

Approved Thomas F. Walker 1988  
Date

MINUTES OF THE HOUSE COMMITTEE ON GOVERNMENTAL ORGANIZATION

The meeting was called to order by Representative Thomas F. Walker at  
Chairperson

9:00 a.m./~~p.m.~~ on Thursday, January 28, 1988 in room 522-S of the Capitol.

All members were present except:

Representative Graeber  
Representative Peterson

Committee staff present:

Avis Swartzman - Revisor  
Carolyn Rampey - Legislative Research Department  
Mary Galligan - Legislative Research Department  
Jackie Breymeyer - Committee Secretary

Conferees appearing before the committee:

Dr. Lois Rich Scibetta - Executive Administrator, State Board of Nursing

Chairman Walker called the meeting to order. He called attention to SRS Packets which were distributed. (Attachment 1) He asked the committee to review these packets which will be an aid as to what the members would like to see done in this area. The committee will take up discussion on this on Wednesday, February 3.

The Chairman stated that the Vice-Chairman had suggested a tour of the Department of Commerce facilities. He asked the committee's thoughts. After several comments, the Chairman said a time would be set sometime in the near future. Those that did not wish to tour the facilities would be excused.

The Chairman said a date for the dinner John Peterson gives for the Governmental Organization Committee would be chosen when more committee members were present.

Dr. Lois Scibetta was introduced. She was present to finish her presentation on peer review. Dr. Scibetta stated she had tried to analyze the comments made on the survey that had been sent out. As soon as she has all information on paper she will be happy to see that it is provided to the committee. Dr. Scibetta introduced Helen Chop, Kansas City, who is on the state board. Dr. Scibetta spoke of the agreement form and how it is constructed to conform to existing law. It is for the protection of everyone, especially those in the diversion program.

One of the members asked Dr. Scibetta about the liability issue. Dr. Scibetta told of the lawsuit brought in Missouri by one of the persons in the peer assistance program. Dr. Scibetta spoke of the issue in terms of the board and the individual. The judges do look at whether due process has been adequate.

The Chairman said this will end the peer assistance review by the committee. Public Health & Welfare will deal with the appropriate bill.

The Chairman said the agenda for Friday would be discussion and final action on the HB 2586 and HB 2630.

The meeting was adjourned.



Jan 19, 1988

As it exists today, the S R S runaway syndrome is , if anything, self-perpetuating. Why? Because under present laws these children and or patients know full well that they have the privilege to and are allowed to runaway and are so informed.

Now what about the people who aid and abet these runaways? Quite often these same runaways are found in the hands of adults, more often than not who are involved in the use of narcotics.

Many of these children are no more than thirteen years of age and most all are used by those harboring them for immoral purposes.

Provided it is possible to positively identify where the runaway is being harbored, the juvenile authorities are very cooperative in a prompt pickup. This applies to the juvenile only, and not to those guilty of harboring them. Stiff penalties should definitely be given these individuals.

The saddest commentary is that many of these children are never found. Surely a child who has been in the hands of an adult abuser or molester has had his or her problems compounded to the point that more extensive therapy is required. Oftentimes, reparation is impossible at this point.

When, Where, Why do these children escape or run away? They watch for an unguarded moment. This is happening in almost all child treatment centers. Oftentimes most, if not all, of these children know or have connections with persons who will help them with their escape.

These children cannot benefit from the help provided if they are absent from the location of the help, which for some, happens a good share of the time.

It is our heartfelt opinion that laws applicable to the correction of these significantly apparent flaws should be enacted as expediently as possible. It has come to our attention through the office of the Shawnee County Dist. Atty. and also Judge Daniel E. Mitchell of the Shawnee Dist Court that there is a grave need to enact new laws to correct the flagrant flaws that have existed for too many years past.

The entire youth treatment program should be frequently, if not on a continual basis, scrutinized and appraised as to the effective handling of the youth problems that certainly and irrefutably exist in today's society.

Only the highest ethical standards should be tolerated for these programs, and lastly, a take for granted attitude should never be allowed in these institutions.

My wife and myself, Darlene and Louis Rice, hereby state that there have been occasions where children had placement hearings by S R S staff members in the absence of the child's legal counsel. Also staff placement hearings have been scheduled while the child was in runaway status.

WE would welcome the the privilege and the opportunity to come before the legislature in regard to these most important issues. We feel that our experience and having first hand knowledge we could provide great insight in these matters which concern all of us.

We can be contacted at Box 141 Sylvia Kans. 67581 Phone 316-486-2571.

*Copies to all legislators and many other influential persons.*

*Darlene Rice*  
*Louis F. Rice*

ATTACHMENT 1  
G.O. COMMITTEE

*1/28/88*

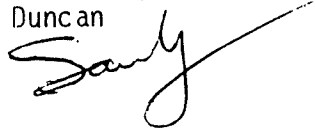
KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES  
COMMISSIONER OF ADMINISTRATIVE SERVICES

M E M O R A N D U M

TO: Rep. Tom Walker  
Sen. Ben Vidricksen  
Caroline Rampey  
FROM: Sandy Duncan

DATE: January 16, 1988

SUBJECT: GO Committee Study Topics



Please find attached several proposed topics of study for your use in conducting the sunset review of SRS. Each Commissioner was asked to provide potential study topics from his or her division of the agency and will be happy to respond to questions about these issues or any others which may arise. We look forward to working with you during the 1988 session.



KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES  
Child Support Enforcement Program

M E M O R A N D U M

TO: Sandy Duncan

DATE: January 12, 1988

FROM: Jim Robertson

SUBJECT: Study Topics for Govern-  
mental Organization  
Committee

Pursuant to the requirement set forth in K.S.A. 23-4,177, SRS has contracted with the Office of Judicial Administration (OJA) to establish an automated system which provides case information from the courts to SRS and for the provision of support enforcement services by all 11 existing court trustees. As a part of this contract SRS has agreed to fund the development and design of the court's automated system, the purchase of 100 microcomputers and 53 OJA and Clerk of Court staff.

Despite the fact that SRS bears the responsibility for administering the federally mandated child support program, (and suffers any financial losses because of program non-compliance), SRS has virtually no control over the OJA or court trustee operations in terms of operating expenses, staff expansion and placement or program effectiveness.

The Committee may wish to consider:

- 1) Whether SRS should have more control over a program which it has the responsibility for administering?
- 2) Whether SRS should contract with individual court trustees rather than with the OJA?
- 3) Whether it would be more cost effective to enact procedures for the administrative (rather than judicial) establishment and enforcement of support orders and for the payment of all support through a central registry, (i.e. a financial institution)?
- 4) Whether the OJA, rather than SRS, should be responsible for seeking budget approval for the cost of operating the child support management information system within the courts?
- 5) Whether current legislation which essentially requires SRS to contract with any court trustee operation established should be amended to provide more discretion to the Secretary of SRS?

JAR:tmd

KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES  
MENTAL HEALTH AND RETARDATION SERVICES

M E M O R A N D U M

TO: Sandy Duncan  
Commissioner

DATE: January 15, 1988

FROM: *al*  
A. L. Nemec  
Acting Commissioner

RE: Governmental Organization  
Committee Recommendations

This memorandum is written in reference to your request from the Governmental Organization Committee for items to be considered in the interest of increasing efficiency. We greatly appreciate this opportunity and the committee's interest in these issues.

Recruitment and Retention of Professional Staff

Competition for professional staff has never been more fierce, or more critical to the operation of the services intended for the patients, or for the continued certification/accreditation of the state institutions. This is particularly true at this time for nurses, occupational therapists, physical therapists, physicians, program directors, and psychologists. Several changes in policy and procedure could be helpful in providing state institutions the tools necessary to take immediate action to recruit qualified professional staff, and to retain good employees.

A mechanism that allows the institution to negotiate a salary with potential employees, or in order to retain a good employee, is both desirable and necessary. Guidelines could be provided to allow the main division of Personnel Services to grant flexibility to the institutions when there is sufficient information to demonstrate that it is in the best interest of the clients and the institution to have this flexibility. Mental Health and Retardation Services would recommend a salary range. The department has found taking each individual request for approval to begin a new employee about Step A to the Division of Personnel Services, takes too long, when a matter of a few days could make a difference between success or failure. In addition, the institutions need flexibility to increase salaries to good employees when it can be demonstrated that filling the position would be difficult, or that the loss of the employee could damage the facility's program to clients. At Kansas Neurological Institute just two months ago, the occupational therapist II was offered a position in another state. The offer included benefits that the State of Kansas could not match, as well as an increase in salary of over \$7,000. She offered to stay if the state could come close to matching the salary as she liked Kansas and enjoyed her job at Kansas Neurological Institute. KNI furiously attempted to retain her, but found that there was no mechanism by which the state could alter her salary in order to keep her.

Also in regard to recruitment, it is recommended that the State of Kansas could greatly enhance its ability to recruit, improve skills, and retain employees if agencies were allowed more freedom in providing internships and clinical training assignments. Efforts would be coordinated with universities to enhance the likelihood of student participation.

Attached is a copy of a letter that was recently sent to a speech pathologist applicant. The letter explains that because the examination process for the civil service classification for speech pathologist was revised, all current applicants were deleted and directed to reapply. We certainly understand why this is necessary when the qualifications or job standards are altered. However, the only change in this instance was that the classes were moved up two salary ranges. This appears to be an unnecessary step, a possible barrier to recruiting speech pathologists, and causes the applicant to acquire a new application and a new application to complete and send in. We recommend that a change in policy eliminate this procedure when neither the qualifications for the position or the job responsibilities change.

#### State Budget Division Practices

MH&RS has experienced problems relative to position limitations as budgetary proposals are submitted by MH&RS and reviewed. State Budget Division staff seem inclined to make premature reductions in authorized positions which require the agency or agencies to terminate staff and provide less than desired treatment programming. This occurs especially as census is being reduced. A second specific concern is indicated relative to current efforts to improve professional staff coverage by considering the possibility of contracting for those professionals. Those professional staff positions were deleted even prior to reaching a contractual agreement and that eliminates any possibility for flexibility which might be needed relative to securing those professional staff.

The solution recommended is that the position limitation be left intact with authority given to either employ as staff or contract for those needed professional services.

#### Salaries

Salaries for direct care, dietary, and custodial staff are too low. Salaries for direct care staff must match those for correctional officers. Our competition for direct care staff is not only with other hospitals and institutions, but also with the Department of Corrections. Given the growing trend that places correctional programs on the campuses of the state institutions for the mentally ill and mentally retarded, this competition will



heat up rather than diminish. Direct care jobs are highly demanding, and require skilled technicians to carry out improving and developing active treatment programs as required by state policy and survey agencies. The state must pay decent salaries for those employees on the lowest salary ranges. As the cost of health insurance continues to rise, those employees are finding it difficult to keep insurance in force.

