Approved 5-8-90
Date

MINUTES OF THE House COMMITTEE ON Appropriations

The meeting was called to order by Representative David Heinemann, acting Chairman at
Chairperson

7:35 a.m./p.m. on April 5, 1990 in room 514-S of the Capitol.

All members were present except: Representatives Bunten, Chronister, Turnquist, Fuller, Hoy, and Hensley (all excused)

Committee staff present: Ellen Piekalkiewicz, Debra Duncan, Legislative Research Dept
Jim Wilson, Revisor of Statutes
Sue Krische, Committee Secretary

Conferees appearing before the committee:

Bob Williams, Executive Director, Kansas Pharmacists Association
John Alquest, Commissioner, Income Maintenance and Medical Services, SRS
Roger Werholtz, Deputy Secretary of Corrections, Community and Field Services Division

Representative David Heinemann, acting Chairman, announced that testimony from opponents to SB 180 would be completed at this meeting.

SB 180 - Use of restrictive drug formularies by state agencies prohibited.

Bob Williams, Executive Director, Kansas Pharmacists Association, advised that his Association supports an open formulary for all drug programs, but does not support SB 180 (Attachment 1). Mr. Williams recommends Kansas staying with the Drug Utilization and Review (DUR) program now in place and, as control of utilization is gained, drug therapies can be added to the program. The Pharmacists Association opposes SB 180 because they believe it opens the formulary before mechanisms are in place to control utilization.

In response to a question, Mr. Williams stated the Pharmacists Association has had a contract for 10 years with SRS to do drug utilization and review. Mr. Williams stated his opposition to SB 180 arises from the success of the Iowa DUR program in controlling costs.

John Alquest, Commissioner, Income Maintenance and Medical Services, SRS, appeared in opposition to SB 180 stating the bill would limit the Department's ability to assure effective drug utilization and to control expenditures (Attachment 2). Mr. Alquest stated the Department has been unable to develop a fiscal impact for this bill because of the many variables which impact cost. He believes that an unrestricted and unmanaged prescription drug formulary will be very costly to the state.

In response to a question, Mr. Alquest stated the DUR Committee meets monthly and can respond promptly when a new breakthrough drug is identified. Representative Vancrum expressed concern that the DUR Committee has not been responsive to individual needs or, in cases of certain drugs, has been inconsistent.

Representative Heinemann announced that the hearing on SB 180 is concluded and no action will be taken on the bill at this meeting.

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

CONTINUATION SHEET

MINUTES OF THE House COMMITTEE ON Appropriations,

room 514-S, Statehouse, at 7:35 a.m./p.m. on April 5, 1990.

The Midwestern Higher Education Compact bill (SB 564) was rereferred from General Orders to Appropriations on April 3, 1990. The Speaker has requested the bill be reported back to the Floor. Representative Pottorff made a motion that SB 564 be reported without recommendation. Representative Hamm seconded. Motion carried.

Regarding SB 542, Representative Gatlin stated his concern is that this bill would allow medical scholarship recipients after 1985 to fulfill their obligation in any community, excluding six urban counties, whether or not that county is medically underserved. This change would make it difficult to place doctors with certain specialities in communities of 12,000 or less. Representative Heinemann appointed a subcommittee of Representative Gatlin, chairman, Representative Mead and Representative Helgerson to review SB 542 and report back to the Committee.

Representative Heinemann recognized the proponent on SB 3091 for his testimony noting that testimony by the opponents to the bill was completed at yesterday's meeting. Roger Werholtz, Deputy Secretary of Corrections, Community and Field Services Division, appeared in support of HB 3091 and provided written testimony along with budget analyses of the existing community corrections programs (Attachment 3). The Secretary supports HB 3091 because it would allow the Department to establish focus on offender populations within Community Corrections programs and require program efficiencies where opportunities for them exist. In response to a question, Mr. Werholtz stated none of the western Kansas counties have operational Community Corrections programs; however, the Department has received plans from almost all of them and July 1, 1990 is the target date for start-up.

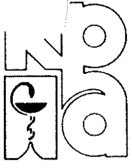
Representative Heinemann announced the hearing on HB 3091 was finished and the Committee would be returning later in the day, as announced, to complete business. The meeting was recessed at 8:30 a.m.

Representative Heinemann, acting Chairman, reconvened the meeting at 1:20 p.m.

HB 3100 - Insurance agent license fee increase.

Representative Moomaw explained that HB 3100 was requested by his subcommittee. The bill increases the applicants' license fee from $20 to $25 for insurance agents. The fee only applies for initial licensure and not renewals. The background check by the KBI on each license costs the Insurance Department $4 and this increase covers that cost. Representative Moomaw moved that HB 3100 be recommended favorably for passage. Representative Brady seconded. Motion carried.

The meeting was adjourned at 1:25 p.m.



THE KANSAS PHARMACISTS ASSOCIATION
1308 WEST 10TH
PHONE (913) 232-0439
TOPEKA, KANSAS 66604
ROBERT R. (BOB) WILLIAMS, M.S., C.A.E.
EXECUTIVE DIRECTOR

TESTIMONY

HOUSE APPROPRIATIONS COMMITTEE

APRIL 3, 1990

SB180

Mr. Chairman, Committee members, thank you for this opportunity to address SB180. My name is Bob Williams. I am the Executive Director of the Kansas Pharmacists Association.

The Kansas Pharmacists Association is on record as supporting an open formulary for all drug programs. However, we do not support SB180.

Several weeks ago I testified before one of your subcommittees in an effort to encourage them to fund the $35 million SRS estimated they would need for the FY91 Medicaid Drug Program. That $35 million included approximately $500,000 for increases in utilization and a <u>10% inflationary increase for the cost of drugs</u>. (The professional fee for pharmacists has been frozen for the past three years.) The $35 million does not include much in the way of <u>new</u> drug therapies. The Governor only recommended $28 million for the Medicaid Drug Program. It is my understanding that this committee did not recommend an increase over and beyond the Governor's recommendation. The Kansas Pharmacists Association has some concerns regarding where the funding will come from to pay for SB180. Last year when the Senate passed SB180 we were expanding programs--this year we are trying to hold on to what we've got.

HA
4-5-90
Attachment 1

Every state is struggling with how to fund their Medicaid Drug Program and their responses have been varied. In Georgia, in an effort to gain some control over drug acquisition costs, their legislature passed a bill authorizing their Medicaid program to enter into rebate agreements directly with manufacturers and distributors. The legislation also requires manufacturers who choose not to negotiate a rebate to disclose their most favorable pricing arrangement available to state and non-state government purchasers in order to be considered for formulary inclusion. In Oregon they have ranked health services in priority form under most important to least important. If funds become short, the number of health services offered will be reduced beginning at the bottom and eliminating funded services in reverse order. Last September, as a result of legislation, Louisiana went from a restrictive formulary to an open formulary for their Medicaid Drug Program. While it is still too early to draw any conclusions, the Louisiana program is showing some savings. Regardless of the type of program offered, every state has some mechanism in place in which they can maintain some control over their Medicaid Drug Program.

In Kansas we have a rebate program--but more importantly we have a Drug Utilization and Review (DUR) Program. A DUR program achieves cost savings by reviewing patient profiles, initiating intervention when necessary, and identifying cost adjustments at the point of rereview. SRS has recently spent $700,000 (there was a 90% federal match) to enhance our current DUR program. We are currently in the process of fine tuning those enhancements and in a year or so we should begin to identify some savings. A similar program in Iowa, which has been in operation for three years, is

estimating a one million dollar savings for their FY90 budget. With that kind of savings they can begin to add new drug therapies to their Medicaid Drug Program.

For now the Kansas Pharmacists Association recommends the following:

1. Allow us to continue to fine tune the DUR Program. We are committed to making that program work.

2. Make adjustments in the drug program as necessary to allow for reasonable exceptions for those individuals who medically need a drug not on the formulary.

3. As we gain control of utilization begin to add drug therapies to the program. It is important to work towards expanding the formulary because drugs (as expensive as they may seem) are the most cost-effective treatment method.

SB180 puts the cart before the horse. It opens the formulary before mechanisms are in place to control utilization. Additionally, it limits the state's flexibility to provide a Medicaid Drug Program at a time when flexibility is a necessary component to providing care on a tight budget.

We hope the committee will show support for an open formulary by opposing SB180.

Thank you.

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

Winston Barton, Secretary

Testimony before
House Appropriations Committee on Senate Bill 180

April 3, 1990

John W. Alquest
Commissioner, Income Maintenance
and Medical Services
(913) 296-6750

HA
4-5-90
Attachment 2

Department of Social and Rehabilitation Services
Winston Barton, Secretary
Statement regarding: Senate Bill 180

Senate Bill 180 would essentially require the State to reimburse for any prescription drug lawfully prescribed by a medical practioner. The only exception noted were drugs for cosmetic purposes. We continue to be opposed to this bill because it would limit the Department's ability to assure effective drug utilization and to control expenditures.

I would suggest to you the following reasons why an "open" or unrestricted prescription drug formulary is not good public policy:

1. Payment should only be made for the least expensive Food and Drug Administration approved drugs that are equivelent products or therapeutic alternatives. Drug costs are highly variable, even among the same basic products.

2. New drugs should not automatically be allowed for reimbursement. SRS has a professional Drug Utilization Review Committee, which recommends to us which drugs are most effective for given medical conditions. Limitations on usage are often suggested. The committee also advises us of less expensive alternative products. Our formulary should be based on these recommendations.

