Approved 2-5-92
Date

MINUTES OF THE HOUSE COMMITTEE ON PENSIONS, INVESTMENTS AND BENEFITS.

The meeting was called to order by Representative Don Rezac
Chairperson
at

12:00 a.m./p.m. on January 29, 1992 in room 521-S of the Capitol.

All members were present except: Representative Elaine Wells (excused)
Representative Barbara Allen (excused)
Representative Walker Hendrix (excused)
Representative Aldie Ensminger (excused)

Committee staff present:
Alan Conroy - Legislative Research
Richard Ryan - Legislative Research
Gordon Self - Revisor's Office
Juanita Blasdel - Committee Secretary

Conferees appearing before the committee:
Jeff Collier - President Kansas State Troppers Assoc.
Jack Hahn - KPERS
Carlos Wells - Ks. Chief of Police & Ks. Peace Officers
James Todd - Kansas Firefighters Assoc.
Terry Scott - Kansas Highway Patrol
Larry Erne - SE Kansas Community Action Program
James Garrison - State Pres. of Community Action Agencies
Representative Richard Reinhardt
Yo Bestgen - Ks. Assoc. of Rehabilitation Facilities
Dan Kline - Tri Valley Developmental Center (Chanute)
Richard Clark - CLASS Ltd. (Columbus)
Jerry Williams - Area Agency on Aging
Gina McDonald - Ks. Assoc. of Centers for Independent Living
Paul Klotz - Assoc. of Community Mental Health Centers of Kansas
Donna Kidd - Jayhawk Area Agency on Aging
Meredith Williams - KPERS
Basil Covey - Retired Teachers Association
Others attending: see attached list

Meeting was called to order by Chairman Rezac at 12:00 noon and began with hearings on HB 2039.

HB 2039 - KP&F, purchase of participating service for military service

The first to speak was Jeff Collier, President of Kansas State Troopers Association. He spoke from material handed out (Attachment #1). He felt that the expense to the member would far outweigh any possible benefit. The bill provides for one quarter per year of military. The maximum benefit under this proposal with six years military service is only one and one-half years. At the current rate of 2% per year, he felt this doesn't merit much of an additional benefit. Questions were then asked.

The chairman then introduced James Todd of Kansas Firefighters Association and Carlos Wells, Kansas Chief of Police & Peace Officers, who both spoke as proponents of this bill. Jack Hahn of KPERS was then asked to explain the cost of this plan to a member. Terry Scott of Kansas Highway Patrol then spoke as a proponent. Questions and discussion then followed.

Hearings were then closed on HB 2039.

Alan Conroy of Legislative Research was asked to give a brief on HB 2198 for hearings to begin.

HB 2198 - Employees of community action agencies as eligible KPERS members.

The first proponent to speak was Larry Erne of S.E. Kansas Community Action Programs who spoke from material handed out (Attachment #2). He spoke of a small change in the law by including Community Action Agencies, but limiting it to them only by reference. The precedence has been established by the inclusion of the Public Television and Radio employees and is becoming more commonplace in other states. He asked that questions be deferred until the next speaker had presented his information as to what these agencies were.

The chairman then introduced James W. Garrison, State President of Community Action Agencies. Mr. Garrison explained that their programs purport to serve low and moderate income people in alleviating if not eliminating poverty within our state. They have always had a direct relationship with state government as required by the federal act and by regulation promulgated thereto. Most, if not all, of their funds are channeled through various state agencies and departments, resulting in direct interaction with state employment practices and requirements (Attachment #3). They ask only to become a part of the family of state employees in a retirement program which they feel they could have been a part of many years ago.

Questions were then asked of Messrs. Garrison and Erne.

Hearings were then closed on HB 2198.

At this time, minutes of the previous meeting held on January 22 were approved with one correction - the name of a proponent, Meredith Williams (was Wilson in the minutes). Motion was made by Representative Hensley to approve the minutes as corrected, seconded by Representativbe Macy and motion carried.

Chairman Rezac then called on Basil Covey of Retired Teachers Association who had a bill request, for "Legislation to work toward an automatic annual COLA similar to that of the Social Security System for retired teachers and others KPERS starting July 1, 1994" (Attachment #4).

A motion was made by Representative Wisdom to introduce this bill, seconded by Representative Macy, motion carried.

Hearings were then opened on HB 2773. Representative Reinhardt was then called on to give a brief and comments on this bill. He explained that he had been contacted by some quasi-governmental agencies for aging, mental health, and developmental disabilities, to ask for legislation to allow their employers to participate in the KPERS retirement program (Attachment #5). The result is HB 2773.

Questions were then asked of Representative Reinhardt.

The following proponents presented material relative to their respective agency asking for support of this bill to allow non-profit community facilities the option of KPERS participation.

Yo Bestgen - Kansas Association of Rehabilitation Facilities
(Attachment #6)

Dan Kline - Tri Valley Developmental Center (Chanute)
(Attachment #7)

Robert L. Clark - CLASS Ltd. (Columbus) - (Attachment #8)

Jerry Williams - Executive Director, Southeast Kansas Area Agency on Aging (Chanute) - (Attachment #9)

Gina McDonald - Kansas Association of Centers for Independent Living (Attachment #10)

Paul Klotz - Association of Community Mental Health Centers of Kansas, Inc. - (Attachment #11)

Donna Kidd - Executive Director of Jayhawk Area Agency on Aging (Attachment #12)

Delores Peters - Southeast Kansas Area Agency on Aging (Attachment #13)

Hearings were then closed on HB 2773.

The meeting adjourned at 1:15 p.m. The next meeting will be Wednesday, February 5, at noon.

GUEST LIST

COMMITTEE: Pensions, Investments & Benefits DATE: Jan. 29 '92

NAME (PLEASE PRINT)	ADDRESS	COMPANY/ORGANIZATI(
Larry Enns	PO 128 Girard KS	SEK-CAP
James W Garrison	Girard Ks	SEKCAP
Richard Jackson	Box 110 Ottawa KS	ECKAN
LA'DORA WILLIAMS	1542 Minnesota Ave. K. C. Ks. 66102	E. O. F.
THOMAS SCHRADER	1542 Minnesota Ave. K.C., KS. 66102	E.O.F.
BOB GEERS	2704 RANDOLPH TOPEKA KS 66611	ARC/KS
Lola Gadsby	"	ARC/KS
Linda Reinhardt	RR#1 Eur, Ks.	~~KSTA~~
PAT O'ROURKE	4944 Auburn Topeka	KSTA
JEFF CULLIVER	Ft Scott	KSTA
James A. Todd	Wichita	KSTA
HAROLD C. PITTS	Topeka	ARRP-CCTF
Donna J. Kidd	1195 Buchanan	AAA Topeka
Linda M. Gill	Topeka	KSTA
Susan Wheatley	1000 SE Hancock Topeka KS	Community Action-Top.
Lonnie Eldridge	126 E. 2nd El Dorado, Ks	Mid-Kan Community Action
Helen Stephens	Topeka	KPOA
Carlos Wells	Westwood	Ks. Chiefs of Police

TESTIMONY

OF

TROOPER JEFF COLLIER

ON BEHALF OF THE

KANSAS STATE TROOPERS ASSOCIATION

PRESENTED BEFORE

THE
HOUSE PENSIONS, INVESTMENTS AND BENEFITS COMMITTEE

JANUARY 29, 1992

RE: HOUSE BILL 2039

Pensions, Investments & Benefits
Attachment #1
2-29-92

Dear Mr. Chairman and Committee members:

I am Jeff Collier, President of the Kansas State Troopers Association. After reviewing the provisions of HB 2039, I find several problems contained in this bill. It appears that the expense to the member would far outweigh any possible benefit. Inasmuch, it does not appear to represent any direct benefit to our membership.

The bill provides for one quarter per year of military. The reality of this is that most people would have between two and four years of service. This equates to a retirement benefit of one-half year to one year maximum. The maximum benefit under this proposal with six years military service is only one and one-half years.

Using myself as an example, I have three years of military. This gives me 3/4 of a year on my retirement. At the current rate of 2% per year you can easily see that this doesn't merit much of an additional benefit. Also, by doubling or tripling my KP&F contribution for 9 months to pay off this liability, it would cost me 14 to 24% of my gross pay for 9 months ($419.42 to $629.13 minimum). In addition, if the legislation reinstates overtime and holiday pay, an additional liability at the 14% to 24% would also be tacked on. Quite honestly, I don't know of any Trooper who could afford this program. As for the provision of the lump sum payment (and in my case this would cost $3,774.78 to $5662.17), this is clearly an impossibility for most Troopers.