The current mechanism for determining salary levels for all staff is harmful to the state institutions because it places them in a position where they cannot compete with other employers. Particularly when competition for certain professionals increases, state institutions cannot compete. The policy, official or otherwise, requires that state salaries must fall behind the salaries of others in like positions or professions. The state institutions must lose and document the loss of good personnel and their inability to recruit the replacements before higher salaries are approved. The policy is similar to the crawl of an inch-worm, where the tail end of the worm never stays even with the front end. It works like this: Hospital A and hospital B pay higher salaries and recruit our staff, so the Division of Personnel Services recommends a pay increase and we attempt to catch up. Then, hospital A and hospital B pay more and recruit our staff, so DPS recommends another pay increase and we attempt to catch up. And so on and so on... Meanwhile, our clients suffer because of high turnover and inconsistent services, our institutions are threatened with decertification and hospital A and hospital B enjoy stable work forces and good reputations which enhance their recruiting efforts. In areas where there is high competition for staff, we simply cannot compete on an equal basis.

#### Shift Differential

A shift differential between 20 cents and 90 cents is offered to encourage certain staff to work undesirable shifts. Fringe benefits for state employees may have been highly competitive at one time, but in today's highly competitive market they cannot compare to the fringe benefits offered to many professionals. The current policy is for the Division of Personnel Services to determine what the competitors are paying in the way of a shift differential, and then to recommend a similar level. We recommend that the state policy be altered to give state institutions an edge over competitors in the area of shift differential, rather than match shift differential while losing in the area of fringe benefits. We recommend that the authority to determine shift differential be given to the Secretary of Social and Rehabilitation Services.

Fringe Benefits

An attractive fringe benefit package is very helpful in recruiting and retaining qualified staff. The current fringe benefit package does not match the benefits offered by today's competitors. In today's market, professionals are offered 24 days and more of annual leave: tuition for further education, paid continuing education, free health insurance, lower case loads, higher salaries, employment bonuses as well as other benefits.

We do not recommend that the state provide this expensive benefit package. However, there are two issues that we want to speak to. Low paid employees cannot afford the rising cost of health insurance. If health insurance cannot be made less expensive, then alternatives must be sought to make certain that this group of state employees does have access to good health care.

The second issue has to do with a new policy that new state employees must wait 60 days before they are eligible for health insurance. This 60 day waiting period will damage our ability to recruit. When competitors are offering more in the way of fringe benefits, the State of Kansas cannot offer less and expect to compete.

ALN:GDV:ees

STATE OF KANSAS  
DEPARTMENT OF ADMINISTRATION  
DIVISION OF PERSONNEL SERVICES  
ROOM 951 LANDON STATE OFFICE BUILDING 900 S.W. JACKSON STREET  
TOPEKA KANSAS 66612-1595

DECEMBER 15, 1987

CHARLES W UNDERDAHL  
8321 RUSSELL  
OVERLAND PARK, KS 66212

SSN: 473-48-7785

DEAR APPLICANT,

THE STATE OF KANSAS HAS RECENTLY REVISED THE EXAMINATION PROCESS FOR THE CIVIL SERVICE CLASSIFICATIONS OF SPEECH PATHOLOGIST I AND II. THE NEW PROCESS INVOLVES A RATING OF AN APPLICANT'S PREVIOUS TRAINING AND EXPERIENCE.

BECAUSE IT IS NOT POSSIBLE TO CONVERT SCORES COMPUTED UNDER THE FORMER PROCESS, YOUR CURRENT RATING FOR SPEECH PATHOLOGIST I OR II WILL BE VALID ONLY UNTIL DECEMBER 17, 1987. IN ORDER TO BE ELIGIBLE FOR APPOINTMENT TO ONE OF THESE CLASSES, YOU WILL NEED TO SUBMIT A NEW APPLICATION. INDIVIDUALS CURRENTLY EMPLOYED IN ONE OF THESE CLASSES BY THE STATE MAY DISREGARD THIS NOTICE UNLESS YOU WISH TO RETAIN YOUR ACTIVE STATUS ON THE ELIGIBLE LIST.

APPLICATION FORMS AND EXAMINATION ANNOUNCEMENTS CONTAINING MINIMUM QUALIFICATIONS, SALARY AND OTHER INFORMATION MAY BE OBTAINED BY WRITING TO THE DIVISION OF PERSONNEL SERVICES, LANDON STATE OFFICE BUILDING, TOPEKA, KANSAS. APPLICATION FORMS AND ANNOUNCEMENTS MAY ALSO BE OBTAINED FROM ANY STATE AGENCY PERSONNEL OFFICE OR KANSAS JOB SERVICE CENTER.

KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES  
Rehabilitation Services

M E M O R A N D U M

TO: Sandy Duncan, Commissioner                      DATE: January 12, 1988

FROM: Stephen Schiffelbein,                      SUBJECT: Issues for Government  
Acting Commissioner                      Organization Committee  
Rehabilitation Services

**Transfer Operation of Kansas Industries for the Blind**

To achieve a goal of financial self-sufficiency, transfer of the two sheltered workshops which comprise Kansas Industries for the Blind to a private entity should be carefully studied. The House Appropriations Subcommittee report, 1987 Legislature, includes the following excerpt: "The Subcommittee reviewed the recent Legislative Post Audit report on this program and recommends that if significant improvements in the management and operation of Kansas Industries for the Blind do not occur, the program should be phased out or turned over to any interested community agency for operation. The Subcommittee believes that there are higher priorities for funding within SRS than subsidy of an unprofitable workshop in which the subsidy per worker is approximately twice what each worker earns in wages from the workshop."