3. Physician override of our drug restrictions should not be permitted. The State Drug Utilization Review Committee should continue to decide when exceptions should be made and for what medical reason. This collective committee review is better than individual practioner experience. The committee is made up of professional practioners.

4. This bill, if passed, will result in increased prescription drug costs. Even supporters of the bill acknowledge this. The theory is that other costs, such as hospital and physician costs, will decline or level out. While this makes some sense, I have yet to see it happen. I am concerned that we would end up paying higher prices for name brand drugs when in most instances lower priced equivalent products would be just as effective. There are exceptions, and we try to make these exceptions, but exceptions are costly.

We have struggled to develop a fiscal impact for this bill, but have been unable to do so because of the many variables which impact cost. The attached sheets address this issue and provide selected examples of potential cost increase. We continue to believe that an unrestricted and unmanaged prescription drug formulary will be very costly to the state.

John W. Alquest, Commissioner
(913) 296-6750

April 3, 1990

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SB 180
Fiscal Impact - Open Formulary

While the agency believes that this bill will increase pharmacy costs for the Medical Assistance Program we have been unable to calculate an unquestioned estimated dollar value. Each methodology the agency has attempted to utilize includes major assumptions, estimates, or guesses which have to be made. These variables can significantly impact the final fiscal outcome but are difficult if not impossible to validate.

The difficulty in estimating the impact of the proposal arises from a historical data base which differs greatly from the current program. These differences include:

- the profile of the average recipient receiving services,
- cost containment strategies which have been implemented for various categories of service,
- changes in physician prescribing patterns,
- changes in eligibility criteria,
- new drugs approved by the Federal Food and Drug Administration (FDA).

Cost projections are also shaped by the fiscal impact of recently marketed drugs and soon to be marketed drugs that can cost several thousand dollars per patient per course of treatment. Some of these drugs are projected to be used for the balance of the recipient's life. The utilization of specific drugs is often determined by marketing strategies and techniques of the manufacturer's field representatives.

Attempting to update historical costs to a 1990 cost for individual pharmaceutical products or the entire pharmacy program is also difficult to calculate. Several inflationary indicies have been reviewed. These indicies reflect various amounts of inflation for a given year. For example, one index may reflect a 4% increase for a given year, while another index may reflect a 10% increase for the same period of time. Both may vary from actual increases experienced by the Kansas Medicaid program. The application of these various indicies have reflected anything from an unrestricted pharmacy program costing less than the current program to an unrestricted pharmacy program costing many tens of millions more than the program provided today. While national pharmaceutical publications state that the inflation rate at the pharmaceutical manufacturer's level has been two to four times the consumer price index (CPI) for more than a decade, the inflationary costs of the distribution system subsequent to the manufacturers level must be added. The inflationary costs of the distribution systems are unknown.

In an attempt to validate the belief that pharmacy costs will increase, the agency has compiled an example list of pharmaceutical products which are not covered currently. An estimate is provided on the cost of covering these products.

A. Examples of Drugs Previously Covered by the Kansas Medicaid Program but Currently Non-Covered:

Pharmaceutical Product	Time Period Last Covered	Expenditures As Last Covered
Antihistamines (Currently Limited to Kan-Be-Healthy)	Calendar 1981	$179,144
Expectorants & Cough Remedies	Calendar 1981	310,461
Nasal Preparations	Calendar 1981	10,931
Combination Cold Preparations	Calendar 1981	295,663
Total		$796,199

With the steady growth in the number of Kansas recipients and the cost increases for pharmaceutical products, it is estimated that these costs would more than double the calendar 1981 costs. Examples of product cost changes from 1980 to 1989 are listed below:

From April 1980 Actual Wholesale Price (AWP) Reimbursement to April 1989 AWP
Inflation of Previously Covered Non Prescription Drugs Now Non Covered

Examples	4-80	4-89	% of Inflationary Increase
Antihistamine			
Benadryl 25 mg	$.0411	$ .1249	204%
Cough Products			
Robitussin	$.0076	$ .0136	79%
Robitussin DM	$.0117	$ .0202	73%
Robitussin AC	$.0187	$ .0434	132%
Nasal Preparation			
Neosynephrine 1/4%	$.0397	$ .1640	313%
Combination Cold Product			
Coricidin D	$.0391	$ .1050	169%
Inflation of covered (1980 and 1989) non prescription drugs.			
Iron Preparation			
Feosol Tablet	$.0250	$ .0526	110%
Antacids			
Maalox Susp.	$.0057	$ .0095	67%
Maalox Tablets	$.0194	$ .0358	85%
Insulin			
Regular U100	$.4390	$1.0690	144%
NPH U100	$.5010	$1.0690	113%

Please note that all of the above products have gone off of patent protection and have multiple manufacturers of generically equivalent products. The multi-source products are generally lower in cost than the brand name products. To ease the fiscal effect from the average 40% reduction in sales when a brand name product goes off of patent, the manufacturer normally raise the price of the brand name, rather than meeting the competition.

B. Examples of Drugs Reviewed by the Kansas Drug Utilization Review Committee (DURC) during 1988, 1989, and 1990 and which are not Covered by the Kansas Medical Assistance Program:

Pharmaceutical Product	Use	Reason for Non-Coverage or Delay in Coverage	Fiscal Estimate
Nicorette (Nicotine Chewing Gum)	To aid smoking cessation	Questionable efficacy. Published report shows effectiveness not statistically different from placebo.	$60/mo./patient x 5 mo. treatment x (85,000 recipients x 5% estimated Medicaid smoking population who will utilize this product) = $1,275,000.
Wellbutrin (Bupropion)	Anti-depressant	Coverage delayed while the perceived overuse of a similar new drug is studied.	Would cost approximately the same as currently covered drugs.
Actigall (Ursodiol)	Dissolves certain gallstones	DURC awaiting study results from KUMC. Great potential for overuse for symptomless stones.	$1,600 per 6 mo. treatment/ patient x 319 recipients = $ 510,400. Does not always prevent the necessity of surgery.
Potassium Sustained Release	To replace depleted electrolyte	Product class limited due to bid program selection of a low cost therapeutic alternate.	Average product cost of $4.74 above current payment cost x average monthly utilization of 3,359 100 capsule bottles x 12 mo. = $191,060.
Clozaril (Clozapine)	Antipsychotic (Schizophrenia)	DURC compared marketing claims with literature and recommended a delay until further evidence of a high level of effectiveness is available.	$750/patient/mo. x 3 mo. x 125 recipients = $281,250. May result in release from state institutions if effective for recipient.
Prolastin (Alpha proteinase inhibitor)	To treat certain congenital deficiencies	For chronic replacement in patients at risk in certain lung and liver conditions. DURC felt selection criteria of appropriate recipients was not definitive.	$400/patient/wks x 52 wks/yr x 20 recipients = $46,000. (Would be used for balance of recipient's life.)
New Decubitus Products	To treat "Bed Sores"	Several products are covered with prior authorization. Appropriate nursing care	Is currently prior authorized (PA). If no PA, utilization would increase. This could be as high as 25% of Adult Care

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Pharmaceutical Product	Use	Reason for Non-Coverage or Delay in Coverage	Fiscal Es imate
		will generally prevent problems. These products are promoted as a "short cut" to prevent pressure sores.	Home recipients per month. $12/patient x 3,375 recipients x 12 mo. = $486,000.
Eldepryl (Seligline)	A new adjunct to treatment of Parkensonionism	Coverage was delayed until 7-1-90 because of a predictable additional cost to add this drug to those already available and covered.	Usage would shift from lower cost products. $40 increased cost/patient/mo. x 12 mo. x 60 60 recipients = $28,800.

C. Drugs Recently or Soon to be Approved by the Federal Drug Administration. It is noted that frequently new products enter the market at higher prices than existing products with little or no therapeutic advantage.

New Pharmaceutical Product	New Product Price	Existing Pharmaceutical Product	Existing Product Price
Hismanal 10 mg (Astemizole) 1 per day	$1.09 each	Chlorpheniramine 12 mg. (Generic) 2 per day	$0.03 each
Seldane 60 mg (Terfenedine) 2 per day	$0.54 each	See Chlorpheniramine 12 mg. as above	
Voltaren 50 mg (Diclofenac) 3 per day	$0.68 each	Ibuprofen 600 mg (Generic) 3-4 per day	$0.09 each
Feldene 10 mg (Piroxicam) 2 per day	$0.99 each	See Ibuprofen 600 mg as above	

In reviewing the opening (partial or complete) of formularies in other states a trend is found that pharmacy expenditures have increased. Specific data has only been located for the state of Utah.

Utah - Eliminated restrictive list in 1985. Expenditures increased from $6 million in 1984 to $15 million in 1989, or an average annual increase of 30%. It is estimated that 1990 expenditures will increase to $18 million. It is further noted that expenditures for hospital and physician services had no concurrent decrease.

We cannot demonstrate that an unrestricted formulary in Kansas will generate cost savings in other categories of service such as inpatient hospital, outpatient hospital and physician services. The Kansas Medical Assistance program utilizes more restrictive criteria than most other states in determining the necessity of these services thus restricting when reimbursement is made and reducing overall expenditures. These criteria may be in the form of medical necessity documentation; limitations on when, where, or how

2-6

many times a service can be provided; and/or restricted to participation in the Kan-Be-Healthy program. Reimbursement systems such as DRG's do not avail themselves to cost savings resulted from a less restrictive formulary unless services for categories such as inpatient hospital can be totally avoided.

