section 12 to the effect that settlement shall be subject to approval by Finance Council.

Representative Vancrum moved and Representative Solbach seconded that SB 379, as amended, be recommended favorable for passage. Motion carried.

SB 385, concerning construction of a new parking facility at KU Med Center.

Warren Corman appeared on the bill, representing Board of REgents. He said that results of a study indicate that an additional parking facility will pay for itself. The Board wishes to issue \$3.5M in revenue bonds. An amendment was added by Building Committee for a parking garage at the KU campus. (Att 4) Representative Miller moved that the amendment be adopted. Seconded by

Representative Solbach. Motion carried. Representative Solbach moved that SB 385, as amended, be recommended favorable for passage. Seconded by

Representative Heinemann. Motion carried.

SB 392, concerning purchase of aircraft by Kansas Technical Institute to be used in teaching students.

Jim Wilson explained the bill for the committee. This would exempt KTI from the bidding process and allow them to purchase a used airplane for renovation purposes. The plane would be sold upon renovation by the students.

Representative Heinemann moved that SB 392 be recommended favorable for passage. Seconded by Representative King. Motion carried.

SB 411, concerning clerical positions in the Ombudsman office of Department of Corrections.

Steve Robinson appeared before the committee and explained the purpose of the bill. It would allow the clerical positions for this agency to come under the classified service. This would allow these positions to be more competitive and cut down on rapid turnover.

Representative Heinemann moved that SB 411 be recommended favorable for passage. Seconded by Representative Teagarden. Motion carried.

SB 413, concerning House and Senate journals. The bill was prepared at the

request of Secretary of SEnate and Clerk of the House in an effort to cut back on the number of journals that are printed from 1,000 to 750. The main issue is storage space for left over journals. Representative Heinemann moved to amend the bill by inserting language, "not more than 750 each or an amount specified by the Senate secretary or House clerk." Seconded by Representative Solbach. Motion carried. Representative Solbach moved that SB 413, as amended be recommended favorable for passage. Seconded by Representative Heinemann. Motion carried.

CONTINUATION SHEET

MINUTES OF THE House COMMITTEE ON Appropriations,
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SB 394 -

Lyell Ocobock, Pooled Money Investment Board, explained the bill. Section 1 refers to the loan that was provided for in the 1986 session for the animal research facility at KU Med Center. This amendment would make it consistent with other loans that are repaid on an annual basis

Representative Heinemann moved to remove the Senate amendment that relates to funding of the Lottery and Racing Commission and return the bill to its original form. Seconded by Representative Miller. Motion carried.

Representative Heinemann then moved that House Sub for SB 394, be recommended favorable for passage. Seconded by Representative Miller. Motion carried.

INTRODUCTION OF BILLS

Representative Chronister requested introduction of a bill which would be a trailer bill to SB 47(legislative pay cut bill). This would provide an option to have the cut deducted from one or more paychecks. Representative Teagarden seconded. Motion carried.

Representative Bunten requested introduction of a bill that would authorize Secretary of State to grant an easement to City of Topeka for the Kansas River Weir. This bill would correct the legal description. Representative Chronister moved and Representative Mainey seconded that the bill be introduced. Motion carried.

Representative Solbach requested introduction of a bill that would establish the Kansas prison crisis commission to study prison overcrowding. Seconded by Representative Teagarden. Motion carried.

Representative Turnquist requested introduction of a bill regarding Kansas Technical Institute. Seconded by Representative Lowther. Motion carried.

Meeting adjourned at 2:30 p.m.



Association of Community

Mental Health Centers of Kansas

835 S.W. Topeka Ave., Suite B/Topeka, Kansas 66612/913 234-4773

Paul M. Klotz, Executive Director

April 1987

TESTIMONY ON:
COMMUNITY MENTAL
HEALTH CENTERS OF KANSAS FUNDING

Paul M. Klotz, Executive Director

The Association of Community Mental Health Centers of Kansas, Inc., has two major funding issues before the 1987 Session of the Legislature.