Given the short notice, I can't even contemplate any solution or amendment that would make this bill more palatable and have it remain financially sound. However, I have trouble with the KSTA embracing this proposal as a tangible improvement in the KP&F system and as a benefit to our membership. By standing mute, if the proposal passes, those members that want or are able to avail

themselves of this program can do so. But I don't want the membership coming back on the KSTA for endorsing legislation that in all reality will not benefit the membership.

On the other side of the coin, I don't want this committee to think that they are improving the KP&F system by no one coming forward to criticize the program. I am probably not knowledgeable enough about the KP&F to weigh all the pros and cons of this bill. But on the face of it, this just does not appear financially feasible. I would think, for the same money, a Trooper could do better with an IRA or putting the amount into the deferred compensation program.

JA[illegible] GARRISON
Executive Director

LELA HOL[illegible]
Multi County Board
Chairperson

S.E.K.-C.A.P. Incorporated

"In America's Poor – Lies America's Strength"

110 NORTH OZARK — P. O. BOX 128 — GIRARD, KANSAS 66743

PHONE 316 724-8204

SEK-CAP

- HEAD START
- ADULT EDUCATION
- TUTORIAL EDUCATION
- VOCATIONAL EDUCATION
- WORK EXPERIENCE
- COMMUNITY & AREA PLANNING
- STATISTICAL DATA
- ELDERLY HOUSING
- PROGRAM ADMINISTRATION
- NEIGHBORHOOD CENTERS
- LOW INCOME HOUSING
- SENIOR OPPORTUNITIES AND SERVICES
- CAREER DEVELOPMENT
- IN SERVICE TRAINING
- CONGREGATE NUTRITION
- RURAL TRANSPORTATION
- HOME WEATHERIZATION
- HOUSING REPAIR
- SMALL FARMERS COOPERATIVE
- ELDERLY HOME REPAIR
- OUTREACH & REFERRAL SERVICES
- WOMEN, INFANTS & CHILDREN NUTRITION PROGRAM
- FMHA LOAN COUNSELING
- RURAL WATER AND SEWAGE DEVELOPMENT
- HEALTH SCREENING
- SEK-CAPTION NEWSLETTER
- KCC ENERGY CONSERVATION PROGRAMS
- COMMODITY FOOD DISTRIBUTION
- DEFENSE DEPARTMENT FOOD SALVAGE
- JPTA SUMMER YOUTH PROGRAMS
- UTILITY ASSISTANCE
- C.A.R. PROGRAM
- ADOPT - A - FAMILY CHRISTMAS PROJECTS

January 29, 1992

Honorable Don Rezac, Chairman
House Pensions and Investments Committee
Capitol Building
Topeka, Kansas 66612

RE: H.B. 2198

Mr. Chairman and Members of the Committee:

I appear before you today in support of H.B. 2198. The Community Action Agencies requested his bill be introduced by the Committee last year. After wide spread interest in the retirement system developed, it was decided to let the bill remain in a safe place (here in committee).

H.B. 2198 makes a very small change in the law on page 3 by including Community Action Agencies, but limiting it to them only by reference.

The precedence has been established by the inclusion of the Public Television and Radio employees' and is becoming a more common place in other states.

Thank you for your consideration and support of H.B. 2198.

Serving the People,

Larry E. Erne
Homeless and HUD Housing Assistance
Program Director

Pensions, Investments & Benefits
Attachment #2
2-29-92

Testimony in support of HB 2198 before the "Committee On Pensions and Investments" given on January 29, 1992, by James W. Garrison, President of the Kansas Association of Community Action Directors.

"Chairman Rezac and honorable members of the Committee": My name is Jim Garrison, Executive Director of the Southeast Kansas Community Action Agency. As President of the State Association, I appear today on behalf of employees of all eight Community Action Agencies in the great state of Kansas.

Let me first explain, as I can, what a Community Action Agency is and how we relate to programs and activities within state government.

We exist as a result of the Economic Opportunity Act of 1964 as amended and, as such, have operated programs within the state of Kansas since that time. Our programs purport to serve low and moderate income people in alleviating, if not eliminating, poverty within our state. We have always had a direct relationship with State government as required by the federal act, and by regulation promulgated thereto. Most, if not all, of our funds are channeled through various State Agencies and Departments, resulting in direct interaction with State Employment practices and requirements.

Because of our unique and innovative approaches to the application of public monies, we have never been included in the Kansas Public Employees Retirement system. This is true even though some of us have been around for twenty plus years.

I will digress a minute to further enlighten the Committee as to the kinds of things we do, both as an association and as individual agencies. Our programs are largely locally devised and designed to serve the needs of the areas we serve. In addition to that I must say that, while we may all operate similar programs, Community Action Agencies aren't all exactly the same. Some are urban, some are rural, some serve large ethnic populations and, some large numbers of elderly. Some of the programs include:

1. Low income housing
2. Weatherization of older and energy inefficient homes
3. Head Start Programs for pre-school children
4. Total Family self-sufficiency programs
5. Low income farm programs
6. Rent subsidy for low income families
7. Rural and Urban Transportation
8. Small Community and Neighborhood Community Centers
9. Food and meals distribution for the Needy
10. Job Training and Adult Education

These are only ten and there are many more.

We do not ask to tap already burdened resources, but rather to become a part of the "family of State employees" in a retirement program which we feel we could have been a part of many years ago. Heretofore no comprehensive retirement plans have been available and utilized by these approximately five hundred sixty dedicated employees.

We are represented here today by a delegation from each

agency in the state. They include:

Northeast Kansas Community Action

East Central Kansas Community Action

Southeast Kansas Community Action

Topeka Community Action

Wichita - Department of Human Services

Harvest America

Economic Opportunity Foundation of Kansas City

Mid Kansas Community Action of ElDorado

We thank this august body for allowing this testimony and for your valuable time in considering our appeal for adoption of House Bill #2198.

I, or other members of this delegation here present, will be happy to answer any questions we can that members of the committee may have at this time.

Respectfully:

James W. Garrison
President Kansas Association of Community Action

Rep. Don Rezac, Chairman, Pensions Committee

We request permission to introduce a KPERS bill.

#3 on KRTA Priorities--

> Legislation to work toward an automatic annual COLA similar to that of the Social Security system for retired teachers and others in KPERS starting July 1, 1994.

Thank you,

Basil Covey

Basil Covey
Chairman
KRTA Legislative
Committee

Pensions, Investments & Benefits
Attachment #4
2-29-92

STATE OF KANSAS

RICHARD R. REINHARDT
REPRESENTATIVE, 8TH DISTRICT
NEOSHO COUNTY AND PART OF
LABETTE COUNTY
R. R. #1, BOX 118
ERIE, KANSAS 66733

TOPEKA

HOUSE OF
REPRESENTATIVES

COMMITTEE ASSIGNMENTS
MEMBER: AGRICULTURE
EDUCATION
TRANSPORTATION

January 29, 1992

HB 2773

Mr. Chairman and members of the Pension Committee:

I want to thank you for scheduling an early hearing on HB 2773.

I was contacted this past summer by some quasi-governmental agencies for aging, mental health, and developmental disabilities, to ask for legislation to allow their employers to participate in the KPERS retirement program.

The result is HB 2773, which amends KSA 1991 Supplement 74-4902. On page 3 (13) "Eligible employer" is redefined to include area agencies on aging, community mental health centers and nonprofit community facilities for mental and physical disabilities.

In researching this issue, some such agencies are county operated and can presently participate in KPERS. Other area agencies such as the ones I represent, consist of several counties. They are nonprofit organizations but perform similar functions.

The decision to participate or not remains with the employer and the employer contribution is paid by the agency. I see no fiscal note directly to the state.

I would encourage your support of HB 2773 and would be happy to reply to any questions.

Richard R. Reinhardt
State Representative
District #8

Pensions, Investments & Benefits
Attachment #5
2-29-92

Kansas Association of Rehabilitation Facilities
Jayhawk Tower • 700 Jackson • Suite 212 • Topeka, Kansas 66603-3731
(913) 235-5103 • Fax (913) 235-0020

TO: Representative Don Rezac
Chairperson
Pensions, Investments and Benefits Committee

FROM: Kansas Association of Rehabilitation Facilities
Yo Bestgen, Ex. Director

RE: HB 2773; An act concerning the Kansas public employees retirement system; relating to eligible employers.