While other states may project or assert that savings occurred in areas of service other than prescription drugs it is difficult to evaluate and state conclusively that the savings is due to a less restrictive formulary. To assure that savings resulted from the less restrictive formulary, it must be documented that all other components effecting medical expenditures have remained unchanged. This means that the same type of population is being served in the same ratio of eligibility, i.e., 50% ADC, 40% Aged; 10% Disabled; that reimbursement systems have remained the same; that there have been no changes in federal requirements, physician prescribing patterns, utilization of various types of service, providers offering the service; etc. With the changes in medical technology and the steady increase in the proportion of elderly in our society, it is difficult to assure that no other aspects of a Medicaid program have changed.

It must also be noted that a less restrictive formulary will impact the Kansas MediKan program as well as the Kansas Medicaid program. Currently the covered formulary for MediKan is much more restrictive than the Medicaid program and will experience a greater increase in cost per recipient than for the Medicaid program.

Pharmaceutical Product Not Covered for MediKan	Use
H_2 Antagonists; antacids; anti spasmodics	Ulcer medications
Narcotic and non-narcotic Analgesics	Pain medications
Antivert	Antinauseants
Antinfectives (Skin, vaginal, fungicides)	Anti-fungal medication

STATE OF KANSAS

DEPARTMENT OF CORRECTIONS
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Topeka, Kansas 66612-1284
(913) 296-3317

Mike Hayden
Governor

Steven J. Davies, Ph.D.
Secretary

TESTIMONY TO THE HOUSE APPROPRIATIONS COMMITTEE ON HB 3091
ROGER WERHOLTZ, DEPUTY SECRETARY OF CORRECTIONS
COMMUNITY AND FIELD SERVICES DIVISION
APRIL 3, 1990

We would like to take this opportunity to reemphasize one more time that the Kansas Department of Corrections supports the concept of community corrections and the contributions the ten existing programs have made to the criminal justice system in this state. Community corrections has undergone a variety of changes in its short history: elimination of the juvenile chargeback, elimination of the adult chargeback, conversion from a grant formula to funding based on historic costs, establishment of a funding floor for ten existing programs, and a mandate for statewide implementation to name a few. As we learn more about how to best operate these programs, these changes have been made.

Now the State of Kansas is faced with a budget crisis of the highest magnitude. At the same time that we are attempting to respond to the legislative mandate to implement community corrections statewide, we are challenged to accomplish this on an austere budget.

When I appeared before a subcommittee of this committee to discuss community corrections budgeting, I presented seven options or strategies for remaining within the Governor's budget recommendation for community corrections. Five of those strategies were developed by Kansas Department of Corrections staff and two were developed in cooperation with the directors of the ten existing programs. Each of those options was based on certain sets of assumptions including the option recommended by this committee and the full House. Those assumptions included retaining current operational standards, minimal growth in the size of existing intensive supervision and residential programs, and that (if necessary) changes in statutory language can be achieved to enable adjustments to program budgets below the FY 1989 expenditure levels.

HA
4-5-90
Attachment 3

After seeing the committee report recommending Option 1, along with the Department's chief legal counsel, I met with Attorney General Stephan to ascertain if changes in statutory language were required. It was the Attorney General's informal conclusion that such language changes were necessary. It is from that history that HB 3091 arises.

The Department must choose between two questions of equity. Is it more equitable to fund similar services statewide as far as possible and treat all counties as equally as possible, or is it more equitable to reward the twelve counties who entered community corrections voluntarily prior to FY 1989 for their foresight by allowing them to retain programs other counties cannot have?

This has never been an issue before because community corrections programs have always been amply funded to the degree that money was left over every year. In FY 1991, there will be no leftovers. There will not be enough money to let everyone do everything they want.

Community corrections is always linked with its impact on prison and youth center populations. However, there are other activities carried out with community corrections funds that do not impact these populations. They were used as incentives to gain participation and support when the program was voluntary. While they are worthwhile programs, we questions whether they should receive funding priority over other services just because they were there first.

Senate Bill 49 contains language which locks into place funding for all current programs and all their services. It does not allow the Department to establish focus on offender populations nor can we require program efficiencies where opportunities for them exist. The Department will be able to take such action with new programs but not old ones. There will be two sets of rules and two kinds of programs, those with a full range of services and those with very restricted services.

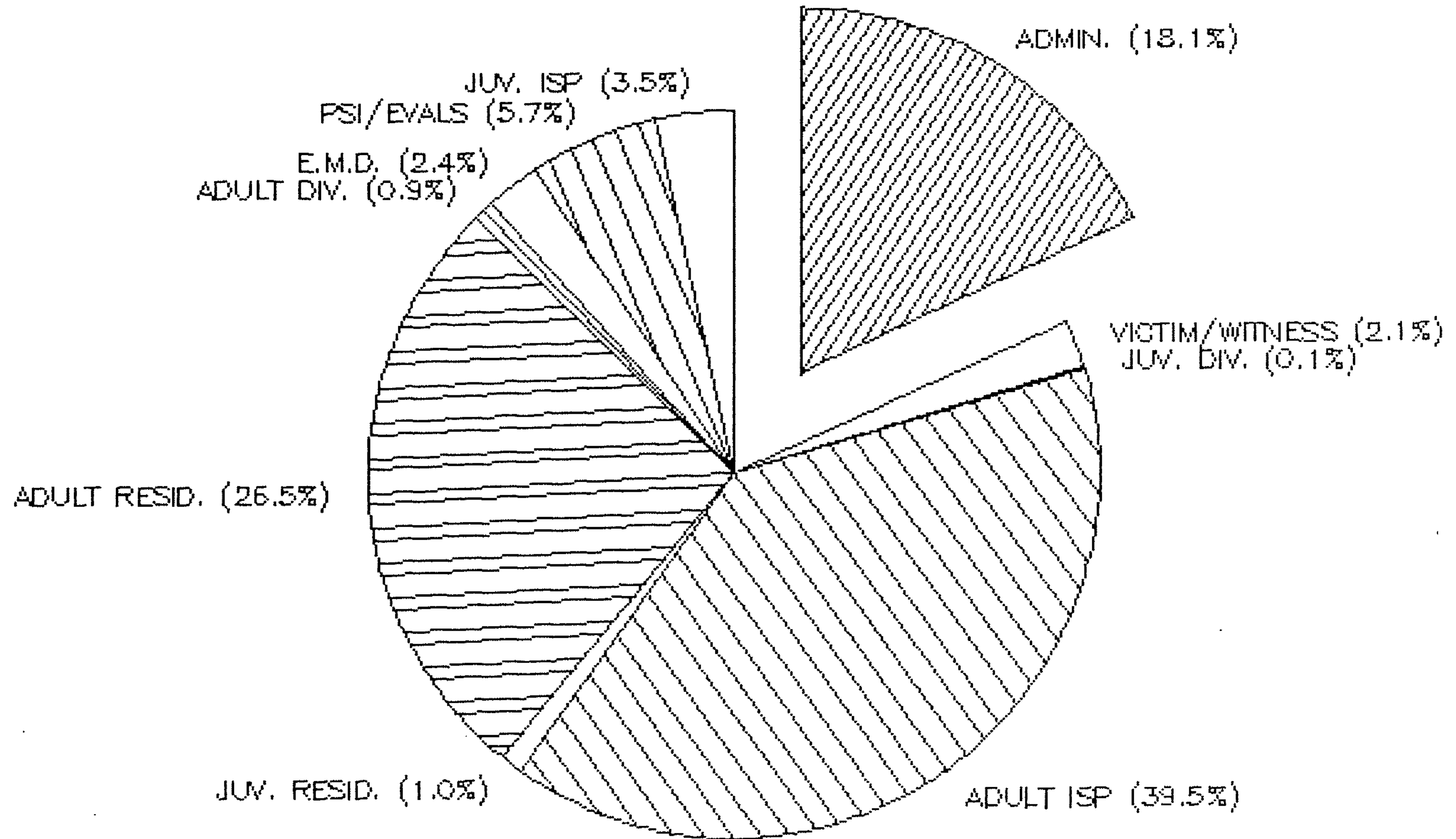
Every discussion of community corrections usually references the unique partnership between state and local government. In fair fiscal weather, that has seen local programs grow and flourish. Now we are facing hard times that can truly test the commitment of both partners to that partnership. It is important to focus on what is best for all of Kansas and how that can best be accomplished.

I told the subcommittee I was confident that most, if not all of the existing programs' services, could be retained within the Governor's recommendation while still bringing the rest of the state on line. I believe that is still true. I believe we could do even better statewide if we could redirect funds if necessary.

As long as the state's financial picture remains cloudy, this question will continue to arise.