The first issue involves SB 316. This bill is designed to close out the "Kansas Community Mental Health Centers Assistance Act." The State leadership and some centers have come to realize that this program, while it has been very useful in the past in providing an incentive in generating local dollars and forging a partnership between the community and the State, is no longer a viable program with which to fund centers. Among several, two basic reasons for the closure of this program are given: (1) The program is open-ended and particularly in this time of tight budgets is no longer acceptable; and (2) the program does not allow the State to directly carry out its own priorities. Finally, many centers believe that the program does not permit an "equitable" distribution of the funding, particularly to poor and/or populous counties. We earlier proposed a bill requiring about \$1 million in new funding to close out the program. This bill would have held all centers "harmless" and would have made a one-time adjustment on the issue of "equity." Since new funding was not available, this bill did not produce legislative or gubernatorial support. The bill that has been introduced by Senate Ways and Means would simply close out the twelve year old program, using an average of the last three fiscal years; allowing for future inflationary increases; future increases would be shared on a prorata basis; and finally, allows the State to appropriate special purpose funding to meet its own priorities and goals.

This Association supports SB 316 as the best method to close out this twelve (12) year program.

(over)

Attachment 2
House Appropriations 4/10/87

Dwight Young
President

Kermit George
President Elect

John Randolph
Vice President

Larry W. Nikkel
Past President

Paul Thomas
Treasurer

Steven J. Solomon
Secretary

Gene Jacks
Bd. Memb. at Large

2

The second issue involves the continuing need for the State to be involved in funding community based services, either in terms of the new base grant or future special purpose grants.

These needs for State funding now and into the future are highlighted as follows:

- (1) Centers provide the vast majority of public and private mental health services in the state. Nearly 97 percent of those seeking public mental health care are seen at the centers.
- (2) Thirty licensed centers provide services in every county of the state.
- (3) Centers saw 81,225 patients in FY 1986.
- (4) Centers provide direct and continuing services to well over 4,000 chronic/long-term patients.
- (5) Centers provide over 6,500 man days of professional time in consultation and educational services to their communities.
- (6) In 1986, centers received and served over 1,988 patients discharged from State Hospitals.
- (7) Eighty-six percent of the long-term patients seen by mental health centers are unemployed. A majority of all our patients are near or below the poverty level.
- (8) Recent MH/MRS trend data (based on the first five months) shows that average monthly State Hospital, adult, psychiatric admissions are declining in FY 1987 at a rate of about 10 percent as compared to the previous year. Over the last several years the number of adults being readmitted to State Hospitals has been reduced.
- (9) Centers directly receive about 15 percent of their total funding from the State general fund.
- (10) Current national research* shows, on a per capita basis, that Kansas ranked 51st, in the nation and three territories, in terms of state support for community programs. Another national study showed that Kansas community centers ranked near the top in terms of quality services and programs; particularly in terms of programs for the chronic patient. Kansas, nationally, also ranks near the top in terms of local support when determined on a per capita basis.

Thank you!

INFORMATION SHEET



**COMMUNITY BASED
MENTAL HEALTH SERVICES**

1987

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

**835 S.W. Topeka Avenue/Suite B
Topeka, Kansas 66612**

(913) 234-4773

WHAT IS COMMUNITY MENTAL HEALTH?

- Under K.S.A. 19-4001 et. seq., 30 licensed community mental health centers (CMHCs) currently operate in the state. These centers have a combined staff of over 1,300 providing mental health services in every county of the state. Together they form an integral part of the total mental health system in Kansas. Federal support was drastically reduced a few years ago at a time when the number of patients seeking treatment increased dramatically. These two factors continue to pose a very real threat to the continued delivery of some of the services provided by these centers. Additionally, CMHCs are concerned regarding recent cuts in the Medicaid Program.

WHO NEEDS IT AND WHO USES IT?

- Between 367,500 (15 percent) to 490,000 (20 percent) of the Kansas population are suffering from varying degrees of mental disabilities that require treatment. The combined private and public sectors of mental health treatment are not reaching all of those needing service.
- Demand for community based mental health care has grown by 41 percent during the past ten years. During times of economic distress, the need for mental health services typically rise dramatically.
- The primary goal of CMHC's is to provide quality care, treatment and rehabilitation to the mentally disabled in the least restrictive environment. We try to provide services to all those needing it, regardless of economic level, age, or type of illness. Many arguments can be advanced for treatment at the community level, chief of which is to keep individuals functioning in their own homes and communities, at a considerably reduced cost to them, third party payors and/or the taxpayer. The following table represents what service modality and diagnostic group for which clients were seen at CMHC's during FY 85:

