

MINUTES OF THE HOUSE COMMITTEE ON APPROPRIATIONS.

The meeting was called to order by Chairman Robin Jennison at 1:30 p.m. on January 18, 1996 in Room 514-S of the Capitol.

All members were present except: Representative Edlund, excused  
Representative Goosen, excused  
Representative Minor, excused  
Representative Neufeld, excused  
Representative Hauchhauser, excused  
Representative Nichols, excused  
Representative Lowther, excused  
Representative Gatlin, excused  
Representative Gross, excused  
Representative Carmody, excused

Committee staff present: Alan Conroy, Russell Mills, Susan Wieggers, Legislative Research Department  
Jim Wilson, Revisor of Statutes  
Tim Kukula, Appropriations Secretary; Todd Fertig, Administrative Aide

Conferees appearing before the committee: Tim Colton, KLRD  
Jim Wilson, Revisor's Office

Others attending: \_\_\_\_\_

Chairman Jennison recognized Tim Colton, Senior Fiscal Analyst, Kansas Legislative Research Department, to give the committee an overview of the recommendations of the Governor's Commission on Hospital Closure and of Community Mental Health and Community Developmental Disabilities Services. Colton distributed a handout that provided charts, graphs and statistics and outlined current status of State Hospitals and proposed solutions and outcomes (Attachment 1.)

Chairman Jennison then recognized Jim Wilson from the Revisor's Office to explain to the committee SB 351, a bill that would abolish the Stormont Medical Library Fund and the Stormont Library Permanent Fund under the administration of the State Library as soon as possible after July 1, 1995. Wilson explained that in the 1995 Omnibus Bill, the transfer of funds from the Stormont Medical Library Fund and Stormont Library Permanent Fund to the Stormont-Vail Foundation, Health Sciences Library Endowment Fund was already approved. The passage of this bill is necessary to abolish the old funds and that the committee should amend the bill to remove the language authorizing the transfers, which is no longer needed, and with a few technical changes to update statutory citations and dates.

A motion was made by Representative Wilk, seconded by Representative Helgerson to amend SB 351 to make the technical changes recommended by staff. The motion carried.

A motion was made by Representative Dean, seconded by Representative Wilk to pass SB 351 as amended. The motion carried.

A motion was made by Representative Helgerson, seconded by Representative Farmer to approve the minutes from January 9, 10, and 11. The motion carried.

The meeting adjourned at 2:20 p.m.

The next meeting is scheduled for January 23, 1996.

Overview of  
the Recommendations  
of the  
Governor's Commission on Hospital Closure  
and of  
Community Mental Health  
and  
Community Developmental Disabilities Services



House Committee on Appropriations

18 January 1996

Timothy Colton, Senior Fiscal Analyst

Kansas Legislative Research Department

## Order for Presentation

- I. Statutory Charge for Governor's Commission
- II. Commission Decisions on Hospitals to Close
- III. Other Commission Decisions
- IV. Community Mental Health Services--Overview
- V. Community Mental Health Services--Funding
- VI. Community Developmental Disabilities Services--Overview
- VII.. Community Developmental Disabilities Services--Funding
- VIII. Questions

## Statutory Charge for Governor's Commission on Hospital Closure

Language was included in the 1995 Omnibus Appropriations Bill allowing expenditures to be made by an 11-member hospital closure commission, seven members of which were to be appointed by the Governor, and four members of which by the leadership of the Kansas House and Senate. The commission is required to submit to the Governor, on or before December 1, 1995, a report containing:

- ▶ a recommendation of one mental health hospital to be closed;
- ▶ a recommendation of one mental retardation hospital to be closed;
- ▶ recommended dates of closure;
- ▶ recommended policies to be followed in effecting the closure of the institutions; and
- ▶ recommended alternate uses for the institutions to be closed.

The bill directs the commission to consider the following factors in making its decision: a) the savings created by the closure and the impact on funding for community MR and MH services; b) the impact of closure on hospital clients and their families, and the availability of alternative services for those clients; c) the economic impact of closure on the institutions' host communities; d) the feasibility of using the closed institutions to house other state services or programs; e) the impact of closure on hospital employees and the ability of those employees to find other employment and f) any other factor considered relevant by the commission. The language also stated, however, that nothing required the commission to recommend the closure of an MR or an MH institution if the commission determined that no closure should be recommended. The Governor has until the 8th of January, 1996, to submit the report to the legislature, and the recommendation is to be final unless rejected by the Legislature on or before the 45th day of the regular legislative session.

Commission submitted its report to the Governor on 30 November  
1995



Mental Retardation Hospital to be Closed:  
Winfield State Hospital and Training Center



Mental Health Hospital to be Closed:  
Topeka State Hospital



Both Hospitals to be Closed by  
31 December 1997

No Specific Recommendations

as to

Pace of Closure or

or

Funding of

Closure Process

## Other Commission Recommendations

### Guiding Principles of Closure Process

1. Client care, welfare and safety must be the primary considerations in all closure process decisions.
2. Specific initiatives and comprehensive procedures must be implemented ASAP to assist hospital employees to find other state jobs or other employment.
3. Governor and Legislature must make necessary financial commitment to ensure appropriate care of people with MI and DD is not compromised by closure of hospitals. Funding must be sufficient and flexible enough to allow for appropriate resources, whether in community or other hospital settings.
4. Coordinated state initiative should be undertaken to assist Winfield and Topeka in minimizing effect of closing on local economies and to identify areas of possible new economic development.



## Other Advisory Recommendations in Response to Statutory Charge

✓ **Policies and Procedures to Facilitate Closures and Assist Displaced Clients and Employees**

- ✗ Development of Comprehensive Closure Operational Plan
  1. Relating to Hospital Clients and Employees
  2. Relating to Winfield and Topeka Communities
  3. Relating to Other State Uses for Facilities

**1(a). Client Family and Guardian Recommendations**

- ✗ Clients, Families and Guardians Should Participate in Placement Decisions
- ✗ Least Disruption Possible for Clients
- ✗ Client/Family Choice Should be Honored
- ✗ Clients/Families Must Be Kept Informed of All Aspects of Closure Process
- ✗ Individual Placement Plan and Necessary Funding and Services Must Precede Placement
- ✗ Quality Assurance Programs Should Be Reviewed and Enhanced as Appropriate to Assure Quality Client Care

**1(b). Employee-Related Recommendations**

- ✗ SRS Should Form Team of Personnel Officials to Meet with Affected Employees and to Keep Employees Informed of Closure Process and Other Issues

**2. Community-Related Issues**

- ✗ Closure Relating to Economic Impact on Winfield and Topeka Should be Managed by Secretary of Commerce and Housing; Accomplished through Task Force Appointed by Governor; Task Force to Include Representatives of Communities



### 3. Other State Uses for Facilities

- X Governor Should Appoint "Alternate Use of Facilities Feasibility Committee"  
Consisting of:  
Secretary of Administration  
Secretary of Corrections  
Chair of Kansas Youth Authority  
Other Heads of Agencies as Determined by Governor.
  
- X Committee to Consider:  
Adaptability  
Conversion Cost  
Cost Effectiveness of Using Facilities for
  - Corrections
  - Juvenile Corrections
  - State Office Facilities
  - Any Other Possible Use Determined by Governor
  
- X Committee Should Work With Economic Task Force
  
- X If Facilities are not Suitable for State Uses, the Facilities Could be  
Sold; or  
  
Given to Communities For Their Use in Finding Replacement Industry, or  
Other Economic Development Uses, or Other Uses



## Other Commission Recommendations

- X SRS should provide options and a recommended course of action pertaining to the movement of hospital clients to community programmes or to other hospitals. Should have achievable options in addition to those that would have been in place without closure.

Plan should address financial and policy implications to hospital system and to community systems.

Plan should include client-centered cost analysis and projections.

Plan should consider possible changes in federal funding policies.

Plan should be flexible in terms of flow of dollars, e.g., a single line item for mental health and retardation community programs and hospitals.

- X Savings resulting directly from closure should be retained and used for services to MI and DD populations.

- X University of Kansas Affiliated Programmes at Parsons should provide its expertise to SRS and MH and DD providers at no cost.

- X SRS needs to address medical/legal implications of deinstitutionalization

Identify acceptable risks of providing least restrictive living environments and seek to avoid unnecessary restrictions based on defensive positions taken by doctors concerned about liability or public safety.

- X Communities need to become more active in MH and MR care systems

- X SRS, CHMCs and CDDOs need to cooperate to build a guide to the procedures and rules involved in establishing community programs and services.

SRS should work with CHMC and CDDO in Cowley and Shawnee Counties to develop affiliates and new service providers.

X SRS needs to do follow up with MH clients and to determine relationship between MH deinstitutionalization (including MH Reform) and the transinstitutionalization of persons with MI into penal system.

X Community providers' role in initiating, developing and implementing community placement plans should be expanded.

Follow-up and oversight of placements need to be enhanced.

Persons in ICFs/MR and NFs/MH need to receive least restrictive level of care and be integrated into continuum of care.

X State and community officials should develop strategy to deal with crisis management and drug treatment. Community hospitals, nursing facilities and private psychiatric hospitals could be part of that strategy.

X SRS should consider combined MH/MR facilities on the same campus.

X SRS, Health and Environment, the Board of Education and their community counterparts need to develop an interagency plan to address all aspects of delivery of MH services to children and adolescents.

X Service delivery system needs to be reviewed: there exist so many service delivery systems and providers that it is difficult to get a grasp of the full scope of services and funding that currently exist, the extent to which they are used; and the extent to which they are adequate.

X The state should develop an MH/MR Strategic Plan which could include closure of additional hospitals.

X Children should be given priority in deinstitutionalization from MR hospitals. Goal should be reintegration in family (to extent possible).

X SRS needs to determine extent to which persons with DD are in MH hospitals, and, if feasible, develop community placement plans for them.

- X SRS should continue to explore options that would allow KU Med Center, Wyandotte or Johnson County CDDOs, Osawatomie SH or other groups to assume responsibility for Rainbow's programs and facilities.
- X SRS needs to continue and expand review of benefits of privatizing and outsourcing operations and programs.