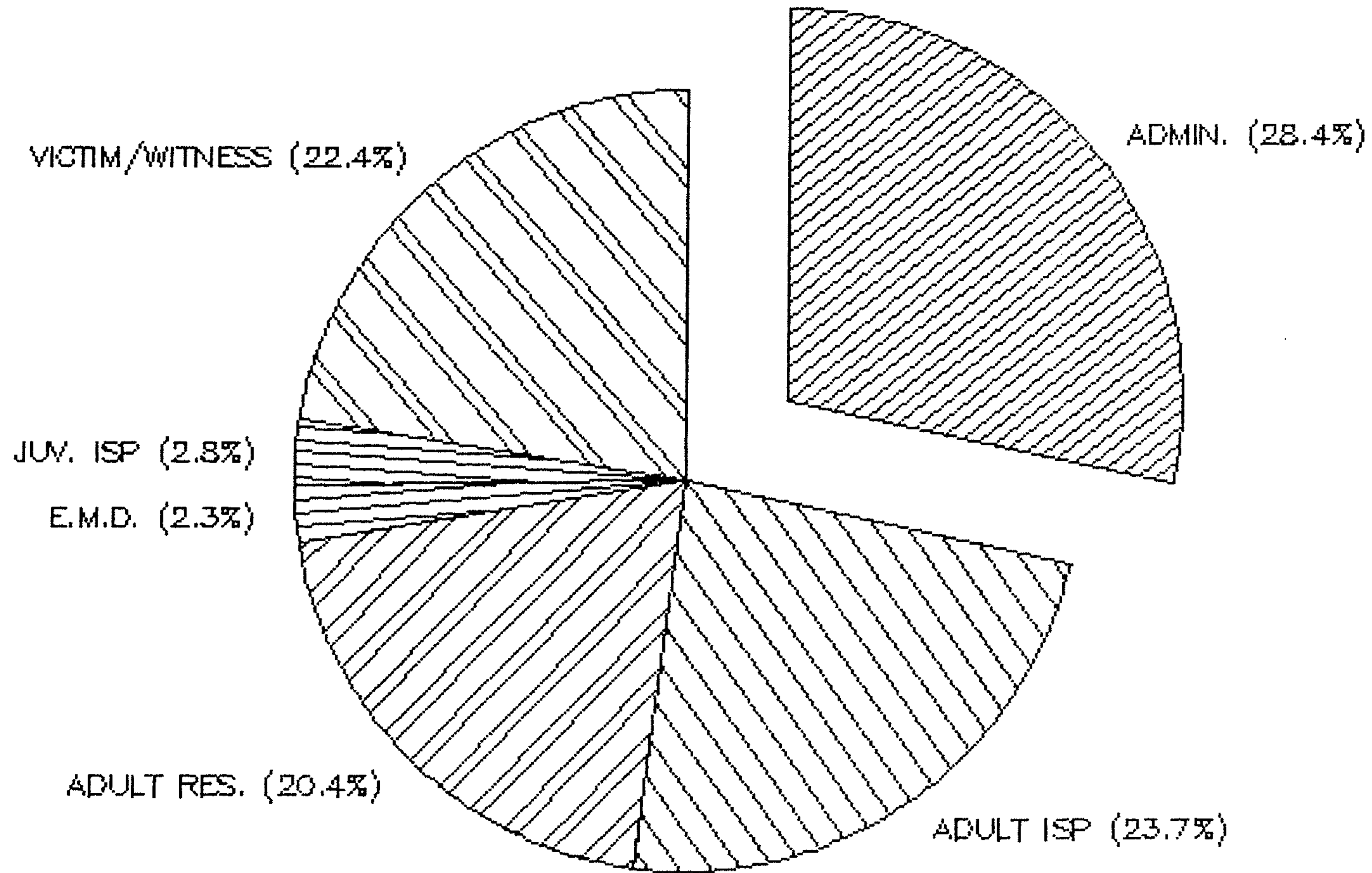
The restrictions imposed by SB 49 were put in place partially as a reaction to the perception that the previous administration was hostile to community corrections and would try to do it in. The history of the Kansas Department of Corrections through five secretaries from both parties has been continual support, but this secretary has his hands tied as no other. He has to face budget problems not experienced for several years. He recognizes the value of community corrections and has repeatedly expressed his support. Community corrections is a resilient concept and will be here long after we are gone. It is not threatened by the budget crisis or this administration, but it must share in the effort to resolve the state's financial problems.

It would be our preference to fund all community corrections programs statewide at the level currently enjoyed by the existing programs. That is why we requested in excess of $15,000,000 for that purpose in our C level budget. Due to the fact that all state agencies are being asked to do more with less, to contribute to the solution of the budget crisis, every effort must be made to control expenditures. For this reason, we would urge you to adopt HB 3091 as a means to give this Secretary of Corrections the same tools enjoyed by his predecessors as he attempts to manage his agency.


1989-90 BUDGET
STATE TOTALS
ADMIN. (18.1%)
JUV. ISP (3.5%)
PSI/EVALS (5.7%)
E.M.D. (2.4%)
ADULT DIV. (0.9%)
VICTIM/WITNESS (2.1%)
JUV. DIV. (0.1%)
ADULT RESID. (26.5%)
JUV. RESID. (1.0%)
ADULT ISP (39.5%)