Nationally, state rehabilitation programs for the blind have transferred or discontinued operation of sheltered workshops for the blind. Only ten state agencies now operate a workshop for the blind.

Kansas Industries for the Blind has made a profit or attained break-even status in only eight years since it began operation around 1940. State general funds have subsidized the operational deficit with \$121,910 in FY 1985, \$456,624 in FY 1986, and \$735,590 in FY 1987.

**Kansas Advisory Committee on Employment of the Handicapped**

Transferring administrative supervision to Rehabilitation Services within the Department of Social and Rehabilitation Services should be studied. The mission of Rehabilitation Services is employment and independence for persons with severe disabilities. Rehabilitation Services has a major role in employment for disabled Kansans. The advisory committee is administered by the Department of Human Resources. Kansas statutes, KSA 74-6701 - 74-6708, specify that the purpose of the advisory committee is to consult with and advise the secretary of Human Resources on all matters relating to program for the employment of handicapped persons and on all committee activities and shall:

- carry on a continuing program to promote the employment of handicapped persons
- cooperate with all public and private agencies interested in the employment of the handicapped

- cooperate with all agencies responsible for or interested in the rehabilitation and placement of the handicapped
- encourage the organization of committees at the community level and work closely with such committees in promoting the employment of the handicapped
- assist in developing employer acceptance of qualified handicapped workers
- inform handicapped persons of specific facilities available in seeking employment
- conduct such educational programs as members deem necessary
- report annually to the governor and legislature on committee activities and submit any recommendations believed necessary in promoting the employment of handicapped persons.

### **Declining Federal Match Rate**

Increased state matching ratio for Vocational Rehabilitation Services 110 funds will begin in FFY 1989. The present match rate is 80% federal and 20% state funds. The federal share will decrease one percent a year for five years for funds in excess of the amount received in FFY 1988. It is projected that Kansas will receive \$12,887,602 in FFY 1988 and \$14,309,692 in FFY 1989 for a difference of \$1,422,090. Kansas Rehabilitation Services would begin paying this increased match of 21% for the difference of \$1,422,090 in SFY 1990.

### **Supported Employment**

Rehabilitation Services can provide the initial high cost job placement and training services to stabilize persons with severe disabilities in competitive jobs, but then other state, local, and nonprofit organizations must divert existing funds to provide the ongoing staff support and intervention to maintain these persons. Any increase in funding for community programs should emphasize priority for community employment programs, especially those programs which provide supported employment services.

For those disabled Kansans in state institutions, sheltered workshops, and those who have traditionally not been served by Rehabilitation Services, supported employment gives them new opportunities for competitive work alongside non-disabled peers. Supported employment commits the staffing needed to provide one-on-one training and supervision to help the disabled person learn the job and to provide the follow-along support needed to maintain employment.

Financially, life-long supported employment is a viable option for persons with severe or multiple disabilities. Long-term savings to the state in annual cost for day activity would be significant: the annual cost for day activity programs in Kansas is \$8,100 per client while the annual cost for supported employment is only \$2,600 per client. The lower annual cost for supported employment is realized after the initial high cost of stabilizing the client on the job. Further, the state receives a return on its investment from increases in taxable earnings of persons in supported employment. Research on supported employment from Commonwealth University shows that the average annual income of

Sandy Duncan  
January 12, 1988  
Page 3

each competitively employed client increased \$3,894. When compared to the cost of dependency on public assistance, supported employment is sound economics.

Rehabilitation Services has 100% federal funds to develop and purchase supported employment services. Expenditure of these funds requires the commitment of funds from state, local, and nonprofit organizations to provide the follow-along support services. Rehabilitation Services was awarded a five-year, \$2.1 million federal demonstration grant, Supported Employment Initiative of Kansas(SEIK), to develop supported employment programs. In addition, Rehabilitation Services will access \$375,000 to purchase supported employment services for approximately 100 persons.

### **Transition Into Employment and Adult Services**

Additional funding is needed for adult services programs which assist persons with severe disabilities to remain in noninstitutionalized settings. Special education students confront waiting lists and service delays because there is adequate funding for community programs.

To develop a method for special education students, who have completed their education, to access employment and other adult service programs, the Kansas legislature enacted H.B 2300(KSA 75-5372--75-5374). Special education programs refer students, who are age 16 or who are expected to leave school within two years or less, to Rehabilitation Services for transition planning. An individual transition plan is developed by the student, parents, educators, rehabilitation and adult services providers, and potential employers. The transition plan identifies the adult service needs of the student.

Transition planning is an opportunity to plan ahead on accessing adult service programs. Adult service programs have waiting lists. Therefore, it is important that students and parents examine their service needs and service options before leaving school.

SS:mkg

KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES  
Adult Services

M E M O R A N D U M

TO: Sandy Duncan

DATE: 12 January 1988

FROM: Jan Allen

SUBJECT: Organizational Issues for  
Sunset Reorganization  
Committee

This memorandum is an update of the November 10, 1987 memorandum submitted by Janet Schalansky related to organizational issues for the Sunset Reorganization Committee.

