

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Carlos Mayans at 1:30 p.m. on January 12, 1995 in Room 423-S of the State Capitol.

All members were present except: Representative Phyllis Gilmore - excused

Committee staff present: Emalene Correll, Legislative Research Department
Bill Wolff, Legislative Research Department
Lois Hedrick, Committee Secretary

Conferees appearing before the committee:
Robert Mead, Acting Secretary of Health and Environment
Steven Potsik, M.D., M.P.H., Director of Health
Janet Schlansky, Acting SRS Secretary

Others attending: See Guest List, Attachment 1.

Robert Mead, Acting Secretary of Health and Environment, expressed appreciation for the opportunity to appear before the committee and describe the responsibilities of the Department of Health and Environment. He introduced Dr. Potsik who presented a series of slides listing the organization and responsibilities of the department (see Attachment 2, pp. 2-12). Dr. Potsik also distributed the 1994 Annual Report of the Department, a copy of which is available in the Chairperson's office, Room 426-S of the Capitol, or at KDHE.

Dr. Potsik stated now is the time for innovative solutions. He expressed a policy belief that government should not be involved unless there is a gap in services and that, with legislative help, sound policy decisions will be the result. Currently 68% of the operating budget is federal money; 10% comes from fees; and 20% from state general funds. Licenses and fees produce the remaining portion.

Representative Wells asked what amounts are spent in the children's health area. Dr. Potsik said about \$50 million was spent for the Women's, Infants and Children program. Attachment 3 sets out the expenditures of the program for fiscal years 1992-1994.

Representative Geringer asked about the possibility of increasing fees. Dr. Potsik answered that some caps are in place.

Representative Freeborn asked if the department works with other agencies or insurance companies who would benefit from cost savings. Dr. Potsik replied there is a great deal of dialogue with insurance companies concerning health programs.

Representative Freeborn also asked about the health status of Kansans and was told that Kansans are fairly healthy in relation to the other states.

Janet Schlansky, Acting Secretary of the Department of Social and Rehabilitation Services, presented an overview of the history and financial data of the agency (see Attachment 4). About 60% of the medicaid and welfare budget is federal; the rehabilitation costs are shared 80% federal, 20% state. As an overall average, it is generally 50-50.

Chairperson Mayans encouraged the Acting Secretary of SRS to bring to the Committee legislation that supports and promotes the families of Kansas and to carefully analyze the impact of legislation on the most sacred institution - the family.

The meeting was adjourned at 2:34 p.m.

The next meeting is scheduled for January 17, 1995.

HOUSE COMMITTEE ON HEALTH AND HUMAN
SERVICES COMMITTEE GUEST LIST
DATE: JANUARY 12, 1995

NAME	REPRESENTING
Michelle Peterson	Ks. Gov. Consulting
Ken Baker	Ks. Hospital Assn.
KEITH R LANDIS	CHRISTIAN SCIENCE Comm ON PUBLICATION FOR KS
Ann Sittel	Hein-Ebert & Weir
Josie Torrez	Families Together
Chip Wheelen	Ks Medical Soc.
Rich Guthrie	Health Midwest
Annette Sibert	KS Assoc. Home & Svcs Aging
Jana Cole	KDHE
Steve Rose	KDHE
Bob Mead	KDHE
James Rietm	KADAM
Joe Furjanic	Ks Chiropractor Assn
Nathalie Scherf	KANSAS Hospital Assoc.
Stacey Empson	Hein, Ebert & Weir
Marva W ^{MS}	Ks. Planning Council on Dev. Dis
Ramela Johnson Betts	KDHE

State of Kansas

Bill Graves



Governor

Department of Health and Environment

Bob J. Mead, Acting Secretary

HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

JANUARY 12, 1995

PRESENTED BY

STEVEN R. POTSIC, M.D., M.P.H.

DIRECTOR OF HEALTH

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

HOUSE H&HS COMMITTEE

1-12-1995

Attachment 2-1

**STATE OF KANSAS
BILL GRAVES, GOVERNOR**

**DEPT. OF HEALTH & ENVIRONMENT
Bob J. Mead, Acting Secretary**

**ADVISORY COMMISSIONS,
BOARDS, & TASK FORCES**

Administrative Appeals Section
Bill Rein, JD, Director

Executive Manager
Laura Epler, MPA

Administrative Officer
Mary Ann Cummings

LEGAL SERVICES
Yvonne Anderson, JD, Dir.

AFFIRMATIVE ACTION OFFICER
Annie Bazemore, BA

GENERAL SERVICES
Chris Stanfield, MPA, Director

GOVERNMENT & COMMUNITY RELATIONS
Pamela Johnson Betts, MSW, Director

PERSONNEL SERVICES
Sally O'Grady, Dr.

KS. HEALTH & ENVIRONMENTAL LABORATORY
Roger Carlson, PhD, Director

Analytical Chemistry

Radiation Chemistry: Dominic To, PhD, Sr. Laboratory Scientist
Inorganic Chemistry: Robert Bostrom, MS, Sr. Laboratory Scientist
Neonatal Screening/Toxicology: Willie Craft, MS, Sr. Laboratory Scientist
Organic Chemistry: Russell Broxterman, BS, Sr. Laboratory Scientist

Microbiology

Virology/Serology: Patrick Hays, PhD, Sr. Laboratory Scientist
Environmental Microbiology: Richard Strecker, DrPH, Sr. Laboratory Scientist
Diagnostic Microbiology: Robert Flahart, PhD, Sr. Laboratory Scientist

Laboratory Information & Reporting Office

Roberta Walker, Director

Laboratory Improvement Program Office

Alcohol/Enforcement/Medical Programs
Stanley Sutton, MS, Sr. Laboratory Scientist

Office of Laboratory Safety and Quality Assurance

William Walden, MS, Sr. Laboratory Scientist

DIVISION OF ENVIRONMENT

Charles Jones, MPA
Director

Ronald Hammerschmidt, PhD
Deputy Director

Office of Science & Support

Ron Hammerschmidt, PhD, Director

Bureau of Waste Management

Bill Bider, MS, CEP, Director

Bureau of Air and Radiation

John Irwin, MS, PE, Director

Bureau of Water

Karl Mueledener, MS, PE, Director

Bureau of Environmental Remediation

Larry Knoche, BS, Director

Surface Mining Section (Pittsburg)
Murray Balk, BS, Section Chief

Bureau of District Operations

Ron Fox, MS, Director

DIVISION OF HEALTH

Steven Polsic, MD MPH
Director

Bureau of Local and Rural Health Systems

Richard Morrissey, BA, Director
Ellen (Abby) Horak, RN
Chief of Local Health Services

Bureau of Chronic Disease and Health Promotion

Paula Marmet, MS, Director

Bureau of Family Health

Azzie Young, PhD, Director

Bureau of Environmental Health Services

Steve Paige, MPA, Director

Bureau of Disease Control

Deborah Alfano, BA, Director

Bureau of Adult & Child Care

Joseph Kroll, BGS, Director

Bureau of Children, Youth & Families

Cassie Lauer, MSW, Director

CENTER FOR HEALTH & ENVIRONMENTAL STATISTICS

Lorne Phillips, PhD
Director & State Registrar

Office of Information Systems

James Green, MPA, Director

Office of Health Care Information

Elizabeth Saadi, PhD, Director

Office of Research and Analysis

Jim Staehli, BA, Director

Office of Vital Statistics

Charlene Saitzler, Director

DISTRICT OFFICES

Chanute

JoAnn Moran, Mgr.
David Stutt, Env. Administrator

Wichita

Andrea Wells, Mgr.
Mark Bradbury, Env. Administrator

Salina

Delbert Zerr, Mgr.
Rick Brunetti, Env. Administrator

Lawrence

Jeff Lamfers, Mgr.
Julie Greene, Env. Administrator

Hays

Juliet Honas, Mgr.
Ken Brooks, Env. Administrator

Dodge City

Richard Buchanan, Mgr.
Don Ubel, Env. Administrator

PUBLIC HEALTH MISSION

FULFILLING SOCIETY'S INTEREST IN ASSURING
CONDITIONS IN WHICH PEOPLE CAN BE HEALTHY

TO PREVENT DISEASE AND INJURY AND
TO PROTECT, PROMOTE AND IMPROVE
THE PEOPLE'S HEALTH

CORE FUNCTIONS OF PUBLIC HEALTH

PREVENT EPIDEMICS AND INJURIES

**PROTECT THE ENVIRONMENT, WORKPLACES, HOUSING,
FOOD AND WATER**

PROMOTE HEALTHY BEHAVIORS

MONITOR THE HEALTH STATUS OF THE POPULATION

MOBILIZE COMMUNITY ACTION FOR HEALTH

RESPOND TO DISASTERS

**ASSURE THE QUALITY, AVAILABILITY AND EFFECTIVENESS
OF HEALTH AND LABORATORY SERVICES**

REACH OUT TO LINK THE HIGH RISK TO NEEDED SERVICES

PROVIDE CARE WHEN NEEDED

SECURE A SKILLED PUBLIC HEALTH WORKFORCE

USE NEW INSIGHTS AND INNOVATIVE SOLUTIONS

**ASSIST IN THE DEVELOPMENT OF SOUND HEALTH POLICY
AND PLANNING**

PUBLIC HEALTH MODEL

- 1. DEFINITION OF PROBLEM**
- 2. MEASURE (ASSESS) PROBLEM**
- 3. DETERMINE RISK FACTORS**
- 4. DEVELOP AND IMPLEMENT INTERVENTION STRATEGIES**
- 5. EVALUATE EFFECTIVENESS**

CHARACTERISTICS OF THE EMERGING HEALTH CARE SYSTEM

ORIENTATION TOWARD HEALTH

POPULATION PERSPECTIVE

INTENSIVE USE OF INFORMATION

FOCUS ON THE CONSUMER

KNOWLEDGE OF TREATMENT OUTCOMES

CONSTRAINED RESOURCES

COORDINATION OF SERVICES

RECONSIDERATION OF HUMAN VALUES

EXPECTATIONS OF ACCOUNTABILITY

GROWING INTERDEPENDENCE

PROTECTING THE HEALTH OF COMMUNITIES

ISSUES

SOCIAL PATTERNS

ECONOMIC FORCES

GOVERNMENTAL ROLE

INDIVIDUAL FREEDOMS VS. SOCIAL RESPONSIBILITY

PUBLIC FINANCES

POWERFUL LOBBIES AFFECTING HEALTH

POLITICAL BELIEFS

PROFESSIONAL INTERESTS

FINANCIAL INTERESTS

COMPLICATED, COMPLEX PROBLEMS

Leading Causes of Death - 1990

	<u>U.S.</u>	<u>Kansas</u>
Heart Disease	720,058	7,634
Cancer	505,322	5,018
Cerebrovascular Disease	144,088	1,701
Unintentional Injuries	91,983	1,391
Chronic Lung Disease	89,679	962
Pneumonia and Influenza	79,513	943
Diabetes	47,664	454
Suicide	30,906	296
Chronic Liver Disease/ Cirrhosis	25,815	170
HIV Infection	25,188	86

KDHE Division of Health Bureau of Disease Control

- **Immunization**
- **Sexually Transmitted Diseases**
- **Communicable Diseases**
- **Epidemiology**

Bureau of Family Health

- **Nutrition Program for
Women Infants & Children (WIC)**
- **Nutrition Education**
- **Commodity Supplemental Food Program**

**KDHE Division of Health
Bureau of Environmental Health Services**

- **Food, Drug and Lodging**
- **Flood Response**
- **Consumer Product Safety**
- **Childhood Lead Poisoning Prevention**

Bureau for Children, Youth & Families

- **Children and Families (MCH)**
- **Services for Children with Special Health Care Needs**
- **Children's Developmental Services**

**KDHE Division of Health
Bureau of Local and Rural Health Systems**

- **Rural Health**
- **Local Health**
- **Migrant Health**
- **Primary Care**

Bureau of Chronic Disease & Health Promotion

- **Cancer and Cardiovascular Risk Reduction**
- **Injury Prevention**
- **Healthy Kansans 2000**
- **Kansas Lean Nutrition**

KDHE Division of Health Bureau of Adult and Child Care

- **Child Care licensing**
- **Health Occupations Credentialling**
 - Nurse Aides**
 - Speech Language Pathologists & Audiologists**
 - Dietitians**
- **Adult Care Home Program**
- **Hospital and Medical Program**
- **Mental Health/Mental Retardation**

NARRATIVE INFORMATION--DA 400
DIVISION OF THE BUDGET
DEPARTMENT OF ADMINISTRATION, STATE OF KANSAS
1
August 5, 1994

AGENCY NAME: Department of Health
AGENCY--SUBAGENCY CODES: 264-00 F
PROGRAM TITLE AND CODE: Office of
SUBPROGRAM TITLE AND CODE: Local &

Subprogram Title: Office of the Director of Health

PROGRAM MISSION:

The mission is to fulfill society's interest in assuring conditions which people can be healthy. This is done by preventing disease and injury and protecting, promoting and improving Kansans' health through a variety of public health service delivery and regulatory programs. These programs are designed to: protect Kansans from communicable diseases; ensure healthy and safe adult and child care facilities; inspect food services for proper sanitation; assess environmental health risks; improve the access to medical care for low income Kansans and pregnant women, children and families who are at risk for poor health; and promote healthy lifestyles by diminishing chronic diseases.

PROGRAM PHILOSOPHY:

The philosophy of the Director, Division of Health, is to achieve the optimum health status for our citizens. Coordinated, integrated systems and partnerships must be enhanced to allow the public health mission to be achieved. KDHE must regularly and systematically collect, assemble, analyze and make available information on the health of the community including statistics on health status, community health needs and epidemiologic and other studies of health problems. It must exercise its responsibility to serve the public's interest in the development of comprehensive public health policies by promoting use of the scientific knowledge based in decision-making about public health, must assure that services necessary to achieve health goals are provided, and must involve key policy makers and the general public in determining a set of high priority personal and community-wide health services that will be guaranteed to each member of the community.

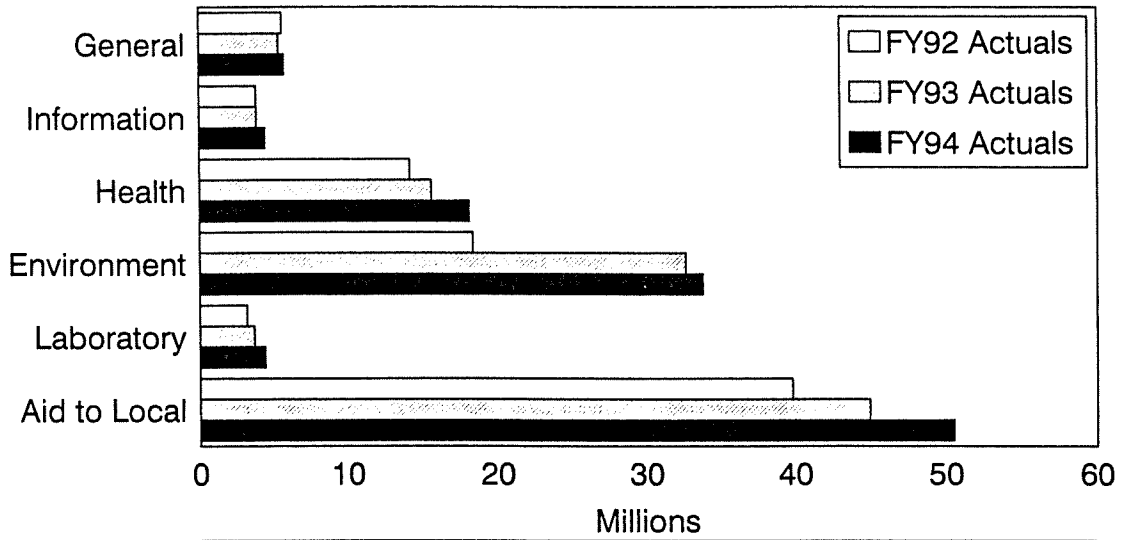
The following are the core public health functions that need to be performed for the health of Kansans: investigate and prevent epidemics and injuries; protect the environment, work places, housing, food and water; special laboratory services; promote healthy behaviors; monitor the health status of the population; mobilize community action for health; outreach and linkage; prepare for disaster response; assure the quality and availability of medical care; provide medical services when needed; secure a skilled public health work force; use new insights and innovative solutions; take a leadership role in the development of sound health policy and planning.

Program objectives and strategies which address the mission and philosophy of the Division of Health are found in the Bureau budgets which include the Bureaus of Adult and Child Care Licensing, Chronic Disease, Disease Control, Environmental Health Services, Family Health, and Local and Rural Health Services.