**FY 85 Community Mental Health Center Book Population
By Diagnostic Group and Service Modality***

| Services | Inpatient Modality % | Outpatient Modality % | Partial Hospital % | Percent Totals | Total Numbers |
|--------------------------|----------------------------|-----------------------------|--------------------------|-------------------|------------------|
| Children Services | | | | | |
| Behavior Problems | .6 | 51.6 | 0 | 52.2 | 3,594 |
| Emotional Problems | .2 | 10.6 | 0 | 10.8 | 742 |
| Disoriented & Confused | .1 | .5 | 0 | .6 | 40 |
| **Multiple Problems | .3 | 36.0 | .1 | 36.4 | 2,506 |
| Totals | 1.2 | 98.7 | .1 | 100 | 6,882 |
| Adult Services | | | | | |
| Dangerous to Self | .7 | 5.0 | .1 | 5.8 | 2,114 |
| Dangerous to Others | .7 | 35.2 | .1 | 36.0 | 2,027 |
| Disoriented & Confused | .8 | 5.0 | .3 | 6.1 | 12,541 |
| **Multiple Problems | 1.7 | 50.3 | .1 | 52.1 | 18,170 |
| Totals | 3.9 | 95.5 | .6 | 100 | 34,852 |
| Substance Abuse Services | | | | | |
| Alcoholics | .3 | 9.2 | 0 | 9.5 | 3,293 |
| Drug Users | .1 | 2.5 | 0 | 2.6 | 913 |
| **Multiple Problems | 3.6 | 83.7 | .6 | 87.9 | 30,646 |
| Totals | 4.0 | 95.4*** | .6 | 100 | 34,852 |

*These data include those cases opened during FY 85 and meet selected diagnostic criteria

**Multiple Problems—Alcohol, Sexual Deviance, Other Psychotic

Addendum to Report to the Legislature on Mental Health and Retardation September, 1985.

***The average cost per year for 1985 for outpatient treatment at CMHC's was \$200.00. If the early intervention (outpatient services) were not offered by CMHCs a sizeable number would find their condition deteriorating and eventually need hospitalization at a much higher expense.

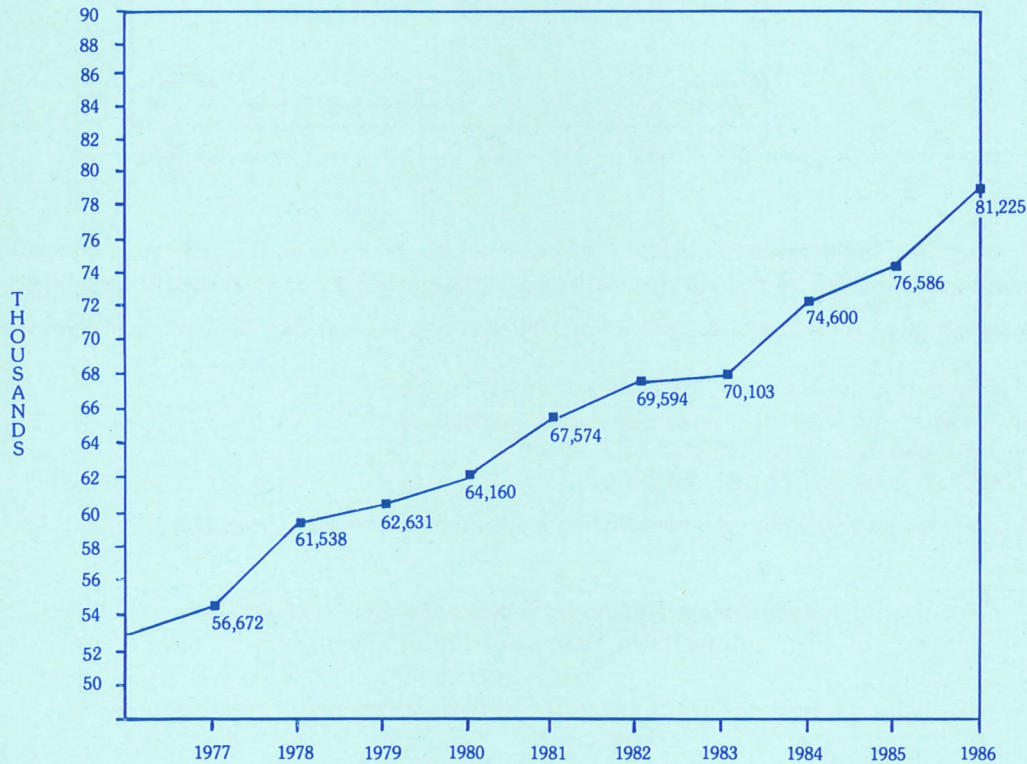
- CMHCs were primarily, if not exclusively, established to provide preventative short-term treatment and care. In the past five years, centers have dramatically shifted toward more costly, public long-term treatment and care. As a result of this rather dramatic shift in funding, some of the prevention and early intervention programs have been cut back. In order for CMHCs to continue providing quality services to citizens at all levels of need, new and/or separate public funding must be forthcoming for the long-term client.
- In 1986, Kansas CMHCs provided care to over 80,000 Kansas citizens. In addition to these direct services, CMHCs provided over 6,500 man days of professional time in consultation and educational services. Patient loads have generally doubled over the past eight to ten years largely as a result of deinstitutionalization. During the period from 1969-79, the state hospital average daily census declined by more than half. Many of these former hospital patients now rely on CMHCs for mental health services to maintain their ability to live in their own community. There is a desperate need to support CMHCs in developing separate ongoing programs for the chronically mentally ill. Cost of service for this population is generally much higher than other groups. Private funding for the long-term patient generally does not exist.

