Approved February 16, 1988
Date

MINUTES OF THE SENATE COMMITTEE ON WAYS AND MEANS.

The meeting was called to order by SENATOR AUGUST "GUS" BOGINA at
Chairperson

11:05 a.m./~~p~~xx on January 26, 1988 in room 123-S of the Capitol.

All members were present except:

Committee staff present:
Research Department: Scott Rothe, Robin Hunn, Diane Duffy
Revisor's Office: Norman Furse
Committee Staff: Judy Bromich, Pam Parker

Conferees appearing before the committee:
Paul Klotz, Executive Director, Association of Mental Health Centers in Kansas, Inc.
Dwight Young, The Center, Great Bend
Paul Thomas, Executive Director, Southeast Kansas Mental Health Center, Humboldt
Dr. Sandra Shaw, Bert Nash Mental Health Center, Lawrence
Howard Snyder, Prairie Village, Kansas Alliance for the Mentally Ill
Howard Crandal, Member, Central Kansas Mental Health Board

The Chairman, Senator Bogina, called the meeting to order at 11:05 a.m.

Senator Talkington moved, Senator Werts seconded, the introduction of bi draft 7 RS 1934, an act concerning state officers and employees; relati to salaries and compensation and providing for the payment of longevity pa The motion carried on a voice vote.

SB 465 - Kansas mental health centers assistance act, per capita base grants.

Staff reviewed SB 465 and the first conferee was Paul Klotz, Executive Director, Association of Mental Health Centers in Kansas, Inc. (Attachment 1) Mr. Klotz gave background information concerning the needs of the community mental health centers. He stated that he felt they have been consistent in the past in urging the legislature to take a hard look at community mental health. They see 82,000 clients per year ranging in all severities of illness. There are approximately 4,000 to 5,000 patients in the CMHC system that would end up in the state hospital system if it were not for community services. Including in-patient affiliations, their current budget is about $42 million from a variety of sources.

In answer to questions, Mr. Klotz stated that their proposals have been presented to the Governor. The Association believes the formula in SB 465 will stand the test of time. Other than lobbying, no specific programs have been formulated as incentives for increasing local support for community mental health centers for areas in the state experiencing low support.

Appearing next was Dwight Young, President of the Association of CMHC in Kansas, Inc., The Center, Great Bend. (Attachment 2) In answer to questions, Mr. Young stated that within the membership of the Association there were many who felt there were considerations other than per capita distribution to be considered. Through compromise, it was their decision to adopt a one time adjustment that would thereafter be supported by the cost of living increase that would be prorated depending upon appropriations. Significant new money would be placed in the special project grant that would be targeted for whatever the population of the service the state decides is the priority. They are opposed to any future increases in state funding to be done on per capita basis for the base grant. He stated that they did not feel it fair to penalize programs created in good faith by the centers who had achieved the higher per capita distributions in order to then support other centers.

That is why the Association adopted the position not to redistribute money but rather seek the additional funding for the one time adjustment.

The next conferee was Paul T. Thomas, Administrator, Southeast Kansas Mental Health Center who was representing the ACMHC of Kansas. (Attachment 3)

Dr. Sandra Shaw was the next conferee to appear before the Committee. (Attachment 4)

Howard Snyder, President, Kansas Alliance for the Mentally Ill, appeared next. (Attachment 5)

The final conferee of the meeting was Howard Crandall, member, Central Kansas Mental Health Center. (Attachment 6)

Submitted for the record were two letters from the Crawford County Mental Health Center. (Attachments 7 and 8)

MINUTES
Senator Feleciano moved, Senator Werts seconded, the approval of the January 20, 1988 meeting. The motion carried.

The meeting was adjourned.

GUEST LIST

COMMITTEE: SENATE WAYS AND MEANS DATE: 1/26/88

NAME (PLEASE PRINT)	ADDRESS	COMPANY/ORGANIZATION
Lila Paslay	2701 Randolph	ARC / Ks
Kermit George	2309 Plum	Hays, Ks
Paul M. Klotz	Topeka 273-4915	Assoc of CMHCs of K
[illegible]	" "	" "
Paul R Thomas	614 S. Wilson, Chanute	Assoc CMHC of KS
Ron Downey	614 Prof. Rd, Independence	4-Co. mental health
Sharon Dissell	" "	4 Co. Mental Health Ctr
Peg Spencer	Kansas Rehabilitation Services	SRS
Carl Eyestone	2055 Tuttle Creek Blvd Manhattan Ks	KANSAS AMI
Warden L Noe	613 Iowa Ave	Holton Ks 66436
Bill D. Persinger, VP.	202 South 6th	Kanza Mental Hlth
Linda Zebley	Docking SOB	SRS/ MH&RS
Ernie Lietzke	2401 W. 6th Topeka	Shawnee Community MHC
Sandra Shore	336 Missouri, Lawrence	Bert Nash Mental Health Ctr
Howard Randall	201 SW 2nd Hiland	Bd Members
Virginia Connor	1910 Melholland Lawrence, Ks.	Douglas County Health Families for mental
Bill Dreese	809 Elmhurst Salina, KS. 67401	Central Ks. MHC
Marjorie West	3108 Westwood Dr.	Alliance for Mentally Ill - Families for MI
Gordon B West	" "	Legislative Chrm. Kansas Alliance for the Mentally Ill
Lou Lyon	4844 W 77th Pl. Prairie Village, KS	KS AMI
Howard Snyder	↑ Same	Ks. AMI
Seymour Hinkle	PO Box 550 Pittsburg KS 66762	Crawford Co. Mental Health Center
Seymour Wilburn	P.O. Box 550 Pittsburg, Kansas	Crawford County Mental Health Center
Robeson Bowles	1549 SW Belle	Alliance for Mentally Ill
WALTER DARLING	TOPEKA, KANSAS	DIVISION OF BUDGET
Jan Johnson	Topeka	" " "
Steve Solomon	4826 W. 78th Terr Prairie Vill KS	Wyandot Mental Health Center
		SWAM 1-26-88