EXPENDITURE JUSTIFICATION, 6040:

Object Code 100: Salaries and Wages:

Expenditures by Program for FY 1992-1994



	General	Information	Health	Environment	Laboratory	Aid to Local
FY92 Actuals	5.642529	3.86895	14.22395	18.401241	3.211663	39.818075
FY93 Actuals	5.414982	3.890309	15.656324	32.650554	3.706288	44.97606
FY94 Actuals	5.80989	4.479865	18.168016	33.814478	4.446349	50.524654



BILL GRAVES, GOVERNOR OF THE STATE OF KANSAS

KANSAS DEPARTMENT OF SOCIAL
AND REHABILITATION SERVICES

JANET SCHALANSKY, ACTING SECRETARY

HEALTH AND HUMAN SERVICES COMMITTEE

SRS OVERVIEW

PRESENTED BY: JANET SCHALANSKY, ACTING
SECRETARY

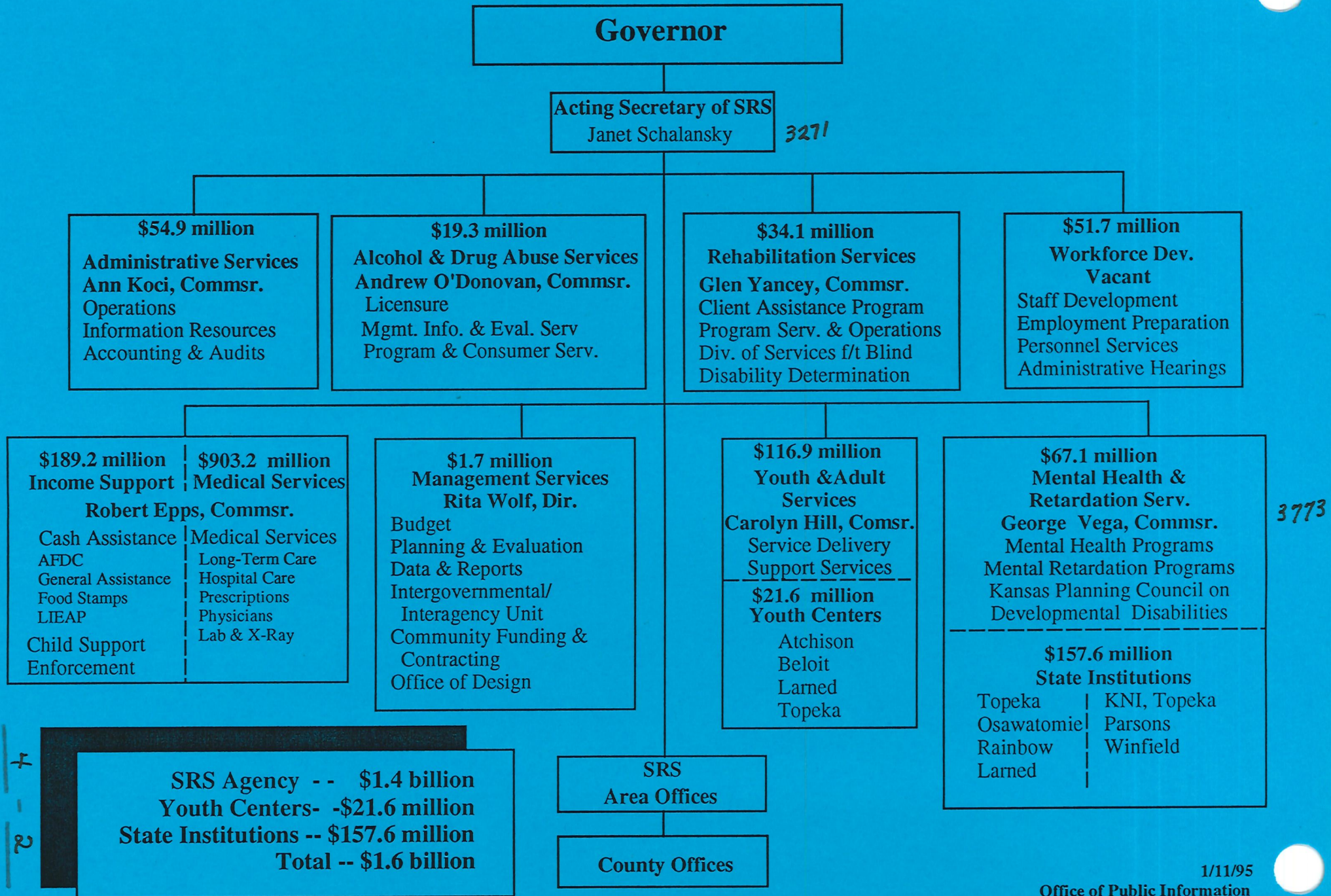
JANUARY 12, 1995

HOUSE H&HS COMMITTEE

1 - 12 - 1995

Attachment 4 - 1

SRS Organizational Chart and FY 1994 Actual Expenditures

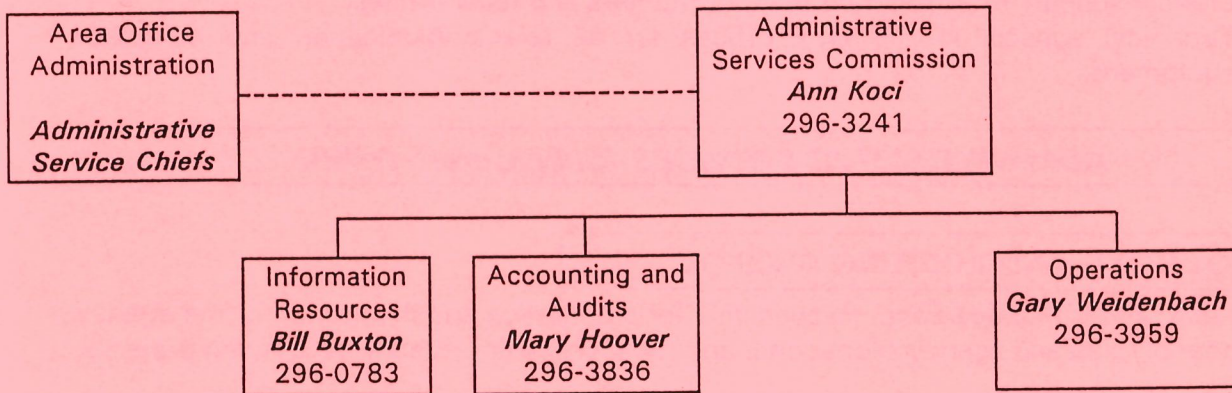


7
1
2

3773

ADMINISTRATIVE SERVICES

Administrative Services will provide quality operational support enabling SRS staff to deliver services.



Subprogram	Division	Budget Amounts (in millions)			
		FY 95	FY 96 Level A	FY 96 Level B	FY 96 Level C
0120	Area Office Administration	\$34.5	\$32.6	\$36.1	\$36.1
0150	Administrative Services	4.2	3.9	4.3	4.3
0190	Information Resources	15.0	12.6	14.1	15.6
Totals		\$53.7	\$49.1	\$54.5	\$56.0

Budgetary Issues.

- ▶ Budget reductions to achieve Level A include 14.5% staff shrinkage and elimination of inventory replacement plan. Shortfalls are due to committed expenditures for facility rents and ADA compliance. The Commission is only able to make reductions in salaries to stay within the Level A allocation.
- ▶ Inadequate staffing as well as no funds for inventory replacement plan limits ability to perform responsive customer services.

ADMINISTRATIVE SERVICES

AREA OFFICE ADMINISTRATION (Subprogram 0120)

Area Office Administrative Services provides the infrastructure and support services to over 4,000 agency employees who work in 105 counties in twelve management areas throughout the State. This is the business division of the Area Offices and provides the following services:

- ▶ Accounting and processing of payment transactions.
- ▶ Purchasing of goods, materials and services for clients and staff.
- ▶ Local facilities management responsibilities for over 140 offices statewide.
- ▶ Inventory control.
- ▶ Clerical support to all program units in the area and local offices.
- ▶ Technical support in the area offices for all telecommunication and computer equipment.

ADMINISTRATIVE SERVICES (Subprogram 0150)

ACCOUNTING AND AUDITING DIVISION

Agency Allocations Management. Responsible for preparation and monitoring of the agency cost allocation plan and agency allocations, and for coordinating special accounting projects.

Receivables Management. Responsible for the receipt and record control of all agency receivables, and for the cash management of all state, federal, and special funds within SRS. The unit is also responsible for federal grant award quarterly reporting.

Audit Services. Responsible for financial and compliance audits of grants, contracts and cost reports for the rate setting systems and for internal financial, compliance and performance audits for all SRS commission, sections, area offices and institutions. There are three program audit units in the division are Nursing Facility - ICF/MR Programs, Grants and Contracts, and Internal.

OPERATIONS DIVISION

The Operations division has responsibility to coordinate administrative activities of the field and central office Commissions and Programs in the following areas:

Facilities Management: Identify and solve facility management and planning issues which address safety, office design and workstation functionality, and cost benefit analysis.

Payables, Grants and Contract Management: Has primary responsibility for coordinating all payments obligated by the agency which include client benefits, vendor payments, grants, contracts and leases.

Procurement and Materials Management: Has primary responsibility for purchasing, inventory control, warehouse and supply distribution center, and the agency central mail.

ADMINISTRATIVE SERVICES

INFORMATION RESOURCES DIVISION (0190)

The Division of Information Resources (DIR) is the computer and telecommunications organization for SRS agencies. DIR performs these major functions for the agencies:

- ▶ Develops new information systems; enhances and maintains existing information systems.
- ▶ Provides computer and operational support services.
- ▶ Provides computing and telecommunications infrastructure.

Major information system projects of the agency currently underway are:

Agency-wide Information Systems Plan (AWISP)
Child Support Enforcement System (KESSEP)
Kansas Social Services Information Systems (KSSIS)
Local Area Networks SRS offices, institutions and youth centers (LANs)
Medicaid Management Information System(MMIS)
Voice and Data Improvements in SRS Offices and Institutions
Welfare Reform
Data General Office System Replacement
KAECSES System Backlog of Improvement

Significant Agency Initiatives/Challenges

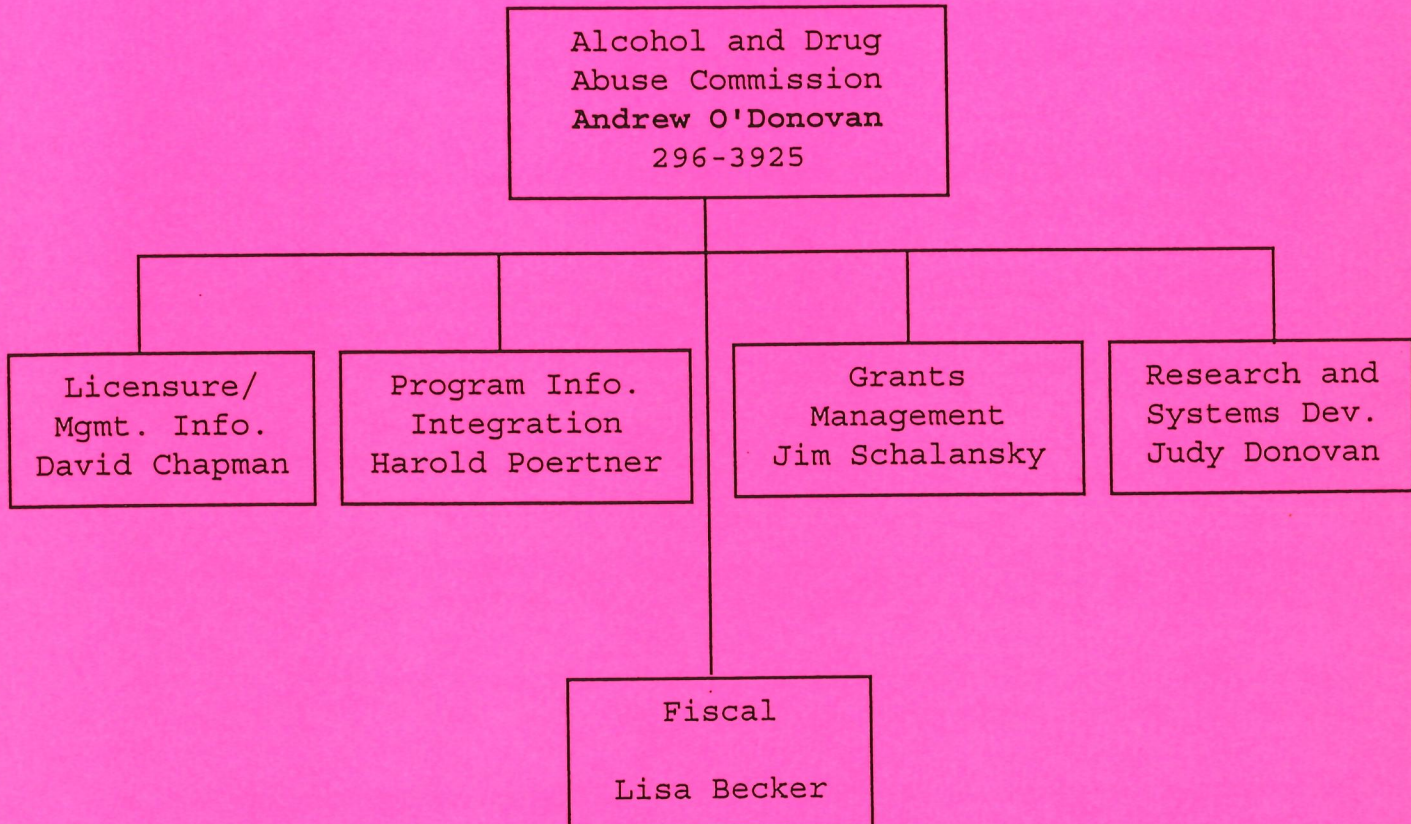
- ▶ Obtaining adequate numbers of qualified staff to achieve agency mission.
- ▶ Implementing information technology within the agency to improve productivity of SRS staff and clients.
- ▶ ADA compliance.
- ▶ Performance based audits.
- ▶ Maximizing federal enhanced funding
- ▶ Funds management.

Accomplishments

- ▶ IRM Planning Process Improvements.
- ▶ KAECSES Performance Improvement Program.
- ▶ New KsCares System for the Work and Child Care Programs.
- ▶ KMIS System Processing Cost Reductions.
- ▶ Voice and Data Telecommunications Improvements for New Staff.
- ▶ Laser Printer to Print Bar Codes on Income Maintenance Envelopes.
- ▶ Replacement of the Topeka Data General Office Automation System.
- ▶ Development of standard workstation specifications.
- ▶ Direct entry of vendor payments at local office.
- ▶ Development of specifications for purchasing.
- ▶ Federally approved cost allocation plan.
- ▶ Cost savings resulting from agency audit function.
- ▶ Development of facilities rent cost tracking system.
- ▶ Survey completed on rent cost in communities (40% return).

ALCOHOL AND DRUG ABUSE SERVICES

The ADAS mission is to provide leadership in reducing alcohol and other drug abuse in Kansas by creating conditions for healthy families and communities through a comprehensive continuum of services. These services are based on research, designed to be culturally relevant, and focus on the family and community.



There has been a slow but growing recognition that alcohol and other drug abuse is the root cause of many of the serious problems facing Kansans. Substance abuse strains our health care system, as well as social services, the education and criminal justice system. These problems are estimated to cost Kansans \$1 billion each year. The Kansas Department of Social and Rehabilitation Services/Alcohol and Drug Abuse Services (ADAS) has a lengthy history of providing leadership for substance abuse prevention and treatment services.

The State Alcohol Program was established in 1972 (K.S.A. 65-4001) and the State Drug Program in 1973 (K.S.A. 75-5375). These programs functioned separately until the Commissions were brought under SRS in 1975. In 1980 a Governor's Task Force implemented Executive Order No. 17 (Section 18) which established the State Alcohol and Drug Program as a full Commission under SRS. The charge was to provide leadership for a regionalized program of prevention, intervention and treatment services.

ADAS provides administrative leadership by promoting effective public policy and developing and evaluating programmatic resources. These responsibilities are concentrated in five areas:

- Planning, developing and evaluating a regional system of community-based prevention, intervention and treatment services in the 12 SRS management regions. This continuum includes a Regional Prevention Center, and various levels of treatment funded through and managed by private contractors.
- Operating a management information system that collects, analyzes, and evaluates data and other information for program and policy planning, evaluating and public education purposes.
- Ensuring quality through licensing 275 public and private treatment programs and certifying more than 800 Kansas substance abuse counselors.
- Providing training and technical assistance services to increase the skills, knowledge and the capacity of professionals to more effectively respond to the diverse needs of Kansas families and communities.
- Developing collaborative, coordinated and cooperative relationships at the local, state and national levels to enhance effectiveness.