I believe there are many organizational issues within the department that I am hoping will be addressed within SRS in the near future. Adult Services seems to be at the hub of many of these issues and I am hopeful that resolution will come quickly.

These are general issues which I am not sure are appropriate for this committee, but they should be part of the Secretary's proposal, so I will highlight a few specifics which I think should be addressed:

- 1 **Contract with the Department of Health and Environment for Certification of Adult Care Homes.** We contract each year with Health and Environment for them to do surveys in adult care homes. This contract is nearing \$1 million annually, and each year is surrounded by much confusion in processing the contract.

Typically there is one amount approved for SRS for the purpose of contracting by our budget staff, and a different amount approved within Health and Environment's budget. It would appear that there would be a better way to handle the funding of this contract. At times it has been suggested the funding should be placed in Health and Environment's budget, but there has been some response from the Health Care Financing Administration (HCFA) related to the single state agency administering the Medicaid program. Any solution found would need to be checked with HCFA to avoid unnecessary complications.

- 2 **Adult Care Home Program Section.** In 1984 the Adult Care Home Program Section was transferred to Adult Services for the purpose of improved coordination of services for the elderly within SRS. I think that has worked quite well; however, administratively there remains numerous complications.

It was decided at that point that the entire program budget for the adult care home program should remain in subprogram 3100, medical assistance. However, the responsibility for that program lies with Adult Services in the 7300 series. There are frequent coordination problems throughout the legislative and budget cycle which would question our current organizational structure.

It is my feeling that since the program responsibility is in this commission, than the funding should follow. If not, it might be more appropriate to move the adult care home program back to Medical Programs. I think the issues surrounding this need to be looked at closely. SRS has been attacked frequently for not coordinating services to the elderly, and we do not want to exacerbate that situation.

I would indicate, however, that the home and community based service program (HCBS), which was transferred at the same time as the adult care home program, fits very well in Adult Services. Since the programs are administered through the adult social service staff, whom we have responsibility, it would cause considerable difficulty if that program were transferred. The budget for HCBS, which remains in Medical Programs, is quite small as the bulk of the budget goes for home care or case management.

- 3 **Licensing of Community Based Facilities.** The categories of licensed facilities within the state have been subject to much study over the years. There continues to be overlap and duplication between the categories licensed by Health and Environment and those licensed by SRS. Further study of this situation should be done and solutions developed.
- 4 **Child Care.** In July 1987 the Child Day Care Program was transferred from Youth Services to the Job Preparation Programs Unit within Adult Services. Currently the funding for that program is remaining within the Youth Services budget. Similar problems, as outlined with the adult care home program, do occur; and the transfer of these funds with program responsibility should occur with the 1989 budget.
- 5 **Outstationed Staff.** Adult Services has 25 staff members who are outstationed across the state doing reviews of adult care homes. Their job requires they do traveling almost 100 percent of the time. Currently travel policies, especially related to state care usage, are sometimes disadvantageous for these staff members. Allowance should be made for persons such as these.



Sunset Reorganization  
January 12, 1988  
Page 3

- 6 **Home Care Worker Program.** Over the past three years the Department of Social and Rehabilitation Services has reviewed and recommended a variety of changes in the non-medical attendant services provided in the home and community based service program, and also in the homemaker program.

The non-medical attendant services and homemaker program were combined July 1, 1987 into the home care worker program. There are several facets of the program which continue to be problematic--that being the high turnover rate, salary classification, and liability issues related to providing personal care assistance.

Further review of this program is underway and hopefully changes can be made to further improve this very valuable service.

Please contact me if you have questions, or want me to elaborate on any issues outlined briefly above.

cc

cc: Janet Schalansky  
Jack Gumb

KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES  
Youth Services

M E M O R A N D U M

TO: Sandy Duncan

DATE: January 12, 1988

FROM: Robert C. Barnum

SUBJECT: Legislative Governmental  
Affairs Committee

The following areas of Youth Service responsibility are submitted as areas deserving review by the Legislative Governmental Affairs Committee in their review of the Department of Social and Rehabilitation Services.

1. Amendment of K.S.A. 65-504

Background: The concept of dual licensing as currently conducted by the Departments of Health and Environment and Social and Rehabilitation Services has proven a time consuming process which frequently delays license applications. It further causes a conflict of interest within the Department of Social and Rehabilitation Services where we are in effect the purchaser of services from the provider to be licensed.

The placement of total responsibility within the Department of Health and Environment would clarify the licensing function and provide a clearer chain of responsibility for determining corrective actions warranted and/or the continuation of the license privilege.

2. Amendment of K.S.A. 38-1502 & K.S.A. 38-1523

This amendment would remove responsibility for the investigation of child abuse/neglect from the Department of Social and Rehabilitation Services when the alleged perpetrator is someone outside the family constellation. This would focus all of the resources of SRS on child abuse and neglect occurring in families and thus help us strengthen families in order to maintain their children in their own home.

It is the position of the Department that non-family abuse and neglect is a crime and ought to be dealt with under the criminal code. SRS has considerable training and resources with which to deal with families who maltreat or neglect their children. We have neither the training nor the resources to deal with the perpetrators of criminal acts. The provisions of this bill clarify the boundaries of the investigative and service responsibilities of the agency.

The designation of the Office of the Attorney General to investigate allegations of abuse and neglect against employees of SRS clearly locates that responsibility in one agency. By so doing, uniformity in training and procedures can be accomplished and the impartiality of the investigation

maintained. Recent events in the state hospitals underscore the desirability of having a single agency with statewide jurisdiction outside SRS responsible for such investigations.