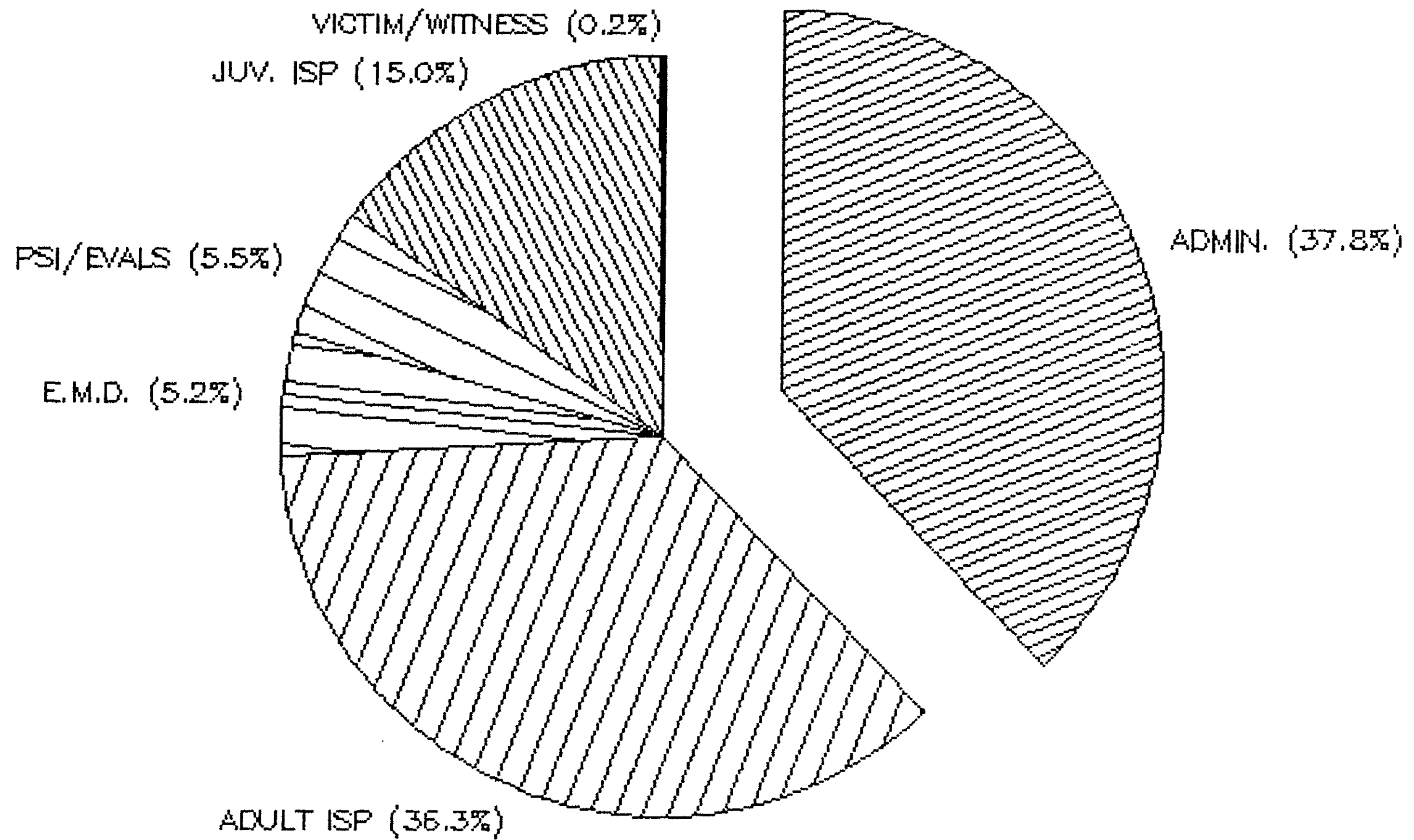
1989-90 BUDGET

B/L/M COUNTIES



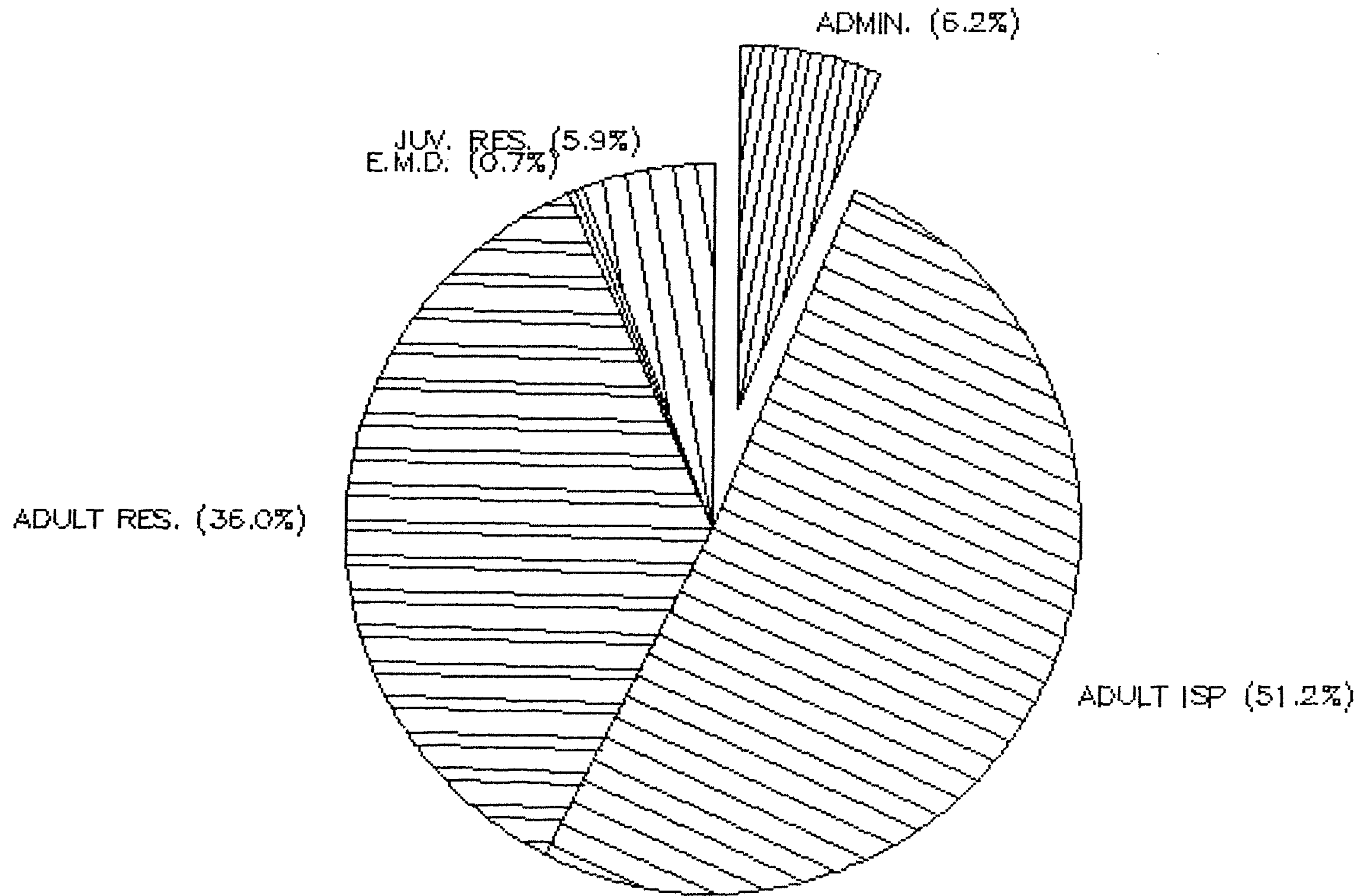
1989-90 BUDGET

DOUGLAS COUNTY



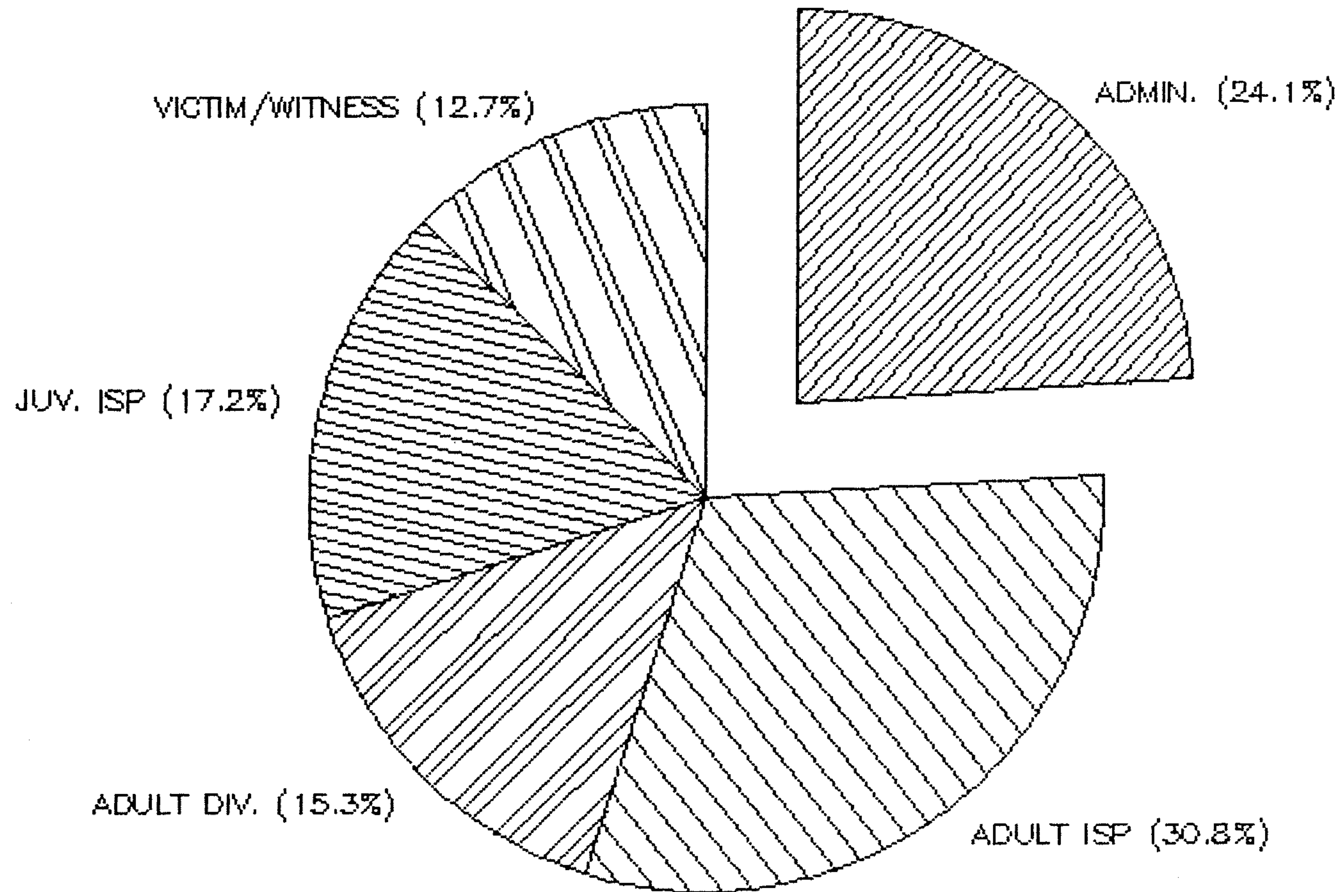
1989-90 BUDGET

JOHNSON COUNTY



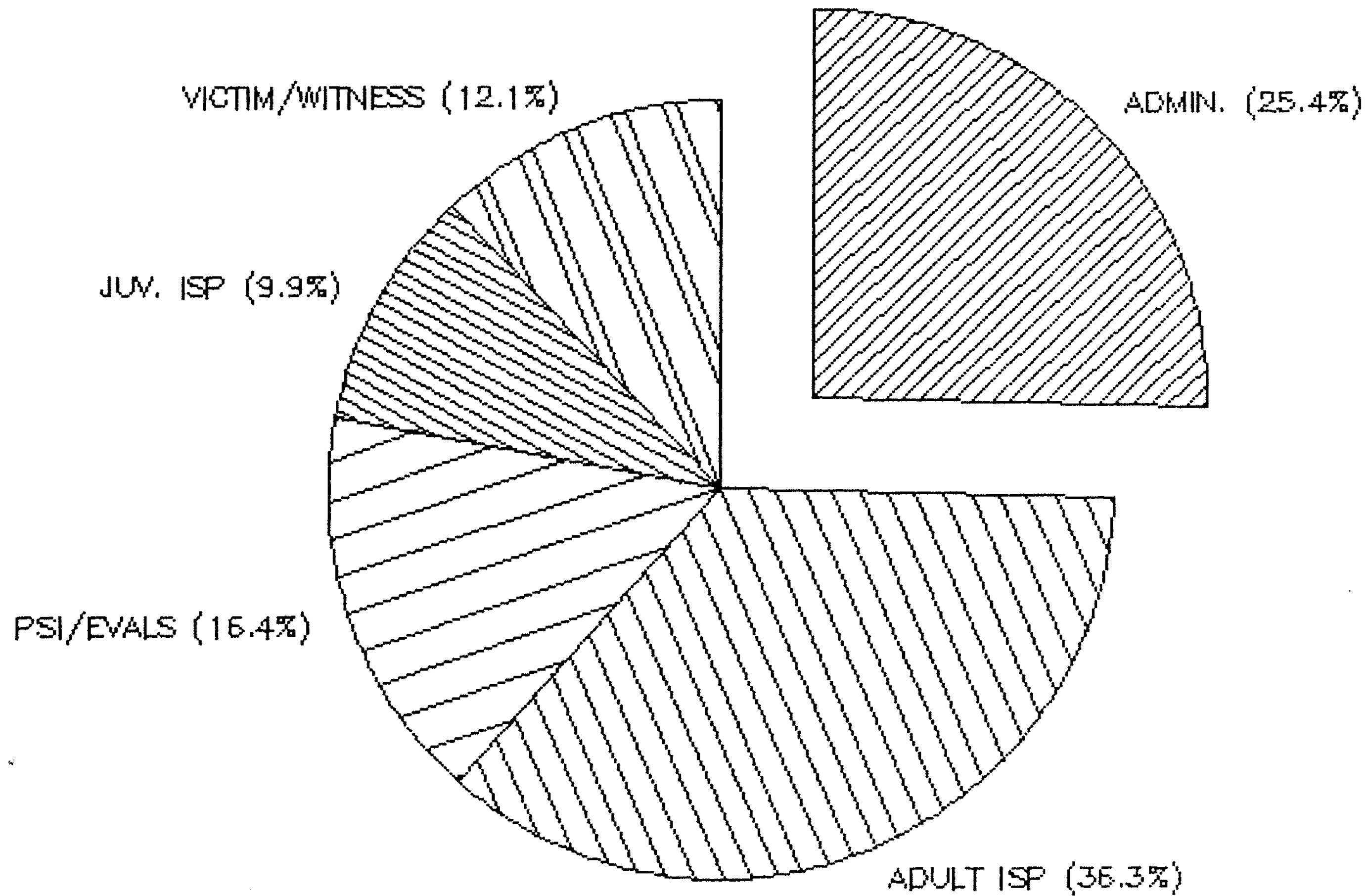
1989–90 BUDGET

LEAVENWORTH COUNTY



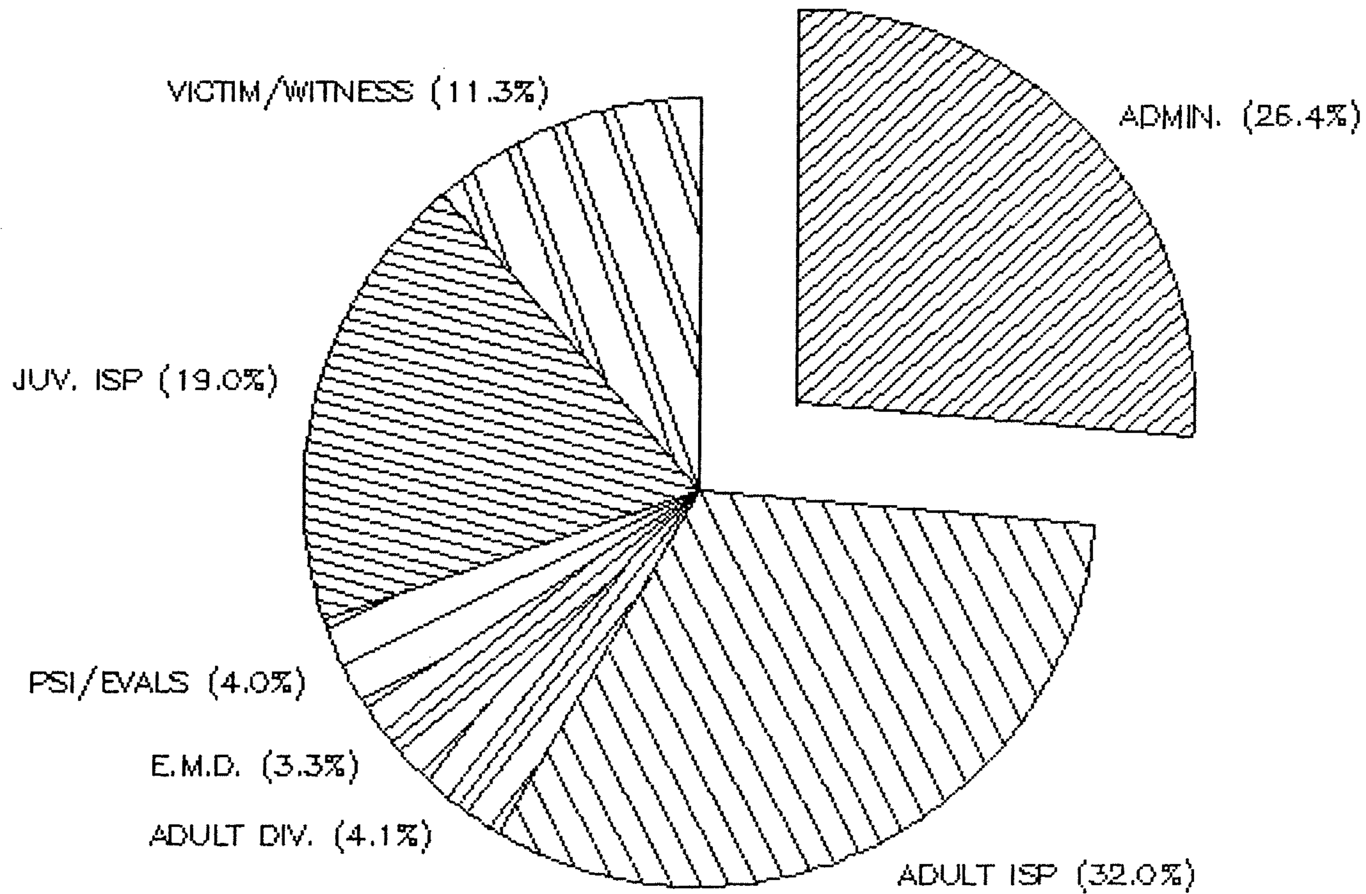
1989–90 BUDGET

MONTGOMERY COUNTY



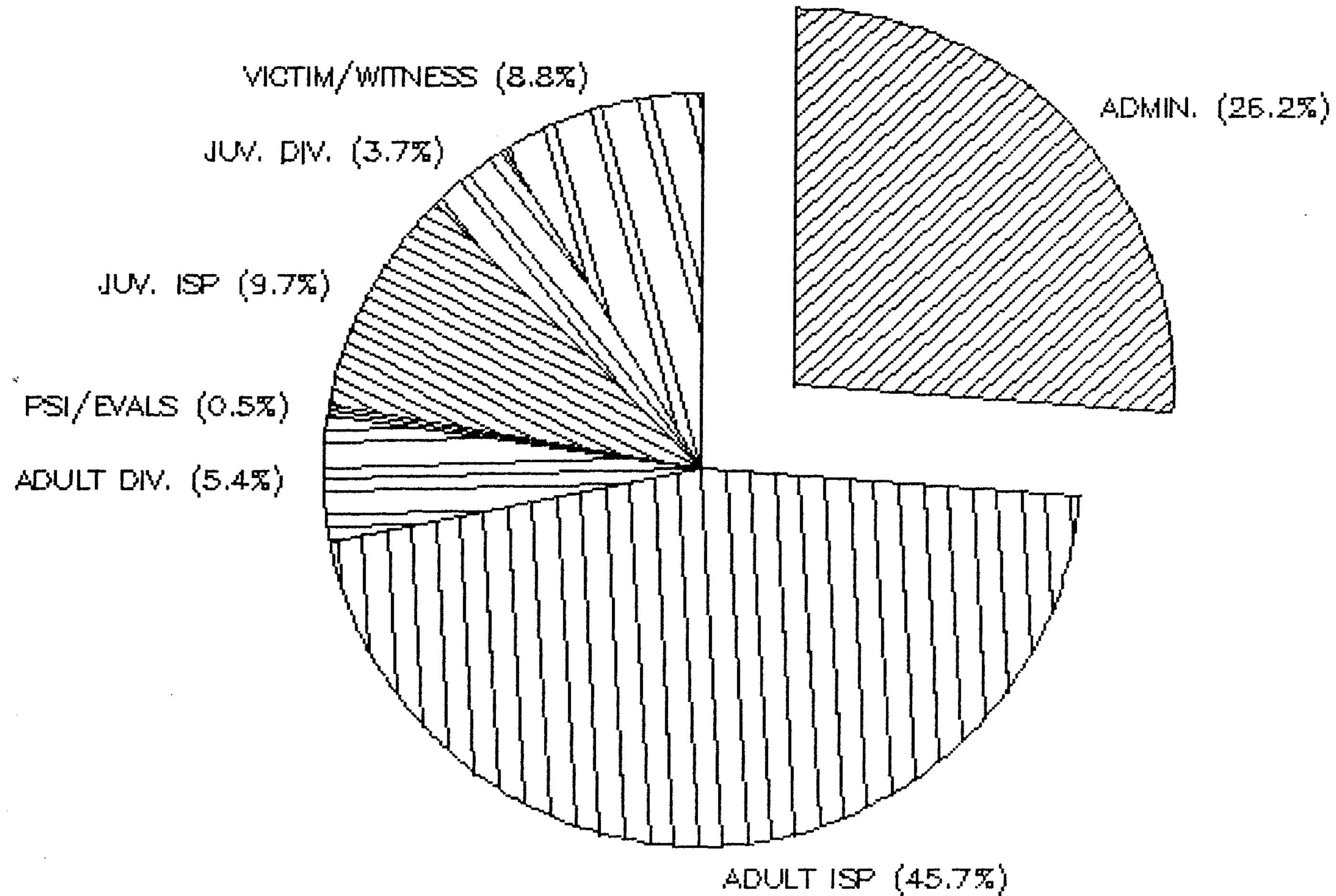
1989-90 BUDGET

RILEY COUNTY



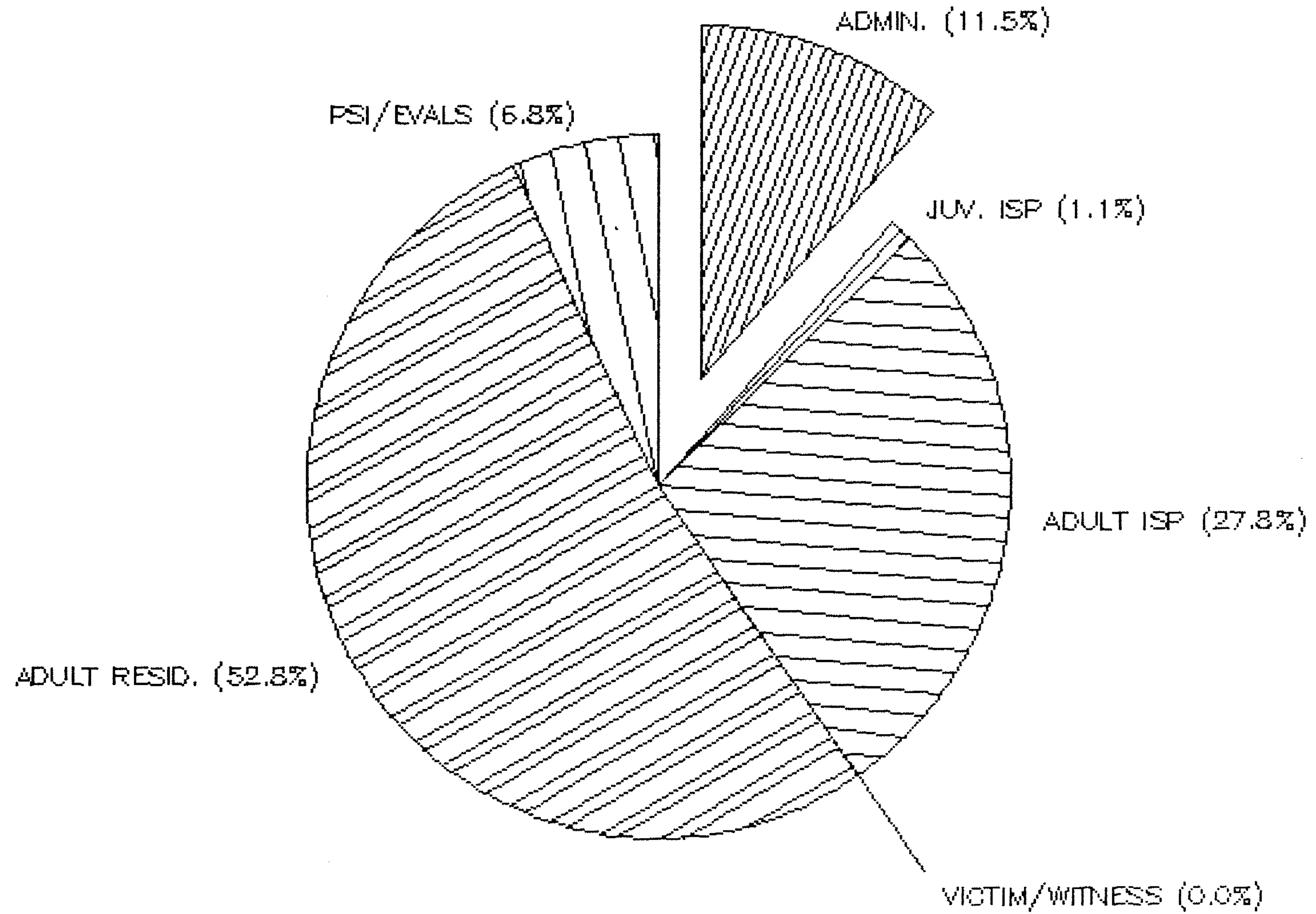
1989-90 BUDGET

SALINE COUNTY



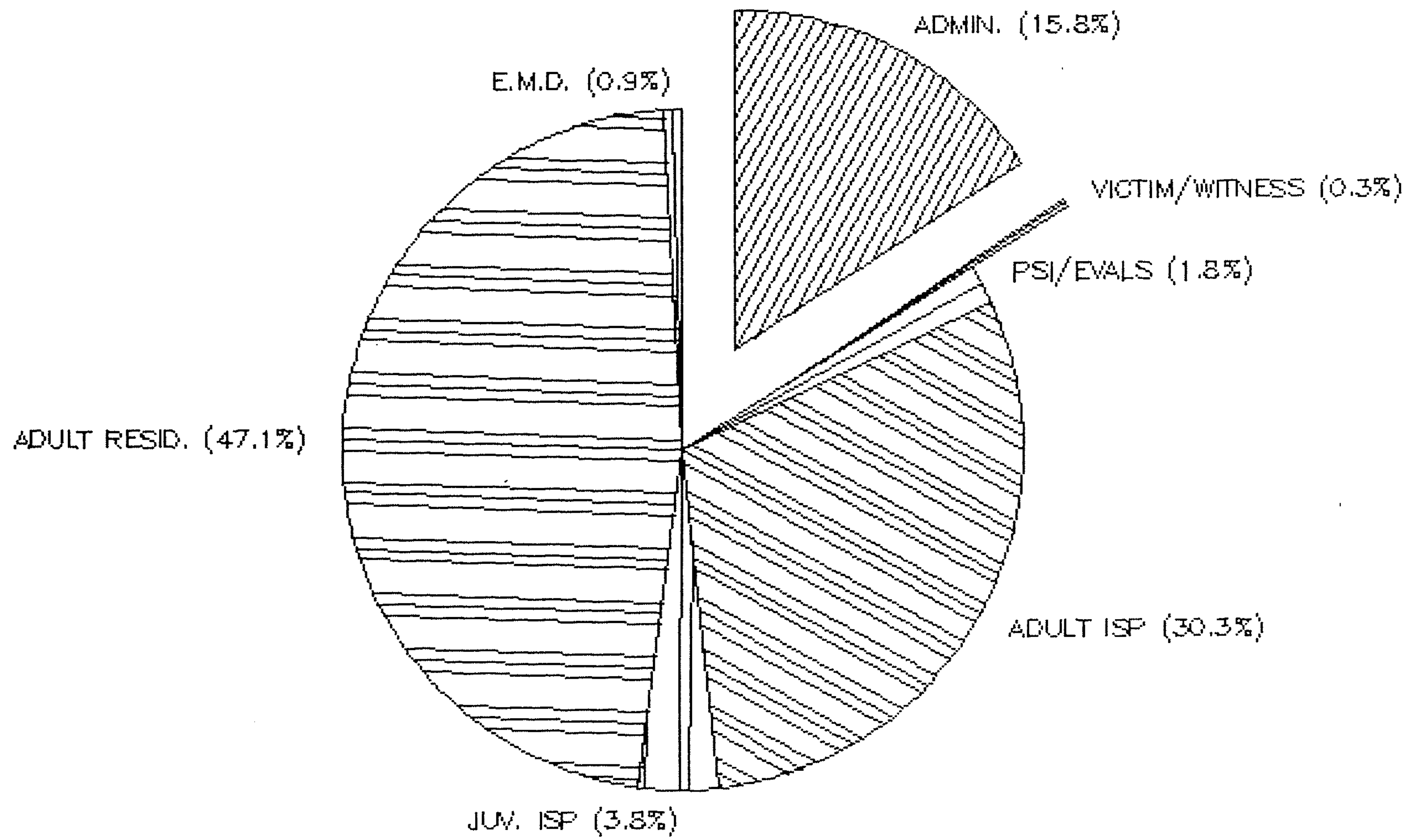
1989–90 BUDGET

SEDGWICK COUNTY



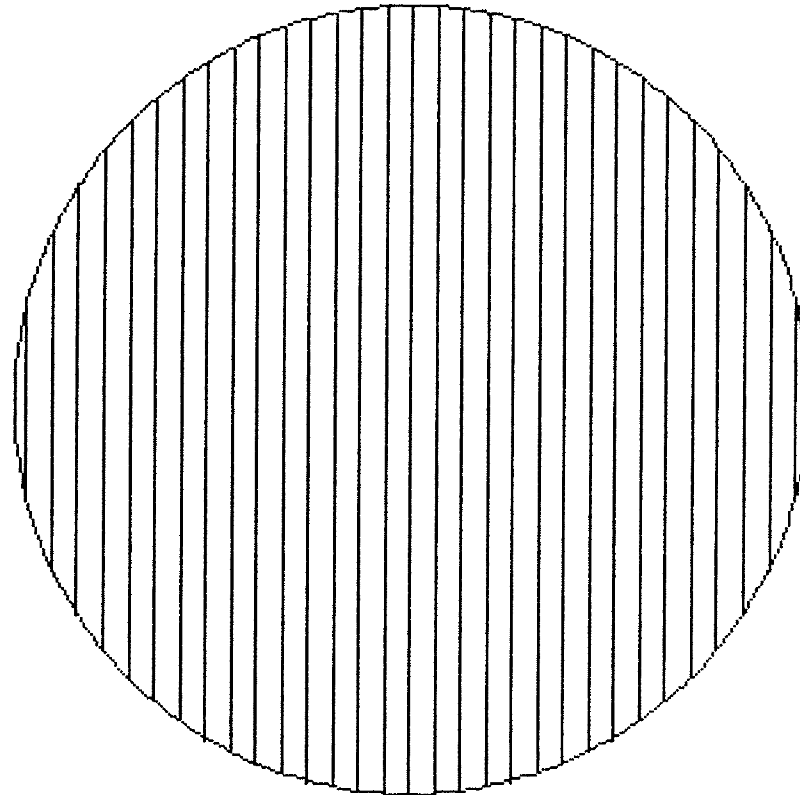
1989–90 BUDGET

SHAWNEE COUNTY



1989-90 BUDGET

2ND DISTRICT

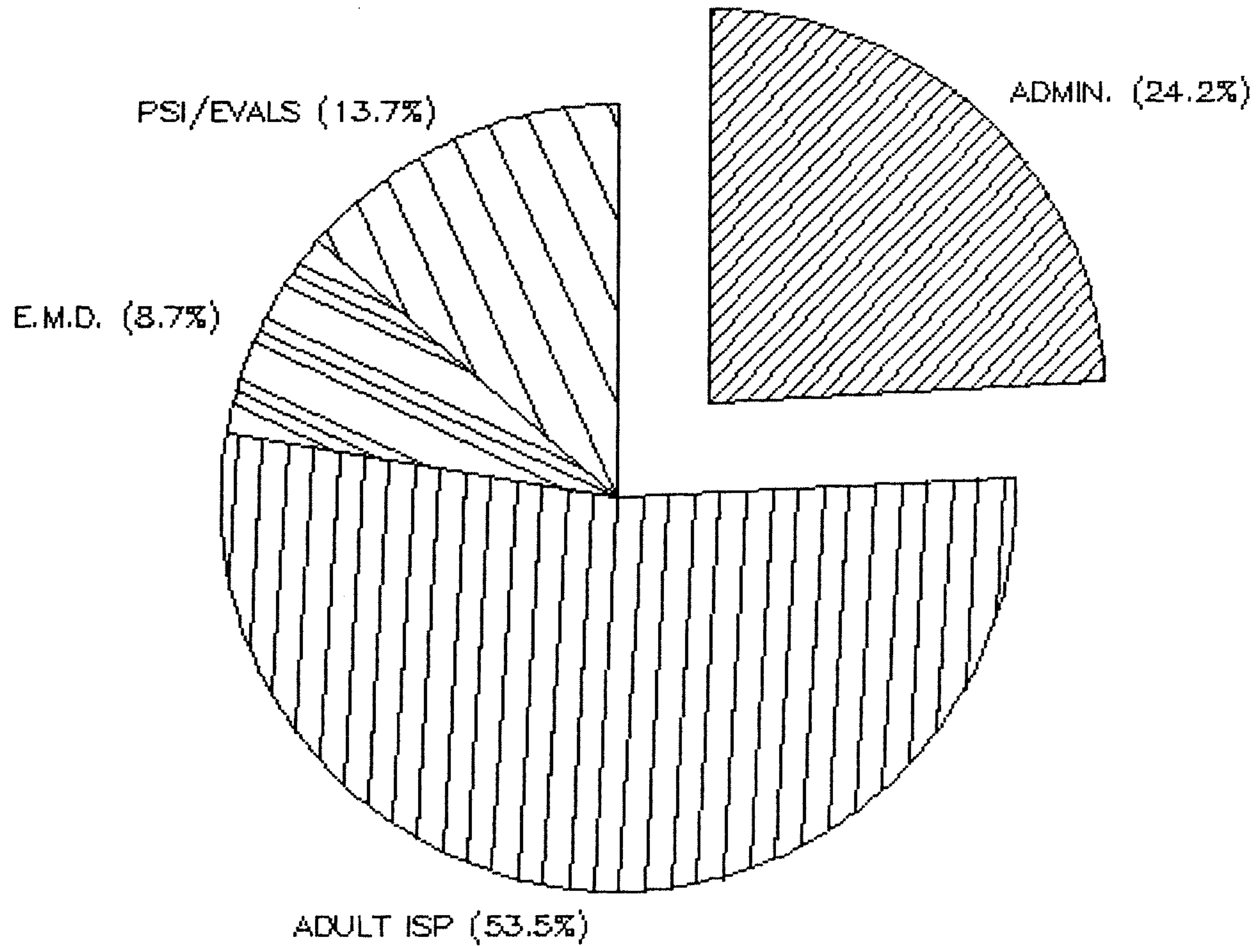


ADULT ISP (100.0%)

3-4

1989-90 BUDGET

WYANDOTTE COUNTY



STATE TOTALS

1	ADMIN.	2,190,712.13
13	VICTIM/WITNESS	279,529.20
11	JUV. DIV.	17,984.04
2	ADULT ISP	5,146,971.57
10	JUV. RESID.	135,000.00
3	ADULT RESID.	3,457,506.02
4	ADULT DIV.	123,520.50
5	C.S.W.	