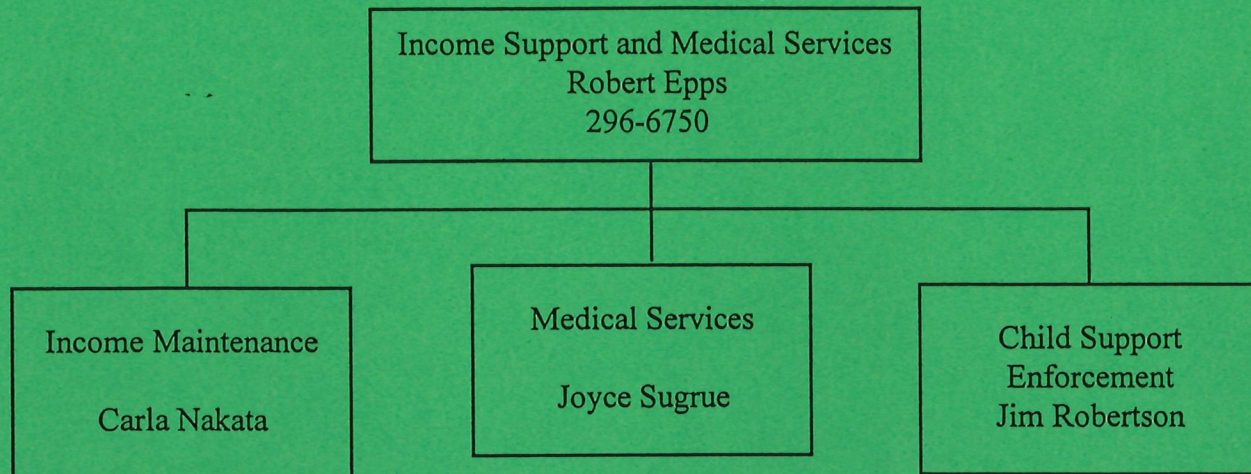
Significant progress has been made in providing national and state leadership, in reducing substance abuse and in creating conditions for healthy families and communities.

- Developed a nationally-recognized regional program of prevention and treatment so Kansans have access to quality services in all 105 counties.
- Developed and strengthened the Regional Prevention Center system through a research-based risk and protective factor model that has received national and state support. A 1992 Kansas Legislative Committee on Prevention strongly recommended that preventive services should be a priority and that the 12 Regional Prevention Centers be expanded to serve as a focal point for community-based prevention. The committee noted there are common risk factors not only for substance abuse and other problems such as violence, teen pregnancy, and school dropout.
- Was a key developer of the Kansas Family Initiative, the state's first comprehensive program to assist families in raising drug-free successful youth. Through a public/private partnership, families have access to information, skill-building workshops and a statewide support network.
- Focused on families at risk and those with special needs: funded 10 specialized treatment programs for addicted women and their children in eight regions; developed treatment services for addicted youth; funded new prevention and treatment services for Hispanic

and African American families; and created policy that allows pregnant women and those HIV/AIDS priority admission to treatment.

- Developed strategies to increase earlier interventions to treatment: 9 Intervention Referral Specialists that are placed in the SRS Area Offices; and Intervention Referral Specialists located in the Kansas City and Topeka health departments to assist those with HIV/AIDS and other sexually transmitted diseases to get immediate treatment for their addiction.
- Implemented the state-of-the-art Addiction Severity Index, an instrument that is administered on ADAS-funded clients at treatment admission, discharge and six-month followup. Several areas of the person's life is evaluated: alcohol use, other drug use, health, family/social, employment, legal and psychological.
- Developed a management information system that collects and analyzes data on: all client admissions; the Addiction Severity Index; State/regional/county risk assessments; and youth and household surveys and household telephone survey data.
- Increased the professionalism of those working in prevention and treatment: developed and provided a statewide training system with core curriculum; implemented licensure standards for counselors working in alcohol and drug treatment.

Income Support and Medical Services



Income Maintenance Division

Cash Assistance

Aid to Families with Dependent Children (AFDC)

- ▶ This is a federal/state matching funds program created by the Social Security Act of the 1930's.
- ▶ During the 1990's this program has aided 45,000 families each year.
- ▶ There are approximately 30,000 families who receive such aid in any given month.
- ▶ 40% of these families will receive AFDC benefits for less than one year. Nearly two-thirds will be back to work within 2 years.

General Assistance (GA)

- ▶ This is the second largest program of cash assistance and is entirely state funded.
- ▶ In its present form General Assistance focuses on two distinct populations. The program serves poor two parent families who, despite their present lack of work, are not eligible for AFDC. This program serves nearly 2,000 families each year. There are approximately 700 families receiving assistance in any given month. Since there are two job seekers in each GA family the time on assistance is quite low, averaging 4 months per episode. The FY 96 budget preliminary request for this GA population is roughly \$4 million, or \$117 per person. The term "preliminary" is used here because a major feature of our welfare reform efforts would transfer this entire population to the AFDC program on January 1, 1995. If this reform effort receives federal approval there would then be no such GA eligibility group in FY 96. A control group would be maintained for waiver evaluation purposes.
- ▶ A second group served by the present GA program are those without children who cannot support themselves due to a serious physical or mental disability. The average monthly benefit per person is \$156.

Low Income Energy Assistance Program (LIEAP)

- ▶ This is the third major program of the Cash Assistance budget. LIEAP, which is wholly federally-funded, had its origin in the federal response to the rapidly increasing cost of energy following the Middle East oil crisis of 1973. The winter benefit is a one-time payment which averages \$170 per household. There is a cooling program provided in the summer months for income-eligible persons whose physical well being is threatened by Kansas' summer heat.

Food Stamps

- ▶ This federally-funded program is offered to all households, with or without children, whose incomes fall below 130% of national poverty levels. At the present time this program supplements the food budgets of 75,000 Kansas households each month.

Medical Assistance

- ▶ Lastly, the vast majority of households receiving Cash Assistance also receive SRS medical coverage in some form. There are many others, primarily aged and disabled Kansans in their own homes or in nursing facilities, who receive medical coverage but none of the above financial assistance. This benefit is afforded to nearly 200,000 persons. This \$700 million+

program is mentioned here because it is the responsibility of the Income Maintenance staff to establish eligibility policy and to serve those who apply for coverage.

Welfare Reform

- ▶ ACT for Families, while not a formal part of the Governor's FY 95 budget proposal, drew the attention of the 1994 Legislature. This proposal was blended with several other reform bills introduced and culminated in the welfare reform package contained in HB 2929. The provisions of this bill, as well as several other no-cost changes proposed by IM management and local staff, are now under review at the federal level. Most provisions that require federal waiver of existing regulations, are slated for implementation in January 1995.
- ▶ The main focus of HB 2929 was pro-family and pro-work as envisioned by the Department's original ACT proposal. Rules were changed making it easier for two-parent families to stay intact and still receive AFDC when needed. Incentives were created for families to work part time while looking for truly sustaining employment. At present such part-time wages are discouraged because they reduce the AFDC grant dollar for dollar.
- ▶ Other provisions sought to alleviate public fear of abuse and chronic dependency on public aid. Financial disincentives for conceiving additional children while on AFDC were established. Time limits were placed on the time persons could remain in the Department's training and education programs. Also, many penalties were established for a family's failure to cooperate in obtaining child support, disclosing changes in circumstances on a regular basis, and other responsibilities that the family should reasonably be expected to assume while receiving public aid.
- ▶ The package is, as illustrated by the major provisions mentioned above, is balanced between the desire to aid those in temporary need of financial assistance and the desire to not create a dependency upon such aid that would be detrimental to the family and the economy of the state.

Other Budget Highlights and Notable Activities

During FY 95 staff continue to work toward converting most of its Cash Assistance benefits from checks and food stamps to electronic benefit transfer (EBT). It is planned that a request for proposals to design and operate such a system will be released this fiscal year. This effort will be done in partnership with several other states in order to get the best possible price.

Division of Medical Services

The mission of the Division of Medical Services is to improve the quality of life of Kansas indigent children, adults and elderly through the provision of a full range of health services that are preventive in nature or medically necessary and are provided through the most effective and economic method.

Accomplishments

SRS has made a shift from institutional to community based care for the elderly and disabled. The following initiatives have assisted in this effort:

- ▶ Implementation of nursing facility pre-admission screening;
- ▶ Three new home and community based services waivers;
- ▶ Increasing the number of individuals utilizing the home and community based services waiver for the elderly and persons with disabilities;
- ▶ Community re-entry for residents of nursing facilities;
- ▶ Community resource development in cooperation with the Department on Aging;
- ▶ A request for a waiver from the federal government so that nursing facility services and expenditures are more controllable; and
- ▶ Implementation of a case mix reimbursement methodology for nursing facilities.

SRS is making a shift from a traditional fee for services health care system to a managed health care system. The following initiatives are in progress:

- ▶ The planning phase for a prepaid capitated managed care program.
- ▶ The renewal of the waiver for an expanded and improved primary care case management program has been requested.
- ▶ Federal funds have been maximized through agreements with local health departments, local education agencies, youth services, mental health and retardation services and the State Departments of Health and Environment and

Aging.

- ▶ Development of a Medicaid Management Information System is under way. This system pays medical claims, monitors quality of care and has other functions.
- ▶ A variety of cost savings measures have been initiated including collection of third party obligations and assisting in the establishment of court ordered medical support.

Initiatives in Progress and On-going

- ▶ Strengthen the process for input from consumers of services.
- ▶ Expansion of long term care options for the elderly and persons with disabilities to a more appropriate balance between community based and institutional services.
- ▶ Complete the conversion from a fee for services based system to a managed care system.
- ▶ Continue to explore ways to be more cost effective in the delivery of health care services.
- ▶ Complete the reprourement of and the implementation of the next contract for the Medicaid Management Information System.
- ▶ Continue to strengthen fraud detection and legal follow up.

Child Support Enforcement Program (CSE)

In 1975, Congress enacted Title IV-D of the Social Security Act to counteract the ballooning tax burden of public assistance to children left unsupported by one or both parents, and to improve the lives of the one in four children living in poverty. Federal law requires each state to establish an effective statewide child support program (CSE) to improve the quality of life for children; to reduce expenditures for Aid to Families with Dependent Children (AFDC), food stamps, , foster care, and medical assistance; to help families become independent of public assistance; and to return the responsibility of supporting children to parents whenever possible.

Program Functions

The Kansas CSE Program is a joint federal , state, and county operation which must satisfy numerous specific federal requirements concerning all phases of operation. CSE must provide a full range of support services, from establishment of orders to modification and enforcement, in two types of cases:

- 1) Public Assistance (PA)- When a child's custodian applies for AFDC, that child's child and medical support rights are assigned to the State. If CSE collects support in an AFDC case, the first \$50 is passed through to the assistance family. The remainder, and any collection of past due support, is used to reimburse the state and federal governments for the public assistance provided to the child's family. Any support collections beyond the claim for reimbursement are passed on to the family.
- 2) Non-PA - Federal law requires providing the same child and medical support services to anyone, regardless of income, who applies for support enforcement services. The rationale is to prevent the need for public assistance by insuring reliable support payments, and to provide equal treatment under the law for all children. It is important to note that approximately 60% of Non-PA cases have received AFDC in the past.

Funding

By operating a program in compliance with federal requirements, Kansas qualifies for three types of federal IV-D funding:

- 1) Kansas retains a percentage (presently 41%) of support collections recovering assistance paid to AFDC families;
- 2) Kansas receives reimbursement, currently 66%, of the allowable administrative costs of the IV-D program;
- and 3) Kansas earns an incentive of 6 to 10%, each, for PA and Non-PA collections. The Non-PA incentive is limited to 115% of the PA incentive.

By using available funding mechanisms, the Kansas CSE Program has always been a cost effective, revenue producing program.

CSE Achievements

The Department of SRS is the designated Title IV-D agency for the State of Kansas. IV-D services are provided in all areas of the state by 487 full time and 26 part time SRS staff, by contracts with four prosecuting attorneys, with the Office of Judicial Administration (OJA) for the services of court trustees in 15 judicial districts, and with private resources (collection agencies, credit bureaus, and process servers).

The current caseload consists of approximately 120,000 PA/ Non-PA cases serving 250,000 Kansans.

The enactment of beneficial legislation, addition of staff, and implementation of the KAECSES computer system have dramatically improved the performance of the CSE Program.

Over the past eight years, collections increased 460%; from \$20,000,000 in FY-87 to over \$92,000,000 in FY94. Kansas has been recognized as one of the top ten states nationally in terms of percentage increases in collections.

Another fiscal benefit results from closure of AFDC cases when IV-D support collections exceed the AFDC grant. CSE's services for those cases automatically continue, to reduce the chance of the family returning to AFDC-dependence, but the State benefits from the AFDC cost avoidance. IV-D collection efforts in FY-94 resulted in the closure of 4,225 AFDC cases.

Current Initiatives

- In hospital paternity establishment - involving hospitals in seeking voluntary acknowledgements at the time of birth
- Medical support enforcement - an effort to force absent parents to actually provide health insurance coverage for their children
- Enhanced computerization - a project to establish a federally required certifiable statewide child support computer system
- Privatization - an effort to utilize private resources to perform appropriate child support functions which can be done more efficiently or effectively
- Implementation of Welfare Reform provisions - expanding services to recipients of medical, food stamps, and child care assistance
- Cost-Recovery fee - implementation of a cost recovery fee in non-public assistance cases

Proposed Legislation and Budget Issues

- Administrative processes for the establishment and enforcement of support orders
- Centralization of payment processing
- Continuation and expansion of the use of private resources

Kansas Population Growth 1990-2005

85 Years and Older

1990	41832
1991	46177
1992	50521
1993	54866
1994	59210
1995	63555
1996	66414
1997	69274
1998	72133
1999	74993
2000	77852
2001	80023
2002	82194
2003	84365
2004	86536
2005	88707

The Kansas Division of the Budget projects that between 1990 and 2005, the total population of Kansas will increase by 5.1%.

During the same period, Kansas population age 85 and over will increase 112%.

Kansas Nursing Facility Population

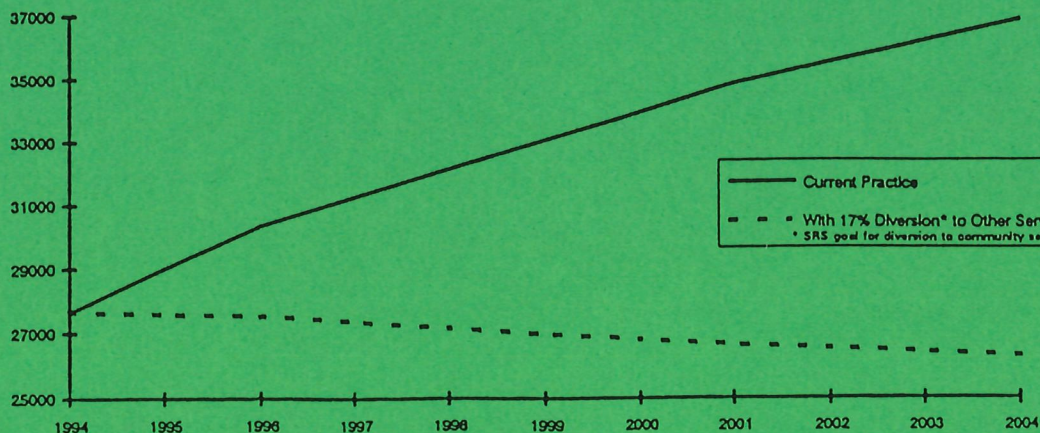
In 1990, 26,155 Kansans were in Nursing Facilities.

Age Group	Population	Percentage In Nursing Facilities	Nursing Facility Residents
85+	41,832	30%	12,550
75 thru 84	115,595	8%	9,248
65 thru 74	184,550	0.94%	1,742
Under 65	2,135,597	0.12%	2,615
	2,477,574		26,155

By 2005, if patterns of institutionalization remain the same, 40,881 Kansans could be in Nursing Facilities.