Client Growth In Mental Health Programs

Fiscal Year 1977 thru Fiscal Year 1986

■ Kansas Citizens Receiving Mental Health Care

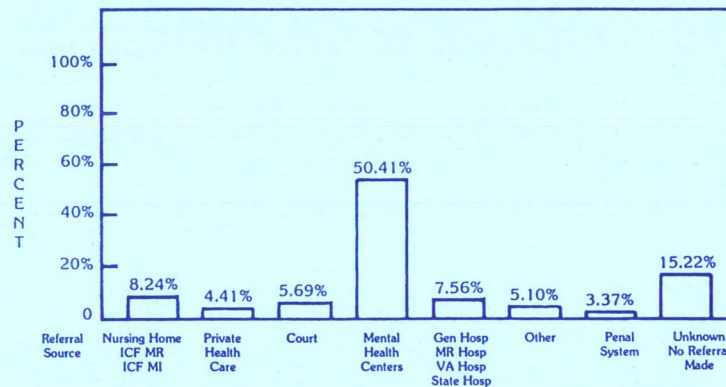
Source: Mental Health Center Caseload Reports. S.R.S. Research and Statistics



- Of the total patients in the public sector having diagnoses of psychotic conditions (severely disabled), over 57 percent are being served by CMHCs.
- In Kansas, more than 95 percent of all citizens seeking public mental health care are seen at community health centers. However, over 30 percent of the patients seen in CMHCs pay their own way.
- The major national and state trend in mental health care over the last 15 to 20 years has been the shift from institutional care to community based care.

- An estimated 3,630 of the CMHC clientele are chronic patients who require ongoing care and treatment. Only recently, have centers been asked to serve this client. Growth in this type of service has been quite rapid over the past five years to the point that centers are now seeing most of the chronically mentally ill seeking service. Without CMHCs, many chronically mentally ill would have no services available to them, or they would be confined to a hospital.
- Based on the population at the State Hospitals, there were 861 long term mentally disturbed patients discharged during fiscal year 1985. This population was defined as: (1) having had one previous admission to a state hospital and (2) having a diagnoses in one of the following categories: Schizophrenia, Affective Disorder, Paranoid Disorder, Personality Disorder. The question is often asked who is treating this population upon discharge from the state hospitals? The following graph represents where these patients are referred upon discharge from state hospitals:

Discharge Referral Source From State Hospitals
 Long Term Mentally Disturbed Population
 Fiscal Year 1985

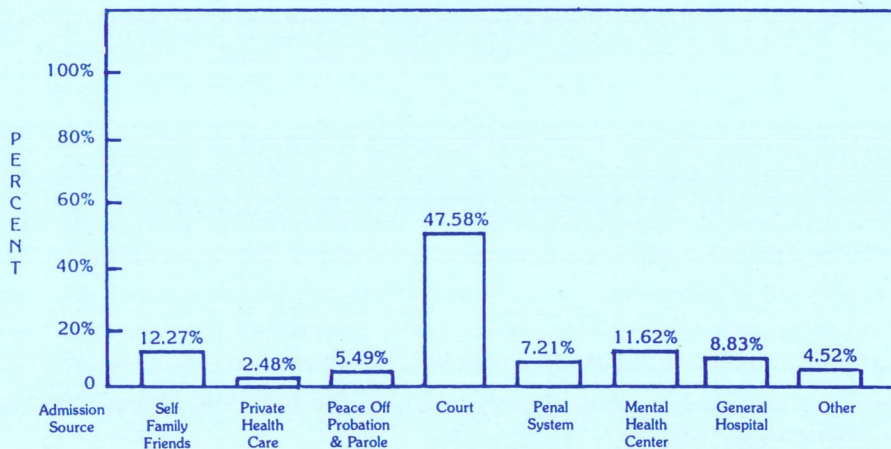


Of the above population, 86.08% are unemployed. If it were not for the State and County Aid received by Centers, this population would not be served at the current level and would probably be readmitted to hospitals.