ATTACHMENT 1
SWAM 1/2 -88

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

-POSITION STATEMENT-
Association of Community Mental Health Centers
of Kansas, Inc.
January 1988

The Kansas Community Mental Health Center (CMHC) System has long held three overriding policy goals. These three goals have helped to make Kansas centers unique, effective local providers. These three goals are: (1) To provide needed, quality mental health services using the least restrictive environment or method possible; (2) To the highest degree possible, maintain local decision-making authority and local support; and (3) To develop a statewide system of services that will encompass statewide priorities when funding is made available. We believe the revenues necessary for the above goals should be made available on a partnership basis and that no one sector should pay more than its fair share, or more than it is requesting of the system.

Kansas has, without doubt, one of the highest, if not the highest, levels of local financial support measured on a per capita basis in the nation. Nevertheless, our centers are highly accountable to the State both relative to their expenditures and in terms of licensure standards as set by the State. This accountability and these standards are uniformily applied regardless of a center's geographical size, budget, population, economic condition, or location. Centers see citizens regardless of their ability to pay, but also regardless of their level of disability. This requires us to maintain a great array of programs ranging from pure education and prevention on up to full time, around-the-clock treatment and care. Centers have responded to both these local and state challenges even though it receives less than 20 percent of the State's general fund dollars allocated for mental health. Centers see over 90 percent of those seeking public service.

ATTACHMENT 1
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By 1987, hardly anyone questions the fact that it is less expensive to serve people in the community. Further, it is agreed, people usually do better in a community setting. What we do seem to disagree on is how to get substantial funding to the community based programs. Centers have always, as they do now, needed two types of funding. One is to maintain flexible, broad-based, consistent funding to enable us to maintain ongoing programs, particularly for the near indigent client who have no other source of financing and to meet basic state imposed standards of licensure. A second funding need is for specialized populations who require specialized services; such as, those hard to place individuals still left in the state hospitals or ICF/MH's who could, with appropriate services, be better served in the community.

In order to understand our issues better, a series of questions and answers are provided. These questions seem to be the most frequently asked by legislators and others.

(1) Do Kansas CMHC's receive most of their funding from State general funds?

Answer: No, the State general fund provided about 25 percent of our total budget in Calendar Year 1986. Further, 8 percent of the above 25 percent is the State's share of the Medicaid, Title XIX Program. State funding, except for the base grant program, is very restrictive and can only serve certain target populations. Kansas has one of the lowest state aid ratios in the nation, measured on a per capita basis. Kansas centers currently receive the vast majority of their funding from private sources, county levied taxes, and federal grants. Fifty percent come from the community.

(2) Should the Medicaid Program be considered as state aid to the CMHC System?

Answer: No.

-- Medicaid is an entitlement program to Kansas citizens not mental health centers or any other health provider.
-- Less than 15 percent of our served population are Medicaid eligible.
-- Centers received major reductions in its Medicaid Program during FY 1987, these cuts have not been restored.
-- Centers, on the average, recover only about 85 percent of their costs when providing service to Medicaid recipients.

(3) Are Kansas counties providing aid in the amount authorized by law?

Answer: No, however, Kansas counties are, on the average, providing more direct discretionary support to CMHC's, on a per capita basis, than any other state in the nation. Kansas counties could, by statute, provide more than twice what they currently provide. It is unlikely that they will provide such a level of support without comparable State support. Also, counties are as hard pressed for revenue as is the State. Counties primarily rely on only one tax source; i.e., property. Also, property is the revenue base for the SIBF. No State Institional Building Funds have ever gone to community based mental health/mental retardation programs.

(4) Do CMHC's provide residential services?

Answer: Yes, centers spend about $2.5 to $3.0 million for approximately 460 beds (State hospitals have about 650 beds) and serve over 3,150 clients at a cost of about $22 per day.

Fifty-seven percent of the funding for these beds come from the community. These are the least expensive residential beds in the state. Most of these beds are concentrated in the more urban areas.

(5) What is the fastest growing population served by CMHC's?