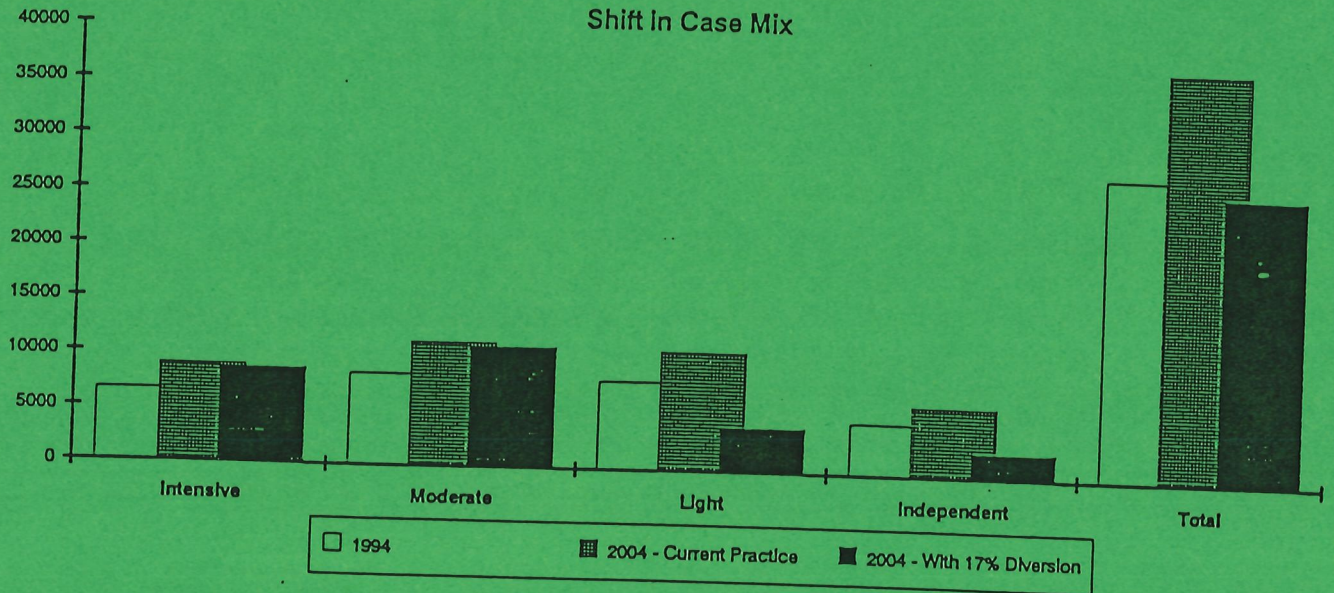
Age Group	Population	Percentage In Nursing Facilities	Nursing Facility Residents
85+	88,707	30%	26,612
75 thru 84	125,585	8%	10,047
65 thru 74	165,061	0.94%	1,552
Under 65	2,225,311	0.12%	2,670
	2,604,664		40,881

Nursing Facility Growth In Case Load

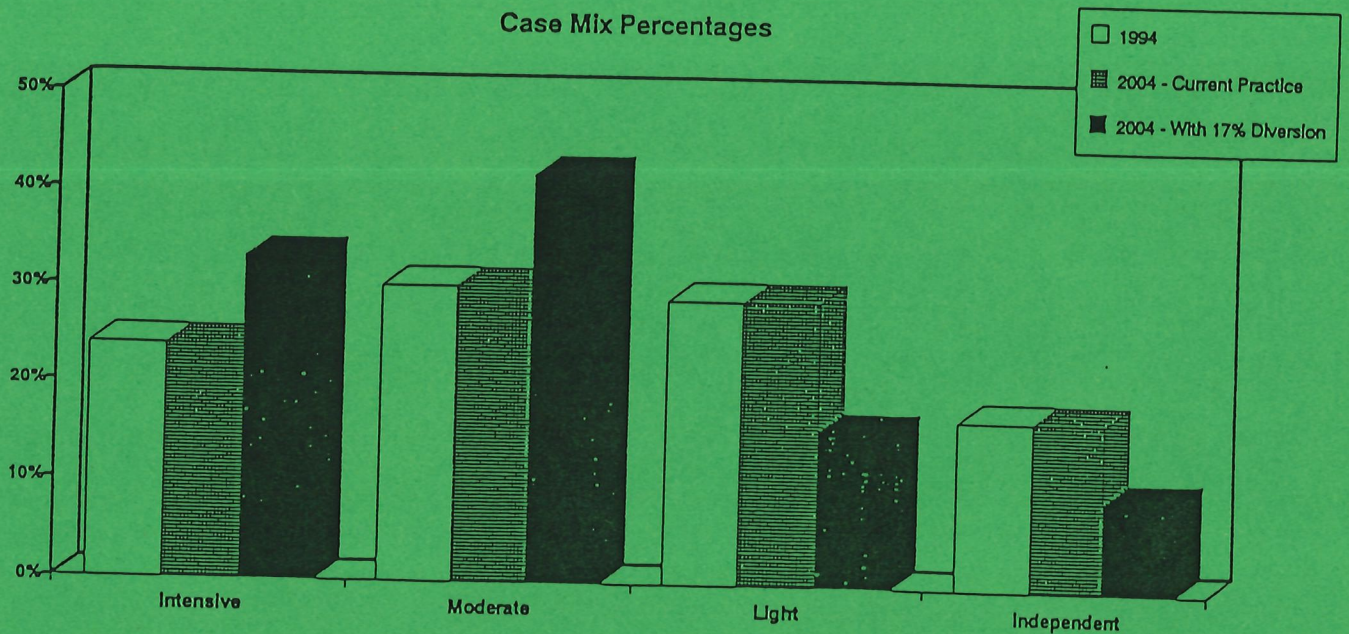


Nursing Facility Case Load

Shift in Case Mix

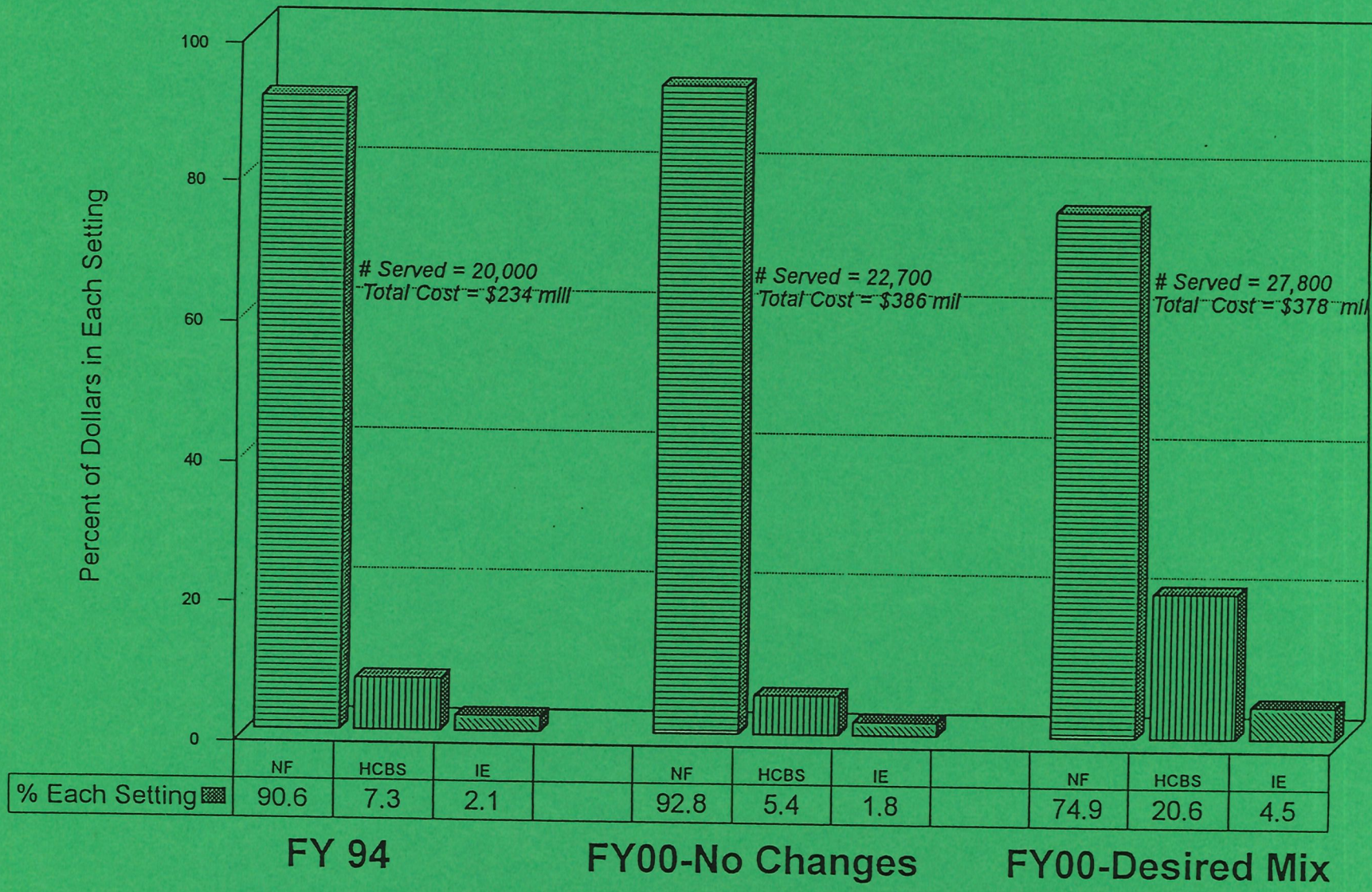


Case Mix Percentages



SRS Long Term Care for the Elderly & Disabled

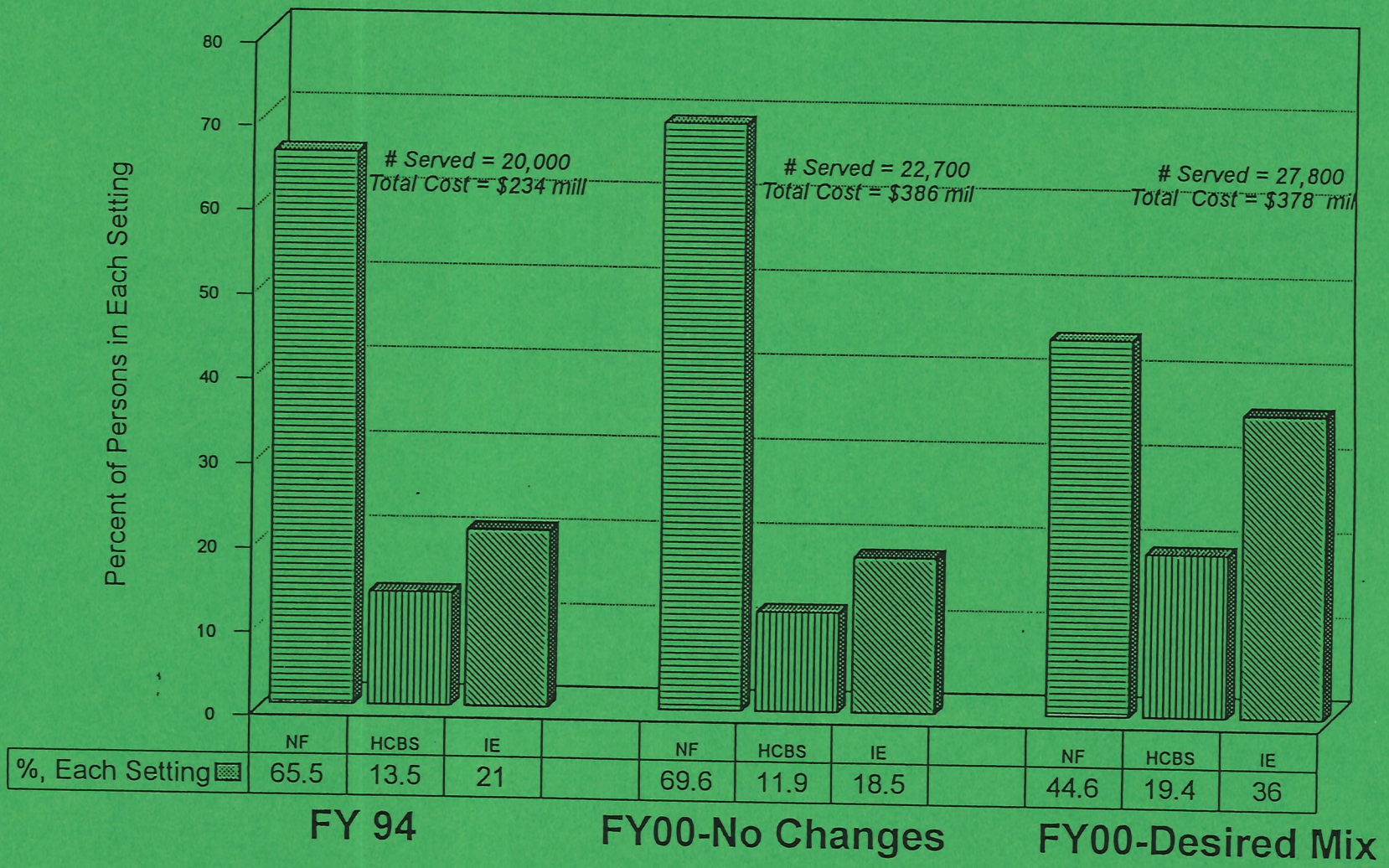
Percent of Expenditure Mix by Care Setting in FY 2000 Under Present and Proposed Institutional/Community Care Mix



4-15

SRS Long Term Care for the Elderly & Disabled

Percent of Persons to be Served by Care Setting in FY 2000 Under Present and Proposed Institutional/Community Mix



4-16

Kansas Medicaid/MediKan Expenditures
Fiscal Year 1989 - Fiscal Year 1995

Medical Assistance	FY 89	FY 90	FY 91	FY 92	FY 93	FY 94*	FY 95*
	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Expenditures	Approved
Regular Medical Assist							
Inpatient Hospital	78,046,890	127,054,506	133,933,091	143,059,055	151,392,535	165,684,828	174,948,849
Outpatient Hospital	6,392,225	8,537,570	10,264,078	12,468,031	14,804,998	15,903,798	15,537,332
Lab & X-Ray	2,691,462	3,342,663	3,838,878	4,400,920	4,747,759	4,650,723	3,692,908
Prescribed Drugs	26,780,884	29,684,713	35,562,450	46,120,116	58,588,151	69,676,926	72,510,134
Physician	29,828,483	36,123,967	41,150,030	53,624,765	61,967,361	64,103,776	71,798,525
Dental	3,749,707	4,218,282	4,719,202	5,649,714	7,033,120	6,955,310	7,411,403
Community MH Center	8,586,097	10,139,556	12,255,594	13,653,443	13,973,839	19,732,493	14,895,543
Supplies	1,965,946	2,931,180	3,311,827	3,831,915	4,767,638	5,832,333	6,333,946
Medicare Buy-In	8,115,411	9,634,167	9,960,700	11,258,032	12,970,412	16,010,722	17,816,833
Home Health Agency	2,916,862	3,829,902	5,729,894	7,964,103	10,289,964	12,241,481	13,740,127
Rehabilitation Services	0	521,990	2,181,295	3,262,558	8,227,275	23,613,908	24,925,346
FQHC, RHCs, ARNPs	196,978	389,404	1,111,409	2,206,086	3,468,185	5,196,031	4,783,734
Transportation	1,507,179	1,877,468	2,011,753	2,335,361	2,616,946	3,150,247	3,332,367
Vision	1,452,622	1,696,183	1,915,237	2,202,985	2,532,993	2,674,733	3,038,502
Local Health Department	2,114,688	3,130,757	2,644,565	2,047,050	1,851,970	1,981,684	3,035,708
Other Services**	4,407,151	6,093,823	3,421,043	3,519,357	4,027,802	4,003,896	5,291,878
Claims & Adjustments	(909,396)	(1,296,977)	3,665,852	1,411,627	1,565,266	(52,603)	0
Subtotal Reg Med Assist	177,843,189	247,909,154	277,676,898	319,015,118	364,025,957	421,360,286	443,093,135
Adult Care Home							
NF & SNF***/NF-MH	118,200,450	136,958,149	153,679,259	173,329,703	183,802,794	208,238,204	220,231,819
ICF-MR	19,134,074	26,066,357	32,343,811	33,390,170	35,910,596	35,724,105	38,504,368
Adjustments	3,093,129	4,418,036	775,272	2,005,678	1,628,153	2,652,656	1,615,633
Subtotal Adult Care Hom	140,427,653	167,442,542	186,798,342	208,725,551	221,341,543	246,614,965	260,351,820
Community Based Services							
Walters	3,503,656	4,925,148	7,772,961	15,082,005	25,704,440	47,764,614	55,121,315
Subtotal Comm Based Svc	3,503,656	4,925,148	7,772,961	15,082,005	25,704,440	47,764,614	55,121,315
Total Medical Assistance	321,774,498	420,276,844	472,248,201	542,822,674	611,071,940	715,739,865	758,566,270

NOTE: Pended claims placed in year Incurred.