The balance of the Commission's report is devoted to a review of the Commission's methodology and operations.

# State Mental Health Hospitals

**DRAFT**

**FY 1996**

**DRAFT**

2-1-12

## Operating Expenditures Average Daily Census

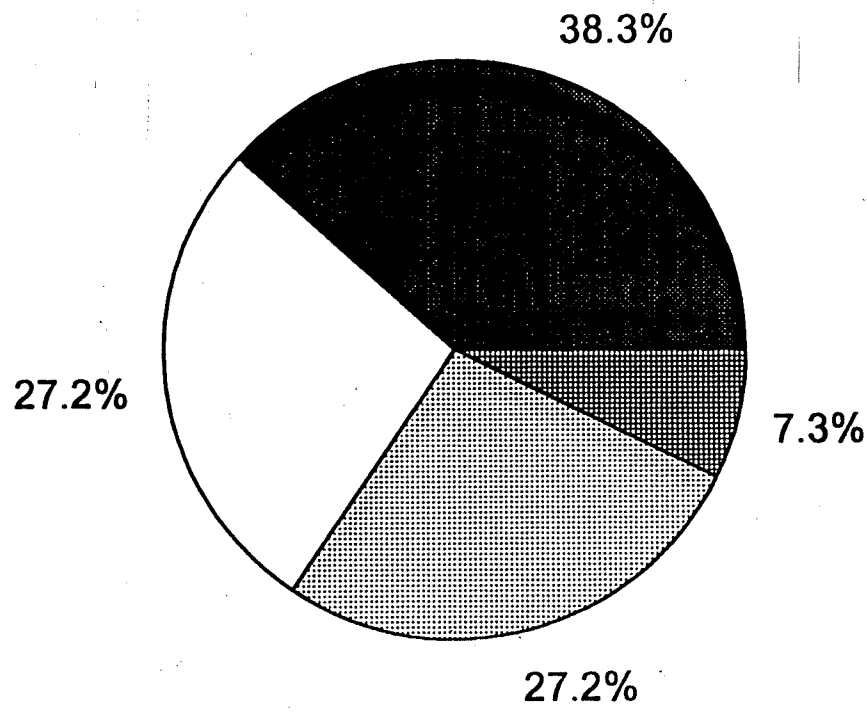
■ Larned State Hospital	\$30.7 Million	343 ADC
■ Osawatomie State Hospital	\$21.7 Million	205 ADC
■ Topeka State Hospital	\$21.8 Million	195 ADC
■ Rainbow Mental Health	\$ 5.8 Million	50 ADC
■ TOTAL	\$80.0 Million	793 ADC

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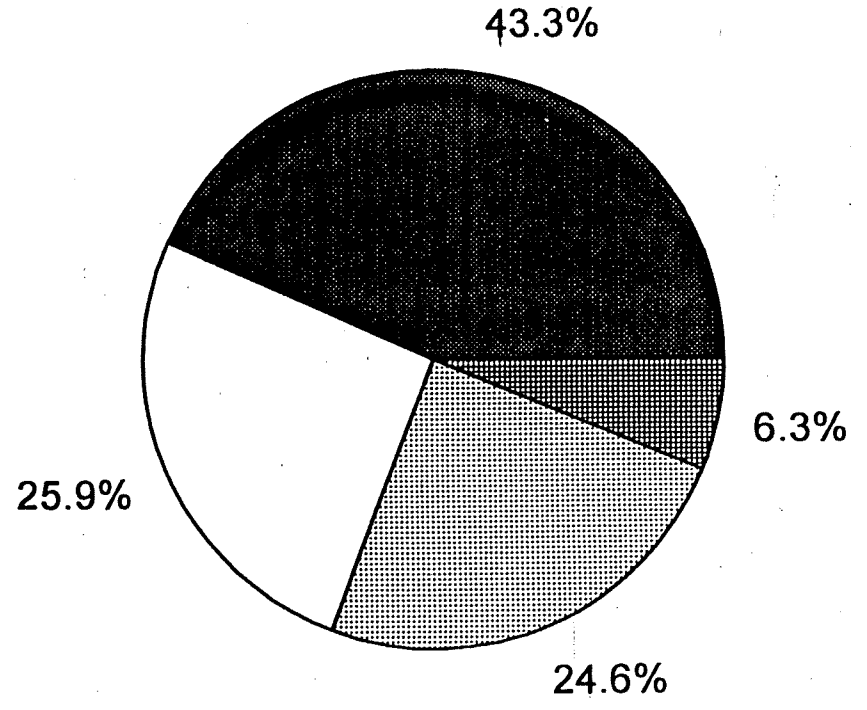
# State Mental Hospitals FY 1996

1-13

## Percentage of Operating Expenditures and Average Daily Census



Operating Expenditures



Average Daily Census

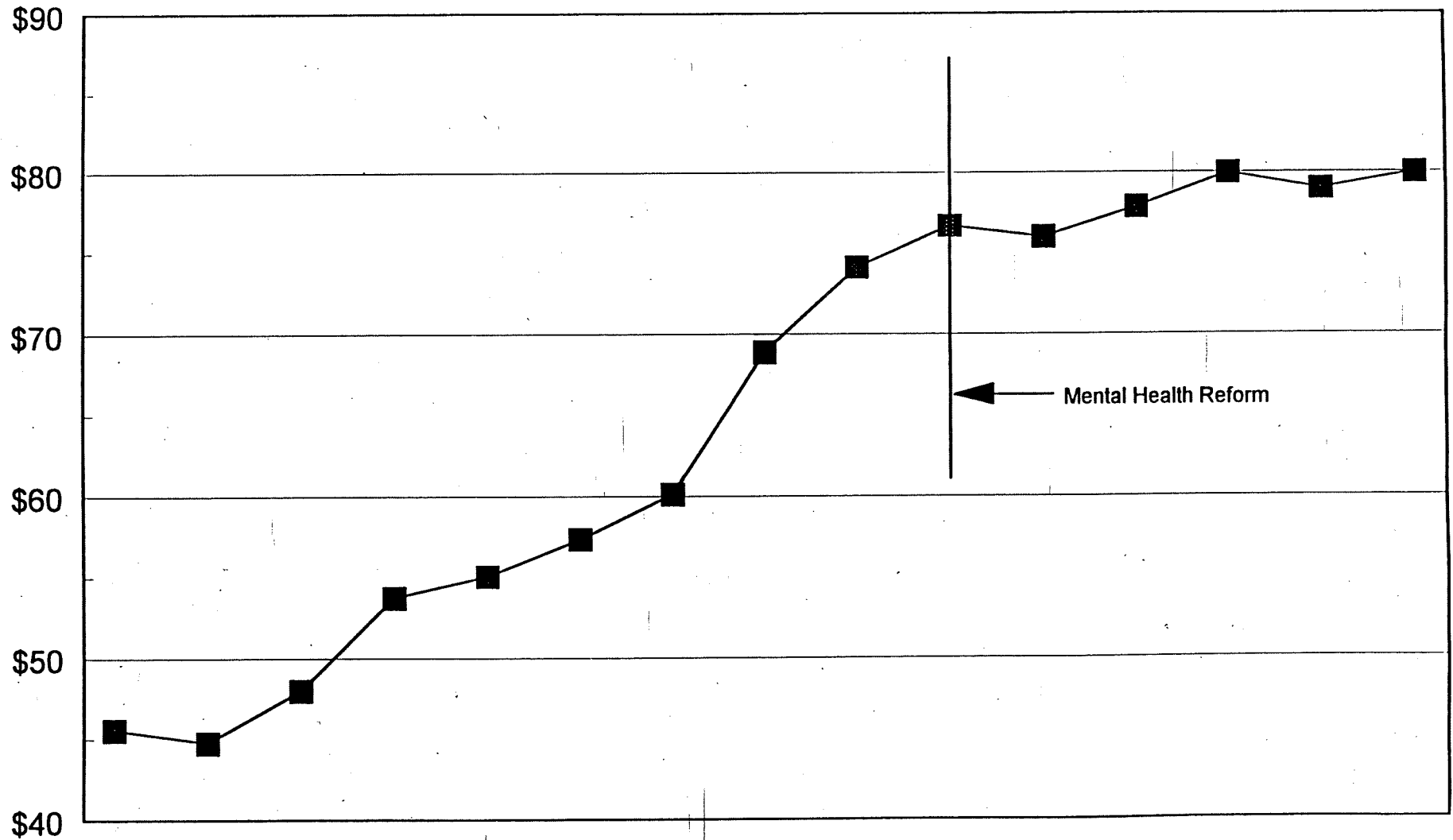


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## State Mental Health Hospitals FY 1982 -- FY 1996 Annual Operating Expenditures

1-14

Million



Fiscal Year	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996
All Funds	45,543,272	44,743,995	47,969,939	53,722,070	55,049,198	57,346,904	60,113,718	68,878,447	74,086,812	76,650,139	75,963,082	77,812,536	79,947,104	78,958,341	79,965,294