- Another question often asked; why are state hospitals still above capacity? We believe it is a combination of the following:
 - Drastic reduction of state hospital beds over the past ten years.
 - Lack of consistent funding for community based alternatives.
 - Lack of coordination at the admission point to state hospitals.
 - Use of Psychiatric Beds for other purposes.

The following graph represents how long-term patients are admitted to state hospitals:

Admission Referral Source To State Hospitals
 Long Term Mentally Disturbed Population
 Fiscal Year 1985

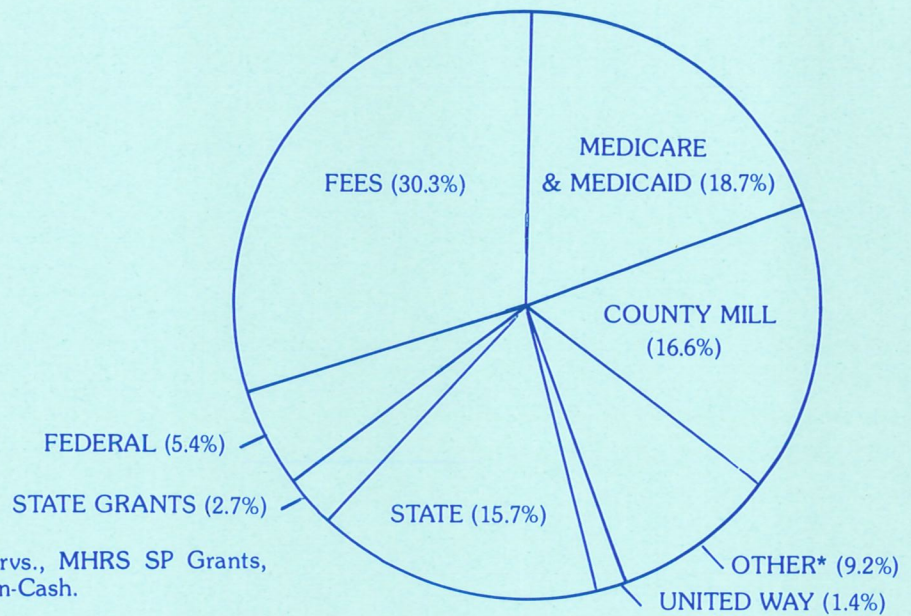


WHO PAYS FOR IT?

- No person, by law, can be denied community mental health care because of the inability to pay; consequently, public support is required. Over 50.43 percent of families served for fiscal year 1986 by CMHCs had gross family incomes of less than \$15,000. Poverty level for a family of four is \$11,000.
- In 1986, county mill levies provided CMHCs with \$8.2 million. County funding is the single largest direct source of public support. Counties currently provide not only mill levy support, but other substantive funding as well. Mill levy support alone averages \$3.18 per capita on a statewide basis. County funding may be jeopardized by the loss of Federal General Revenue Sharing.
- In 1986, direct state support for CMHCs was \$7.8 million. Nationwide, the average state contribution to CMHCs as a percentage of total budget, is over 30 percent. In Kansas, about 15 cents of every CMHC dollar is directly provided by the State. **A current national research study shows, on a per capita basis, Kansas ranked 51st in terms of state support for community programming, among the 50 states and three territories.**
- The majority of CMHC costs were paid from community sources, with the single largest share coming from the patient.