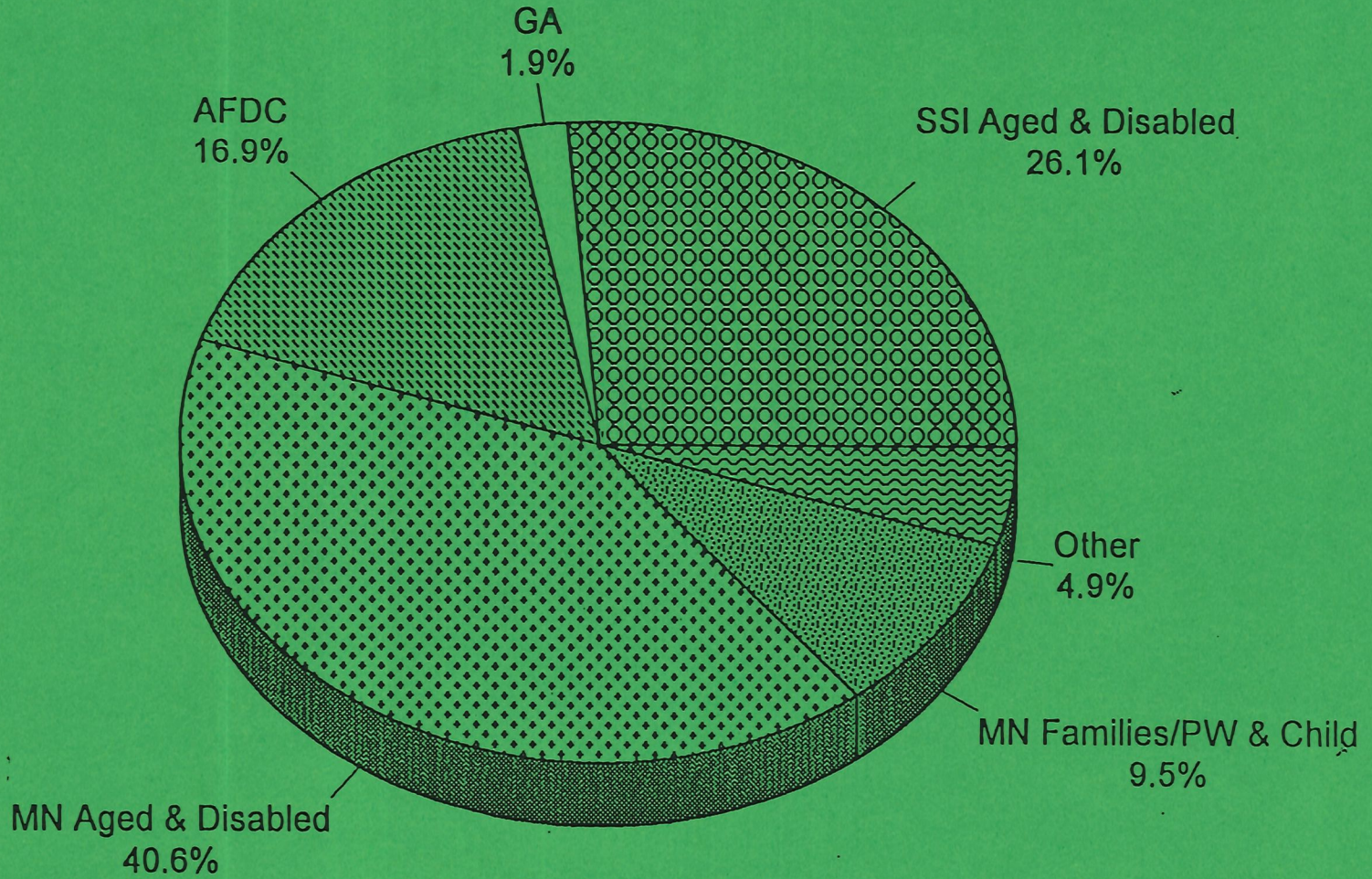
Includes Youth SGF for Behavior Management.

*Other Includes: Non-CMHC Partial Hospitalization, Psychologist, Ambulatory Surgery Center, Podiatry, Chiropractic, & Hearing Services.

*** SNF terminology discontinued in 1991, expenditures reflected in NF category.

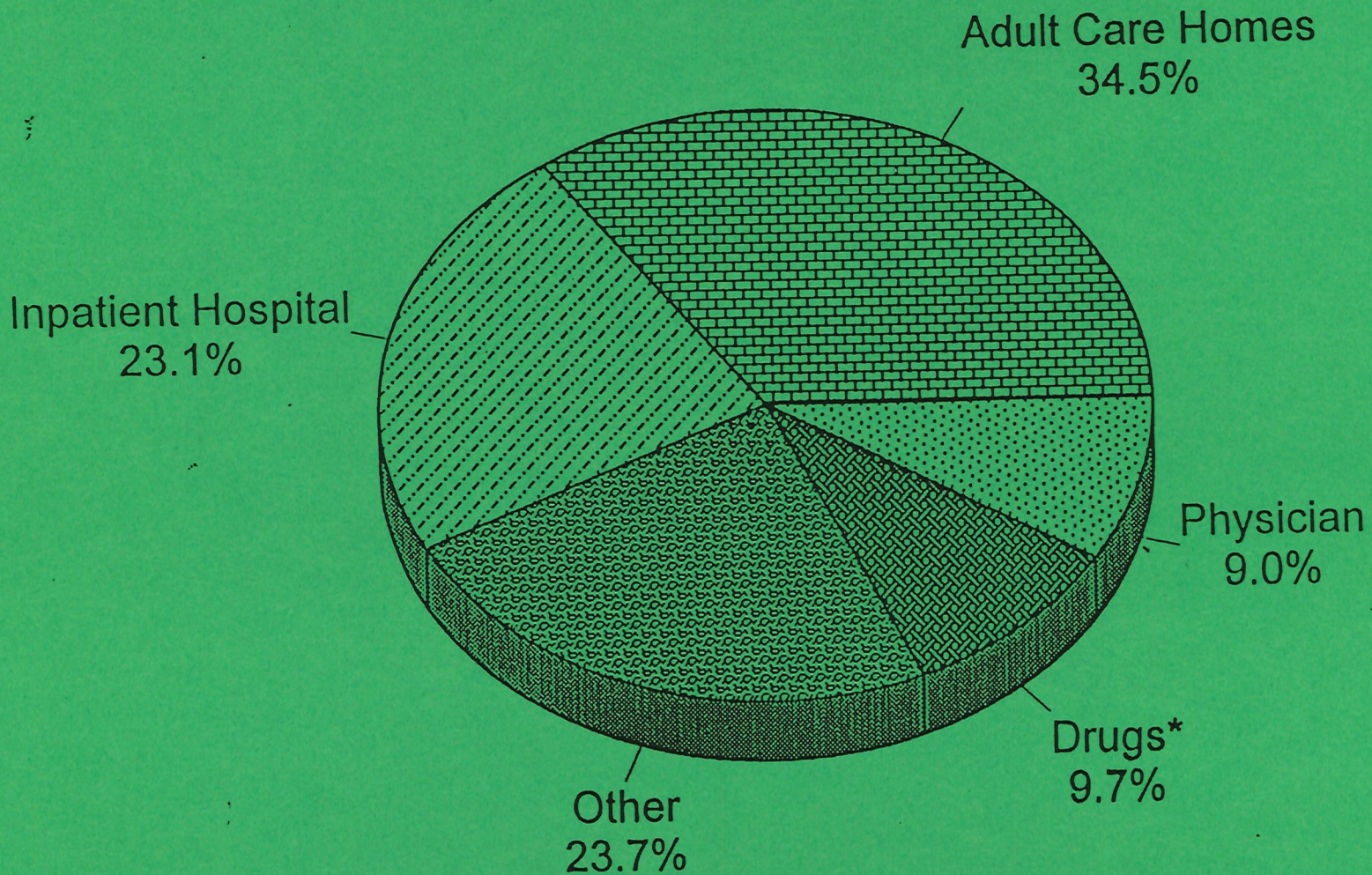
Medical Assistance, Expenditures by Major Eligibility Groupings

Fiscal Year 1994



4 - 18

Medical Assistance, Category of Service Expenditures Fiscal Year 1994



FY 1994 Actual: \$715.7 million

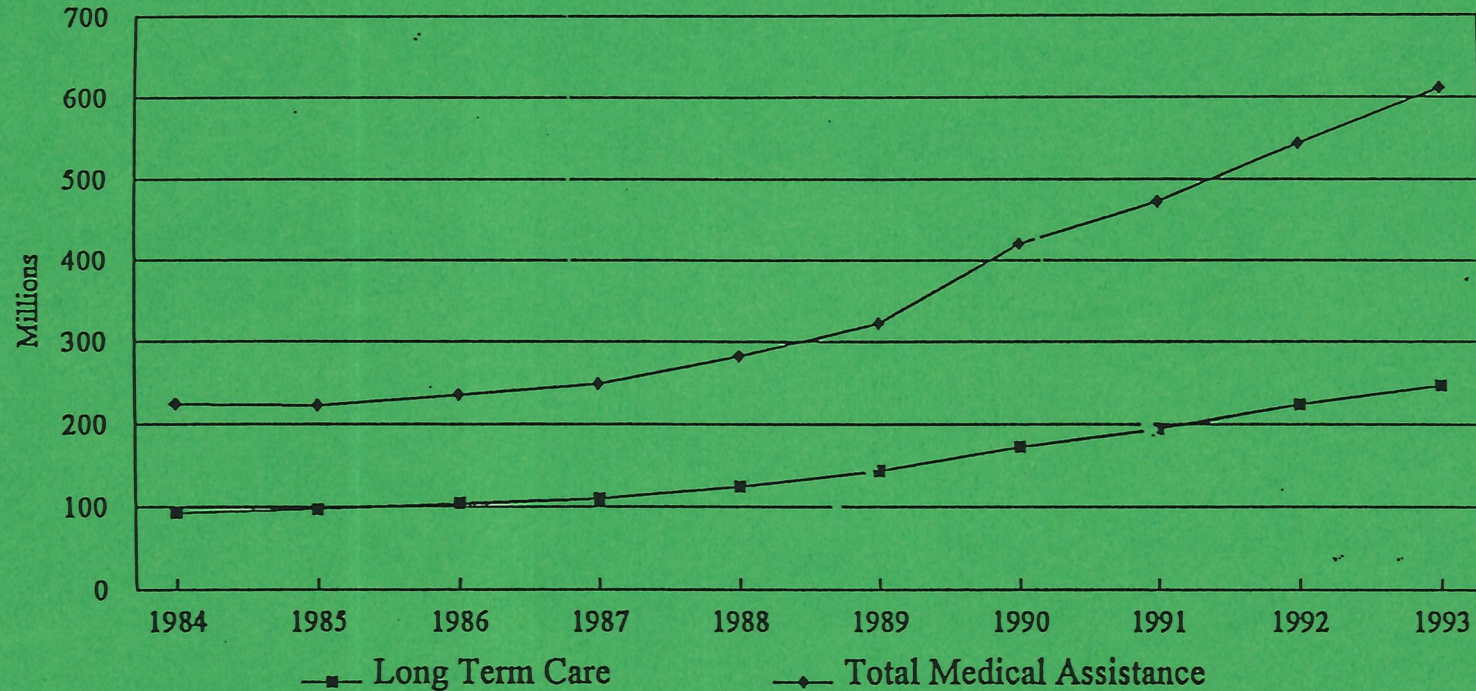
*Excludes Drug Rebate Receipts of \$13,549,649

c:\hgw\budget2.prs

4 - 19

Long Term Care Expenditures

State Fiscal Year 1984 - 1993



Source: cos_hist.wk3

SFY	LTC	Total Med. Assist.
1984	\$92,668,882.00	\$223,909,786.00
1985	\$97,412,312.00	\$222,247,062.00
1986	\$104,576,442.00	\$235,206,215.00
1987	\$110,018,090.00	\$248,651,551.00
1988	\$124,755,650.00	\$282,656,500.00
1989	\$143,931,309.00	\$321,774,498.00
1990	\$172,349,250.00	\$420,276,844.00
1991	\$194,380,856.00	\$472,248,201.00
1992	\$223,684,866.00	\$542,822,674.00
1993	\$246,995,784.00	\$611,071,940.00

4-20

Kansas Population Growth 1990-2005

85 Years and Older

1990	41832
1991	46177
1992	50521
1993	54866
1994	59210
1995	63555
1996	66414
1997	69274
1998	72133
1999	74993
2000	77852
2001	80023
2002	82194
2003	84365
2004	86536
2005	88707

The Kansas Division of the Budget projects that between 1990 and 2005, the total population of Kansas will increase by 5.1%.

During the same period, Kansas population age 85 and over will increase 112%.

7-21

Kansas Nursing Facility Population

In 1990, 26,155 Kansans were in Nursing Facilities.

<u>Age Group</u>	<u>Population</u>	<u>Percentage In Nursing Facilities</u>	<u>Nursing Facility Residents</u>
85 +	41,832	30%	12,550
75 thru 84	115,595	8%	9,248
65 thru 74	184,550	0.94%	1,742
Under 65	<u>2,135,597</u>	0.12%	<u>2,615</u>
	<u>2,477,574</u>		<u>26,155</u>

By 2005, if patterns of institutionalization remain the same,
40,881 Kansans could be in Nursing Facilities.

<u>Age Group</u>	<u>Population</u>	<u>Percentage In Nursing Facilities</u>	<u>Nursing Facility Residents</u>
85 +	88,707	30%	26,612
75 thru 84	125,585	8%	10,047
65 thru 74	165,061	0.94%	1,552
Under 65	<u>2,225,311</u>	0.12%	<u>2,670</u>
	<u>2,604,664</u>		<u>40,881</u>

4
-
22

Management Services

The Management Services Division exists to assist the Secretary in leading and managing SRS by constructing independent policy recommendations; by monitoring and reviewing policy implementation; by providing fiscal, statistical, and design support services; and by providing information, coordination, research and technical assistance to the rest of SRS.



Budget Unit

Principal role is to take a broad independent view of programs' objectives seeking the most strategic and realistic deployment of limited state funds, federal funds and human resources.

Objectives

- ▶ Responsible for the Department's budget preparation process.
- ▶ Chief liaison with the Division of Budget and Legislative Research staff subsequent to the Governor's Budget Recommendation and throughout the appropriation process.
- ▶ Development of caseload estimates.
- ▶ Development of and maintenance of budget data to respond to internal and external inquiries into the use of appropriated funds.

Intergovernmental/Interagency Unit

Principal role is to increase agency options to determine which federal rules and regulations should be implemented as required and which should be protested as not in the best interests of Kansas.

Objectives

- ▶ Establishment of partnerships between local, state and federal agencies to improve programs by coordination on issues related to agency delivery of services and regulatory requirements.
- ▶ Development of position papers and Congressional correspondence, conveying the Department's position supporting or protesting federal rules and regulations.
- ▶ Coordination with the division and program staff to develop federal waiver requests to enhance client service or funding geared toward guiding clients to independence and self-sufficiency.
- ▶ Research of timely issues such as health care reform, welfare reform and long term care reform as requested, providing recommendations.

Planning and Evaluation Unit

Principal role is to assist the Secretary and other agency managers to plan and evaluate policies, programs, management and operations in order to fulfill SRS's and Management Services Division's missions, visions and goals.

Objectives

- ▶ Increase of strategic planning and systems thinking processes by SRS officials.
- ▶ Assistance to and encouragement of SRS officials to adopt customer objectives and performance indicators and measures and the necessity of linking them to SRS mission and goals.
- ▶ Review and monitoring of contracts and grants for duplication, coordination, cost, purpose and outcome.
- ▶ Evaluation of agency policies, programs, management and operations to ensure effectiveness and efficiency.

Data and Reports Unit

Principal role is to prepare non-fiscal federal reports and provide timely answers to ad hoc data requests internally and externally.

Objectives

- ▶ Establishment of a clearinghouse in SRS for the release of ad hoc data.
- ▶ Development of management reports for SRS Secretary, Commissioners and Legislators on an ongoing basis.
- ▶ Revisions and rewrites to FAME, (family data) now a statewide system, to maintain its integrity and visibility until the implementation of Kansas Social Service Information System (KSSIS).
- ▶ Coordination with division units on waiver requests especially with cost effectiveness

calculations.

Office of Design

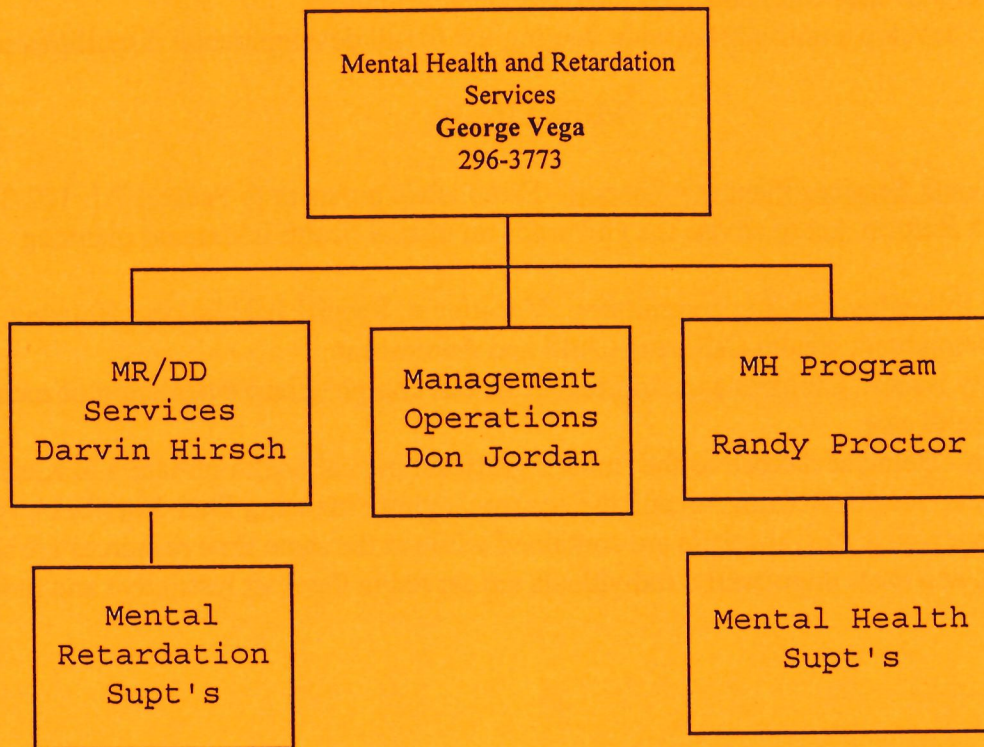
Principal role is to oversee the design and production of many of the department's printed materials and displays.