Answer: The chronic or long-term patient. Partial hospitalization is the fastest growing program. This program has had dramatic impact on reducing rehospitalization of the chronic patient. The average cost of this program is $53 per day with an average length of stay of 45 days. This cost is less than half the cost at a State hospital and one-third the cost of a non-state hospital. Twenty-three of the 30 centers have Community Support Programs (CSP) in place and operating. This program is primarily aimed at the long-term patient.

(6) Can Kansas afford more mental health care at the community level?

Answer: Kansas ranks 15th in per capita income, but 50th in support of community programs measured on a per capita basis.

(7) Do centers need additional State funds to continue existing programs or develop new or expanded programs?

Answer: Without question! All centers are barely able to maintain existing programs let alone expand or develop new programs. While State formula aid has grown by about 5 percent over the past three years, we have suffered a 9 1/2 percent reduction in general Medicaid rates and reductions averaging 35 percent in partial hospital Medicaid rates. Federal grant dollars are also declining.

Our only real growth has been in county mill levy revenue and insurance payments, plus there has been some growth in the Medicaid Program resulting from increased utilization and increasing the number using partial hospitalization. However, Medicaid on the average, only reimburses centers about 68 percent of their partial hospital costs. This 32 percent loss is paid out of other sources. Outpatient services, on the average, are reimbursed at a rate of about 90 percent of cost.

While all centers are barely staying even or falling behind, some centers have not shared equally in the growth that has occurred, particularly in the area of State formula aid. This resulted from their inability to generate the necessary local eligible income needed to generate the State match. Current local economic downturns have also prevented these centers to achieve normal growth from local tax revenues and private pay clients.

(8) Why do centers need discretionary state and county dollars?

Answer: Centers are required, by law, to see all emotionally disabled citizens regardless of their ability to pay. Discretionary money is needed to fill the gap of the amount paid and the actual cost.

Centers need either higher Medicaid rates or discretionary money to fill the gap between actual costs and reimbursement rates.

Not all centers can equally compete for specialized grants either because of their size, or because the target population of the grant does not fit with their particular community needs or priorities. Discretionary funding allows innovation in programming.

Centers must maintain basic State standards in order to stay licensed, specialized funding does not allow an even spread across the five basic service areas required by State licensure standards.

Administrative costs for maintaining a specialized grant funded program are at least double that of discretionary funded program, both at the State and local level.

(9) What do centers need from the State in FY 1989?

Answer: Centers are requesting $1.6 million to be added to the base grant found in the recently passed SB 316. This is to bring the lower funded centers up to the 1988 statewide average of $3.27, thus allowing these centers to maintain their basic services. On separate issue, we request a restoration of the 9 1/2 percent Medicaid reductions made early in FY 1987. We estimate the total fiscal note for the above requests to be less than 2.3 million dollars. This figure represents less than 3 percent of the total current State mental health expenditures.

State administered mental health program budgets have been increasing at a rate of about 10 percent per year, if such growth could be held to a 5 percent increase in FY 1989, our requested amount could be more than realized. Without these requests, some centers will be at risk of closure. If these funds are not realized, we will seek new language in KSA 19-4001 et seq relative to CMHC's serving all people regardless of an ability to pay. The new language sought would be to provide service within the limits of available financial resources.

State Support for Special Projects

The Association continues to enthusiastically support the state toward its efforts to increase funding for services to special populations. We would agree that this funding should be targeted to specific goals and specific programs. Wherever possible, such funding should come from existing revenue sources, providing that such transfers of such funding do not damage existing state or local programs or, more importantly, the people being served by such programs. No single population currently served should be damaged at the expense of another. The Association will work conjunctively with SRS to present a unified plan of action. Further, we will continue to work with the State to find cost containing yet effective methods of treatment.

-SUMMARY-

The Association makes these points:

[X] About 20 percent of any given population suffers from mental illness to the point of needing treatment or intervention.

[X] The earlier the intervention, the better, both for the patient and the payor.

[X] Plans to solve mental health problems both at the State and local level abound.

[X] What is lacking is a commitment to a plan(s) and funding!

[X] Kansas ranks 15th in per capita income yet ranks 35th in per capita mental health expenditures.

[X] Kansas ranks 50th in per capita funding to CMHC's.

[X] Kansas is still ranked near the top in quality mental health programming.

Thank you for this opportunity to comment!