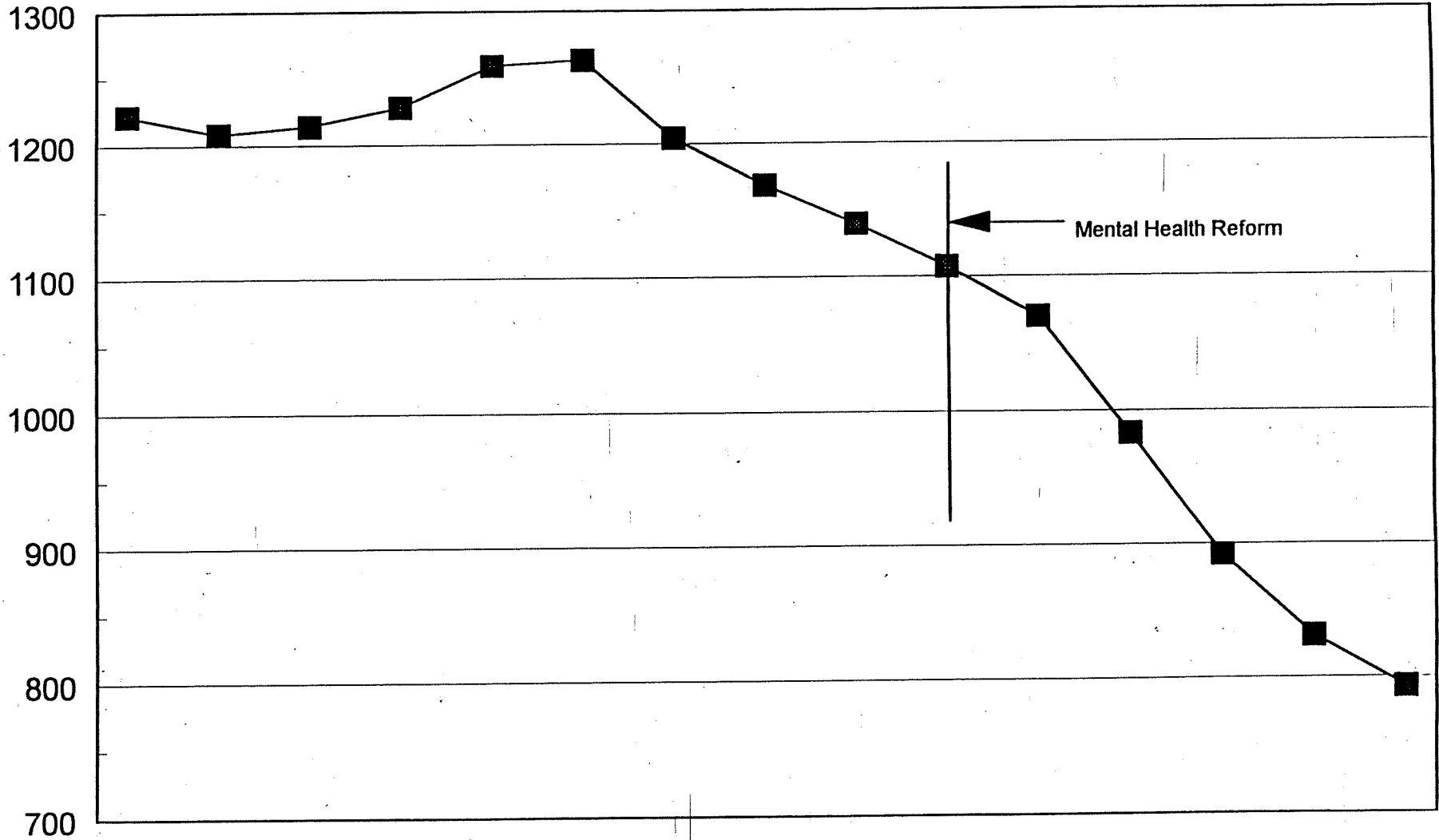
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# State Mental Health Hospitals FY 1982 -- FY 1996

1-15

ADC

## Average Daily Census



Fiscal Year	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996
ADC	1,222	1,208	1,214	1,228	1,259	1,263	1,204	1,168	1,139	1,107	1,070	983	892	831	793

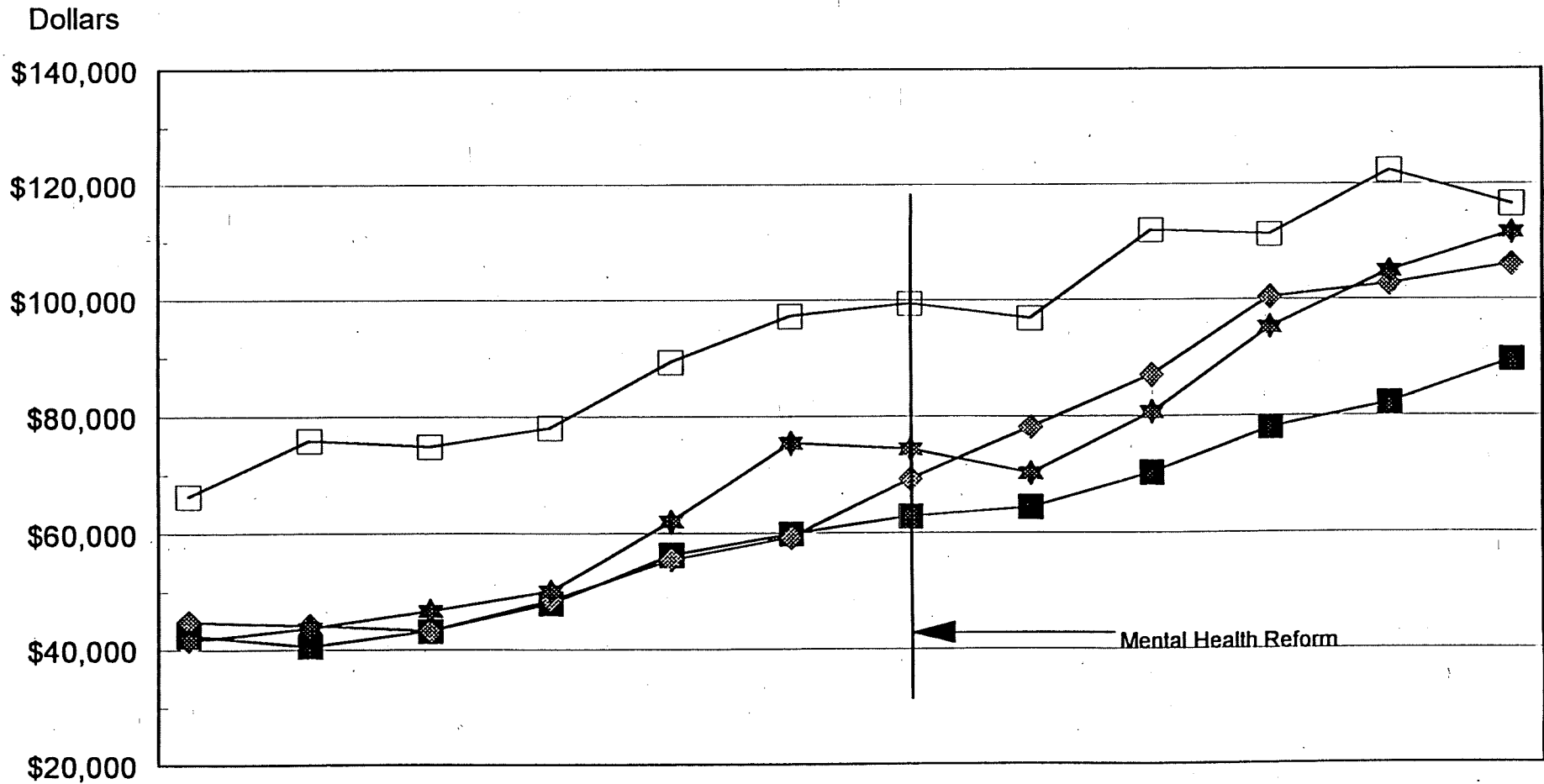


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# State Mental Health Hospitals FY 1985 -- FY 1996