Objectives

- ▶ Expansion of client base and encouragement of clients to use a broader and more sophisticated range of social marketing tools while publications and exhibits are in the planning stage.
- ▶ Customers' satisfaction with finished products.
- ▶ Completion of computer needs assessment because of recent developments in the computer industry with respect to graphics technology.
- ▶ Continuation of quality publications and exhibits.

MENTAL HEALTH AND RETARDATION SERVICES

Mental Health and Retardation Services (MH/RS) joins with others to provide individually-tailored supports which integrate people into a real life through a person-centered model of service. Our vision for Kansas citizens who are seriously mentally ill and/or developmentally disabled is they will live, work, play and learn in natural, inclusive settings. They will direct their individual plan, be supported in the context of family and friends, and the plan will respect their lifestyle and culture. MHRS funds services for people with disabilities in apartments and homes, in small and large community-based congregate settings, and in state operated institutions. MHRS is committed to supporting and serving through well trained staff every individual according to their respective lifestyles, in a safe environment.



Mental Retardation and Developmental Disability Services

Accomplishments

- 340 persons are being provided supported employment and 178 are being provided supported living through consolidated grants.
- Overall census at the three state mental retardation institutions has been reduced by 201 using HCBS/MR funds.
- Nine regional Mental Retardation Coordinators have been hired.
- 541 families will be receiving \$200 per month cash subsidy by January, 1995.
- \$1,476,025 for support services is being provided by community mental retardation agencies through consolidated grants.

- HCBS/MR funding is paying for supports and services for 1500 people in the community.
- The number of Kansas counties unserved by community mental retardation centers was reduced by two, leaving only three unserved counties.

Challenges

- Place 63 additional people from state mental retardation institutions to meet census reduction goals.
- Increase the number of community mental retardation agencies willing to serve persons with severe and multiple disabilities.
- Increase services to children with developmental disabilities and their families.
- Continue efforts to convert congregate residential settings and sheltered workshops to supported living and supported employment.
- Implement closure of at least one large, private ICF/MR.
- Provide education for consumers and families about their rights, guardianship, benefits, and services/supports so they can make informed, responsible choices.
- Begin work to develop a unified statewide waiting list for all developmental disabilities services.

Mental Health

Governor's Mental Health Services Planning Council - Established pursuant to Federal P.L 102-321 and the Kansas Mental Health Reform Act to advise the Governor on mental health issues and planning.

- Maintains the following standing committees: Vocational, Special Populations, Housing, Human Resource Development, Health Care, and Child and Adolescent.
- Current priority issues: Children and Adolescent issues, complete implementation of mental health reform, and health care.

Mental Health Reform - Being acclaimed as the "most significant mental health initiative in Kansas in over twenty years" the Mental Health Reform Act and the accompanying Financing Plan describes how the escalating costs of State psychiatric hospitals are contained while at the same time resources are reallocated to community programs, and most importantly, individuals are served in the least restrictive and most normal setting possible.

Accomplishments

- All 27 community mental health centers (CMHC) are participating and are screening all affected referrals to the state hospitals.
- A total of 182 state psychiatric beds closed (OSH-92; TSH-90; LSH-30)
- Goals - Complete the third and final phase of reform in the LSH catchment area.
- The CMHC "certified match" arrangement provides the opportunity to use state funds in addition to Medicaid funds to maximize Federal Financial Participation in CMHC services.
- CHMCs provide screening services for Medicaid referrals to psychiatric units of local hospitals.

Mental Health Information Systems - With the Mental Health Statistical Improvement Project (MHSIP) grant computerized data collection system has been developed which includes information from the CMHCs and state hospitals. The system is used to produce statistical reports on clients, services and staff in the planning and monitoring of mental health programs for the state and reporting to the federal government.

Community Support Systems - These services are provided for adults with severe and persistent mental illness.

Accomplishments

- The establishment of consumer-run and family self-help mental health programs which are an important part of Mental Health Reform philosophy. During FY 1994, MHRS provided funding for establishment and continuation of 12 local consumer-run, mental health, self-help organizations and one statewide consumer-run coordinating and technical assistance organization.
- Joint funding by Kansas Rehabilitation Services and MHRS, (state and federal) for development of supported employment programs at 12 mental health centers. The purpose of these projects is to allow persons with serious mental illness to choose, get and keep jobs and to contribute to their community.
- In conjunction with Kansas Department of Commerce and Housing, established \$1 million set aside of federal funds for rent subsidies for mental health consumers.

Homeless Program Accomplishments - Kansas' ACCESS programs (part of a federal research grant) were renewed for FY 1995 (\$1,948,588) for programs in Topeka and Wichita, which have contacted more than 400 homeless people since the programs start-up in May 1994. These programs target homeless people with serious mental illness, many of whom also have substance abuse problems.

Violent Sexual Predator Program - SRS is in the process of establishing the Violent Sexual Predator Treatment Program as mandated in SB 525. Until space becomes available at the Larned Correctional Mental Health Facility, the agency is using space at Larned State Hospital. We have received approval to hire staff and will soon have positions filled. The first resident committed under the bill was received at LSH Friday, October 21, 1994.

Nursing Facilities for Mental Health - The agency has been successful in reducing the number of medicaid funded nursing facility beds allocated for housing persons with mental illness (NFs/MH). The agency was successful in contracting with Sedgwick County Department of Mental Health to provide community based services for the residents of Heartland Rehabilitation Center, an NF/MH of 80 beds, which ceased operation because of a business decision by the owner. SRS also has a contract with Johnson County Mental Health Center to provide the necessary community mental health services to allow the closure of their NF/MH by 1/1/95.

Flood Relief - As a result of the floods of 1993, much of Kansas was declared a federal disaster area by the President. The state received a total of \$663,889 to address the mental health needs of victim/survivors. SRS-MHRS was responsible for the administration of the project, and local CMHCs provided direct services to the communities and individuals affected by the flood. Over 5,000 victims and communities in Kansas were assisted in recovery efforts.

Childrens' Mental Health Services

Accomplishments

Mental Health Reform - Increase of funding for community based services serving children with severe emotional disturbance and their families. Decrease in state hospital bed utilization.

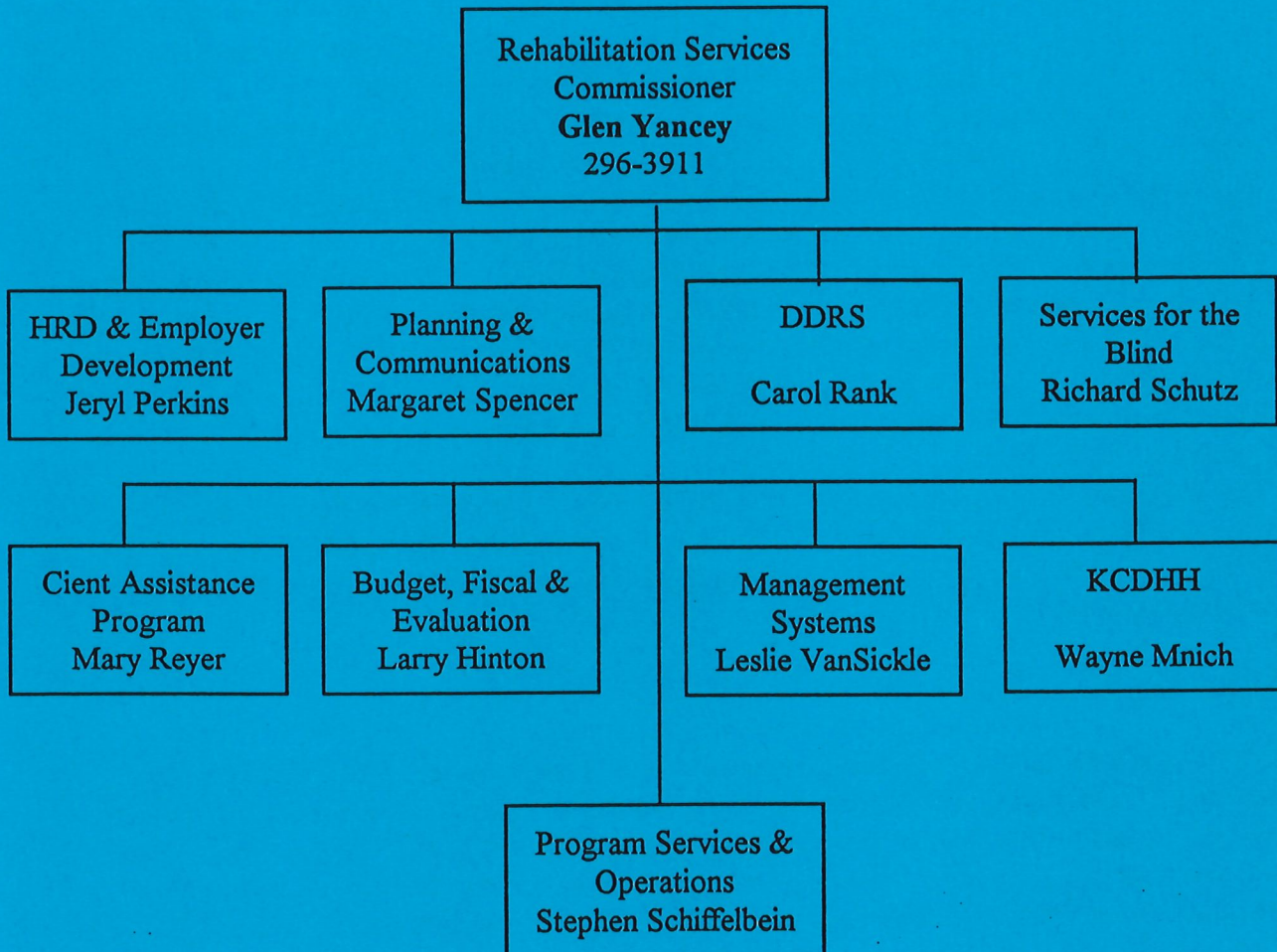
Development of New Systems of Care - Nationally significant and highly competitive federal grant awards for children's mental health applied for, and awarded to Sedgwick County Department of Mental Health in 1993, and a consortium of counties in southeast Kansas, headed by the Labette Center for Mental Health Services, located in Parsons. Increased parent involvement in the operations of the two federal grants described above is a major feature of the system of care designed. Parent involvement in decisions made about service delivery is nationally recognized as the cutting edge of new and more effective models for community based mental health services.

Wraparound Models of Service Planning - In collaboration with advocates for children with severe emotional disturbance, and their families, Mental Health and Retardation is implementing a program of wraparound demonstration projects in several rural communities. Wraparound is a process designed to meet individual needs for children and families when all other services have fallen short.

Goal: Increase/expand community-based, non-traditional services for children/adolescents with serious emotional disturbances and their families.

REHABILITATION SERVICES

Working in partnership with Kansans with disabilities to achieve their goals for employment and independence.



EMPLOYMENT FOR KANSANS WITH DISABILITIES IS OUR NO. 1 PRIORITY

People with disabilities are among the most disadvantaged in our society, experiencing high levels of unemployment and poverty. The vast majority of Kansans with disabilities want to work, however only about 30% are employed. **Therefore, Rehabilitation Services has established employment for Kansans with disabilities as our No. 1 priority.** To achieve this goal, Rehabilitation Services administers the following programs:

- * **Vocational rehabilitation services** are customized according to each consumer's abilities, interests and goals. Services may include: vocational assessment, guidance and counseling;

training; mental or physical restoration; supported employment for persons with severe disabilities; rehabilitation technology; and job referral and placement. Eligibility for services is determined in accordance with federal regulations. Services are provided through 95 rehabilitation counselors stationed in 30 SRS offices throughout Kansas. Rehabilitation Services also operates the Kansas Vocational Rehabilitation Center in Salina and the Vocational Rehabilitation Unit in Topeka. Funding for vocational rehabilitation services is favorable for the State, with a match rate of 21.3% state to 78.7% federal.

- * **The Division of Services for the Blind (DSB)** directs delivery of vocational rehabilitation services to persons who are blind, visually impaired or deaf-blind. Other DSB programs include Kansas Industries for the Blind, Topeka; the Rehabilitation Center for the Blind, Topeka; the Business Enterprise Program; and Rehabilitation Teaching.
- * **Independent living** funds 12 community centers which provide information and referral; peer counseling; independent living skill training; and advocacy.
- * **Transition planning services** are provided to help special education students with disabilities prepare for the adult world of work and community living.
- * **The Kansas Commission for the Deaf and Hard of Hearing** offers advocacy; information and referral; interpreter coordination; the Kansas Quality Assurance Screening for certification of sign language interpreters; and the Safety Communication Sticker program for vehicles driven by people who are deaf or hard of hearing.
- * **The Client Assistance Program** serves as an ombudsman for applicants and clients of Rehabilitation Services.
- * **The Disability Determination and Referral Services** program makes disability and blindness determinations for the U. S. Department of Health and Human Services on most Social Security Disability Insurance and Supplemental Security Income claims filed or reviewed in Kansas.

CHALLENGES AND ISSUES

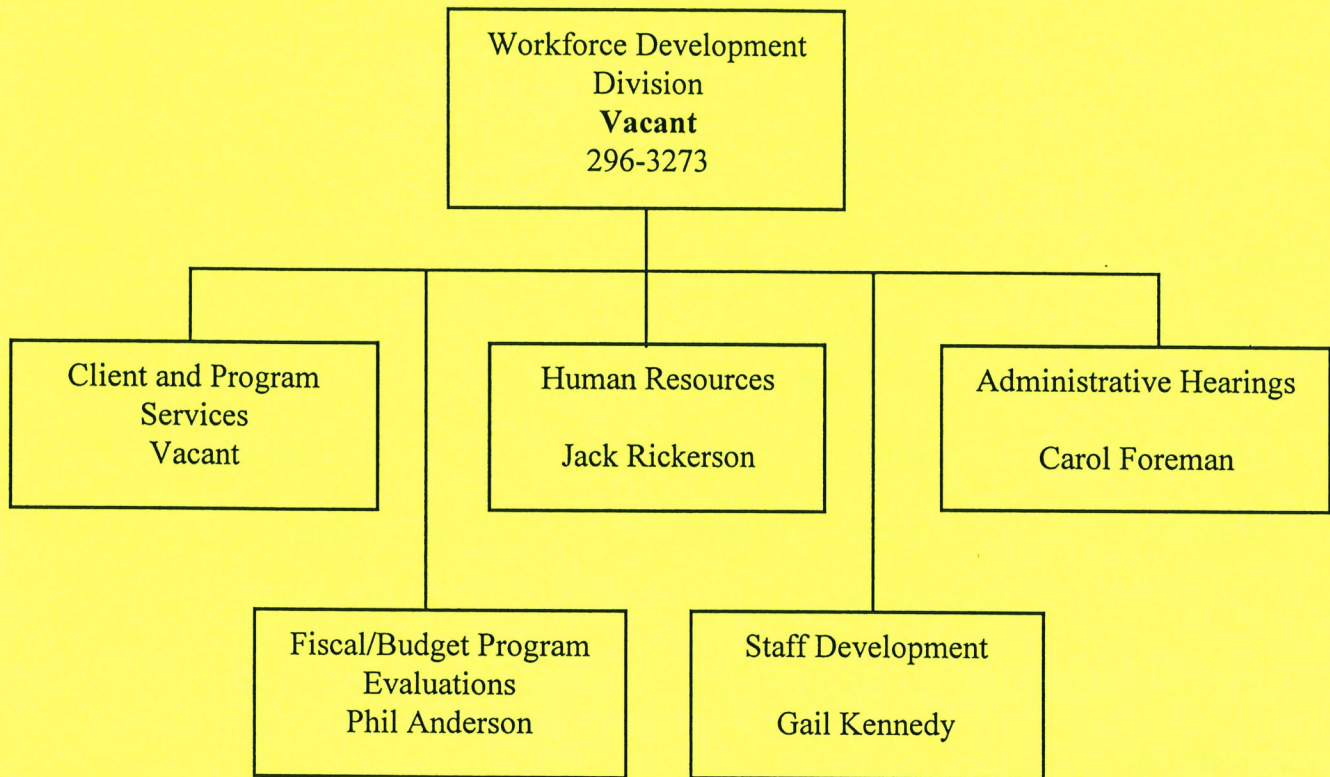
- * Within available funding and staffing, Rehabilitation Services provides transition planning services to help special education students with disabilities prepare for work and independent living. Current staffing has the capacity to serve only about 20% of the students who need transition services. Program expansion with additional transition counseling staff has been proposed based on recommendations from consumers at public forums and the Rehabilitation Services Advisory Council.
- * Disability Determination and Referral Services is experiencing a significant increase in the number of claims to be processed, from about 17,000 in 1991 to a projected 32,404 in 1995. Staff and other operational resources, which are financed by the Social Security Administration, have not kept pace with this increase.
- * Durable medical equipment and emerging assistive technology have the potential to be of great benefit for citizens with disabilities, helping them maximize their employment opportunities and increase their abilities to live independently. Such equipment is customized to meet an individual person's specific needs. Modification in purchasing procedures to comply with federal requirements for consumer choice is recommended.