DATE: Jan. 29, 1992

My name is Yo Bestgen and I am the Executive Director of the Kansas Association of Rehabilitation Facilities (KARF). I am here today to speak in support of HB 2773.

The KARF represents community facilities that serve individuals with mental retardation, developmental disabilities and physical disabilities. The programs and services which these private, community facilities offer include vocational and day activity programs, community living alternatives, and children's programs.

The membership of the KARF, although diverse in the programs and services offered, are recipients of state or local funds or grants which allow them to provide the services listed above.

The thirty-eight nonprofit private providers represented by the KARF have become an integral part of this States initiative to reduce the size of the populations in the State Institutions for the mentally retarded. One of the key challenges as we expand community services for people with more severe disabilities is to attract and to maintain quality staff.

House Bill 2773 would provide the option for nonprofit community facilities to be an eligible employer and to participate in the KPERS plan. This option to participate would increase the ability of community facilities to develop a more attractive benefits plan for their staff.

This Fall the Legislative Task Force on SRS developed a five year proposal that would significantly expand the array of community services while reducing the size of state institutions. One of the recommendations from the sub-committee working on Mental Health and Retardation Services was "that community programs give special consideration to hiring those hospital workers who are displaced by

hospital consolidation or staff reductions, provided the workers are qualified for the particular community job".

If a community facility had the option for KPERS participation, workers that would move from a position at the state hospital to a participating community facility then that worker would not lose their KPERS benefits.

I have attached a list of potential eligible employers from the KARF membership. In a recent survey I found that seventeen of those facilities have expressed interest in the KPERS option. In addition, Mental Health and Retardation Services indicated that there are approximately ten additional facilities that may also desire participation.

I would like to emphasize that we are only requesting this as an optional participation so that those facilities with viable retirement plans will not be effected.

We would request your support of HB 2773 allowing nonprofit community facilities the option of KPERS participation.

Thank you for your attention to this issue.

Kansas Association of Rehabilitation Facilities

COMMUNITY FACILITY MEMBERS

Facility	Vocational Services	Residential Services	Childrens Services	Location
Achievement Services of NE Kansas, Inc.	X	X	X	Atchison
Arrowhead West, Inc.	X	X	X	Dodge City
Big Lakes Developmental Center, Inc.	X	X	X	Manhattan
Brown County Developmental Services, Inc.	X			Hiawatha
The Capper Foundation	X	X	X	Topeka
Cerebral Palsy Research Foundation, Inc.		X	X	Wichita
CLASS, Ltd.	X	X	X	Columbus
COF Training Services, Inc.	X	X		Ottawa
Community Living Opportunities, Inc.		X		Overland Park
Cottonwood, Inc.	X	X	X	Lawrence
Cowley County Developmental Services, Inc.	X	X		Arkansas City
Cranford Living-Learning Center, Inc.		X		Wichita
Developmental Services of NW Kansas	X	X	X	Hays
Futures Unlimited, Inc.	X	X	X	Wellington
HELP, Inc.	X	X		Leavenworth
Hutchinson Heights, Inc.		X		Hutchinson
Johnson County MR Center (County)	X	X	X	Lenexa
Kansas Elks Training Center	X	X		Wichita
Lakemary Center, Inc.	X	X	X	Paola
McPherson County Diversified Services	X	X		McPherson
Meadowlark Homestead, Inc.	X	X		Newton
Nemaha County Training Center, Inc.	X	X		Seneca
Northview Developmental Services, Inc.	X	X	X	Newton
Occupational Center of Central Kansas, Inc.	X	X	X	Salina
Pennington's Residential Homes, Inc.		X		Wichita
Rainbows United, Inc.			X	Wichita
Sheltered Living, Inc.		X		Topeka
Southwest Developmental Services, Inc.	X	X		Garden City
Starkey Developmental Center, Inc.	X	X		Wichita
Sunflower Diversified Services, Inc.	X	X	X	Great Bent
TECH, Inc.	X	X	X	Hutchinson
Terrimara, Inc.	X	X		El Dorado
Topeka ARC	X		X	Topeka
Tri-Ko, Inc.	X	X		Osawatomie
Tri-Valley Developmental Center, Inc.	X	X		Chanute
Twin Valley Developmental Services	X	X		Greenleaf
Wyandotte Dev. Disabilities Services (County)	X	X	X	Kansas City

HB-2773
Testimony Before the House Pensions, Investments and Benefits Committee
January 29, 1992
By
Dan R. Kline, Executive Director
Tri-Valley Developmental Center, Inc.
P.O. Box 517
Chanute, KS 66720
(316) 431-7401

Tri-Valley Developmental Center, Inc. is a non-profit, state designated, community mental retardation center serving Allen, Bourbon, Neosho and Woodson counties. State Licensing and major funding are provided through the SRS Division of Mental Health and Mental Retardation Services. Tri-Valley provides services to support persons with developmental disabilities within their communities.

I am in support of HB-2773 which amends the Kansas Public Employees Retirement System definition of eligible employer to include any non-profit area agency on aging, any non-profit community mental health center and any non-profit community facility for individuals with mental retardation, developmental disabilities and physical disabilities, which receives state or local funds or grants to provide the services offered by such organization.

Tri-Valley Developmental Center would qualify under this admendment for optional inclusion in the KPERS system. We currently compete in the employment market with school districts and state programs which offer KPERS. I feel that our participation in the Kapers system could enhance our ability to attract and hold qualified staff as we grow in response to state initiatives expanding community-based support services.

I respectfully ask that you take positive action on HB-2773. Thank you for the opportunity to testify today. If you have any questions I would be glad to respond.

HB-2773
Testimony Before the House Pensions, Investments and Benefits Committee
January 29, 1992
By
Robert L. Clark, President
CLASS LTD
PO BOX 266
Columbus, Kansas 66725
(316) 429-1212

OUTLINE OF REMARKS:

1. CLASS LTD is a State-licensed, nationally accredited, comprehensive Community-based Mental Retardation/Developmental Disabilities Center serving Cherokee, Crawford, Labette and Montgomery Counties in Southeast Kansas.

2. I am appearing today in support of HB-2773, particularly the amendment proposed to Section 1, Subsection 13, which would allow "—any non profit area agency on aging, any non profit community mental health center and any non profit community facility for individuals with mental retardation, developmental disabilities and physical disabilities, which receives state or local funds or grants to provide the services offered by such organization"— to be deemed an eligible employer for purposes of joining the KPERS Program for all employees for whom Social Security is paid by such non-profit organization.

3. As a state-recognized Community Mental Retardation Center, receiving funds and grants from the SRS Division of Mental Health and Retardation Services and Kansas Rehabilitation Services, as well as county mental retardation mill levy funds, CLASS LTD would qualify under this language for optional inclusion in the KPERS system.

4. Given the move to decentralize mental retardation and developmental disabilities services in the State of Kansas, by state policy, there is a greater emphasis upon expanding community services such as those provided by CLASS LTD. There is the distinct possibility that state personnel, currently employed in institutional settings, might wish to transfer to community programs such as CLASS LTD as the institutional population declines in future years. Certainly, our opportunity to participate in the KPERS program could be a significant recruiting tool with people who are currently employed by agencies involved in the KPERS System.

5. We respectfully ask that the Committee take favorable action on HB-2773 and give us the opportunity, yet this session, to secure passage of this permissive legislation in 1992.

Thank you for your consideration. If you have questions, I would be pleased to respond.

Testimony

given to the

Pension Committee

of the

Kansas Legislature

Wednesday, January 29, 1992

on

House Bill No. 2773

I am Jerry Williams, Executive Director, Southeast Kansas Area Agency on Aging headquartered in Chanute, Kansas. Today I am here to provide testimony in favor of House Bill 2773.

The state of Kansas is divided into eleven (11) area agencies on aging as designated by the Kansas Department on Aging. Three (3) of the designated area agencies on aging are sponsored by county units of government and are therefore covered by the Kansas Public Employees Retirement System (KPERS). These area agencies on aging are Central Plains (Wichita), Johnson County (Olathe) and Wyandotte-Leavenworth (Kansas City). The remaining eight (8) area agencies on aging are non-profit organizations which carry out functions of providing services to the elderly population of Kansas, but the employees are not covered by KPERS. These eight (8) area agencies on aging have approximately sixty-five (65) to eight-five (85) employees who could be provided KPERS coverage by approving House Bill 2773.