9/1-1

## Annual Operating Expenditures per Average Daily Census

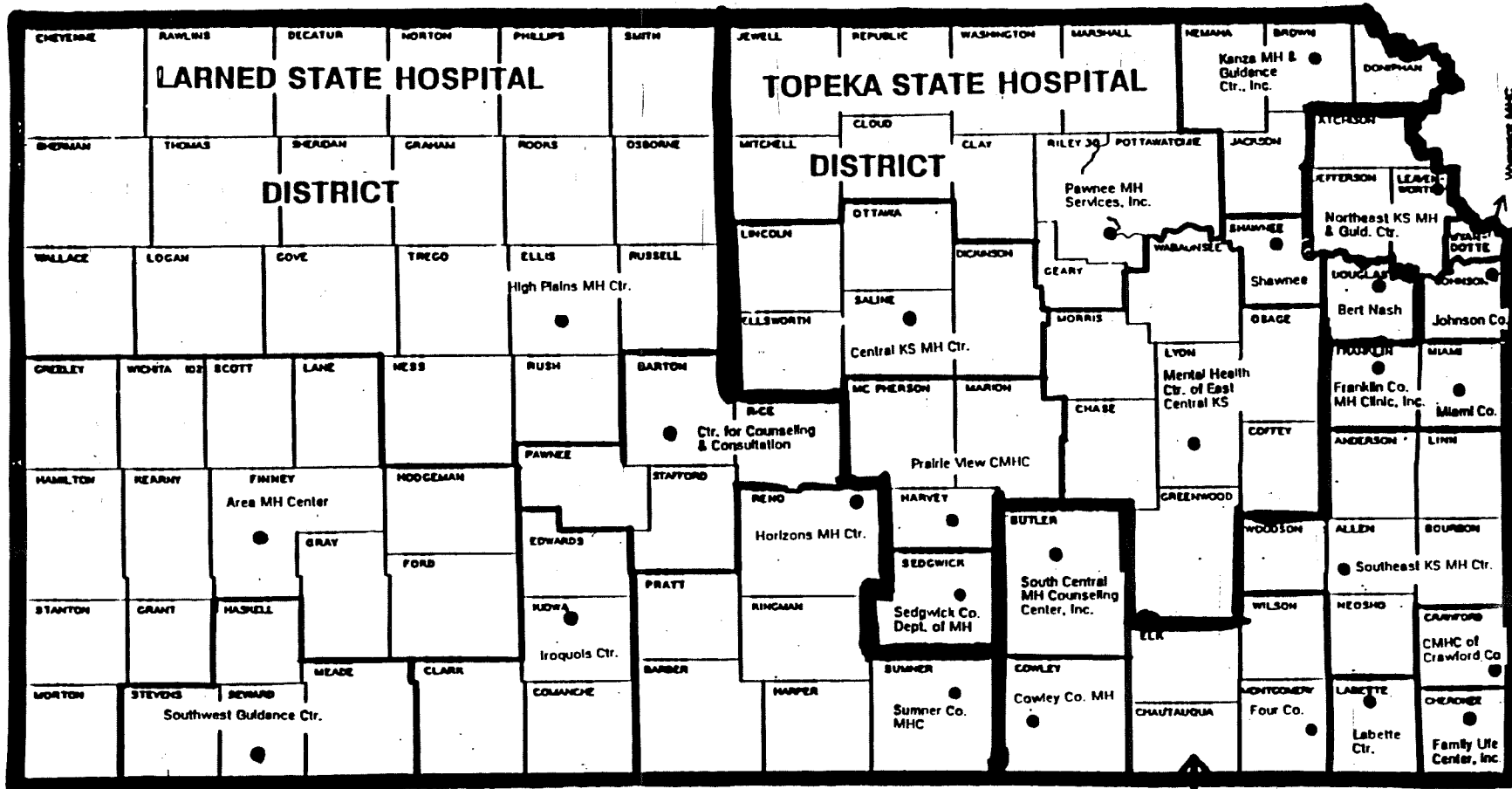


Fiscal Year	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996
LSH	42,453	40,486	43,169	47,946	56,268	59,860	62,831	64,379	70,273	77,891	82,092	89,509
OSH	44,822	44,169	43,180	48,479	55,436	59,258	69,230	78,095	86,990	100,379	102,572	105,967
TSH	41,544	43,727	46,738	50,089	61,981	75,351	74,299	70,200	80,581	95,115	104,824	111,555
RMH	66,339	75,836	74,799	78,008	89,283	97,119	99,327	96,809	112,004	111,267	122,392	116,450

# Provisions of Mental Health Reform

- The Secretary of SRS is to adopt rules and regulations which provide that, within the limits of appropriations, no person shall be inappropriately denied necessary mental health services from any mental health center or state psychiatric hospital.
- Through coordinated utilization of the existing network of mental health centers and state psychiatric hospitals, Kansas residents in need of mental health services are to receive the least restrictive treatment and most appropriate community-based care.
- As more persons are treated in community programs rather than in state hospitals, funds from the state shall follow persons who are mentally ill from state facilities into community programs.
- The Secretary of SRS is to provide oversight in many areas, including, among others, establishing standards for providing community-based mental health services, assuring the development of specialized programs, monitoring the establishment and development of community-based mental health services, and adopting rules and regulations to ensure the protection of persons receiving mental health services.
- The Secretary is to review and approve the annual coordinated services plan for each mental health center and is to withhold state funds from any mental health center which is not being administered in accordance with the provisions of the annual coordinated services plan and budget.

The Act includes many provisions for participation by consumers of mental health services, family members, and consumer advocates in planning and service delivery.



STATE HOSPITAL CATCHMENT AREAS AND  
COMMUNITY MENTAL HEALTH CENTERS

Attachment I

OSAWATOMIE STATE HOSPITAL  
DISTRICT

1-18

**State Mental Health Hospital Bed Reductions  
Specified in the Mental Health Reform Act,  
1990 Sub. for H.B. 2586  
(K.S.A. 1992 Supp. 39-1610)**

<b>Fiscal Year</b>	<b>Osawatomie State Hospital</b>	<b>Topeka State Hospital</b>	<b>Larned State Hospital</b>
1991	20-30 adult beds (22 adult beds closed Apr. 2, 1990)	--	--
1992	20-30 adolescent beds (20 adolescent beds closed Nov. 12, 1991)	--	--
1993	20-30 adult beds (20 adult beds closed Aug. 4, 1992)	20-30 adolescent beds (20 adoles- cent beds closed Feb. 12, 1993)	--
1994	--	20-30 adult beds (36 adult beds closed Jan. 28, 1994)	20-30 adult beds (30 adult beds closed Nov. 30, 1993)
1995	--	20-30 adult beds (31 adult beds Jan. 31, 1995)	20-30 adult beds (30 adult beds Feb. 1, 1995)
1996	--	--	20-30 adult beds

The closures of one 34-bed ward within the Special Security Program at Larned State Hospital and one 30-bed ward at Osawatomie State Hospital, effective September 18, 1994, were not bed reductions specified in the Mental Health Reform Act. Both recommended closures were in response to lower than anticipated average daily census figures.

1-19

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02-1

MENTAL HEALTH REFORM -- COMMUNITY FUNDING

	OSAWATOMIE CATCHMENT AREA		TOPEKA CATCHMENT AREA		LARNED CATCHMENT AREA		STATEWIDE TOTAL	
FY 1991	Screening	437,850	Screening	0	Screening	0	Screening	437,850
	Community Support	630,000	Community Support	0	Community Support	0	Community Support	630,000
	Total	1,067,850	Total	0	Total	0	Total	1,067,850
FY 1992	Screening	919,485	Screening	0	Screening	0	Screening	919,485
	Community Support	2,646,000	Community Support	0	Community Support	0	Community Support	2,646,000
	Total	3,565,485	Total	0	Total	0	Total	3,565,485
FY 1993	Screening	965,460	Screening	965,460	Screening	0	Screening	1,930,920
	Community Support	4,167,450	Community Support	1,389,149	Community Support	0	Community Support	5,556,599
	Total	5,132,910	Total	2,354,609	Total	0	Total	7,487,519
FY 1994	Screening	1,013,733	Screening	1,013,732	Screening	1,013,732	Screening	3,041,197
	Community Support	4,375,822	Community Support	2,917,215	Community Support	1,458,608	Community Support	8,751,645
	Total	5,389,555	Total	3,930,947	Total	2,472,340	Total	11,792,842
FY 1995	Screening	1,064,420	Screening	1,064,420	Screening	1,064,420	Screening	3,193,260
	Community Support	4,594,613	Community Support	4,594,613	Community Support	3,063,076	Community Support	12,252,302
	Total	5,659,033	Total	5,659,033	Total	4,127,496	Total	15,445,562
FY 1996	Screening	1,117,641	Screening	1,117,641	Screening	1,117,641	Screening	3,352,923
	Community Support	4,824,345	Community Support	4,824,345	Community Support	4,824,345	Community Support	14,473,035
	Total	5,941,986	Total	5,941,986	Total	5,941,986	Total	17,825,958
FY 1997	Screening	1,173,523	Screening	1,173,523	Screening	1,173,523	Screening	3,520,569
	Community Support	5,065,562	Community Support	5,065,562	Community Support	5,065,562	Community Support	15,196,686
	Total	6,239,085	Total	6,239,085	Total	6,239,085	Total	18,717,255

## Persons Served by Mental Health Reform

<u>Fiscal Year</u>	<u>Persons Receiving Case Management Services</u>	<u>Persons Screened by CMHC Prior to State Hospital Admission</u>
FY 1990	2,400	400
FY 1991	3,400	780
FY 1992	4,912	810
FY 1993	6,300	1,912
FY 1994	6,200	7,402
FY 1995 Est.	6,600	7,500
FY 1996 Gov.	7,225	7,500

## Services Offered by CMHCs

### a. Basic Services

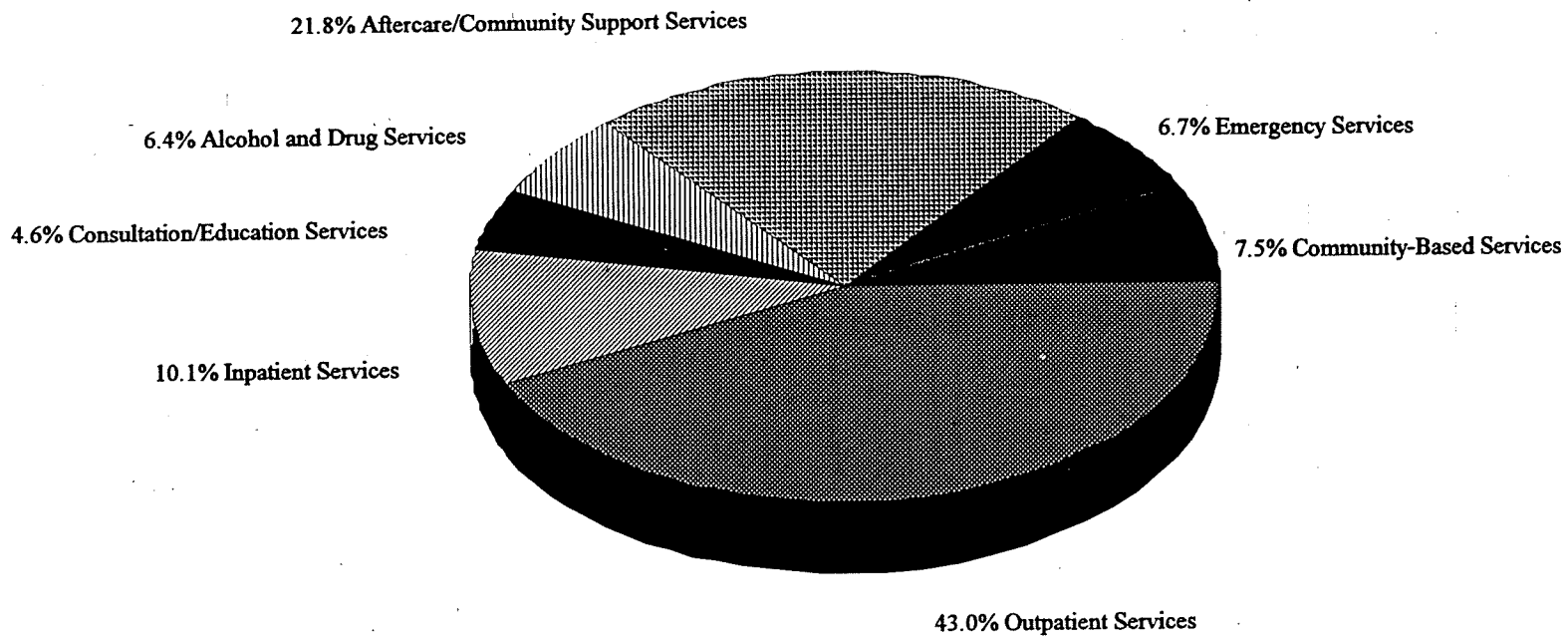
- ›Outpatient Services for Adults
- ›24-Hour Emergency Services
- ›Partial Hospitalization
- ›Community Support Services
- ›Alcohol and Drug Abuse Services
- ›Outpatient Services for Children
- ›Screening Services
- ›Case Management Services for Adults and Children
- ›Medical Services
- ›Consultation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