CMHC REVENUE

**TOTAL 1986 BUDGET
ESTIMATE \$50,048,229**

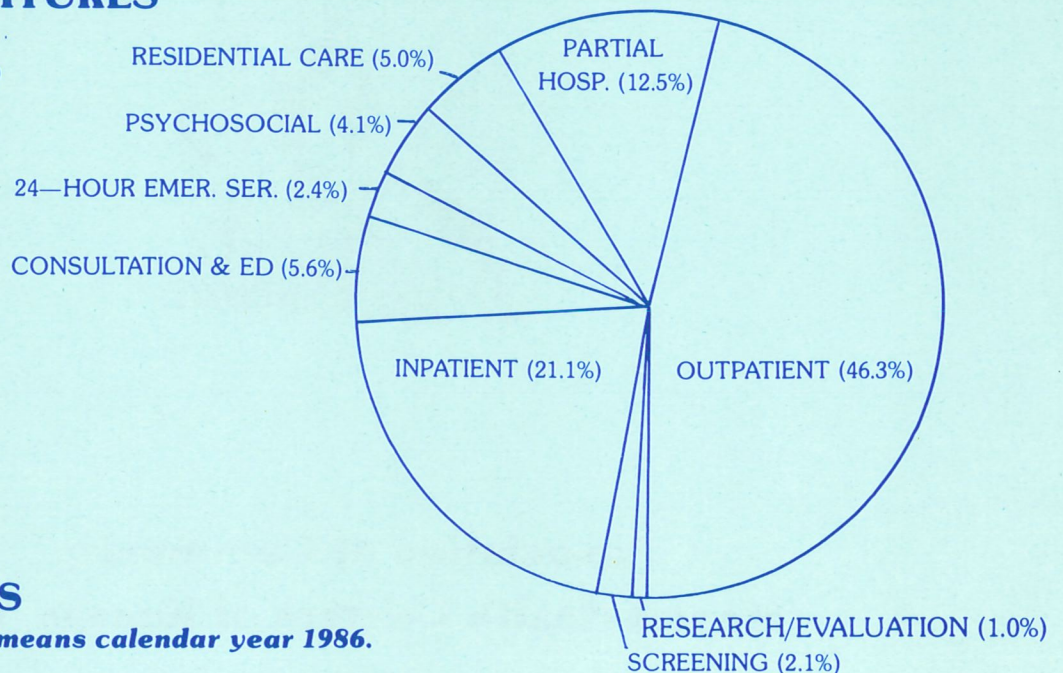


*Other

Title XX, Voc. Rehab., Fees—Prof. Servs., MHRS SP Grants, Sheltered Workshop, Rec Bad Debts, Non-Cash.

CMHC EXPENDITURES

**TOTAL 1986 BUDGET
ESTIMATE \$48,745,550**



BUDGET NOTES

- "1986 Budget Year" means calendar year 1986.



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

STATE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

Statement Regarding Senate Bill No. 316

I. Title of Bill: An act concerning state financial assistance for community mental health centers; authorizing certain grants; prescribing powers, duties and functions for the secretary of social and rehabilitation services; repealing K.S.A. 1986 Supp. 65-4401 TO 65-4408, Inclusive.

II. Purpose

The intent of this legislation is to propose a new funding methodology as a replacement for the Kansas Community Facilities for Mental Health and Mental Retardation Assistance Act (K.S.A. 64-4401 et seq). This plan was arrived at in a collaborative effort between the Kansas Department of Social and Rehabilitation Services (SRS) and the Association of Community Mental Health Centers of Kansas (ACMHCK).

III. Background

In 1974, the Legislature initiated state formula-aid to community mental health centers organized pursuant to KSA 19-4001 et seq. The legislation, known as the Kansas Community Facilities for Mental Health and Mental Retardation Assistance Act, provides for state-aid not to exceed 50% of a centers' eligible income. State-aid for the centers can, by statute, be as much as 50 percent of eligible income. However, funds have not been appropriated up to that maximum (FY '87 is 35.2%). In Fiscal Year 1987, the total in state formula-aid to community mental health centers is \$7.9 million. Since 1974, increase in state-aid can be attributed to the combined effect of: growth in the amount of eligible income matched by the state; and (3) growth in the per-cent of match.

IV. Effect of Passage

This plan for a new funding methodology would establish a base grant to assure ongoing support of established community mental health programs. For several years, SRS and ACMHCK have worked jointly to develop these programs which meet critical local needs.

The other major source of state funding of mental health programs is special purpose grants. Program priorities for special purpose grants are established by SRS/MH&RS to address the needs of particularly vulnerable groups of Kansans such as severely emotionally disturbed children and adults, individuals impacted by the current rural economic

crisis, and others. State funds dedicated to special purpose grants will be directed by SRS, in consultation with interested provider and advocacy groups to programs for these priority populations.