Contact: Paul M. Klotz, Executive Director
(913) 234-4773

ASSOCIATION OF COMMUNITY MENTAL HEALTH CENTERS OF KANSAS
FY '88 STATE FUNDING PROPOSAL AS IT APPLIES TO
CHAPTER 249/SB316;1987 SESSION LAWS OF KANSAS

CENTER	POPULATION *	S.B. 316	PER CAPITA	'89 ADJUSTMENT	'89 PER CAPITA
AREA	95,936	$421,835	$4.40	$421,835	$4.40
BERT NASH	71,316	$202,951	$2.85	$233,203	$3.27
CTR. FOR C & C	58,150	$240,376	$4.13	$240,376	$4.13
CENTRAL KS	86,071	$170,763	$1.98	$281,452	$3.27
CHEROKEE	22,288	$28,173	$1.26	$72,882	$3.27
COWLEY	37,263	$55,482	$1.49	$121,850	$3.27
CRAWFORD	37,780	$61,031	$1.62	$123,541	$3.27
FOUR CO.	61,743	$128,207	$2.08	$201,900	$3.27
FRANKLIN	22,147	$48,682	$2.20	$72,421	$3.27
HIGH PLAINS	126,348	$692,160	$5.48	$692,160	$5.48
HORIZONS	99,907	$503,301	$5.04	$503,301	$5.04
IROQUOIS	13,261	$77,426	$5.84	$77,426	$5.84
JOHNSON	306,876	$626,136	$2.04	$1,003,485	$3.27
KANZA	43,099	$94,345	$2.19	$140,934	$3.27
LABETTE	25,660	$49,425	$1.93	$83,908	$3.27
MHC OF E C KS	86,146	$215,332	$2.50	$281,697	$3.27
MIAMI	22,471	$39,474	$1.76	$73,480	$3.27
NORTHEAST	93,092	$131,548	$1.41	$304,411	$3.27
PAWNEE	172,789	$439,843	$2.55	$565,020	$3.27
PRAIRIE VIEW	71,629	$752,154	$10.50	$752,154	$10.50
SEDGWICK	387,836	$1,311,886	$3.38	$1,311,886	$3.38
SHAWNEE	159,089	$917,508	$5.77	$917,508	$5.77
SOUTHCENTRAL	47,596	$153,600	$3.23	$155,639	$3.27
SOUTHEAST	72,278	$161,845	$2.24	$236,349	$3.27
SOUTHWEST	32,086	$92,828	$2.89	$104,921	$3.27
SUMNER	25,163	$68,860	$2.74	$82,283	$3.27
WYANDOT	172,390	$328,459	$1.91	$563,715	$3.27

TOTAL POPULATION	TOTAL 316 FUNDING	AVERAGE PER CAPITA	TOTAL COST WITH '88 ADJ.
2,450,410	$8,013,630	$3.27	$9,619,737

INCREASE

$1,606,107

* Population data are provisional estimates as of July 1, 1985: U.S. Bureau of the Census and were compiled by the Division of the Budget and Certified to the Secretary of State in July of 1986.

ATTACHMENT 2
SWAM 1/2-88

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

PRESENTATION TO
SENATE WAYS AND MEANS
REGARDING
SENATE BILL 465
BY
DWIGHT L. YOUNG, PRESIDENT

JANUARY 26, 1988

The purpose of this testimony is to review the development of State support for community mental health programs and to present a proposal for making an adjustment to that support. It is the hope of the Association that this can lead to an improvement in the way that the State helps community mental health centers fulfill their mission which is quality mental health services regardless of the individual client's ability to pay.

During the 60's and early 70's community mental health centers were formed through the local county governments. The location, the counties served, and the corporate organization of the centers were determined by the citizens who were to be served by the center. Either Federal grants or the county mill levy was the principal source of support. State participation consisted primarily of grants for specific purposes and Medicaid which was a fee for service program based on the center's cost as determined by Medicaid. It was a good beginning featuring local control and local responsibility.

In 1974, faced with increased demand for services and the imminent loss of Federal grants, the State established funding to support local programs ("649"). A special feature of the funding formula included an incentive to increase local support by matching up to 50 cents on the dollar for monies from local sources. It offered a built in check for quality in that the State only matched those monies that the local citizens chose to invest in the programs. Therefore, if local authorities were dissatisfied with the services and reduced their support, the State automatically did the same.

ATTACHMENT 2
SWAM 1-26-88

Over the twelve year period of the program, it has been noted that it tended to produce skewed distributions of State funds. Although the program was not designed to distribute money on a per capita basis, applying that measure to it after the fact demonstrates that some centers fared well under the system and some did not. Of course there are other measures that might be considered, i.e. poverty, geography, etc. but our Association has agreed to consider population as the measure to be applied in our proposal. The attached table lists the centers, the population of their catchment areas, and the per capita distribution. If the average per capita figure of $3.27 is used as the measure of equitable distribution then 19 community mental health centers (2/3 of the centers) fall below that average. It is clear that such an outcome goes beyond policy decisions by Governing Boards or administrative decisions by specific directors. This must be the result of an inherent problem within the systems.

The issue of control is another problem area which has been given some consideration. As the funds provided by the State approached the same level of funding provided by the Counties, the question was raised as to whom the control of the programs should belong. It appears that the State is concerned that their mission of reducing the numbers of patients in the state hospitals is not fully successful and that there is an attempt to shift the responsibility for some of those patients to the community mental health centers. Therefore, we hear the complaint that the State funding program continues to grow, but the numbers of patients at the state institutions remain high. There are two points to consider here: First, reducing the population of the state hospitals was not part of the plan when the legislature appropriated $400,000 in 1974, that idea was added somewhere along the way. Second, the original plan was to support the continuation and expansion of local programs. This has been accomplished in that community mental health centers are seeing more than twice the number of people today that they were seeing when the program began.