3. Amendment to K.S.A. 65-2433

The purpose of this legislation is to delete archaic language in the statute as it references annulments of adoptions. Such references are being deleted as annulments of adoptions are not a part of other statutes or case law pertaining to adoption.

4. Amendment to K.S.A. 38-315

K.S.A. 38-315 was adopted in 1901 and last amended in 1923. It provides that any person receiving from another state a child with a contagious or incurable disease, or having a deformity or being of feeble mind or vicious character shall be fined not less than \$5.00 nor more than \$100.00 and shall be imprisoned not more than 30 days. The board of administration referred to in 38-315 no longer exists. The Interstate Compact on the Placement of Children, K.S.A. 38-1201 et seq., more effectively carries out the purposes of K.S.A. 38-315 without the archaic language. K.S.A. 38-315 is no longer necessary and should be repealed.

I hope this information will be useful. If you have any questions, please feel free to call.

RCB:JW:dh

KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES  
Alcohol and Drug Abuse Services

M E M O R A N D U M

TO: Winston Barton, Secretary DATE: January 12, 1988  
Social and Rehabilitation Services

FROM: <sup>a e d.</sup> Andrew O'Donovan, Commissioner SUBJECT: The Need for Substance  
SRS/Alcohol & Drug Abuse Services Abuse Programs at the SRS  
<sup>RCC  
mgg</sup> Robert C. Barnum, Commissioner SRS/Youth Services Youth Centers - SRS Sunset Issue

Youth Services and Alcohol and Drug Abuse Services both have key program initiatives designed to provide alcohol and drug abuse treatment programs for youth SRS clients, juvenile offenders and children in need of care. This is an issue proposed for the SRS/Sunset discussion.

Our primary concern at this time is the development of a youth center based alcohol and drug abuse treatment program at each of the youth centers with the allocation of appropriate staff to direct the program.

The FY-88 Budget material for Youth Services contained an initiative totalling \$615,425 for youth center based alcohol and drug abuse treatment programs. (Attachment One)

The FY-89 Budget material for Alcohol and Drug Abuse Services contains a \$2.7 million C level initiative to provide additional services to SRS Youth. Both the Youth Services and Alcohol and Drug Abuse Services initiative have been proposed for a number of years. The FY-89 issue paper documenting this need is attached. (Attachment Two)

One of the key conclusions identified in Youth Alcohol and Drug Abusers, unmet needs in Kansas is the following: (Attachment Three)

"Increased alcohol and drug abuse treatment services for juvenile offenders in Youth Centers is a conspicuous area of need. The survey of Youth Center residents showed in the six months before entering the Youth Centers 18 percent drank daily, 34 percent drank three to four times a week, and 38 percent used marijuana or other drugs daily. Despite the magnitude of the problem, there are no formal alcohol and drug abuse treatment programs at the Youth Centers, and only an average of seven juvenile offenders at any one time are placed in alcohol and drug treatment programs. Consideration of having alcohol and drug abuse treatment staff located at the Youth Centers, or other options to increase the availability of treatment to these youth, seem clearly warranted."

In FY 88, \$85,000 was made available through the 1987 Federal Drug Initiative to provide counseling for Youth Center students. As this funding was a two year initiative, staff were not provided within the allocation. This initiative provided some needed training for therapists and staff and outpatient services for youth leaving the centers. However, an alcohol and drug treatment program with the necessary staff to direct this program could not be developed at the youth centers.

We feel it is incumbent upon SRS to provide a leadership role in the treating of alcohol and drug abuse in our student/client populations. Especially since we are advocating for these services to all youth throughout the state as supported by current research. The development of an alcohol and drug component at each youth center will provide this needed leadership.

AOD:RCB:ss

Attachment One: Youth Services FY 1988 Issue Paper

Attachment Two: Alcohol and Drug Abuse Services, FY 1989 Issue Paper

Attachment Three: Youth Alcohol and Drug Abusers - Unmet Needs in Kansas

cc: Sandy Duncan

Social and Rehabilitation Services  
Youth Services  
FY 1988 Issue Paper

The Need for Substance Abuse Programs at the Youth Centers

Priority Number: 1

I. Issue Definition

How can SRS establish a drug and alcohol treatment and prevention program for adjudicated youth in the youth centers.

II. Background

Two recent surveys (1984, 1986) both report an alarming rate of alcohol and drug use among youth center residents. The 1986 results indicate that 93% were using alcohol and 84% were using illegal drugs at the time of admission. These figures are almost identical to a similar survey conducted in 1984. Over half (53%) report drinking three or more times per week, and sixty percent said they used marijuana or other drugs at the same rate. These are almost identical findings to those reported in 1984. Perhaps the most alarming statistic, was that 66% drink until drunk, often passing out. These reports clearly indicate that the average youth center referral is using alcohol and drugs, both are illegal and both have the potential of becoming life-long problems.

Currently, youth centers provide an array of drug prevention/durg information programs. There are a few drug/alcohol focused group programs led by social workers or psychologists. These are supplemented by on and off campus Narcotics Anonymous (NA) and Alcoholics Anonymous (AA) meetings. These programs are useful, but there is no formalized drug and alcohol treatment approach.

This lack of a formal program creates a problem when the youth's major problem lies in the alcohol/drug area. Often the abuse problem behavior must be brought under control before other problems can be addressed. A formal treatment program must be developed if these items are to be addressed.