### b. Specialized Services

- ›In-Patient Hospitalization
- ›Vocational Services for People with Severe and Persistent Mental Illness
- ›Projects for Homeless People
- ›Alcohol and Drug Detoxification Services
- ›Half-Way Houses for Alcohol and Drug Abusers
- ›Pre-School Day Treatment Programs
- ›Child Abuse Treatment Programs
- ›Drop-In Services for People with Severe and Persistent Mental Illness
- ›Services for Victims and Perpetrators of Sex Crimes
- ›Residential Programs for Adults
- ›Intermediate Residential Care for Alcohol and Drug Treatment
- ›Parenting and Parent Education Programs
- ›Children's Day Hospital Services
- › Divorce and Mediation Workshops

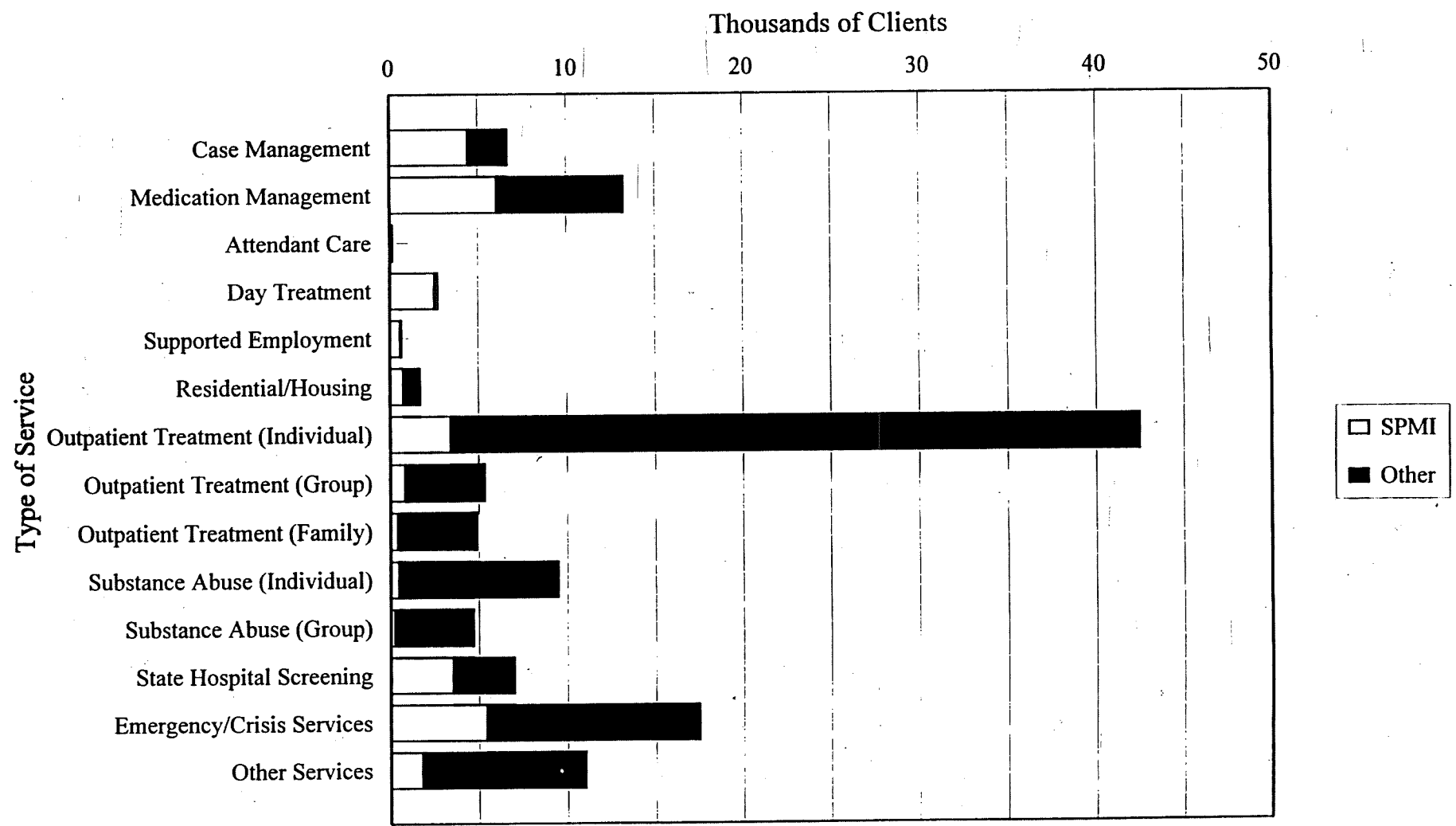
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## CMHC Expenditures--Calendar Year 1994





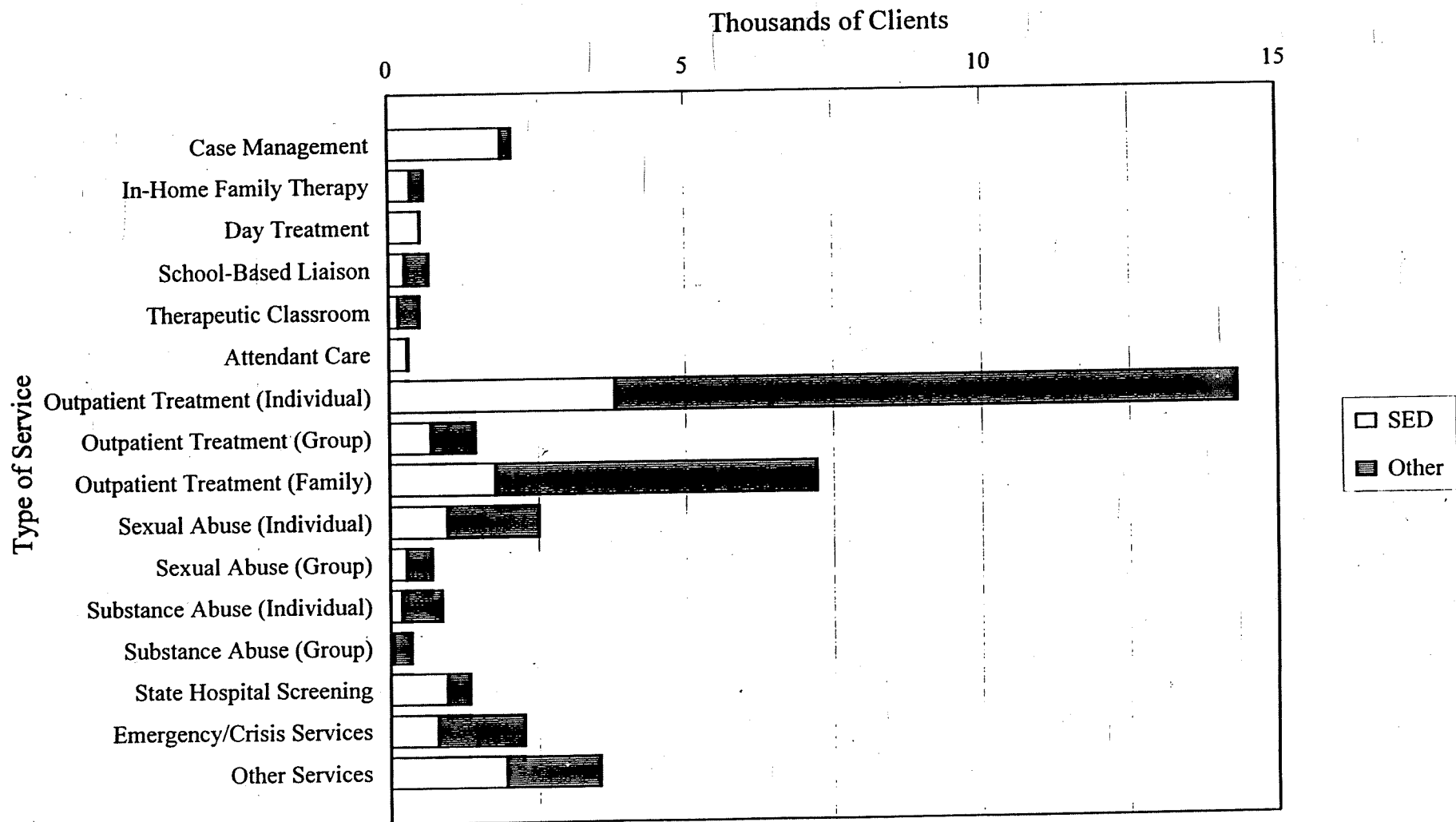
### Attachment II Community Mental Health Services for Adults -- Calendar Year 1993



SPMI--Seriously and Persistently Mentally Ill

1-25

**Attachment III**  
**Community Mental Health Services for Children -- Calendar Year 1993**



SED-Seriously Emotionally Disturbed

1-25

## NURSING FACILITIES FOR MENTAL HEALTH IN KANSAS

Name and Location	Number of Beds
Applewood Care Center Chanute/Neosho County	50
Brighton Place North Topeka/Shawnee County	34
Brighton Place West Topeka/Shawnee County	50
Cedar Grove Health Care Center DeSoto/Johnson County	50
Countryside Health Center Topeka/Shawnee County	60
Edwardsville Manor Edwardsville/Wyandotte County	100
Florence Health Care Center Florence/Marion County	60
Friendship Manor Rehabilitation Center of Haviland Haviland/Kiowa County	50
Gatewood Care Center Russell/Russell County	46
Heritage Village of Eskridge Eskridge/Wabaunsee County	60
Indian Trails Mental Health Living Center Topeka/Shawnee County	82
Medicalodge of Paola Paola/Miami County	96
Valley Health Care Center Valley Falls/Jefferson County	80
Valley Vista Care Center Junction City/Geary County	52
Westview Nursing Center Peabody/Marion County	52
<b>Total Bed Capacity</b>	<b>922</b>