By this testimony today I want to provide some answers to the question: "Why should the KPERS law be amended to allow non-profit area agencies on aging, community mental health centers, and community facilities providing services to Kansas citizens who experience mental retardation, development disabilities and physical disabilities to participate in KPERS?"

1) All of the above organizations receive state or local funds or grants to provide the services they offer.

2) Community based organizations which are non-profit carry out services to assist special population groups at the local level, which would otherwise be a function of state government with state employees.

3) Non-profit organizations listed in item 13 of House Bill 2773 have sister organizations in Kansas at county units of Government. The employees of the county units and non-profit organizations carry out the same type service, however, the employees at the county sponsored service organization are eligible for KPERS, while the non-profit employees are not.

4) If non-profit service agencies were allowed membership in KPERS, the retirement benefit would encourage employees to choose the career of providing services to special population groups in Kansas and thereby make a commitment to the social service for long term employment.

Thank you for this opportunity to provide testimony in favor of House Bill 2773. I would encourage approval of House Bill 2773 by this committee.

Jerry D. Williams
Executive Director
Southeast Kansas Area Agency on Aging
P.O. Box 269
Chanute, Kansas 66720
1-316-431-2980

AREA AGENCIES WHICH HAVE KPERS:

KANSAS AREA AGENCIES ON AGING

PSA 01
Art Collins, Executive Dir.
Wyandotte-Leavenworth AAA
9400 State Avenue, Room 111
Kansas City, KS 66112
(913) 596-9231

PSA 02
Irene Hart, Executive Dir.
Central Plains AAA
510 North Main St., Room 306
Wichita, KS 67203
(316) 383-7298
(316) 383-7824 (I&R)
Fax: (316) 383-7288

PSA 03
Ellene Davis, Executive Dir.
Northwest Kansas AAA
301 West 13th Street
Hays, KS 67601
(913) 628-8204
(913) 628-5725 (I&R)

PSA 04
Donna Kidd, Executive Dir.
Jayhawk AAA
1195 Buchanan, Suite 103
Topeka, KS 66604
(913) 235-1367
(913) 232-9065 (I&R)

PSA 05
Jerry Williams, Executive Dir.
Southeast Kansas AAA
811 West Main Street
P.O. Box 269
Chanute, KS 66720
(316) 431-2980
1-800-794-2440
Fax: (316) 431-1602

PSA 06
Dave Geist, Executive Dir.
Southwest Kansas AAA
108 North 14th Street
P.O. Box 1636
Dodge City, KS 67801
(316) 227-4700

PSA 07
Beatrice Shisler, Executive Dir.
East Central Kansas AAA
132 South Main
Ottawa, KS 66067
(913) 242-7200

PSA 08
Julie Govert Walter, Executive Dir.
North Central-Flint Hills AAA
437 Houston Street
Manhattan, KS 66502
(913) 776-9294
1-800-432-2703

PSA 09
Denise Clemonds, Executive Dir.
Northeast Kansas AAA
107 Oregon West
Hiawatha, KS 66434
(913) 742-7152

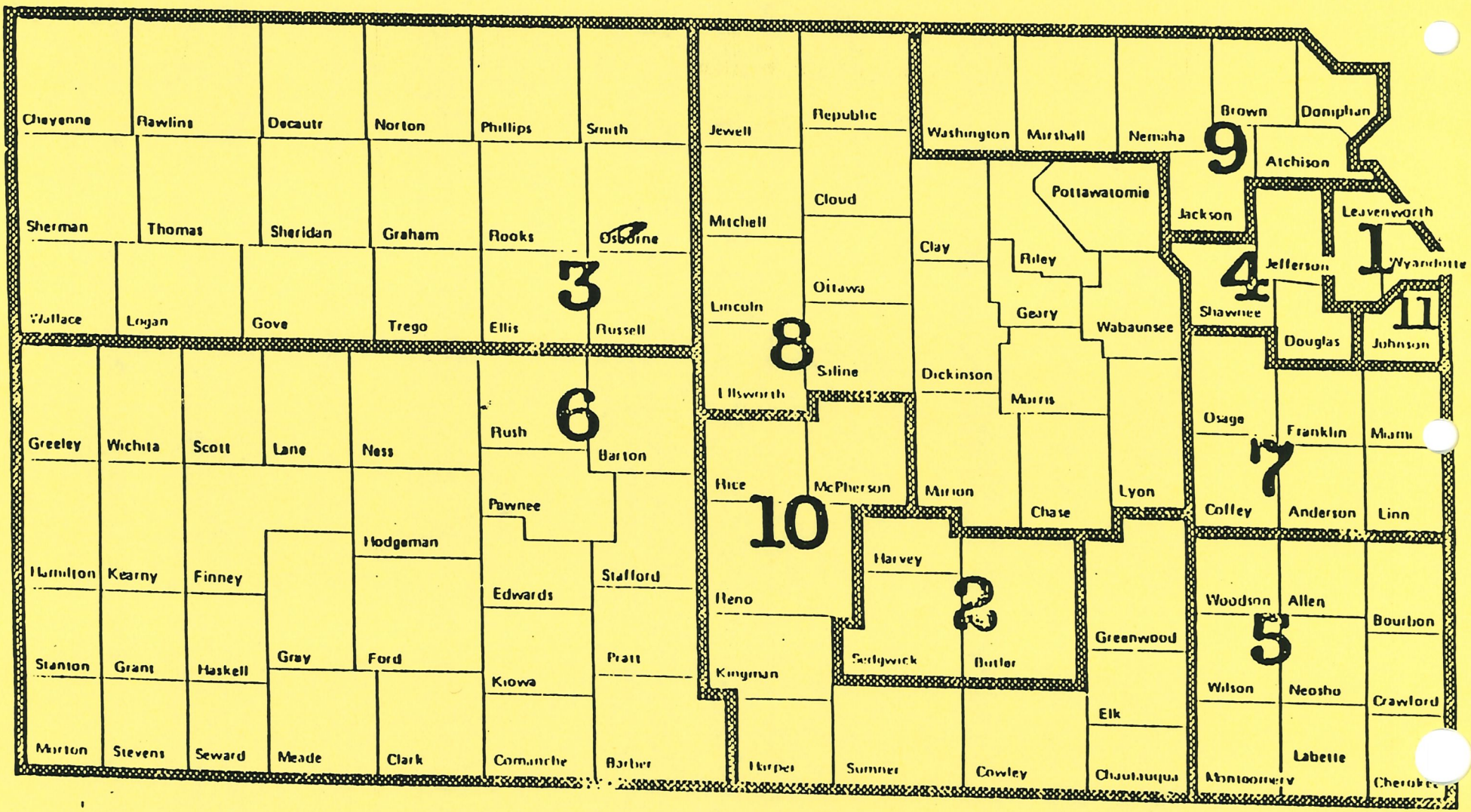
PSA 10
Betty Londeen, Executive Dir.
South Central Kansas AAA
320 South A Street
Arkansas City, KS 67005
(316) 442-0268
1-800-362-0264
Fax: (316) 442-0296

PSA 11
Annice White, AAA Director
Johnson County AAA
301-A South Clairborne
Olathe, KS 66062
(913) 782-7188
(913) 764-7007 (I&R)

STATE OFFICE

KDOA
Docking State Office Bldg., 122-S
915 S.W. Harrison
Topeka, KS 66612-1500
(913) 296-4986
1-800-432-3535
Joanne E. Hurst, Secretary

Planning & Service Areas



APPENDIX A

Attachment #9-4

KANSAS ASSOCIATION OF
CENTERS FOR INDEPENDENT LIVING
3258 South Topeka Blvd. ~ Topeka, Kansas 66611 ~ (913) 267-7100 (Voice/TDD)

TESTIMONY TO

HOUSE COMMITTEE ON PENSIONS,

INVESTMENTS AND BENEFITS

DON M. REZAC, CHAIRMAN

Gina McDonald
Executive Director

My name is Gina McDonald and I am here representing the Kansas Association of Centers for Independent Living (KACIL).