6	E.M.D.	306,555.50
7	PSI/EVALS	747,487.14
8	SURVEILLANCE	
9	JUV. ISP	453,858.20
12	PREVENTION	
	GRAND TOTALS	12,859,124.30

B/L/M

1	ADMIN.	70,247.96
2	ADULT ISP	58,662.78
3	ADULT RESID.	50,441.20
4	ADULT DIV.	
5	C.S.W.	
6	E.M.D.	5,670.00
7	PSI/EVALS	
8	SURVEILLANCE	
9	JUV. ISP	6,982.40
10	JUV. RESID.	
11	JUV. DIV.	
12	PREVENTION	
13	VICTIM/WITNESS	55,427.66
	TOTAL	247,432.00

3-17

DOUGLAS

1	ADMIN.	190,931.00
2	ADULT ISP	183,085.00
3	ADULT RESID.	
4	ADULT DIV.	
5	C.S.W.	
6	E.M.D.	26,456.50
7	PSI/EVALS	27,525.00
8	SURVEILLANCE	
9	JUV. ISP	75,439.50
10	JUV. RESID.	
11	JUV. DIV.	
12	PREVENTION	
13	VICTIM/WITNESS	1,100.00
	TOTAL	504,537.00

JOHNSON

1	ADMIN.	142,138.50
2	ADULT ISP	1,171,225.05
3	ADULT RESID.	824,722.95
4	ADULT DIV.	
5	C.S.W.	
6	E.M.D.	15,000.00
7	PSI/EVALS	
8	SURVEILLANCE	
9	JUV. ISP	
10	JUV. RESID.	135,000.00
11	JUV. DIV.	
12	PREVENTION	
13	VICTIM/WITNESS	
	TOTAL	2,288,086.50

3-19

LEAVENWORTH

1	ADMIN.	124,689.00
2	ADULT ISP	159,394.87
3	ADULT RESID.	
4	ADULT DIV.	79,351.50
5	C.S.W.	