V. SRS Position

The Kansas Department of Social and Rehabilitation Services supports Senate Bill No. 316 with the Department's amendment. The amendment being offered by the department (See Page 3, New Section V), allows the state to determine critical needs of difficult to serve populations such as rural families, psychiatrically disabled individuals, etc. This agency has worked closely with interested provider and advocacy groups over the past several years to develop appropriate mental health services. Senate Bill No. 316 with the Department's amendment would assure ongoing support of these services and, therefore, has the strong support of SRS.

Robert C. Harder, Secretary
Office of the Secretary
Social and Rehabilitation Services
296-3271

SENATE BILL No. 316

By Committee on Ways and Means

2-24

0017 AN ACT enacting the Kansas community mental health centers
0018 assistance act; authorizing state financial assistance for com-
0019 munity mental health centers; prescribing powers, duties and
0020 functions for the secretary of social and rehabilitation ser-
0021 vices; repealing K.S.A. 1986 Supp. 65-4401 to 65-4408, inclu-
0022 sive.

0023 *Be it enacted by the Legislature of the State of Kansas:*

0024 Section 1. This act shall be known and may be cited as the
0025 Kansas community mental health centers assistance act.

0026 Sec. 2. (a) "Mental health center" means any community
0027 mental health center organized pursuant to the provisions of
0028 K.S.A. 19-4001 to 19-4015, inclusive, and amendments thereto, or
0029 mental health clinics organized pursuant to the provisions of
0030 K.S.A. 65-211 to 65-215, inclusive, and amendments thereto, and
0031 licensed in accordance with the provisions of K.S.A. 75-3307b
0032 and amendments thereto.

0033 (b) "Secretary" means the secretary of social and rehabilita-
0034 tion services.

0035 Sec. 3. For the purpose of insuring that adequate mental
0036 health services are available to all inhabitants of Kansas, the state
0037 shall participate in the financing of mental health centers in the
0038 manner provided by this act.

0039 Sec. 4. (a) Subject to the provisions of appropriation acts and
0040 the provisions of section 5, the secretary shall make grants to
0041 mental health centers as provided in this section.

0042 (b) For the first fiscal year commencing after June 30, 1987,
0043 the secretary shall make grants to each mental health center
0044 equal to the amount that center's average grant would have been
0045 under the Kansas community mental health assistance act for the
0046 fiscal years ending on June 30, 1986, June 30, 1987, and June 30,

0047 1988, if such act had not been repealed and if appropriations for
0048 the fiscal year ending June 30, 1988, to finance grants under such
0049 act had remained constant from the previous fiscal year plus each
0050 mental health center's pro rata share of any increase in moneys,
0051 including any inflation adjustments, appropriated for such pur-
0052 pose. If appropriations have been reduced from the previous
0053 fiscal year, the secretary shall prorate the available moneys
0054 based upon the center's average grant for such three fiscal years
0055 as computed under this subsection (b).

0056 (c) For subsequent fiscal years, the secretary shall make
0057 grants to mental health centers based upon the grant payments
0058 received by each mental health center for the previous fiscal year
0059 plus each mental health center's pro rata share of any increase in
0060 moneys, including any inflation adjustments, appropriated for
0061 such purpose. If appropriations have been reduced from the
0062 previous fiscal year, the secretary shall prorate the available
0063 moneys based upon the grant payments each center received
0064 during such fiscal year.

0065 (d) At the beginning of each fiscal year, the secretary shall
0066 determine the amount of state funds due under this section to
0067 each mental health center which has applied for such funds. The
0068 secretary, with the consent of the governing board of a mental
0069 health center, may withhold funds that would otherwise be
0070 allocated to the mental health center and use the funds to match
0071 other funds for the purchase of services for the mental health
0072 center. Any funds withheld that are not used to purchase services
0073 in the various mental health centers shall be allocated to the
0074 mental health center from which such funds were originally
0075 withheld.

0076 (e) The state funds due under this section to each mental
0077 health center applying therefor shall be paid in four quarterly
0078 installments. The moneys received in any quarter may be used at
0079 any time during the year. Installments shall be paid as follows:
0080 (1) On July 1st for the quarter beginning July 1 and ending
0081 September 30; (2) on October 1st for the quarter beginning
0082 October 1 and ending December 31; (3) on January 1st for the
0083 quarter beginning January 1 and ending March 31; and (4) on

0084 April 1st for the quarter beginning April 1 and ending June 30.

6 0085 Sec. 5. In the event that a mental health center becomes
0086 defunct and no other mental health center assumes responsibil-
0087 ity for providing services to the geographic area formerly served
0088 by the defunct center, the secretary may use those quarterly
0089 installments that would otherwise be paid to such defunct center
0090 for the purpose of making special purpose grants under this
0091 section.