ACCOMPLISHMENTS DURING THE PAST 4 YEARS

- * During FY 1994, 1,786 Kansans with disabilities were rehabilitated. Nearly 86%, or 1,535 individuals, achieved employment. During the first full year of work, these 1,535 Kansans with disabilities will generate more than \$11.5 million in new wages, a significant contribution to the Kansas economy. During SFY 1991-1994, a total of 6,268 Kansans with disabilities were rehabilitated.
- * Cooperative agreements with SRS Mental Health/Retardation Services have expanded the capacity of private community rehabilitation programs to provide supported employment and supported living for persons with mental retardation/developmental disabilities; and established supported employment programs at mental health centers for persons with severe and persistent mental illness. Emphasizing integrated, community-based services, these programs are an alternative to costly institutional services.
- * Rehabilitation Services and the Kansas State Board of Education jointly manage a five-year federal systems change grant to improve transition services and increase opportunities for post-secondary success for special education students with disabilities.
- * In 1993, the Kansas Legislature authorized \$300,000 to expand independent living center services in the southwest, southeast and Kansas City areas.
- * The Division of Services for the Blind has received a federal grant to improve and expand independent living services for older Kansas citizens with severe visual impairments. The funding will total \$900,000 over a five-year period.
- * Rehabilitation Services has established grants and fee-for-service agreements with more than 40 community rehabilitation service providers, reflecting the importance of collaboration in serving people with disabilities, and the value of partnerships with private organizations.
- * A reclassification of counselor and field management positions in September 1992 resulted in reduced turnover and stabilized services for Kansas citizens with disabilities.
- * Rehabilitation Services has fully matched available federal funding and received additional reallocation funding for the past three years, thus maximizing services for Kansans with disabilities.
- * Kansas Industries for the Blind has been designated the provider of remanufactured laser printer cartridges to state agencies, enabling KIB to provide a needed product and employ persons who are blind without state subsidy.

WORKFORCE DEVELOPMENT DIVISION

Workforce Development will provide leadership in the development and provision of employment and training opportunities and services to SRS customers, ensuring opportunities to participate in full citizenship.



Problems or Issues

- Assure the effective implementation of Welfare Reform as envisioned by the 1994 Kansas Legislature.
- Need for resources to support the delivery of child care program due to the increased child care funding available.
- Implementation of training related to Welfare Reform, Family Agenda, and Family Initiative.
- Implementation of training outlined in American Civil Liberties Union Lawsuit Settlement.
- Provide Child Support Enforcement full administrative process.
- Development of a Return to Work Program for the safe return of injured employees as soon as possible.

- Design a position audit philosophy and capability to ensure the integrity and equity of classification decisions.
- Enhancement of the Department's selection processes and capability to ensure a capable and motivated workforce and to avoid negligent hiring situations.

Possible Solutions

- Aggressively seek Federal Welfare Waivers in order to implement Kansas Welfare Reform.
- Fully develop KQM for more staff involvement in decision making and implementation of strategies.

Challenges and Concerns

- Developing fall back positions for achieving Welfare Reform if all waivers are not approved by the Federal Government.
- Changing mainframe computer systems to implement Welfare Reform changes.
- Completion of Stage IV of the Comprehensive Classification and Job Rate Study.
- Addressing the requirements of Americans with Disability Act (ADA).
- Providing training related to Kansas Quality Management (KQM).

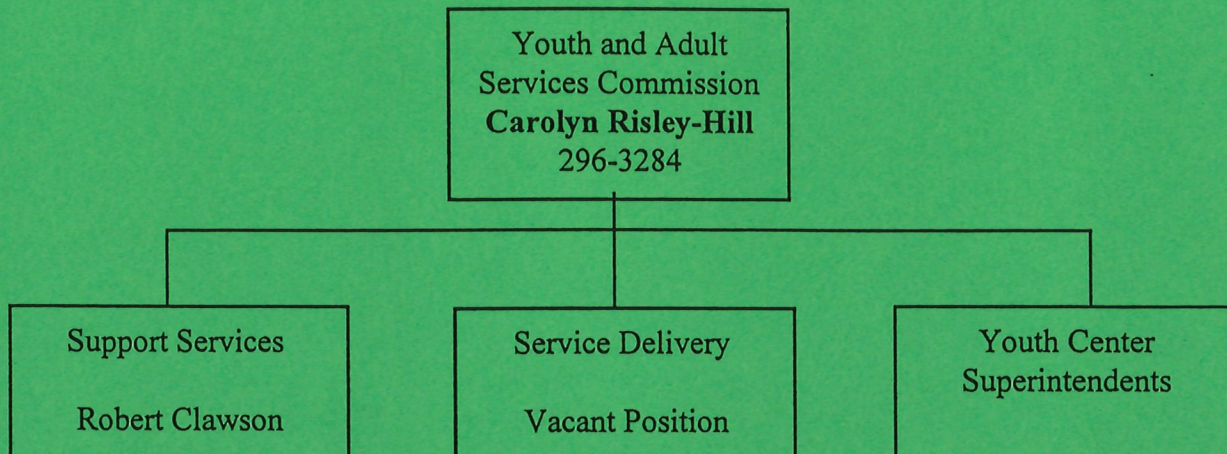
Accomplishments

- Expansion of employment and training services from four counties to 51 counties.
- Automation of Federal employment, training and child care program case management, payments and reports systems.
- Implementation of four stages of the Comprehensive Classification and Job Rate studies.
- Provision of a combined centralized, decentralized training delivery system.
- Development of a media production program that has completed numerous media and audiovisual presentations for the Department.
- The development and maintenance of the SRS Training Center facilities and Library.
- Resolved and estimated 250 inquiries per month by providing information, referral and advocacy services.
- The fair hearing process disposed of 1,594 cases in Fiscal Year 1994.

- Assisted 111 welfare clients to be hired within the Department during Fiscal Year 1994.
- Provided opportunities for volunteerism within all SRS umbrella agencies.
- Expanded the opportunities for quality child care through increased funding from \$9 million to \$31 million.

Youth and Adult Services

Youth and Adult Services creates conditions for family members and communities to safely care for and nurture one another by responding to social conditions that threaten individual well-being and public safety. Responsibilities include child welfare, juvenile justice and adult protection programs for SRS.



The Commission's programs and mission are carried out by social service staff in the 12 area offices; the Comprehensive Evaluation and Treatment Unit in Topeka; the four Youth Centers at Atchison, Beloit, Larned and Topeka; its central office operations; and in collaboration with contracting agencies, other Commissions within SRS and other state and community organizations with similar goals. The Commission's goals are:

- To provide for the safety and security for children in their own homes or in other permanent families in order to achieve their maximum potential as productive citizens.
- To provide protection and care to vulnerable adults in the least restrictive setting consistent with their care needs.
- To reduce unlawful and violent behavior of juveniles.
- To provide for public safety through juvenile correctional programs that protect the community and provide for habilitation of offenders.
- To deliver effective social services to children, youth, adults and families in collaboration with other key players in the child welfare, juvenile justice and adult protection delivery systems.

Problems and Issues

- Compliance with a lawsuit settlement which was reached with the American Civil Liberties Union in June, 1993.

Juvenile crime, including increased commitments of offenders to youth centers, causing overcrowding and decreased lengths of stay.

- Inappropriate use and overuse of detention facilities, resulting in overcrowding and litigation.
- Reductions in the total number of children and youth in custody have not reached the commitment made to the 1992 Legislature.
- The need to serve more disabled and frail adults in their own homes and communities.
- Limited focus on outcomes and the lack of good data and information to inform management decisions and track client outcomes.
- Very limited capacity for ongoing quality assurance in the area offices and youth centers.

Possible Solutions

- Commission focus; organization; detailed timelines, responsibility, and work plans; and assistance from two consultants put it in a strong position to comply.
- Legislation is needed to limit youth center commitments to violent and habitual offenders and to make detention criteria mandatory. This would enable SRS to increase the length of stay of offenders, increasing the likelihood of changing their behavior. This will require resources to serve non-violent offenders in the community and to focus on prevention as proposed by Alcohol and Drug Abuse Services.
- SRS will propose legislation to require children who are not in danger due to abuse or neglect to be served in their own homes.
- The SRS proposal for Long Term Care Reform entitled "Choices" is both more humane and less costly.
- The Kansas Social Service Information System (KSSIS) enters the design phase in December and will address the concerns of the Legislature, the Division of the Budget, SRS and others about the lack of information.
- The Youth and Adult Service budget now incorporates outcome measures. A collaborative effort on outcome measures in Region VII will initially focus on out-of-home care for children and youth. The Long Term Care Reform package is also outcome focused.
- Increased quality assurance capacity and legal support in the area offices and youth centers as well as legal staff to assist in completion of investigations of allegations of child abuse and neglect in foster homes are part of a proposed risk management package.

Challenges and Concerns

- Compliance with the lawsuit settlement will drain attention and resources from other important endeavors. While the settlement is consistent with the mission and goals of the Commission, it is process rather than outcome focused.

- The interest of some in creating a youth authority to manage juvenile offender programs or both juvenile offender and child in need of care programs promises to focus attention on organizational issues rather than solutions to problems. Any initiatives must include prevention to have long term impact on juvenile crime.
- Continued reliance on out-of-home care as the solution of choice by some players in the child welfare and juvenile justice systems. Inability of SRS to intervene prior to custody consumes unnecessary resources.
- The interest of some in moving the long term care programs to the Department on Aging will focus attention on organizational issues rather than solutions to problems and may reduce focus on the needs of people with disabilities.
- The window of opportunity for enhanced federal financing for the social service information system ends in September, 1996 and will challenge us to complete as much of implementation as is possible by that date.
- The state of the art in outcome based performance in social services is in its infancy. Little assistance is available from other sources.
- Comprehensive quality assurance efforts must focus on outcomes as well as key process measures. Too often, efforts focus exclusively on process measures to the exclusion of outcomes.
- One of the overarching issues for area offices is the expectation they both do what is right for the people we serve and accomplish it within the resources allocated to them. This is exacerbated by the fact SRS staff do not control the intake into our programs.

Accomplishments the Past Four Years

- The adoption of the SRS Family Agenda for Children and Youth and the accomplishment of most of the 29 strategies. This has been a blueprint for serving children and families and is beginning to show positive results.
- The negotiation of a settlement with the ACLU which is both achievable and will be accomplished within current resources.
- Many area offices have succeeded in reducing the number of children and youth in custody, particularly children in need of care. This has been offset by the growth in juvenile offenders statewide.
- The creation of standing teams consistent with Kansas Quality Management has been extremely successful in addressing issues and developing materials in response to the lawsuit settlement, the number of children in custody and adult service and juvenile justice issues.
- Contributions to the Long Term Care Reform package. We believe this is a strong statement about the philosophy of SRS and the outcomes we hope to achieve for disabled and frail adults.
- A new approach to automation with the development of an Information Strategy Plan and the use of a casetool which promise to make design, programming and maintenance much easier.

- Greatly enhanced the receipt of federal funds, reducing our percentage reliance on state general funds by 13% in five years. Attachment A identifies the current mix of funds.
- Initiated a competency-based training system for staff which includes preservice, inservice and advanced training.
- Significantly increased our collaboration with state universities, utilizing their state general funds to draw down federal dollars for both administrative and training initiatives.
- Initiated the planning year for the new Family Preservation and Support Act passed by Congress in 1993.
- A needs assessment completed by the University of Kansas in collaboration with Wichita State University will form the basis for a strong community resource development planning effort with the area offices.
- A plan for an unleveled system of care has been drafted in collaboration with providers. This will replace the current system which was adopted in 1978.
- The Commission was reorganized on functional lines to take better advantage of our limited resources at the central office. Of particular note is the development of the Field Operations Unit and the recent creation of the Youth Center Operations Unit.

SOCIAL WELFARE IN KANSAS

- 1859 • Wyandotte Constitution: "institutions for the benefit of the insane, blind, and deaf and dumb, and such other benevolent institutions as the public good may require" -- counties prescribed by law to provide services.
- 1862 • Cities and townships selected by state legislature to be overseers of the poor within their jurisdiction.
 - With authority divided between county and township, relief measures often poorly coordinated and inconsistent.
- 1931 • Welfare commission appointed by Governor Woodring to study welfare problem aggravated by the Great Depression; make recommendations to Legislature.
- 1932 • Emergency Relief Act passed by Congress: Reconstruction Finance Corporation distributed funds to states for work-relief wages to needy, qualified participants.
 - Kansas Emergency Relief Committee (KERC) created to administer aid.
- 1933 • Congress passed Federal Relief Act; KERC administered federal relief projects.
 - Problems resulted because authority divided among county commissioners, township trustees, and city officers.
 - State law changed to allow all counties to appoint poor commissions: counties assumed primary responsibility.
 - Coordinated administration between KERC and county offices improved; 113,591 cases served by early 1935.
 - Works Progress Administration (WPA) absorbed much of relief activity.
 - State's practice to maximize federal funds and turn social welfare over to county officials.
 - State placed emphasis on procuring federal relief but provided little from state funds: state ranked thirty-ninth among states in per capita relief grants from May 23, 1933 to July 31, 1934.
- 1936 • State constitution amended to allow state to participate in programs created by the Social Security Act; aid to the blind and aged, aid to dependent children (ADC) and unemployment insurance.
- 1937 • State board of Social Welfare established by Kansas Welfare Act to develop state plan for federal programs: composed of five part-time members appointed by Governor and a single administrator.
 - State financed certain welfare programs but Act preserved county autonomy: each of 105 county commissions was designated as a board of social welfare.

- 1944 • Kansas Vocational Rehabilitation (VR) program first administered by State Board of Social Welfare, moved to the State Board for Vocational Education to comply with federal legislation.
- 1949 • State Department of Social Welfare with two divisions: social welfare and institutional management established by legislature: limited supervisory responsibility over welfare; counties retained administrative and financial control.
- 1968 • VR program transferred from State Board of Vocational Education to State Department of Social Welfare and designated a division of Rehabilitation Services: included Disability Determination Services (established 1955), Vocational Rehabilitation Services, and Blind Services programs.
- 1972 • Supplemental Security Income (SSI) enacted by Congress, replacing grants to the states for aid to the aged, blind, and disabled.
 • Implementation date of January 1, 1974 left Kansas officials with the least-popular programs such as ADC and general assistance.
 • State welfare aid to counties reached \$17 million compared with total county expenditures of \$18 million.
- 1973 • Department of Social and Rehabilitation Services (SRS) with a Cabinet level secretary, Dr. Robert C. Harder replaced both the State Board and the Department of Social Welfare.
 • Division of institutional management was renamed Division of Mental Health and Retardation Services.
- 1974 • County administration transferred to state through SRS: state government assumed financial responsibility for welfare; 105 county welfare offices consolidated into six regions and thirty-five districts across state.
- 1976 • Regional offices eliminated.
 • Thirty-five district offices reduced to seventeen area offices: move enabled department to be more responsive to clients.
- 1978 • SRS, umbrella agency, included division of mental health and retardation, income maintenance (including Medicaid); vocational rehabilitation; children, youth and adults (providing social services); special programs (including alcohol and drug abuse, services to the blind, and emergency preparedness); and administration.
 • All area directors reported directly to the Secretary.
- 1979 • Governor John Carlin appointed task force to examine SRS organization and operations.

- Some recommendations were implemented: Division of alcohol and drug abuse created; charge to plan, develop and implement regional program of prevention, intervention and treatment services.
- 1981
- Kansas Legislature trimmed medical expenditures by eliminating state funded General Assistance -- Medical only program due to budget constraints.
- 1982
- Youth Services and Adult Services each led by a Commissioner created by Governor's Executive Order.
 - The three youth centers at Atchison, Topeka, and Beloit and the youth rehabilitation centers at Osawatomie and Larned moved from the direction of Commissioner of Mental Health and Retardation Services to that of Commissioner of Youth Services.
- 1983
- Kansas Commission of the Deaf and Hearing Impaired established within SRS Rehabilitation Services.
- 1984
- New MediKan Program created, limiting further eligibility for medical assistance for state funded General Assistance clients.
 - Rehabilitation Act extended, mandating a Client Assistance Program (CAP) in each state, Projects with Industry and Independent Living programs.
- 1985
- Several cost savings initiatives passed by legislature by 1985 limiting Medicaid service coverage; restricted formulary for prescription drugs, Primary Care Network (PCN) program, and incentives to encourage outpatient procedures vs hospital admissions.
- 1986
- Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 passed: increased Medicaid coverage to pregnant women and children, mandated the identification of third party resources and required the computation of the federal match on an annual basis.
 - Annual computation inversely proportional to a state's per capita income resulted in increase in federal financial participation (FFP) in Kansas from 50.17% in FY 1986 to 56.07% in FY 1990.
 - Rehabilitation Services designated by Legislature as lead commission for transition planning services for special education students at least sixteen years old.
- 1987
- Governor's Office of Drug Abuse Programs established to coordinate more than twenty-one state agencies receiving \$43 million in alcohol and drug abuse funds.
 - Kansas pioneered welfare reform efforts with passage of the KanWork statute, a model closely mirrored by the Federal Family Support Act of 1988.