These concerns, along with the fact that it was an open ended program that would grow as our matchable income grew, resulted in the decision last year to close out the program with SB 316. The Association developed a plan last year to end the program which called for a "hold harmless" freeze on

funding at a three year average figure for each center, new monies to raise the level of support for those centers we considered to be under funded, and a shift to special project grant funding in the future to offer the State more control in targeting special populations for programs, i.e. chronically mentally ill, children, etc. The base grant would continue to be used in support of local programs, primarily programs that are required to meet SRS licensing requirements and programs responding to the working poor. The future growth of the base grant would be dependent upon cost of living increases. This plan was implemented through the passage of SB 316 except for the new money, which is why we are presenting this proposal today.

We believe that all $8,013,630 of SB 316 is being spent on quality and needed programs. Therefore, redistribution of that money to attempt to achieve "equity" would result in the destruction of programs which were developed through years of good faith effort by the centers, their county commissions, and their communities. The Association does not believe that parts of a system should be developed through the destruction of the other, equally valuable parts of the system. Thus, the Association unanimously opposes redistribution as a method for gaining increased support for centers below the per capita average in State support.

The Association is equally committed to seeking additional funding for the base grant which will raise the level of support for all centers up to the FY 1988 per capita average for State base grant funding. As part of this endorsement, all community mental health centers have agreed to forgo any cost of living increases or the expansion of special project grants until the goal of the new monies is met. It is important for the State to realize that before we venture into expansions of programs to meet the State's priorities, we must first be sure that the basic services required through State licensing will continue to be available to all the citizens of Kansas. Because many of our community mental health centers are facing financial deficits, this adjustment in the base grant is necessary and critical. This issue is so important that the community mental health centers have agreed to distribute the new monies by allocating the first dollars to the center with the lowest per capita distribution in order to bring it to the level of the second lowest per capita center. Then our plan calls for those two centers to be raised to the per capita funding level of the third

lowest. This process would continue until all centers funded below the FY 1988 per capita average reach that average, which is $3.27.

The attached sheet lists the FY '89 adjustment by center which would be necessary to accomplish this goal. The total cost of the adjustment would be $1,606,107. This would bring the total funding in the base grant to $9,619,737. The target per capita distribution is also listed in the attachment under your heading " '89 PER CAPITA " and it is our hope that, with your endorsement, this is the way the distribution of the State base grant will appear this time next year.

Thank you for your time and consideration of these matters. I will be happy to respond to any questions or suggestions you may have.

Dwight L. Young, President
5815 Broadway
Great Bend, KS 67530
(316) 792-2544

ASSOCIATION OF COMMUNITY MENTAL HEALTH CENTERS OF KANSAS
FY '88 STATE FUNDING PROPOSAL AS IT APPLIES TO
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ATTACHMENT 3
SWAM 1/88

Testifying

for

S. B. 465

to

Senate Ways and Means Committee

by

Paul T. Thomas, Administrator
Southeast Kansas Mental Health Center

Representing

Association of Community Mental Health Centers of Kansas

on

January 26, 1988

ATTACHMENT 3
SWAM 1-26-88

Impact of the Senate Bill 465 on the Catchment Area of the Southeast Kansas Mental Health Center.

The Southeast Kansas Mental Health Center was established in 1961. The two main goals of the Southeast Kansas Mental Health Center is to provide outpatient services to individuals as close to their home community as possible and to reduce the hospitalization rate at Osawatomie State Hospital.

The Southeast Kansas Mental Health Center is a rural community Mental Health Center that serves six counties of Allen, Bourbon, Neosho, Woodson, Linn, and Anderson. This rural area covers 3,417 square miles with a population of approximately 72,000. Population density of the six county catchment area is 21 persons per square mile. In this rural area, there is no public transporations systems. The economic base of this rural catchment area is basically agricultural and oil, both of which are in economic crisis at this time.

From Senate Bill 465, the Southeast Kansas Mental Health Center catchment area would receive approximately $70,000 per calendar year to help correct the underfunded status of the Center.

The long term mentally ill has top priority for this Center in terms of the majority of funds that would be recognized from Senate Bill 465. The Southeast Kansas Mental Health Center began case management services in 1986 and based on the State fiscal year '86 to '87, the instigation of this new program resulted in a 36.8 percent decrease in the admission rate to Osawatomie State Hospital. To make this more concrete, there were 114 admissions from the catchment area in 1985 State fiscal year and this was reduced to 75 admissions in the State fiscal year 1986. As the Southeast Kansas Mental Health Center has strengthened its' case management program, we are operating the program currently on a budget of $59,150. Of this amount, $31,200 is a special purpose

grant from the State of Kansas and $25,950 is other local funds. As we have focused heavily on keeping people out of the State Hospital, this has increased the number of local community problems in dealing with the long term mentally ill.