7 0092 Sec. 6. (a) In the event any mental health center is paid more
0093 than it is entitled to receive under any distribution made under
0094 this act, the secretary shall notify the governing board of the
0095 mental health center of the amount of such overpayment and
0096 such governing board shall remit the same to the secretary. The
0097 secretary shall remit any moneys so received to the state trea-
0098 surer, and the state treasurer shall deposit the entire amount of
0099 such remittance in the state treasury. If any such governing
0100 board fails so to remit, the secretary shall deduct the excess
0101 amount so paid from future payments becoming due to such
0102 mental health center.

0103 (b) In the event any mental health center is paid less than the
0104 amount to which it is entitled under any distribution made under
0105 this act, the secretary shall pay the additional amount due at any
0106 time within the fiscal year in which the underpayment was made
0107 or within 60 days after the end of such fiscal year.

8 0108 Sec. 7. The secretary shall provide consultative staff services
0109 to mental health centers to assist in ascertaining local needs, in
0110 obtaining federal funds and assistance and in the delivery of
0111 mental health services at the local level.

9 0112 Sec. 8. The governing board of any mental health center may
0113 apply for assistance provided under section 4 by submitting
0114 annually to the secretary a budget showing the estimated re-
0115 ceipts and intended disbursements for the calendar year imme-
0116 diately following the date the budget is submitted and a report
0117 detailing the income received and disbursements made during
0118 the calendar year just preceding the date the report is submitted.

10 0119 Sec. 9. The secretary shall review the budgets and expendi-
0120 tures of the mental health centers, from time to time during the

Sec. 5. Any moneys appropriated to fund grants under the Kansas community mental health assistance act and not designated to fund grants pursuant to section 4 shall be distributed as special purpose grants to individual mental health centers at the discretion of the secretary to establish priority services.

0121 fiscal year, and may withdraw funds from any facility which is
0122 not being administered substantially in accordance with the
0123 provisions of the annual budget submitted to the secretary.

11 0124 ~~Sec. 10.~~ As a prerequisite for receiving assistance provided
0125 under this act, each mental health center shall agree to provide
0126 the secretary with at least 45 days' notice prior to initiating a new
0127 program. If the secretary determines that such program dupli-
0128 cates a program which is adequately serving the geographic area
0129 served by such mental health center, the secretary may subse-
0130 quently withdraw assistance provided under this act equal to the
0131 net loss, if any, generated by the program in the previous calen-
0132 dar year unless the mental health center agrees to purchase the
0133 service from or otherwise cooperate with such other program.

12 0134 ~~Sec. 11.~~ The secretary shall adopt rules and regulations for
0135 the administration of the provisions of this act, including the
0136 content of budgets, reports and the criteria for the awarding of
0137 special purpose grants, determining program duplication and the
0138 redistribution of moneys if a new mental health center is created
0139 or if the geographic area served by a mental health center is
0140 added to or subtracted from.

13 0141 ~~Sec. 12.~~ K.S.A. 1986 Supp. 65-4401 to 65-4408, inclusive, are
0142 hereby repealed.

0143 ~~Sec. 13.~~ This act shall take effect and be in force from and
0144 after its publication in the statute book.

PROPOSED AMENDMENTS TO S.B. NO. 385
For Consideration by House Committee on Appropriations

On page 1, preceding line 30, by inserting the following material to read as follows:

"Sec. 2. (a) The state board of regents is hereby authorized, pursuant to subsection (c) of K.S.A. 76-6a13 and amendments thereto, to construct a multilevel parking facility at the university of Kansas in Lawrence, Kansas.

(b) For the purpose of paying all or part of the costs of the construction authorized in subsection (a), the state board of regents is authorized to issue revenue bonds pursuant to K.S.A. 76-6a12 et seq. and amendments thereto.

(c) No expenditures may be made to construct the multilevel parking facility authorized in subsection (a) unless the preliminary plans, including the proposed design and location, for the facility have been presented to the joint committee on state building construction.";

And by renumbering section 2 as section 3;

In the title, in line 19, after "and" by inserting the following: "a multilevel parking facility at the university of Kansas in Lawrence, Kansas;"