The outcome of the life of the delinquent alcoholic/drug abuser is too predictable not to warrant attention. These youth are often children of abusers and live in settings where alcohol/drug abuse is the norm. These youth continue to experience problems and become abusing adults, and often find their way into adult prisons.

Good treatment programs entail not only active intervention of the problem, but follow-up programs as well. These programs must stress prevention, lifestyle changes, and self esteem. Very few programs exist for youthful abusers and virtually none exists to treat the youth who is also a juvenile offender.

### III. Options

#### Option A:

Use private provider's drug and alcohol programs in lieu of sending offenders to the youth center.

#### Option B:

Continue to carry out current drug and alcohol programs at the youth center and send difficult cases to private provider programs on an as needed basis.

#### Option C:

Develop a youth center based drug and alcohol treatment program that incorporates existing programs and adds an SRS Alcohol and Drug Abuse Services certified treatment component. This program would be supplemented by existing alcohol and drug abuse aftercare programs developed for youth and by new projects developed for this purpose.

### IV. Recommendation

Option C is recommended. Current community based programs do not provide adequate security or long term program options for offender youth; in fact; many of these youth have already failed in traditional short term programs. The program must be secure, long term (6-9 months), and address offender behavior as well as drug and alcohol problems. Special aftercare programs will also need to be developed.

### V. Fiscal Impact

#### Option A:

Unknown, but private short term units are expensive, approximately \$6,000 per case for a 21-30 day program plus aftercare.

#### Option B:

Unknown, private facilities cost about \$6,000 per stay for a 21-30 day program.

#### Option C:

Place drug and alcohol counselors in each youth center.

(2) YCAT  
(1) YCAB  
(1) YCAA  
(1) YCAL

\$139,587

Develop drug and alcohol treatment program at YCAT	
Training costs	5,000
New staff	55,836
Two additional drug and alcohol counselors dedicated to the treatment program	
Consultation	15,000
Total	<u>\$ 75,836</u>

Provide specialized aftercare	300,000	
40-50 placements per year for intensive aftercare		
Outpatient follow-up	<u>100,000</u>	
for 150-200 clients per year	\$400,000	
Grand Total		\$615,425

VI. Legislative Implications

None

VII. Impact on Other Agencies

Significant impact on private providers to provide outpatient and aftercare services.

VIII. Supporting Documents

None



Priority Number \_\_\_\_\_

## KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

FY 1989 ISSUE PAPER

## YOUTH INTERVENTION AND TREATMENT PROGRAM

I. Issue

The development of Alcohol and Drug Abuse Services, targeted to indigent youth remains a top priority for SRS/ADAS. This issue paper proposes a comprehensive program for indigent youth to include Intermediate Treatment, Reintegration Treatment (Halfway House), Outpatient Treatment Services, Aftercare Services, and other supportive services. These services are designed to provide a systematic and integrated continuum of care that will intervene in lifestyles of alcohol and drug abuse and provide initial treatment services. Even more importantly, they will provide ongoing services so that most individuals will remain exposed to treatment and supportive programs for a year or more.

II. Background

A. In 1986, the Kansas Department of Social and Rehabilitation Services published a study entitled, Youth Alcohol and Drug Abusers, Unmet Needs in Kansas. Using very conservative methods, this study estimated there are at least 700 indigent Kansas youth age 15 to 18 who need residential treatment services. The number in need of services is at least 7,000 when older youth of all income levels are included. Briefly summarized the report makes the following recommendations:

1. Residential treatment programs for indigent youth should be established.
2. Outpatient services for indigent youth should be expanded.
3. Some clients should be diverted from hospital based services to less expensive non-medical facilities.
4. Prevention and intervention services should be expanded.
5. Alcohol and drug abuse treatment services for juvenile offenders in SRS Youth Centers should be increased.

In FY 86, 1,861 clients 18 years and under received treatment according to SRS/Alcohol and Drug Abuse Services admission reports. Of this number 607 are indigent clients. This leaves over 1,200 indigent clients who were not served in FY 1986.

B. The following data supports the need for comprehensive youth alcohol and drug abuse services.

## 1. Kansas Data

- a. Over 50% of Kansans admitted for treatment first used alcohol or drugs prior to 17 years of age.
- b. In a survey conducted in one region of the state, 46% of high school seniors (this does not include drop-outs of the same age) had used an illicit drug in the past. Twenty-six percent had used an illicit drug other than marijuana.
- c. A November 1983 study of SRS Youth Center residents, further substantiated by a repeat study in 1986, identified 66% that would drink until drunk if alcohol were available. Another 56% would use marijuana daily, if possible.
- d. An April 1985 survey of SRS Area Offices indicated staff had identified 3,968 Youth in need of Alcohol and Drug Abuse treatment during the 1984 calendar year.

## 2. National Data

- a. By their mid-twenties, 75%-80% of today's young adults have tried an illicit drug, including about 50% to 55% who have tried some illicit drug other than marijuana.
  - b. The preponderance of available evidence indicates that aftercare is essential to treatment programming and is the standard on which a treatment program must first be evaluated.
  - c. A 1983 study found a dramatic difference in abstinence rates between patients who completed and those who dropped out of weekly aftercare (70% and 23% respectively).
  - d. A longitudinal study found that families containing an untreated alcohol or drug abusing member had average medical costs approximately seven times greater than that of a control family, but only one-half the medical costs five years after treatment.
  - e. The Christian Science Monitor estimates that 40% to 60% of all juvenile judges' caseloads are connected to alcohol and drug abuse. These figures are comparable to those of Kansas juvenile judges.
- C. This information has clearly attested to the need for additional services. With over 1,200 indigent youth 18 years of age and younger not served in FY 1986 the loss of human potential to the state is obvious. Even more tragic is the continued pain and human suffering that is allowed to continue while the clients are accruing hospital costs, medical costs and property damage costs that must be paid by society.