The first priority in addressing this program has been the increased need for psychiatric time. The monies that would result from Senate Bill 465, we will increase the psychiatric time by one additional day which will cost us $27,500 per year.

The three case managers that serves our six counties have encountered more and more problems at the local level, especially in the area of transportation and housing. It has been pointed out there is no transportation system in our six county catchment area and to get the individuals to the psychiatrist for the medication review which is the top priority in caring for the long term mentally ill in the community involves a great deal of transporting of these patients. We have found that many of the long term mentally ill patients do not own automobiles. We therefore, will allocate an additional $5,000 to transportation costs during the year for the case managers to transport the long term mentally ill to the medication clinics.

Housing has become a very extreme problem with the long term mentally ill and we are finding that if we get individuals back into the community, many times they have either no housing available to them or their families do not want them back as they have been "burnt out". The case managers have spent a great deal of time in finding housing on the basis of rent and this has lead to big problem of just getting someone established in a rental housing facility. Between deposits for cleaning and breakage, one month's advance rent, and utilities deposit such as telephone, gas, electric, and water, we are finding

at a cost between $400 and $450 to get an individual established in an apartment. The resources of the long term mentally ill are so restricted that this is almost impossible. We need to establish a fund to help establish these patients into housing and get them to functioning which in some respects may be expenses, which may or may not be repaid back according to the income potential of the client.

As we are keeping more of the long term mentally ill in the communities and are having fewer admissions and shorter stays in the State Hospital, this has again put more pressure on the outpatient services and the remainders of the money will be allocated to additional supervision of the case managers and additional staff time to meet the treatment needs of the long term mentally ill.

The Southeast Kansas Mental Health Center would not be able to do the above goals and services unless Senate Bill 465 is enacted into legislation and backed up with appropriation allocations.

I would be glad to answer any questions that members of the committee may have. Thank you for your time and consideration.

Paul R. Thomas, MSW, ACSW, LSCSW
Administrator
Southeast Kansas Mental Health Center
Humboldt, Kansas

ATTACHMENT 4
SWAM 1/ '8

TESTIMONY RE: SB 465
PRESENTED TO SENATOR WAYS AND MEANS COMMITTEE
CHAIRMAN, SENATOR GUS BOGINA
BY SANDRA J. SHAW, PH.D.
EXECUTIVE DIRECTOR
BERT NASH COMMUNITY MENTAL HEALTH CENTER, INC.

MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE, I APPRECIATE THIS OPPORTUNITY TO COMMENT ON THE IMPACT OF SB 465 ON THE BERT NASH CENTER.

SB 465 WILL INCREASE THE CENTER'S ALLOCATION OF STATE AID FROM THE CURRENT $2.85 PER CAPITA AMOUNT, $202,951.00 IN FY88, TO $233,203.00 IN FY89. THERE ARE SEVERAL WAYS THAT THE INCREASE OF $30,252.00 COULD BE USED TO ENHANCE THE CENTER'S ABILITY TO PROVIDE MENTAL HEALTH SERVICES THAT ADDRESS BOTH STATE AS WELL AS LOCAL PRIORITIES. CURRENT PLANS DIRECT THAT THE ADDITIONAL FUNDS WILL BE USED TO INITIATE MORE EFFECTIVE SERVICES FOR SEVERELY EMOTIONALLY DISTURBED CHILDREN AND YOUTH THROUGH INTENSIVE THERAPEUTIC DAY PROGRAMS. THESE PROGRAMS REQUIRE EXTENDED CONTACT WITH THE CHILD AS WELL AS CLOSE COORDINATION AND COLLABORATION WITH OTHER PROVIDERS SUCH AS THE SCHOOLS, THE COURTS, HOSPITALS, LOCAL SRS OFFICES, FOSTER-CARE AND GROUP HOME, PARENTS AND OTHER CARE-TAKING ADULTS. AS HAS BEEN TRUE WITH SIMILAR COMMUNITY BASED PROGRAMS FOR ADULTS WITH SEVERE AND OFTEN LONG-TERM DYSFUNCTION, THESE PROGRAMS ARE COMPLEX AND COSTLY. HOWEVER, AS HAS BEEN DEMONSTRATED WITH ADULTS, THESE PROGRAMS HAVE THE PROMISE OF SERVING A VULNERABLE AND PRIORITY POPULATION MORE EFFECTIVELY, MORE HUMANELY, AND IN A LESS COSTLY MANNER WHEN A LONG RANGE VIEW IS ADOPTED.

THE SEVERLY EMOTIONALLY DISTURBED CHILDREN AND YOUTH WHO WILL BE THE TARGET POPULATION OF THOSE SERVICES DEVELOPED IF 465 IS ENACTED CONSTITUTE ONE OF THE MOST UNDERSERVED POPULATIONS IN THE STATE OF KANSAS AS WELL AS IN DOUGLAS COUNTY. WITHOUT ADDITIONAL STATE MONIES IT IS HIGHLY UNLIKELY THAT SUBSTANTIAL PROGRAMMING TO MORE EFFECTIVELY SERVE THEM CAN BE DEVELOPED IN THE FORESEEABLE

ATTACHMENT 4
SWAM 1-26-88

FUTURE, AT LEAST IN DOUGLAS COUNTY. FUNDS FROM OTHER SOURCES ARE SIMPLY NOT AVAILABLE.