6	E.M.D.	
7	PSI/EVALS	
8	SURVEILLANCE	
9	JUV. ISP	88,970.63
10	JUV. RESID.	
11	JUV. DIV.	
12	PREVENTION	
13	VICTIM/WITNESS	65,737.50
	TOTAL	518,143.50

3-20

MONTGOMERY

1	ADMIN.	121,028.16
2	ADULT ISP	172,801.38
3	ADULT RESID.	
4	ADULT DIV.	
5	C.S.W.	
6	E.M.D.	
7	PSI/EVALS	78,082.43
8	SURVEILLANCE	
9	JUV. ISP	47,197.31
10	JUV. RESID.	
11	JUV. DIV.	
12	PREVENTION	
13	VICTIM/WITNESS	57,529.37
	TOTAL	476,638.65

RILEY

1	ADMIN.	119,137.50
2	ADULT ISP	144,420.00
3	ADULT RESID.	
4	ADULT DIV.	18,292.50
5	C.S.W.	
6	E.M.D.	15,000.00
7	PSI/EVALS	18,000.00
8	SURVEILLANCE	
9	JUV. ISP	85,650.00
10	JUV. RESID.	
11	JUV. DIV.	
12	PREVENTION	
13	VICTIM/WITNESS	51,000.00
	TOTAL	451,500.00

SALINE

1	ADMIN.	125,730.82
2	ADULT ISP	219,833.57
3	ADULT RESID.	
4	ADULT DIV.	25,876.50
5	C.S.W.	
6	E.M.D.	
7	PSI/EVALS	2,250.00
8	SURVEILLANCE	
9	JUV. ISP	46,794.90
10	JUV. RESID.	
11	JUV. DIV.	17,984.04
12	PREVENTION	
13	VICTIM/WITNESS	42,118.17
	TOTAL	480,588.00

SEDGWICK

1	ADMIN.	383,995.69
9	JUV. ISP	37,048.46