KACIL wishes to offer our strong support to H.B. 2773. The agencies that I represent are small, not for profit businesses, who have been unable, in most instances to offer any type of retirement program to their employees. This bill would offer them the opportunity to offer benefits that are more in line with benefits offered to state employees.

The majority of the staff of the agencies I work for are people who experience disabilities. It has not been the norm to think of people who experience disabilities as being employable, let alone having the need for retirement benefits. This bill does make that consideration and will allow our member agencies to begin to offer similar benefits to employees.

Our congratulations and appreciation go to the author of this bill, Representative Reinhardt for his consideration of our agencies needs. People with disabilities all to often experience discrimination when attempting to obtain life insurance or retirement benefits. This bill will eliminate that barrier and offer equitable retirement benefits.

Thank you for the opportunity to speak to this committee today. I will stand for any questions.

Pensions, Investments & Benefits
Attachment #10
2-29-92

ASSOCIATION OF COMMUNITY MENTAL HEALTH CENTERS OF KANSAS, INC.

835 SW Topeka Avenue, Suite B
Topeka, KS 66612
(913) 234-4773
Fax (913) 234-3189

Policy and Information
January 1992

John G. Randolph
President

Paul M. Klotz
Executive Director

MISSION STATEMENT

The Association of Community Mental Health Centers of Kansas, Inc., is a voluntary organization made up of dues paying, licensed mental health centers, originated for the purpose of collectively maintaining and promoting independent, locally owned and operated member centers. The Association, through educational, peer support, and legislative programs, is dedicated toward fostering a quality, free-standing system of services and programs for the benefit of citizens needing mental health care and treatment. The Association will initiate and maintain close cooperative, working relationships with other groups, organizations, and individuals who have similar interests and goals. The Association aims at democratically and fairly developing and implementing common policies and goals that mutually benefit all members.

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Community Mental Health Centers of Kansas

STATEMENT OF COMMUNITY MENTAL HEALTH POLICY

- Preface -

This statement of policy by the Association of Community Mental Health Centers of Kansas, Inc., is the vehicle through which Community Mental Health Centers (CMHCs) make known their common aims and purposes and move together for the improvement of mental health services in Kansas. This document will be revised and readopted as needed. This edition was officially adopted by voting delegates at the regular Board Meeting of the Association in Manhattan, Kansas, on November 22, 1991.

The following statement represents the foundation upon which the Association builds its legislative program at both the state and national levels. It does not attempt to set forth the Association's position on specific bills which may be considered by the Legislature and/or Congress during a given session--rather, it attempts to set forth principles and guideposts as the basis for specific action by the Association officers, committees, Association staff and by individual centers. It also sets forth recommendations for action at the local level. It is the Association's platform for building better mental health services in Kansas.

The Association of CMHCs of Kansas and its board and staff will at all times conduct its affairs based on accepted principles and professional standards. All staff of the Association and community mental health centers shall avoid conflicts of interest and misrepresentation of their services, credentials or skills. The Association Board and its members recognize accountability to the organization and persons served and accept responsibility for their own actions. Nondiscriminatory policies are promoted and observed among all member centers. Also, the Association, its board, members and staff have a primary responsibility to maintain high standards of professional competence and to promote the highest quality of care possible. Respect shall be maintained for the rights, policies and procedures of other professional organizations and governmental agencies.

Community mental health centers are the direct providers of service to over 90,000 Kansas citizens and are important working partners in the performance of public services for the emotionally disturbed and the conduct of the overall Kansas mental health system. Centers currently provide over 96 percent of the mental health services to those seeking public mental health care and treatment. There are 30 licensed community mental health centers operating in Kansas with each having a separate duly elected and/or appointed board of directors. Each of these boards is accountable to the citizens served, its county officials, the state legislature and governor and all have reporting responsibilities to the national level of government.

Mental health centers are not only a part of the Kansas mental health system but are the major system that provides the majority of mental health services in the state. Mental health centers are aware that actions of local government, state government, the federal government and other agencies, private and public, affect the future delivery of mental health services in the state of Kansas.

-Section "A"-
Local Self Determination

A-1. General

Kansas Community Mental Health Centers believe it is in the best tradition of democratic principles to have the governing of public affairs and the delivery of services as close to the people as possible and that local self determination is essential to vigorous, effective and responsible mental health services. We recognize our obligation to effectively develop, implement and maintain our programs and assume responsibility for the delivery of quality mental health services to the people of Kansas. Notwithstanding the preservation of local control, we further recognize the responsibility of the community mental health system to advocate for the strategic planning, development and operation of the most efficient statewide delivery system practicable.

A-2. State/Federal Role

The state and federal governments should avoid unnecessary intervention in matters concerning the functioning and administration of community mental health centers. State and federal governments should act to encourage and promote the exercise of authority and assumption of responsibility by locally elected and appointed officials. The Association shall oppose, as a general rule, any direct or indirect attempt to unnecessarily limit or restrict the statutorily authorized self determination rights and privileges given to community mental health centers.

A-3. Inter-Governmental/Agency Cooperation

We support the principle of voluntary cooperation among all levels of government or agencies, private and public, and urge community mental health centers to participate in councils, forums or associations on a local or regional basis to jointly discuss and solve mutual problems and to cooperate in actions to secure the best interest of the citizens of Kansas.

-Section "B"-
Professional Standards

The Association of Community Mental Health Centers of Kansas and its membership hold to the highest moral, legal and professional standards in the conduct of its business and delivery of services. The Association board and staff maintain respect both for the privacy and well being of the person served in mental health centers and for the welfare and protection of the general public. The Association's board and staff strive to enhance the principles of competency, accountability, responsibility, nondiscrimination and service excellence.

B-1. Individual Rights Protected

Activities on behalf of the persons served, whether individuals, families or organizations, shall always be determined by considering their best interest. Our member centers encourage appropriate care, confidentiality, informed consent, self determination and access to records.

B-2. Rights of the General Public

Accountability to the community and state are recognized by governing and advisory boards when determining priorities, policies and programs. Prevailing legal, moral and program standards shall be upheld. The public's right to have information about programs, finances and policies and procedures is acknowledged.

-Section "C"-
Finance

C-1. State Government

We believe that quality community mental health services can only be delivered in the state if our state government is a contributing partner with our national and local governments in the development of programs for those experiencing emotional problems. The problems of the emotionally disturbed have long been served primarily, if not

totally, in terms of a state program. However, starting in the 1960's, mental health centers increasingly have taken on the role of not only providing the major services and care for those having emotional disturbances, but also of providing a wide array of community based services including prevention programs.

C-2. Federal Government

The federal government should be a contributing supporter of the community mental health center effort. The federal government should contribute to the development and maintenance of quality community based care and treatment and prevention for the citizen requiring mental health treatment. Generally, community mental health centers in Kansas favor the special purpose CMHC block grant approach to federal funding, providing the block grants pass through the state to the community mental health center boards and counties thus allowing them maximum feasible participation in developing plans and program for local mental health services. However, while we believe in block grant funding, we also believe that the block grant should be sufficiently narrow in purpose to insure that precise and predictable sums of federal support are available each year for the exclusive purpose of providing community mental health services across the nation.

C-3. Local Support

CMHCs should be substantially supported by their local communities and this should be a major indicator as to the viability of a given mental health center.

C-4. Special Purpose Funding

The Association supports the need for some targeting of special populations with corresponding funding. However, such funding should be separate and apart from that funding given whether it be from federal, state or local sources allowing for the general operation of mental health programs dedicated to prevention and public education. Special grants and aid should be competitive and voluntary thus allowing a given community mental health center to determine, according to its own community's needs, what services will be provided. Further, the Association supports the State's prerogative to affect needed care across the state by targeting special funding for service programs on the basis of need and lack of financial resources.

C-5. Multiple Sources of Funding

It is the position of the Association of Community Mental Health Centers of Kansas that mental health centers exist to serve the whole community and should not become overly dependent upon a single source of funds so that the survival of the centers would be jeopardized if such funds were lost. Consequently, multiple sources of funding within the public and private sector should be sought for community mental health centers.

-Section "D"-
Special Populations

D-1. Service to Target Populations

Community mental health centers clearly recognize the special or unique need for services to certain populations in the State of Kansas. However, the development of such services for these groups will require expanded and separate funding from the state, long range planning and a method of delivery with clearly defined roles for both the state and communities. We recommend that community mental health centers and the state develop a mutually agreed upon definition for these special populations and further, that the state and local entities develop a strong data system which will allow for clear identification and prioritization of services for groups such as children, the elderly, minorities, chronically mentally ill and others.