**Attachment IV**

**Overview of State Funding for Community Mental Health Services  
FY 1991 -- FY 1996**

<u>Mental Health Services</u>	<u>Actual FY 1991</u>	<u>Actual FY 1992</u>	<u>Actual FY 1993</u>	<u>Actual FY 1994</u>	<u>Approved FY 1995</u>	<u>Rec. FY 1996</u>
Mental Health Admin.	\$ 401,699	\$ 406,551	\$ 492,869	\$ 549,285	\$ 1,369,377	\$ 1,387,259
State Aid	10,032,643	10,032,644	10,256,398	9,948,518	10,032,644	10,032,644
Mental Health Reform	000	3,565,485	7,472,660	12,201,332	15,455,010	17,825,952
Mental Health Grants	5,284,911	5,427,733	5,706,671	5,901,610	9,106,381	11,608,476
Federal Special Projects	286,510	518,763	368,993	3,174,200	1,287,013	1,287,340
Court-Ordered Evaluations	62,204	40,200	31,680	50,110	41,691	43,150
<b>Total--All Funds</b>	<b>\$ 17,484,967</b>	<b>\$ 19,991,376</b>	<b>\$ 24,329,271</b>	<b>\$ 31,825,055</b>	<b>\$ 37,292,116</b>	<b>\$ 42,184,821</b>

Medical Assistance

NF-MH Program -- State General Fund	\$ 5,352,052	\$ 7,046,079	\$ 4,419,411	\$ 6,880,373	\$ 6,117,783	\$ 5,901,094
<b>Total -- All Funds</b>	<b>\$ 22,837,019</b>	<b>\$ 27,037,455</b>	<b>\$ 28,748,682</b>	<b>\$ 38,705,428</b>	<b>\$ 43,409,899</b>	<b>\$ 48,085,915</b>
<b>Total -- State General Fund</b>	<b>\$ 19,964,247</b>	<b>\$ 22,069,086</b>	<b>\$ 25,798,354</b>	<b>\$ 33,091,239</b>	<b>\$ 37,852,732</b>	<b>\$ 40,816,756</b>

- Mental Health Administration refers to that part of the Division of Mental Health and Retardation Services that is responsible for administering mental health programs and funding.
- State Aid refers to the basic state grant to community mental health centers. The grant is distributed to centers on the basis of a per-capita formula.
- Mental Health Reform refers to funding provided to enact the Mental Health Reform Act, which was passed by the Legislature in 1990.
- Mental Health Grants refers to state and federal moneys that appropriated as grants in order to carry out specific programs or projects.
- Federal Special Projects refers to a number of smaller federal grants designed to enhance the community mental health delivery system, e.g., the Mental Health Statistical Improvement Project, and other training and research (i.e., nonservice delivery) grants.
- Court-Ordered Evaluations refers to contractual fees for psychiatric evaluations ordered by courts in order to establish competency to stand trial (billed to MHRS at \$240 per evaluation).
- NF-MH stands for Mental Health Nursing Facilities.

The large increase in Mental Health Administration from FY 1994 to FY 1995 is because of the enactment of the Sexually-Violent Predator Program. Funding for that program's implementation is contained in the Mental Health Administration line item.

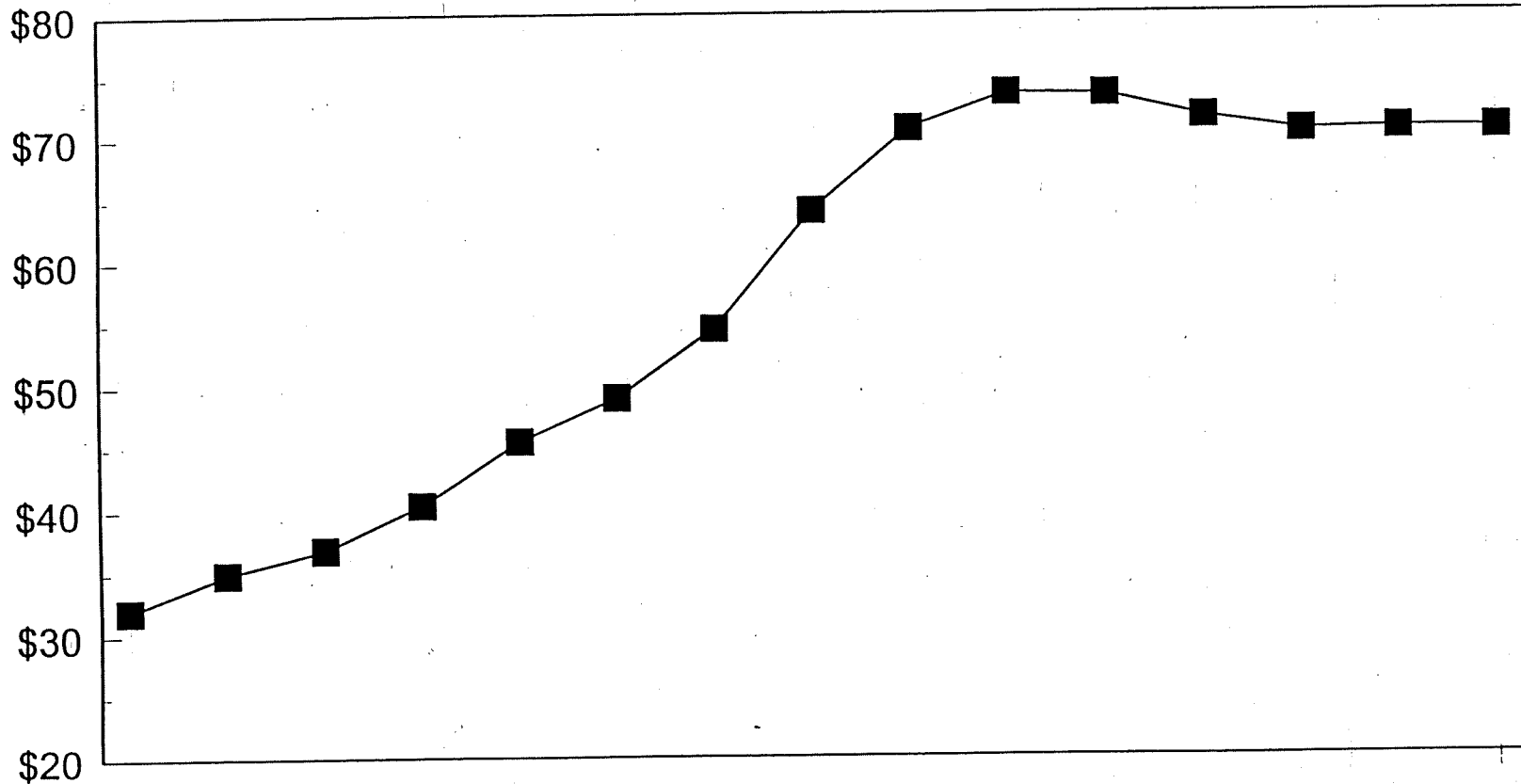
**State Mental Retardation Hospitals  
FY 1996  
Operating Expenditures  
Average Daily Census**

■ Kansas Neurological Institute	\$25.0 Million	236 ADC
■ Parsons State Hospital	\$18.3 Million	213 ADC
■ Winfield State Hospital	\$27.3 Million	247 ADC
■ Total	\$70.6 Million	696 ADC