- 1988
- State legislation with significant impact on Medicaid passed: Division of Assets law and provision of coverage for children up to age two expanded eligibility for medical assistance.
- 1989
- Qualified Medicare Beneficiary Program as part of the federal Medicare Catastrophic Act of 1988, implemented in Kansas providing coverage of Part B Medicare premiums, deductibles and co-insurance: in first year, 85% of Federal Poverty Level (FPL) criterion, to be increased incrementally to 100% of FPL in 1991.
 - SRS area offices reduced from seventeen to fifteen; Winfield and Pratt absorbed into Garden City, Hays, Hutchinson, and Emporia areas.
- 1990
- Eligibility criteria modified for many Medicaid groups: pregnant women and infants covered at 150% of FPL and children ages one to six at 133%; early and periodic screening (KAN Be Healthy) program expanded; spousal impoverishment laws permitted more resource to be retained by a community spouse; Family Support Act of 1988 established medical benefits up to twelve months for persons losing AFDC eligibility medical benefits due to employment.
 - Attempts to reduce the state-funded MediKan program again unsuccessful.
 - SRS fifteen area offices reduced to twelve; Chanute absorbed Pittsburg and Parsons and new area office created in Lawrence absorbing Hiawatha and Osawatomie offices.
 - Americans with Disabilities Act (ADA) of 1990 guarantees equal opportunity for individuals with disabilities in public accommodations, employment, transportation, state and local government services, and telecommunications.
 - Regional Prevention Center System (ADAS) completed with twelve centers covering 105 counties.
- 1992
- Rehabilitation Act extended to 1997 including provisions geared to achieving goals and objectives of the ADA.
 - Change of name by legislature from Kansas Commission of the Deaf and Hearing Impaired to Kansas Commission for the Deaf and Hard of Hearing (KCDHH); removed KCDHH from provisions of the sunset law.
 - SRS adopts its Family Agenda, a three year plan for the enhancement of services to children and families.
- 1993
- SRS adopts Family Initiative, a five year plan to raise drug-free youth, a broad-based public and private partnership.
 - Alcohol and drug counselors registration bill setting standards for treatment counselors passed by legislature.
 - Omnibus Budget Reconciliation Act of 1993 (OBRA '93) including disproportionate share hospital reductions, reduction in AFDC and Food Stamp administrative match to 50%, capped entitlement for family support services and other changes passed Congress.

**SRS Expenditures
Chanute Area**

FY1994

\$155,420,121

Programs -- \$117,329,025

Program	Annual Expenditures	Clients Served
AFDC	\$13,448,084	9,698 avg/month
General Assistance	1,029,435	666 avg/month
Refugee	0	0 avg/month
LIEAP (summer)	499,026	6,263 clients
LIEAP (winter)	1,213,403	16,448 clients
Food Stamps	16,580,377	22,854 avg/month
Medical	77,195,865	28,932 recip./yr 35,604 eligibles/yr
Burial	87,297	107 yearly
Foster Care	3,176,123	472 avg./year
Child Care	2,687,735	1,626 avg./year
Employment Prep.	715,069	2,218 yearly
Rehab. Services	696,610	851 yearly
Imprest Funds	231,671	

Total Grants/Contracts \$4,608,409

Total Salaries/Wages/OOE \$14,593,243

Salaries/Wages \$12,757,459

Other Operating Expenditures \$ 1,835,784

Chanute Area Institutions -- \$18,889,774

Parsons State Hospital -- \$18,889,774

**11 Counties included in the Chanute Area: Allen, Anderson,
Bourbon, Cherokee, Crawford, Labette, Linn, Montgomery,
Neosho, Wilson, Woodson**

**SRS Expenditures
Emporia Area**

FY1994

\$124,313,971

Programs -- \$83,848,815

Program	Annual Expenditures	Clients Served
AFDC	\$8,399,510	5,961 avg/month
General Assistance	652,117	392 avg/month
Refugee	5,478	3 avg/month
LIEAP (summer)	231,041	2,794 clients
LIEAP (winter)	581,366	8,185 clients
Food Stamps	10,611,881	14,429 avg/month
Medical	58,484,293	18,843 recip./yr 24,516 eligibles/yr
Burial	60,513	73 yearly
Foster Care	2,400,452	315 avg./year
Child Care	1,833,210	948 avg./year
Employment Prep.	144,776	773 yearly
Rehab. Services	444,178	593 yearly
Imprest Funds	200,981	

Total Grants/Contracts \$3,759,458

Total Salaries/Wages/OOE \$8,538,366

Salaries/Wages \$7,370,713
Other Operating Expenditures \$1,167,652

Emporia Area Institutions -- \$27,966,352

Winfield State Hospital -- \$27,966,352

11 Counties included in the Emporia Area:

**Butler, Chase, Chautauqua, Cowley, Elk, Greenwood, Lyon,
Marion, Morris, Osage**

**SRS Expenditures
Garden City Area**

FY1994

\$83,713,191

Programs -- Total \$70,151,496

Program	Expenditures	Clients Served
AFDC	\$6,724,651	4,880 avg/month
General Assistance	426,112	264 avg/month
Refugee	84,798	61 avg/month
LIEAP (summer)	166,922	1,654 clients
LIEAP (winter)	292,324	5,307 clients
Food Stamps	8,479,973	11,932 avg/month
Medical	49,475,039	16,753 recip./yr 22,137 eligibles/yr
Burial	40,524	49 yearly
Foster Care	2,051,059	310 avg./year
Child Care	1,821,744	942 avg./year
Employment Prep.	182,009	750 yearly
Rehab. Services	406,341	716 yearly
Imprest Funds	249,076	

Total Grants/Contracts \$4,153,419

Total Salaries/Wages/OOE \$9,159,200

Salaries/Wages \$7,649,551
Other Operating Expenditures \$1,509,649

25 Counties included in the Garden City Area:

**Barber, Clark, Comanche, Edwards, Finney, Ford, Grant, Gray,
Greeley, Hamilton, Haskell, Hodgeman, Kearney, Kiowa, Lane,
Meade, Morton, Ness, Pratt, Scott, Seward, Stafford, Stanton,
Stevens, Wichita**

SRS Expenditures Hays Area

FY1994

\$102,689,630

Programs -- Total \$55,905,533

Program	Annual Expenditures	Clients Served
AFDC	\$3,743,463	2,794 avg/month
General Assistance	374,355	219 avg/month
Refugee	7,425	5 avg/month
LIEAP (summer)	183,226	1,772 clients
LIEAP (winter)	375,946	5,061 clients
Food Stamps	5,743,965	8,329 avg/month
Medical	42,092,735	11,635 recip./yr 14,680 eligibles/yr
Burial	44,375	53 yearly
Foster Care	1,599,361	229 avg./year
Child Care	1,384,717	832 avg./year
Employment Prep.	67,292	328 yearly
Rehab. Services	288,673	578 yearly
Imprest Funds	166,408	

Total Grants/Contracts \$4,463,112

Total Salaries/Wages/OOE \$7,644,563

Salaries/Wages \$6,522,255

Other Operating Expenditures \$1,122,308

Hays Area Institutions (Salaries/Wages; OOE)

Larned State Hospital \$34,510,015 (incl. Youth Center at Larned)

21 Counties included in the Garden City Area:

**Barton, Cheyenne, Decatur, Ellis, Gove, Graham, Logan, Norton,
Osborne, Pawnee, Phillips, Rawlins, Rooks, Rush, Russell,
Sheridan, Sherman, Smith, Thomas, Trego, Wallace**

**SRS Expenditures
Hutchinson Area**

FY1994

\$92,676,609

Programs -- \$79,318,248

Program	Annual Expenditures	Clients Served
AFDC	\$8,330,911	5,822 avg/month
General Assistance	651,529	373 avg/month
Refugee	72	0 avg/month
LIEAP (summer)	165,772	2,004 clients
LIEAP (winter)	445,985	6,511 clients
Food Stamps	9,617,576	12,916 avg/month
Medical	54,314,182	16,904 recip./yr 21,442 eligibles/yr
Burial	74,741	84 yearly
Foster Care	3,431,734	426 avg./year
Child Care	1,718,450	914 avg./year
Employment Prep.	156,387	711 yearly
Rehab. Services	410,908	646 yearly
Imprest Funds	177,107	

Total Grants/Contracts \$4,752,135

Total Salaries/Wages/OOE \$8,429,120

Salaries/Wages \$7,341,849

Other Operating Expenditures \$1,087,271

**7 Counties included in the Hutchinson Area: Harper, Harvey,
Kingman, McPherson, Reno, Rice, Sumner**

**SRS Expenditures
Kansas City Area**

FY1994!

\$155,076,826

Programs -- Total \$130,103,975

Program	Annual Expenditures	Clients Served
AFDC	\$19,212,714	13,349 avg/month
General Assistance	1,108,004	683 avg/month
Refugee	1,582	1 avg/month
LIEAP (summer)	153,651	2,874 clients
LIEAP (winter)	481,038	8,575 clients
Food Stamps	18,580,643	23,687 avg/month
Medical	62,343,714	30,910 recip./yr 34,050 eligibles/yr
Burial	84,568	103 yearly
Foster Care	23,268,284	732 avg./year
Child Care	4,235,639	1,386 avg./year
Employment Prep.	166,304	866 yearly
Rehab. Services	467,835	702 yearly
Imprest Funds	304,916	

Total Grants/Contracts \$5,427,600

Total Salaries/Wages/OOE \$13,677,899

Salaries/Wages \$11,926,583
 Other Operating Expenditures \$1,751,316

Kansas City Area Institutions (Salaries/Wages; OOE)

Rainbow Mental Health Facility \$5,562,436

1 Counties included in the Kansas City Area: Wyandotte

**SRS Expenditures
Lawrence Area**

FY 1994

\$90,389,624

Programs -- \$70,738,402

Program	Expenditures	Clients Served
AFDC	\$7,732,841	5,319 avg/month
General Assistance	623,464	348 avg/month
Refugee	1,839	2 avg/month
LIEAP (summer)	200,219	2,614 clients
LIEAP (winter)	507,698	7,144 clients
Food Stamps	9,110,466	12,248 avg/month
Medical	45,685,678	15,816 recip./yr 19,217 eligibles/yr
Burial	36,376	49 yearly
Foster Care	3,474,965	380 avg./year
Child Care	2,619,111	1,147 avg./year
Employment Prep.	204,262	829 yearly
Rehab. Services	541,492	926 yearly
Imprest Funds	317,799	

Total Grants/Contracts \$4,399,614

Total Salaries/Wages/OOE \$9,402,084

Salaries/Wages \$7,863,787
Other Operating Expenditures \$1,538,297

Lawrence Area Institutions -- \$5,531,725

Youth Center At Atchison \$5,531,725

**7 Counties included in the Lawrence Area: Atchison, Brown,
Doniphan, Douglas, Franklin, Jackson, Jefferson**

**SRS Expenditures
Manhattan Area**

FY1994

\$57,566,208

Programs -- \$47,262,994

Program	Annual Expenditures	Clients Served
AFDC	\$5,249,855	3,696 avg/month
General Assistance	271,960	169 avg/month
Refugee	1,839	1 avg/month
LIEAP (summer)	134,558	1,707 clients
LIEAP (winter)	359,221	5,210 clients
Food Stamps	7,008,143	9,942 avg/month
Medical	30,817,117	11,277 recip./yr 14,967 eligibles/yr
Burial	32,073	41 yearly
Foster Care	1,421,396	195 avg./year
Child Care	1,526,560	790 avg./year
Employment Prep.	120,187	671 yearly
Rehab. Services	320,085	626 yearly
Imprest Funds	122,222	

Total Grants/Contracts \$3,919,758

Total Salaries/Wages/OOE \$6,261,234

Salaries/Wages	\$5,471,961
Other Operating Expenditures	\$ 789,273

**8 Counties included in the Lawrence Area: Clay, Geary,
Marshall, Nemaha, Pottawatomie, Riley, Wabaunsee, Washington**

SRS Expenditures Olathe Area

FY1994

\$131,909,714

Programs -- \$95,459,962

Program	Annual Expenditures	Clients Served
AFDC	\$9,759,179	6,322 avg/month
General Assistance	691,068	398 avg/month
Refugee	45,704	33 avg/month
LIEAP (summer)	135,322	2,019 clients
LIEAP (winter)	339,521	5,676 clients
Food Stamps	10,275,962	13,275 avg/month
Medical	67,593,059	20,298 recip./yr 23,714 eligibles/yr
Burial	46,217	58 yearly
Foster Care	2,885,811	278 avg./year
Child Care	2,563,896	1,044 avg./year
Employment Prep.	187,099	691 yearly
Rehab. Services	937,123	1,351 yearly
Imprest Funds	276,712	

Total Grants/Contracts \$5,225,133

Total Salaries/Wages/OOE \$9,381,232

Salaries/Wages \$8,181,698

Other Operating Expenditures \$1,199,534

Olathe Area Institutions -- Total \$21,566,675

Osawatomie State Hospital -- \$21,566,675

Salaries/Wages -- \$17,806,395

Other Operating Expenditures -- \$3,760,280

3 County included in the Olathe Area:
Johnson, Leavenworth, Miami

SRS Expenditures Salina Area

FY1994

\$59,152,893

Programs -- \$42,506,587

Program	Annual Expenditures	Clients Served
AFDC	\$3,542,400	2,518 avg/month
General Assistance	247,896	144 avg/month
Refugee	15,236	12 avg/month
LIEAP (summer)	145,959	1,629 clients
LIEAP (winter)	340,423	4,626 clients
Food Stamps	4,818,505	6,880 avg/month
Medical	30,095,937	9,746 recip./yr 11,963 eligibles/yr
Burial	32,386	38 yearly
Foster Care	1,267,794	178 avg./year
Child Care	1,531,514	895 avg./year
Employment Prep.	101,888	337 yearly
Rehab. Services	366,649	649 yearly
Imprest Funds	89,543	

Total Grants/Contracts \$2,879,456

Total Salaries/Wages/OOE \$7,107,495

Salaries/Wages \$6,036,845

Other Operating Expenditures \$1,070,650

Olathe Area Institutions -- Total \$6,569,813

Youth Center at Beloit -- \$4,451,569

Ks. Vocational Rehab Center -- \$2,118,244

9 County included in the Olathe Area: Cloud, Dickinson, Ellsworth, Jewell, Lincoln, Mitchell, Ottawa, Republic, Saline

SRS Expenditures Topeka Area

FY1994

\$157,563,765

Programs -- Total \$78,540,093

Program	Annual Expenditures	Clients Served
AFDC	\$10,722,052	7,217 avg/month
General Assistance	779,059	435 avg/month
Refugee	117	0 avg/month
LIEAP (summer)	169,579	2,663 clients
LIEAP (winter)	462,901	7,656 clients
Food Stamps	11,649,034	15,160 avg/month
Medical	47,204,463	19,129 recip./yr 22,443 eligibles/yr
Burial	79,655	100 yearly
Foster Care	3,245,113	360 avg./year
Child Care	3,208,248	1,301 avg./year
Employment Prep.	217,037	913 yearly
Rehab. Services	802,835	1,325 yearly
Imprest Funds	611,209	

Total Grants/Contracts \$4,027,520

Total Salaries/Wages/OOE -- \$74,383,943

Salaries/Wages	\$58,423,393
Other Operating Expenditures	\$15,961,550

Topeka Area Institutions (Salaries/Wages; OOE)

KNI	\$25,462,434	Ks. Industries/Blind	\$1,218,397
Topeka State Hosp.	\$23,594,233	Rehab. Center/Blind	\$ 896,192
YCAT	\$11,349,408	SRS Area Office	\$10,695,927
Voc. Rehab. Unit	\$ 1,168,352		

1 County in the Topeka Area: Shawnee

**SRS Expenditures
Wichita Area**

FY1994

\$221,671,390

Programs -- \$195,130,379

Program	Annual Expenditures	Clients Served
AFDC	\$28,827,636	20,024 avg/month
General Assistance	3,052,021	1,732 avg/month
Refugee	164,047	117 avg/month
LIEAP (summer)	358,203	5,554 clients
LIEAP (winter)	927,804	15,987 clients
Food Stamps	32,584,215	40,400 avg/month
Medical	114,924,398	50,632 recip./yr 56,733 eligibles/yr
Burial	168,225	215 yearly
Foster Care	6,645,033	794 avg./year
Child Care	5,992,530	2,218 avg./year
Employment Prep.	421,927	1,569 yearly
Rehab. Services	1,064,339	1,578 yearly
Imprest Funds	858,414	

Total Grants/Contracts \$5,922,773

Total Salaries/Wages/OOE \$19,759,824

Salaries/Wages \$17,365,215

Other Operating Expenditures \$ 2,394,610

1 County included in the Wichita Area: Sedgwick