D-2. Deinstitutionalization

The state should be the primary funding agent for the development of specialized programs needed at the community level if further deinstitutionalization of the mental patient is to take place. Furthermore, the deinstitutionalized patient is not the only priority facing community mental health

centers in Kansas. The person who is being diverted from an institution is of equal importance and priority. Both require specialized funding and specialized programming to ensure that programs are available at the community level to receive them back into the social economic mainstream of community life or to keep such clients out of the institutional system. Clearly, if the state deinstitutionalizes sufficient numbers of people to allow for closure or conversion of an existing state mental health facility, such funding realized from the savings of such a closure or conversion should be transferred to the community. In short, funding should follow the patient.

-Section "E"-
State Institutions

E-1. Role of State Hospitals

The continuing need for state operated mental health programs is recognized. We continue to support direct state mental health services and pledge our support and cooperation for those programs. However, we oppose any and all activities to use state mental health facilities, funding and programs for services other than those related to the prevention and treatment of mental illness.

E-2. Closure and/or Conversion of Existing State Mental Health Facilities

In the event that a state mental health program or facility can be discontinued as a result of reduced patient load, such funding previously given to such facility or program should not be diverted from the total mental health system, but rather should be transferred to other parts of the system as appropriate. Closure or conversion of state operated mental health programs should not be implemented until it can be shown that adequate and appropriate alternatives are available for the treatment and care of patients displaced by the closure or conversion of state programs.

-Section "F"-
Third-Party Payments

F-1. Private Insurance

The right to mental health treatment parallels the right to physical health treatment. Outpatient services are a cost-effective means of attaining such a right. We support laws and policies that will require private health insurers to offer coverage for mental health needs in the same general areas and at the same participation rates as they do for general physical health care needs.

F-2. Medicare

If we are to reduce the financial barriers to mental health services for the elderly, the discriminatory treatment of mental health services under the provisions of Medicare must be eliminated. Community mental health centers must be given full provider status under the Medicare program.

F-3. Medicaid

We strongly support state/federal policies that allow the Medicaid program to provide service to the emotionally disturbed on par with services for the physically ill.

-Section "G"-
Managed Health Care

G-1. General

We believe that the community mental health care system will provide uniform, quality mental health services for individuals, insurers and employers and any other private or public third party payers. Our goal is to help provide the most appropriate mental health care assistance in the least restrictive environment, and in the most cost-effective manner. The centers are strongly committed to maintaining a distinguished level of quality assurance and utilization review. At the same time we are motivated by the desire to deliver comprehensive, high quality services to the residents of Kansas.

G-2. Licensure Standards

The Association strongly endorses licensing standards for community mental health centers. We believe that all licensed centers should be required to meet basic standards of care. Special or state mandated services may require separate standards and such mandates may require specialized state funding to meet such standards. Such standards should be established, wherever possible, by negotiated contract rather than in law or rules and regulations. All standards must have clear parameters and specific definitions.

G-3. Contract

The centers believe that a partnership is a mutually respected relationship with clearly defined roles and responsibilities and can usually be best outlined in a written contract document, however, the spirit of partnership is vital in any working relationship with or without a contract document. Contracts should be fully negotiated in good faith between the parties.

G-4. Data and Centralized Information

The Association strongly recognizes that policy decisions made either at the state or local level require adequate and accurate data which allows for some degree of predictability as to program outcomes. We strongly support the development of a centralized data collection and management system which mutually meets the needs of citizens, the state, and centers, and which allows equal and timely access to data.

It is recommended that if the state cannot or will not develop and maintain this centralized system that the state contract with centers to provide this data function. The Mental Health Consortium, Inc., would be the most logical provider to establish a centralized data and information service to be used by the State, private payers, and local communities.

G-5. Preferred Provider and Contracting Agent

The Mental Health Consortium, Inc., is the agent best equipped to represent the Kansas Mental Health Centers in terms of systemwide: contract negotiations, marketing of services, collecting and managing data, utilization review and quality assurance.

Public and private payers should recognize that through the Mental Health Consortium, Inc., Kansas Mental Health Centers clearly acknowledge that those purchasing mental health services for their constituents are seeking quality as well as methods to hold the line on cost. The Mental Health Consortium, Inc., offers a way for public and private payers to negotiate for a single statewide network of uniform services.

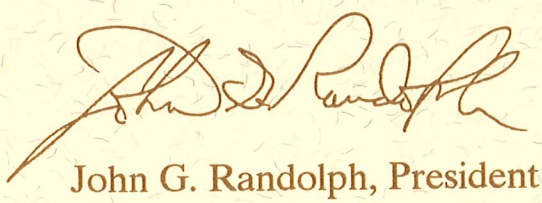
-Section "H"-
Citizen Participation

H-1. Citizen Participation

While final responsibility for governmental decisions must be accepted by the duly elected or appointed officials, local CMHC Boards should organize and operate their agencies and procedures to permit maximum feasible participation by all the people within the community. Special consideration should be given to those groups and individuals who have not previously participated either by reason of race, color, handicap or economic status. All citizens should be encouraged and recruited to actively participate in center affairs and programs.

H-2. Community Education

The Association of CMHCs of Kansas should develop a task force or commission composed of members from the public and private sectors, including former consumers from various segments of society to propose and stimulate new approaches for reducing discrimination against the emotionally disturbed and toward increasing public understanding in the treatment of these citizens.



John G. Randolph, President

COMMUNITY BASED MENTAL HEALTH SERVICES

What is Community Mental Health?

Under KSA 19-4001 et.seq. and KSA 65-211 et. seq., 30 licensed community mental health centers (CMHC's) currently operate in the state. These centers have a combined staff of over 1,300 providing mental health services in every county of the state. Together they form an integral part of the total mental health system in Kansas. The independent, locally-owned centers are dedicated to fostering a quality, free-standing system of services and programs for the benefit of citizens needing mental health care and treatment. The centers initiate and maintain close cooperative working relationships with other groups, organizations, and individuals that have similar interests and goals.

CMHC services generally provided in Kansas communities include the following:

Basic Services

- -- Outpatient Services for Adults
- -- Outpatient Services for Children
- -- 24-Hour Emergency Services
- -- Screening Services
- -- Partial Hospitalization
- -- Case Management Services (Adults and Children)
- -- Community Support Services
- -- Medical Services
- -- Alcohol and Drug Services
- -- Consultation/Education Services

Specialized Services

- -- Inpatient Hospitalization
- -- Drop-In Services for Long-Term Mentally Ill
- -- Vocational Services for Long-Term Mentally Ill
- -- Victims and Perpetrators of Sex Crimes Services
- -- Homeless Projects
- -- Residential Programs for Adults
- -- Social Detox for Alcohol and Drug Abuse Services
- -- Intermediate Residential Care for Alcohol and Drug Treatment
- -- Half-Way Houses for Alcohol and Drug Services
- -- Early Parenting Program for Children
- -- Preschool Day Treatment Program
- -- Children's Day Hospital
- -- Child Abuse Treatment Program
- -- Parent Education Classes
- -- Divorce/Mediation Workshops

Who Needs It and Who Uses It?

Between 367,500 (15 percent) to 490,000 (20 percent) of the Kansas population are suffering from varying degrees of mental disabilities that require treatment. The combined private and public sectors of mental health treatment are not reaching all of those needing service.

Demand for community based mental health care has grown by 40 percent during the past ten years. During times of economic distress, the need for mental health services typically rise dramatically.

The primary goal of CMHC's is to provide quality care, treatment and rehabilitation to the mentally disabled in the least restrictive environment. We try to provide services to all those needing it, regardless of economic level, age, or type of illness. Many arguments can be advanced for treatment at the community level, chief of which is to keep individuals functioning in their own homes and communities, at a considerably reduced cost to them, third-party payers, and/or the taxpayer.

Between 15 to 20 percent of the Kansas population suffers from varying degrees of mental disabilities...

CMHC's were primarily, if not exclusively, established to provide preventative short-term treatment and care. In the past six years, centers have dramatically shifted toward more costly, public long-term treatment and care. As a result of this rather dramatic shift in funding, some of the prevention and early intervention programs have been cut back. In order for CMHC's to continue providing quality services to citizens at all levels of need, new and/or separate public funding must be forthcoming for the long-term client.