# State Mental Retardation Hospitals FY 1982 -- FY 1996 Annual Operating Expenditures

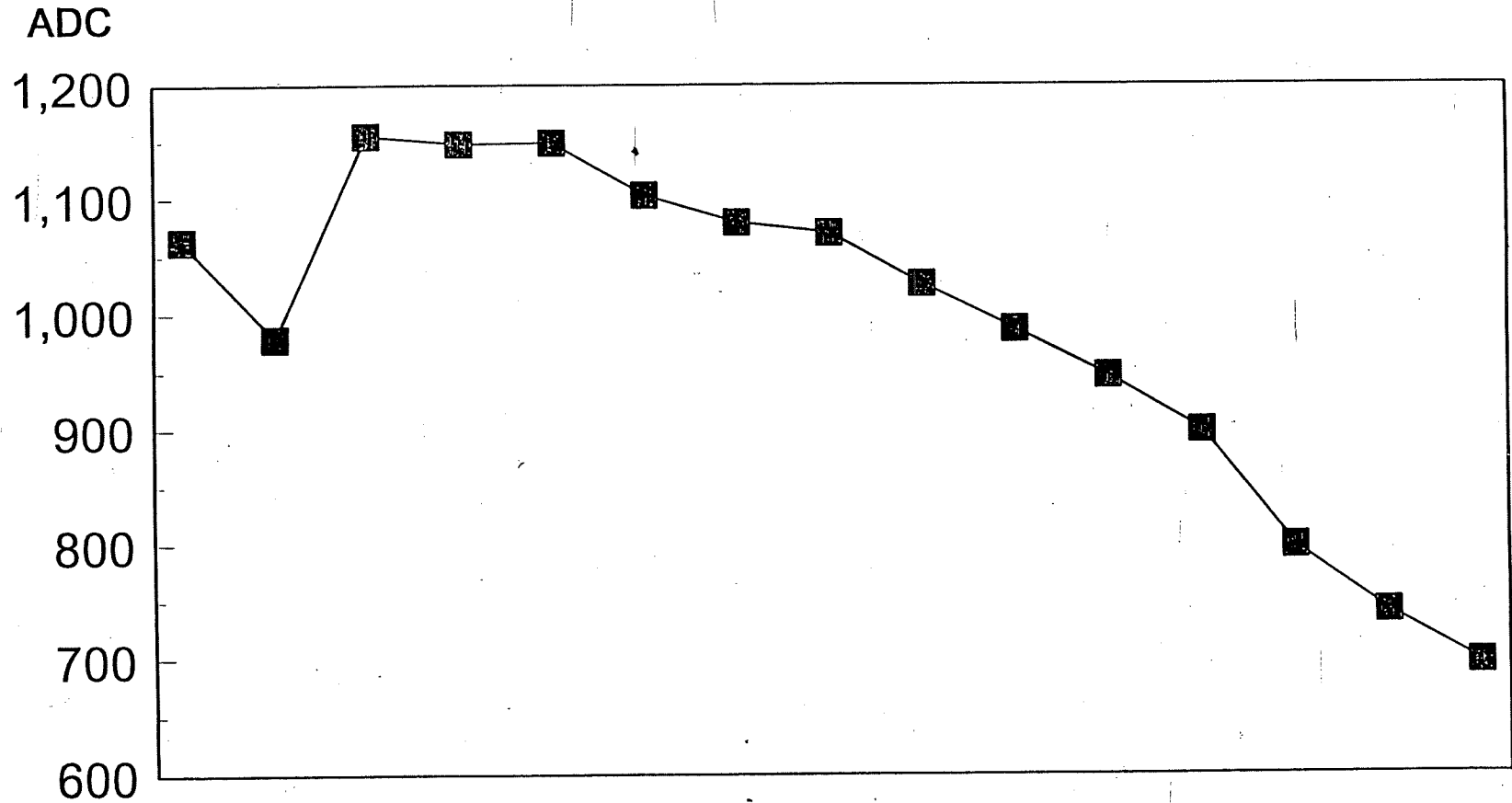
1-29

Millions



	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996
All Funds	31,971,233	34,909,921	36,822,746	40,379,526	45,499,043	48,953,113	54,463,390	64,037,609	70,664,489	73,531,435	73,438,566	71,593,927	70,419,096	70,589,913	70,574,649

# State Mental Retardation Hospitals FY 1982 -- FY 1996 Average Daily Census

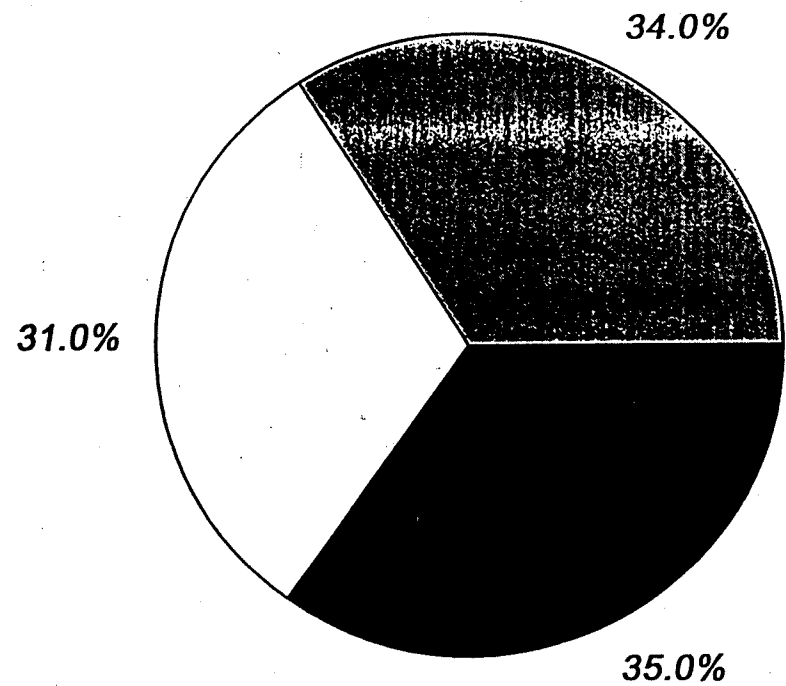
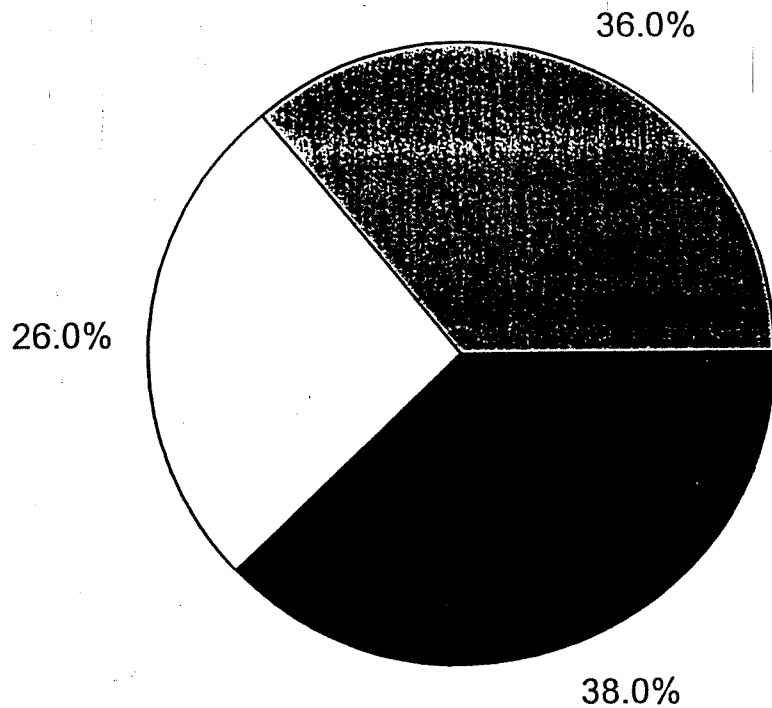


	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996
ADC ■	1,063	979	1,155	1,148	1,149	1,103	1,079	1,070	1,026	987	947	899	798	741	696

# State Mental Retardation Hospitals FY 1996

1-31

## Percentage of Operating Expenditures and Average Daily Census



■ KNI □ Parsons ■ Winfield

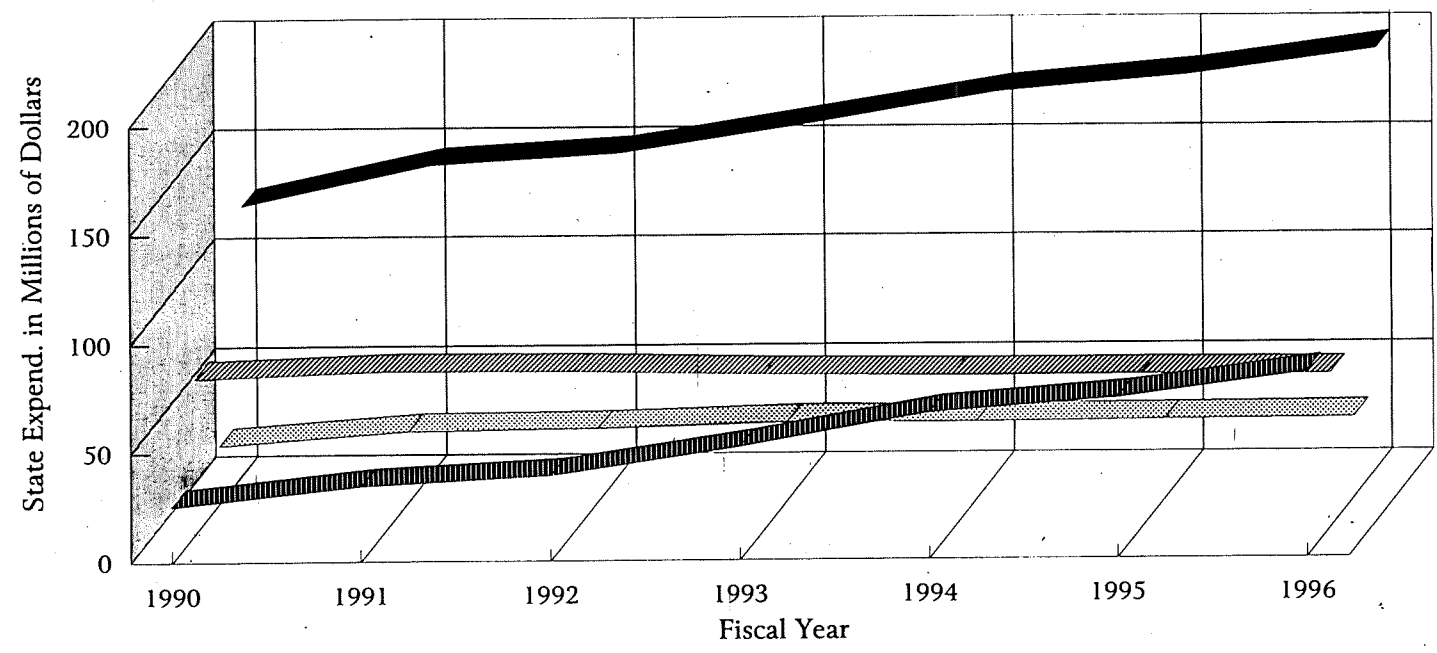
Operating Expenditures

Average Daily Census



	Actual 1990	Actual 1991	Actual 1992	Actual 1993	Actual 1994	Est. 1995	Rec. 1996
Community	25.5	34.6	39.1	51.9	67.2	73.7	85
Hospitals	70.7	73.7	73.4	71.6	70.7	70.9	70.6
ICF/MRs	26.3	32.4	33.4	35.9	35.7	36.4	36.9
Total	122.5	140.7	145.9	159.4	173.6	181	192.5