THE BERT NASH CENTER WHICH SERVES THE 72,000 RESIDENTS OF DOUGLAS COUNTY IS MODESTLY SIZED. IT EMPLOYS 60 PEOPLE EQUAL TO 40 TO 45 FULL-TIME EQUIVALENT POSITIONS. IN 1987, THE CENTER DELIVERED NEARLY 30,000 CLIENT HOURS OF CLINICAL SERVICE, 20,000 HOURS THROUGH OUTPATIENT SERVICES AND 10,000 HOURS THROUGH THE PARTIAL HOSPITALIZATION AND COMMUNITY SUPPORT PROGRAMS THAT SERVE THE LONG TERM MENTALLY ILL ADULT. THE 1988 OPERATING BUDGET OF 1.4 MILLION DOLLARS IS CONSTITUTED OF 41 PERCENT FEE-FOR-SERVICE REVENUE, AN INCREASE FROM 37 PERCENT IN 1987; 23 PERCENT IN FEDERAL BLOCK GRANT REVENUE WHICH WILL BEGIN TO BE PHASED OUT IN 1991; 17 PERCENT IN COUNTY TAX DOLLARS BASED ON A FULL 1.0 MIL LEVY; 14 PERCENT IN STATE AID; AND 5 PERCENT IN MISCELLANEOUS OTHER SOURCES. THE CENTER WILL CONTINUE TO SEEK MEANS TO INCREASE ITS SELF-SUFFICIENCY THROUGH FEE-FOR-SERVICE REVENUE. PROGRAM STAFF PRODUCTIVITY, HOWEVER, IS AT THE HEIGHT OF WHAT CAN BE EXPECTED WHILE PRESERVING THE QUALITY ASSURANCE THE CENTER ENDORSES AND WHICH IS REQUIRED BY STATE LICENSING REGULATIONS. ALSO, WHILE CERTAINLY DOUGLAS COUNTY GOVERNANCE WILL BE ASKED TO LEVY THE FULL 2.0 MIL TAX NOW AUTHORIZED BY STATE STATUTE, IT WILL BE NECESSARY TO USE THE INCREASED COUNTY DOLLARS TO OFFSET THE UPCOMING LOSS OF FEDERAL FUNDS AND PROTECT EXISTENT PROGRAMMING.

THE NET RESULT IS THAT PROGRAMMING FOR SEVERELY EMOTIONALLY DISTURBED CHILDREN AND YOUTH, A STATE AS WELL AS A LOCAL PRIORITY, MUST AWAIT THE INCENTIVE OF INCREASED STATE AID. THE $30,252.00 ADDITIONAL DOLLARS THE BERT NASH CENTER WILL RECEIVE UPON ENACTMENT OF SB 465 WOULD PROVIDE SUCH AN INCENTIVE. YOU ARE URGED TO TAKE STRONG AND POSITIVE ACTION ON THIS PROPOSED LEGISLATION.

ATTACHMENT 5
SWAM 1-26-88

Kansas AMI

Kansas Alliance For The Mentally Ill

4811 W. 77th Place
Prairie Village, Kansas 66208
913-642-4389

January 26, 1988

My name is Howard Snyder. I'm from Prairie Village, and I am state President of the Kansas Alliance for the Mentally Ill, formerly Kansas Families for Mental Health. We are a statewide organization of support groups of families who have mentally ill family members. We have local groups in Shawnee County, Johnson County, Newton, Wyandotte County, Hutchinson, Sedgwick County, Emporia, Manhattan, Concordia, Winfield, Lawrence, Phillipsburg, Kingman, Garden City, Great Bend, Marion, Humboldt, Greensburg, Bird City, Salina, Indian Trails Nursing Home (Topeka).

We support SB 465 and the appropriation bill which will follow. For our family members who require on-going treatment and support, the public Mental Health Centers are the "only game in town." The private sector provides only a very small portion of the services needed for a continuum of care. Many of these services are far too expensive for our family members who are not eligible for private insurance (most aren't), and who are trying to live on state aid or Social Security (generally less than $400 per month). That $400 is the base daily rate in many private facilities.

We families and our ill family members have to have access to financially sound and healthy Mental Health Centers. Between recent cuts in Medicade reimbursement, and the lack of even an inflation factor increase in the Governor's 1989 budget proposal, mental health services in Kansas are deteriorating and will continue to deteriorate in quanity and quality. Without additional funding for mental health services, we will likely be lower than 51st in the nation for state financial support of community services.