2	ADULT ISP	928,803.92
13	VICTIM/WITNESS	616.50
3	ADULT RESID.	1,764,172.72
4	ADULT DIV.	
5	C.S.W.	
6	E.M.D.	
7	PSI/EVALS	228,520.71
8	SURVEILLANCE	
10	JUV. RESID.	
11	JUV. DIV.	
12	PREVENTION	
	TOTAL	1,350,464.57

SHAWNEE

1	ADMIN.	274,150.50
13	VICTIM/WITNESS	6,000.00
7	PSI/EVALS	31,500.00
2	ADULT ISP	527,358.00
9	JUV. ISP	65,775.00
3	ADULT RESID.	818,169.15
4	ADULT DIV.	
5	C.S.W.	
6	E.M.D.	15,000.00
8	SURVEILLANCE	
10	JUV. RESID.	
11	JUV. DIV.	
12	PREVENTION	
	TOTAL	1,737,952.65

2nd DISTRICT	89-90 BUDGET
1 ADMIN.	
2 ADULT ISP	168,175.00
3 ADULT RESID.	
4 ADULT DIV.	
5 C.S.W.	
6 E.M.D.	
7 PSI/EVALS	
8 SURVEILLANCE	
9 JUV. ISP	
10 JUV. RESID.	
11 JUV. DIV.	
12 PREVENTION	
13 VICTIM/WITNESS	
TOTAL	168,175.00

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WYANDOTTE

1	ADMIN.	638,663.00
2	ADULT ISP	1,413,212.00
3	ADULT RESID.	
4	ADULT DIV.	
5	C.S.W.	
6	E.M.D.	229,429.00
7	PSI/EVALS	361,609.00
8	SURVEILLANCE	
9	JUV. ISP	
10	JUV. RESID.	
11	JUV. DIV.	
12	PREVENTION	
13	VICTIM/WITNESS	
	TOTAL	2,642,913.00