## III. Options

- A. Develop a comprehensive continuum of care for indigent youth through funding the following services.

1. New Services

- a. Develop an additional 20 bed intermediate treatment program for indigent youth. This addition would make a total of approximately 50 beds of intermediate treatment services available statewide and would establish a primary treatment modality for abusing youth requiring residential treatment.
- b. Fund two residential reintegration programs (half-way houses) to provide continued services to youth completing primary treatment. These units will provide additional support for those youth without places to stay and in need of educational and/or occupational placement.
- c. Fund 12 outpatient youth treatment counselors to provide primary treatment services, to deliver continuing treatment services and to establish specialized Alcohol and Drug Abuse Services to existing youth facilities.
- d. Fund six youth intervention specialists to work in the new regional prevention programs. These consultants are essential to assure that abusing youth, identified through intensified prevention, education and awareness activities, are funneled into treatment.
- e. Provide Alcohol and Drug Abuse Consultant I staff for the four SRS/Youth Centers to direct an institutional alcohol and drug abuse treatment program and function as key administrators at the youth centers.
- f. Provide three Alcohol and Drug Abuse Counselors for the Youth Center of Topeka to staff a specialized alcohol and drug abuse treatment program at the institution.

2. Support for New Services

- a. Provide training to youth residential and foster care providers regarding the Alcohol and Drug Abuse Continuum of Care and emphasizing the services they can provide as a key element to a successful treatment system.
- b. Provide SRS/ADAS with one additional Alcohol and Drug Abuse Consultant I position to work with community programs in establishing the youth services as outlined.

B. Developed limited additional services for Indigent Youth

1. New Services

- a. Develop an additional 20 bed intermediate treatment program for indigent youth. This addition would make a total of approximately 50 beds of intermediate treatment services available statewide and would establish a primary treatment modality for abusing youth requiring residential treatment.
- b. Fund four outpatient youth treatment counselors to provide primary treatment services, to deliver aftercare treatment services and to establish specialized alcohol and drug services to existing youth facilities.

- c. Fund six youth intervention specialists to work in the new regional prevention programs. These counselors are essential to assure that abusing youth, identified through intensified prevention, education and awareness activities, are funneled into treatment.
- d. Provide Alcohol and Drug Abuse Consultant I staff for the four SRS/Youth Centers to direct an institutional Alcohol and Drug Abuse treatment program and function as key administrators at the youth centers.
- e. Provide three Alcohol and Drug Abuse Counselors for the Youth Center of Topeka to staff a specialized alcohol and drug abuse treatment program at the institution.

2. Support for New Services

- a. Provide SRS/ADAS with one additional Alcohol and Drug Abuse Consultant I position to work with community programs in establishing the youth services as outlined.

IV. Recommendation

Option A is recommended because the number of untreated indigent youth. Their cost to the state warrants the development of a specialized treatment program. Option B has some merit in contributing to this continuum and some of the proposed services are included in option A, but without the coordination and comprehensiveness outlined in Option A, a fragmented service for youth would be implemented with no reintegration or training services and limited aftercare capability. To be effective and efficient, services need to be developed in a continuum that allows progression to less intensive modalities over an extended period of time (at least one year) and gradually increases the responsibility to the client for his/her own behavior.

V. Fiscal Impact

A. The cost to implement option A is as follows:

1. (1) 20 bed intermediate treatment program	\$500,000
2. (2) reintegration treatment programs	\$800,000
3. (12) outpatient youth counselors	\$300,000
4. (6) Intervention Specialists	\$180,000
5. (4) A & D Directors for Youth Centers	\$120,000
6. (3) A & D Counselors for YCAT Program	\$ 75,000
7. Training for Aftercare components	\$ 20,000
8. (1) ADAS Consultant I (Salary & Fringe)	\$ 25,000
Program Total	<u>\$2,020,000</u>

B. The cost to implement option B is as follows:

1. (1) 20 bed intermediate treatment program	\$500,000
2. (4) outpatient youth counselors	\$100,000
3. (6) Intervention Specialists	\$180,000
4. (4) A & D Directors for Youth Centers	\$120,000
5. (3) A & D Counselors for YCAT Program	\$ 75,000
6. (1) ADAS Consultant I (Salary & Fringe)	\$ 25,000
Program Total	<u>\$1,000,000</u>

VI. Legislative Implication

The key legislative issue will be the appropriation of the \$2,080,000 necessary to implement Option A.

VII. Impact on Other Agencies

The implementation of Option A will necessitate routine coordination among SRS/Alcohol and Drug Abuse Services, Youth Services, Mental Health and Retardation Services, Medical Services, Administrative Services, The State Fire Marshall, Department of Health and Environment, the Department of Education, and numerous local units of government regarding licensure, certification and other facility and/or program approval.

This paper has been closely coordinated with SRS/Youth Services since the services proposed would benefit anyone directly serving indigent youth. This paper incorporates issues directly proposed by SRS/Youth Services in past years.

JS:ss