Howard Snyder
President

ATTACHMENT 5
SWAM 1-26-88

ATTACHMENT 6
SWAM 1' '88

ck mhc Central Kansas Mental Health Center

809 ELMHURST SALINA, KANSAS 67401 (913) 823-6322

Wm. R. Dreese, Ph.D.
Administrative Director

Manuel Guzman, M.D.
Medical Director

Honorable Senator Bogina, members of the Ways and Means Committee, and friends of Mental Health of Kansas:

It goes without saying that it is a pleasure for me to speak in behalf of the Interim Committee Report #42. However, in order to lend some credence to my remarks, I think it is essential that I tell you of some of the background from which I come.

I am a retired Elementary School Principal - retiring in 1975 after serving as teacher and teaching principal 47 years. My interest in Mental Health began the first year of teaching in 1928 but officially, it started in 1950 when I joined the Kansas Association of Mental Health after becoming Principal of the Elementary School in Abilene which Dwight D. Eisenhower attended as a boy. His boyhood home was just across the street from the Lincoln School (He referred to his home as being, not just across the track, but across two tracks). In fact, it was nestled snugly between the second and third tracks.

I joined this Association not because I was so "work brittle" but because I had a genuine interest for the children in particular who were being abused. Parents who drank too much, parents who were not qualified to be parents, and we had more than our share of low-income families. I wasn't so concerned about the physical abuse, for the body has a way of healing, but I was concerned about the mental and emotional abuse. Certainly in a few cases, I was concerned about the physical abuse, too, for on two or three occasions I saw black and blue marks from the top to the bottom of some children's torsos.

It was my task as Chairman of the Dickinson County Mental Health Association to go to the County Commission to ask for up to 1/2 mill levy in 1964 so that we could take advantage of the permissive legislation which Governor Carlson so ably brought to completion.

I have served on the Central Kansas Mental Health Center Board 24 years, four years as Chairman, Personnel Committee for many years, and as Board Representative of the Association of Community Mental Health Centers of Kansas, and have served two terms as Chairman of the State Association of the Mental Health Governing Board.

ATTACHMENT 6
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Our Center, The Central Kansas Mental Health Center, has grown by leaps and bounds. In 1964, we were serving 200 people per month and Budget of $200,000. We now serve 1300 with a Budget of $800,000 +.

We have a Crossroads Program which is modeled after the Fountain House Plan in New York. It is working well. We have placed several people who have been trained in our facility in jobs for the first time in their lives. You should have seen them when they got their first check.

Our Crossroads Program was the first in Kansas.

It might be interesting to note that our Center would be eligible to benefit from this proposed Committee Recommendation. The question then arises - just how will we use this money? Dr. Bill Dreese tells me that additional state funds would be devoted to improving services for chronic mentally ill children and adults.

1. Case Management Services: To work with clients in the community to make optimum use of all community resources in order to better adjust to the stresses of community living.

Position: Case Management Coordinator (2)

2. Residential Services: Which provide a stable, safe and supervised living arrangement which may include group homes and halfway houses, supervised and family living resources.

Positions: Housing Coordinator (1)
Group Home Managers (2)
Living Skills Trainer (1)

3. Pre-Vocational-Vocational Training Services: Which include actual work experience and supervised job placement until clients can work independently.

Position: Job Placement Coordinator (1)

In reality, there would be 19 Centers whose state support would be increased while only eight would receive no additional money.

The Central Kansas Mental Health Center is about 39% below the average in the state as far as money from the state is concerned. It is also interesting to note that our counties are furnishing 20.65% of our budget in contrast to the state average of 16.6%.

We have watched the directors and board members across the state work so dilligently to meet payrolls and make every effort to have the proper mix of discipline in order to meet the needs of our patients and it is no easy task to deal with these kinds of patients day after day and not become a part of the problem itself.

Mental Health does not Cost - It Pays. And I don't believe we should Rob Peter to Pay Paul.

In closing, I would highly recommend that serious consideration be given this Interim Report #42.

Howard Crandall

Crawford County MH

ATTACHMENT 7
SWAM 1/26/88

Dear Sir:

I go to Mental Health of Crawford Country in Pittsburg Kansas. If it was not for the Mental heath I would have killed myself. I was going to P.K. and quite, then I started hearing voices and cut myself. They put me in a State hostipal. I got out and been going to mental health. We need more funds to help the people in this ~~state~~ country. We need your help by giving more money to help us people out how how a problem It give a place that makes us fill like people

Thank you

Jack L Hartman Jr.

ATTACHMENT 7
SWAM 1-26-88

Crawford Co. C

ATTACHMENT 8
SWAM 1/26/88

Dear Sir:

I, as a patient of the Crawford County Mental Health Center, feel that we really need State ~~help~~ support to help other patients as well as myself, to help get patients Back on the road of ~~Society~~ getting Back into society. I also feel that we are not Being medicated for the ~~wrong~~ wrong of all patients as well as my self. I feel that without the help of the Crawford County Mental Health Center I would have fallen as far as I have.

So I hope you will Keep in mind that we need all the support including State support to help with the recovery of present as well as future. Reach the goal of Sanity. Your help will be deeply Appreciated By our center as well as the patients. Thank you.

Sincerely ~~yours~~

Donald W. Schmidt

ATTACHMENT 8
SWAM 1-26-88