In 1990, Kansas CMHC's provided care to over 90,000 Kansas citizens. Patient loads have generally doubled over the past 10 to 12 years largely as a result of deinstitutionalization. During the period from 1970 to 1990, the State Hospital average daily census declined by more than 80 percent. Many of these former hospital patients now rely on CMHC's for mental health services to maintain their ability to live in their own community.

In Kansas, more than 97 percent of all citizens seeking public mental health care are seen at community mental health centers. However, over 28 percent of the patients seen in CMHC's pay their own way.

The major national and state trend in mental health care over the last 15 to 20 years has been the shift from institutional care to community based care.

Over 8,000 of the CMHC clientele are serious, at-risk patients that require ongoing care and treatment. An estimated 5,000 are seriously emotionally disturbed children that are being served in the community. Growth of these types of services in the community has been dramatic. Without CMHC's these seriously emotionally disturbed clients would have no services available to them or they would be confined to a hospital. Almost all of these clients are unemployed or unemployable.

What is Mental Health Reform?

In 1990, the Legislature passed and the Governor signed major mental health legislation into law. The program is commonly called "Mental Health Reform."

This program began operating on a phased-in basis. The first beds for closure were at Osawatomie State Hospital beginning on January 1, 1991. The plan calls for the closure of an additional 20 to 30 Osawatomie beds during Fiscal Year 1992. Starting July 1, 1992, Topeka State Hospital will be phased in and then Larned, until a proposed 270 beds are closed or converted to other use. The total phase-in cycle will be completed in seven years. Approximately 700 to 800 additional State Hospital patients will then be served in the community.

The highlights of the new law are as follows:

-- Establishes the Secretary of SRS as the oversight authority for the program

-- Establishes target populations

-- Establishes a statewide Governor's Mental Health Planning Council

-- Establishes a statewide needs assessment

-- Establishes a network of participating mental health centers by contract

-- Establishes a center-based screening program

-- Establishes the authority of the SRS Secretary to purchase the necessary services and programs through negotiated contracts

-- Provides for the transfer of certain resources from the State Hospital to the community following bed closure

-- Prohibits the SRS Secretary to require that centers make expenditures other than expenditures approved by the individual center's board of directors

If Mental Health Reform is successful, approximately 700 to 800 additional State Hospital patients will then be served in the community.

The two major functions of the CMHC's is to be the "gatekeeper" by screening all referrals to the State Hospitals and by developing local programs, services, and housing (where necessary) to keep at-risk patients in their home communities whenever possible.

Who Pays For It?

No person by law can be denied community mental health care because of the inability to pay; consequently, public support is required. The majority of families served by CMHC's have family incomes below the poverty level.

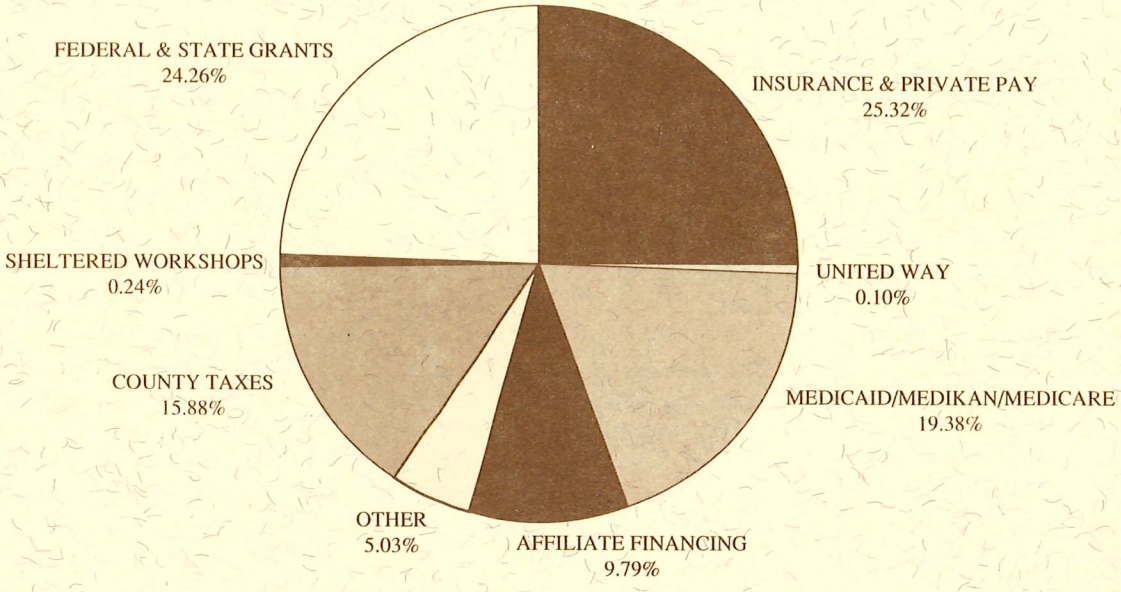
In 1990, counties provided CMHC's with an estimated $11.1 million. County funding is still the single largest direct source of public support to all centers. Counties currently provide not only mill levy support, but other substantive funding as well. County support averages $3.99 per capita on a statewide basis. County funding has been jeopardized by reclassification/reappraisal, as well as declining valuations. Also, property tax as a source of revenue for any service has increasingly come under public attack.

In 1990, direct State and Federal support for CMHC's was $17 million. Nationwide, the average State and Federal contribution to CMHC's as a percentage of total budget is over 50 percent. In Kansas, about 24 cents of every CMHC dollar is provided directly by State and Federal resources. In 1987 (most recent data available), a national research study conducted by the National Association of State Mental Health Program Directors showed, on a per capita basis, Kansas ranking 49th in terms of State support of community programming, among the 50 states and three territories.

The majority of CMHC costs were paid from community sources with the single largest coming from the patient. Federal and State support for basic preventative services continues to decline at a time when the number of patients seeking treatment continues to increase. These two factors continue to pose a very real threat to the delivery of the services provided by the centers. Additionally, CMHC's are concerned regarding the overall growth in the Medicaid Program.

CMHC REVENUES

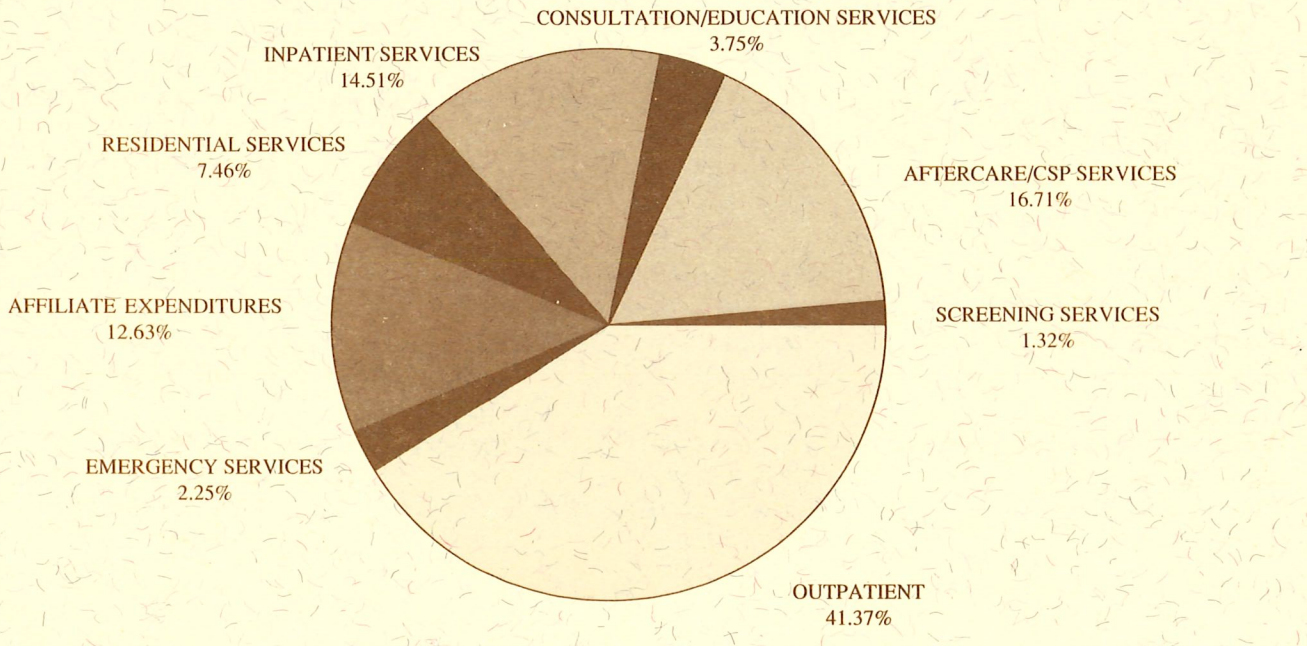
Total Calendar Year 1990 estimate of $69,925,504 with $6,845,593 being affiliate financing. Also, affiliates received an estimate of $763,053 through the CMHC's.



The category "Other" includes donations, recovery of bad debts, non-cash contributions, and fees for professional services.

CMHC EXPENDITURES

Total Calendar Year 1990 estimate of $67,907,444 with $8,574,716 being affiliate expenditures.



Community Mental Health Centers of Kansas

Area Mental Health Center
156 Gardendale
Garden City, KS 67846
(316) 275-0625

Bert Nash CMHC, Inc.
211 E. 8th, Suite D
Lawrence, KS 66044
(913) 843-2383

Central Kansas MHC
809 Elmhurst
Salina, KS 67401
(913) 823-6322

CMHC of Crawford County
P.O. Box 550, 30th & Michigan
Pittsburg, KS 66762
(316) 231-5130

Cowley Co. MH & Couns. Ctr.
115 East Radio Lane
Arkansas City, KS 67005
(316) 442-4540

Family Service & Guidance Ctr.
2913 Plass Court, Suite 200
Topeka, KS 66611
(913) 266-0092

Family Life Center
201 West Walnut
Columbus, KS 66725
(316) 429-1860

Family Consultation Service
560 North Exposition
Wichita, KS 67203
(316) 264-8317

Four County MHC
201 N. Pennsylvania Ave., St. 614
Independence, KS 67301
(316) 331-1748

Franklin County MH Clinic
204 East 15th Street
Ottawa, KS 66067
(913) 242-3780

High Plains CMHC
208 East 7th
Hays, KS 67601
(913) 628-2871

Horizons Mental Health Center
1715 East 23rd
Hutchinson, KS 67502
(316) 665-2240

Iroquois Center for Human Dev.
103 South Grove
Greensburg, KS 67054
(316) 723-2272

Johnson County MHC
6000 Lamar/Suite 130
Mission, KS 66202
(913) 384-1194

Kanza MH & Guidance Center
PO Box 319
Hiawatha, KS 66434
(913) 742-7113

Labette Ctr. for MH Services
3101 Main/P.O. Box 258
Parsons, KS 67357
(316) 421-3770

MHC of East Central KS
1000 Lincoln
Emporia, KS 66801
(316) 342-0548

Miami County MHC
401 N. East St.
Paola, KS 66071
(913) 294-5755

Northeast KS MH & Guid. Ctr.
818 North Seventh Street
Leavenworth, KS 66048
(913) 682-5118

Pawnee Mental Health Services
2001 Claflin
Manhattan, KS 66502
(913) 587-4300

Prairie View, Inc.
Box 467
Newton, KS 67114
(316) 283-2400

Sedgwick County Dept. of MH
1801 East 10th
Wichita, KS 67214
(316) 383-8251

Shawnee CMHC
2401 West 6th
Topeka, KS 66606
(913) 233-1730

S. Central MH Counseling Center
2365 West Central
El Dorado, KS 67042
(316) 321-6036

Southeast Kansas MHC
1106 South Ninth
Humboldt, KS 66748
(316) 473-2241

Southwest Guidance Center
Box 2945, 333 West 15th
Liberal, KS 67905-2945
(316) 624-8171

Sumner County MHC
215 West 8th Street
Wellington, KS 67152
(316) 326-7448

The Center for Couns. & Consult.
5815 Broadway
Great Bend, KS 67530
(316) 792-2544

Wichita Guidance Center
415 North Poplar
Wichita, KS 67214
(316) 686-6671

Wyandot MHC, Inc.
P.O. Box 3228, Eaton at 36th
Kansas City, KS 66103
(913) 831-9500

JANUARY 29, 1992

MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE, THANK YOU FOR THE OPPORTUNITY TO COME BEFORE YOU THIS AFTERNOON.

MY NAME IS DONNA KIDD, I AM THE EXECUTIVE DIRECTOR OF THE JAYHAWK AREA AGENCY ON AGING WHICH IS LOCATED AT 1195 BUCHANAN, HERE IN TOPEKA.

THERE ARE 627 AREA AGENCIES ON AGING ACROSS THE NATION. THERE ARE 11 AREA AGENCIES ON AGING IN THE STATE OF KANSAS, JAYHAWK IS ONE OF THE ELEVEN.

AREA AGENCIES ON AGING ARE PLANNING AND ADMINISTRATIVE AGENCIES. THEY ARE DESIGNED TO IDENTIFY THE NEEDS OF CITIZENS 60 YEARS OF AGE AND OLDER.

THEY DEVELOP AND IMPLEMENT PLANS ON A PRIORITY BASIS AND AFFIRMATIVELY SEEK TO CHANGE THOSE CONDITIONS WHICH EITHER DIRECTLY OR INDIRECTLY POSE BARRIERS FOR THOSE WHO WISH TO LIVE INDEPENDLY IN A COMMUNITY AND TO PARTICIPATE IN A FULL AND MEANINGFUL LIFE.

JAYHAWK SERVES THE COUNTIES OF JEFFERSON, DOUGLAS AND SHAWNEE.

I AM HERE TO SUPPORT THE AMENDED LANGUAGE OF HOUSE BILL No. 2773 WHICH WAS INTRODUCED BY REPRESENTATIVE REINHARDT.

UNDER No. 13, ELIGIBLE EMPLOYER, THE AMENDED LANGUAGE grants OR ANY NONPROFIT AREA AGENCY ON AGING, ANY NONPROFIT COMMUNITY MENTAL HEALTH CENTER AND ANY NONPROFIT COMMUNITY FACILITY FOR INDIVIDUALS WITH MENTAL RETARDATION, DEVELOPMENTAL DISABILITIES AND PHYSICAL DISABILITIES, WHICH RECEIVES STATE OR LOCAL FUNDS OR GRANTS TO PROVIDE SERVICES OFFERED BY SUCH ORGANIZATION.

I SUPPORT THIS BECAUSE, WORKING IN A NONPROFIT AGENCY AFFORDS NO RETIREMENT BENEFITS FOR EMPLOYEES. IT WOULD BE VERY HELPFUL, AS WE GROW OLDER TO KNOW WE HAVE RETIREMENT FUNDS FOR OUR RETIREMENT YEARS.

THANK YOU.

Pensions, Investments & Benefits
Attachment #12
2-29-92

My name is Dolores Peters and I work for the Southeast Kansas Area Agency on Aging (SEK-AAA) as an Information and Assistance Specialist.

In 1971, at the age of 43, I was divorced with four children ages 4 to 16 to raise alone. As a middle aged housewife with no college degree, I found it necessary to support my family decorating cakes and babysitting.

When my youngest child was in Junior High, I entered the workforce through the CETA Program for displaced housewives at minimum wage. After my training period I was hired by SEK-AAA.

In November of 1992, I should be able to retire with full Social Security benefits. Unfortunately, due to the number of years my salary was low, my retirement income will be below poverty level. With four children to raise and send to college, I was not able to have a savings. Unlike many divorced persons, I will not be able to draw from my ex-husband's retirement due to his employment as a teacher.

In my work I find many women with the same problems. Due to the fact they have no pension or retirement plan, they have to rely solely on Social Security or welfare programs for their living. With this low income, they have a very inadequate standard of living and many can not afford medical care they need and fall between the cracks of welfare programs. Many can not afford to stay in their homes and there is not enough housing available for them.

I feel that if a person works they should be able to retire with a decent standard of living. I am asking this committee to please amend Statute 74-4902 to allow Area Agencies on Aging to become members of Kansas Professional Employees Retirement System.

Dolores Peters

Dolores Peters
Information and Assistance Specialist
SEK-AAA, Chanute, KS 66720

Pensions, Investments & Benefits
Attachment #13
2-29-92