**State Expenditures for Developmental Disabilities**  
Fiscal Years 1990 - 1996

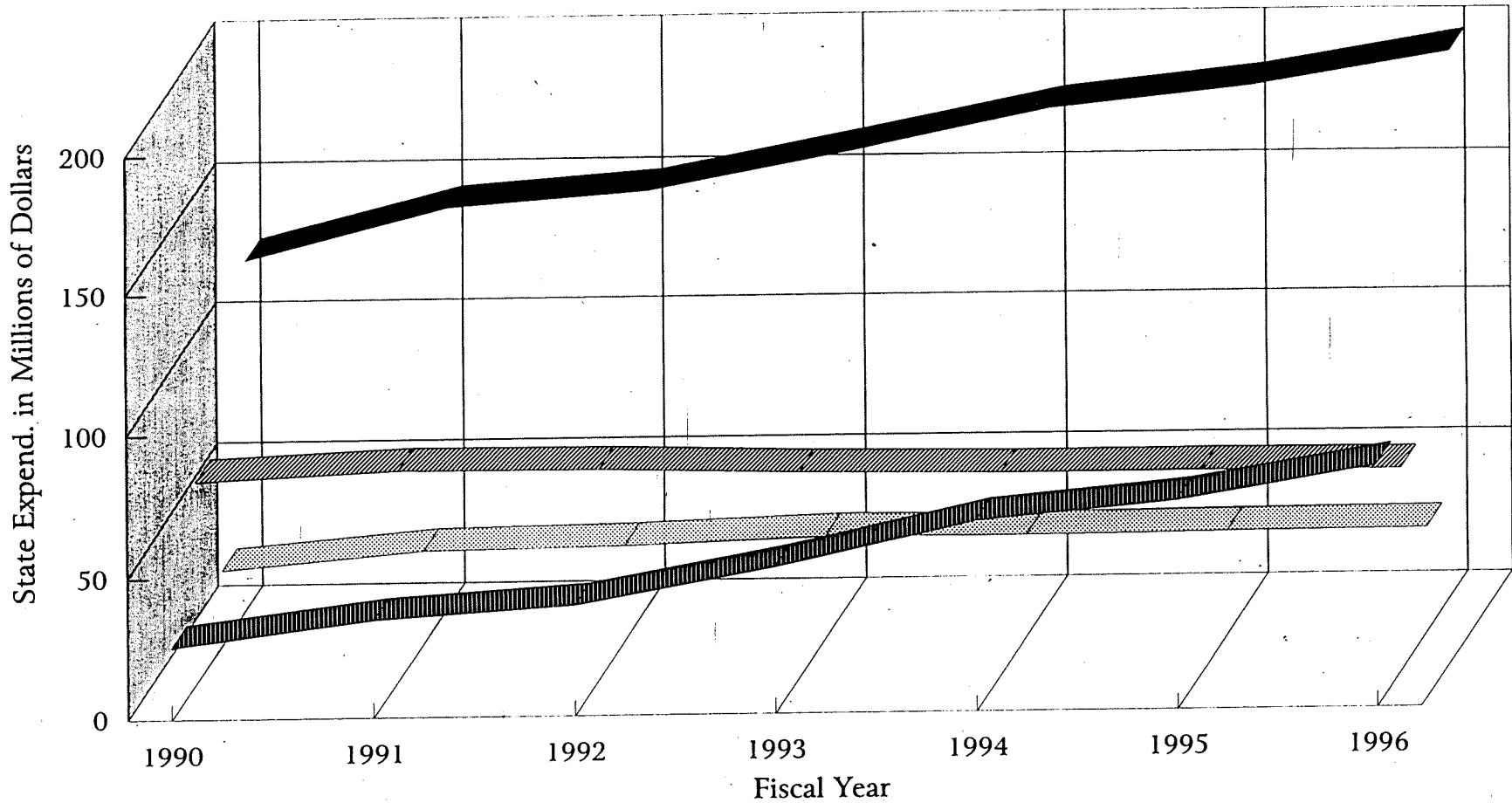


Community
  Hospitals
  ICF/MRs
  Total

Kansas Legislative Research Department  
August 23, 1995

# State Expenditures for Developmental Disabilities

Fiscal Years 1990 - 1996

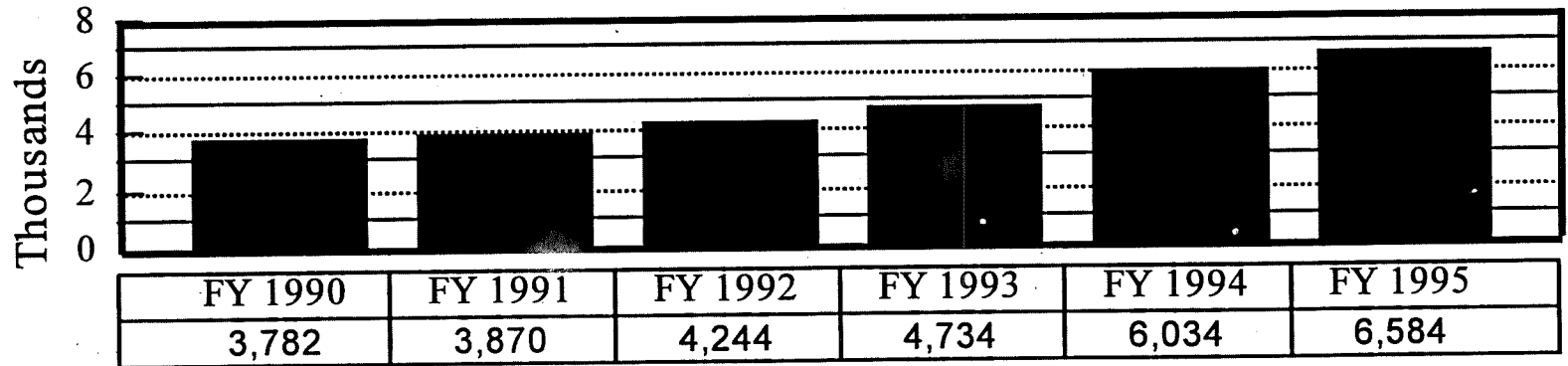


Community Hospitals ICF/MRs Total

Kansas Legislative Research Department  
August 23, 1995

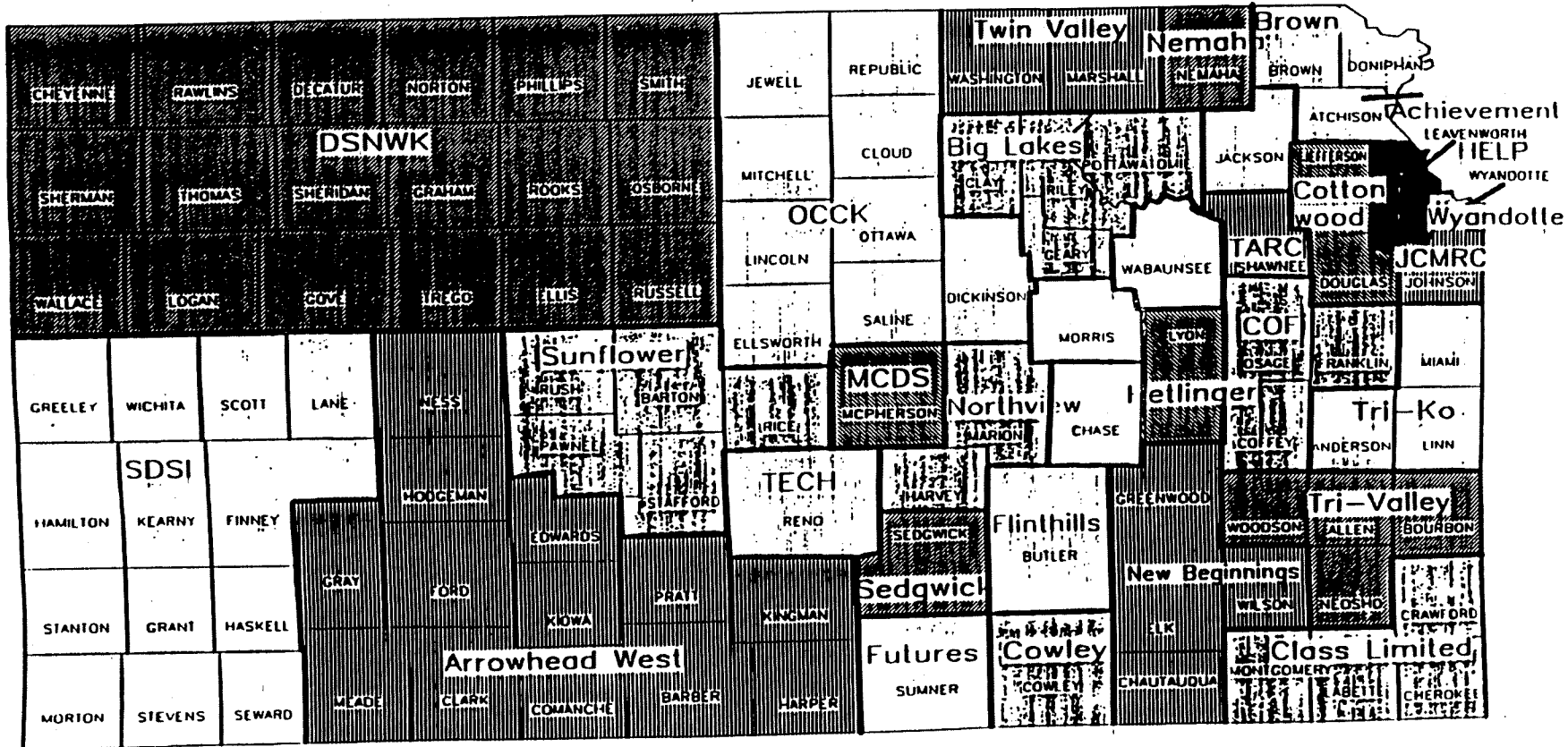
1-33

### Persons Served In Community Settings



Does Not Include Persons in ICFs-MR

# COMMUNITY DEVELOPMENTAL DISABILITIES ORGANIZATIONS IN KANSAS



Attachment I

## **Services Offered by Community Developmental Disabilities Organizations**

### **Residential Services**

- Supported Living
- Semi-Independent Living
- Group Living
- Recreation and Leisure Activities

### **Life Enrichment Services**

- Retirement Services
- Work-Enrichment Services

### **Support and Ancillary Services**

- Targeted Case Management
- Health Support Services
- Supported Family Living
- Respite Care
- Home- and Community-Based Services (Medical Waiver)
- DDP Screenings
- Psychosocial Services

### **Employment Services**

- Supported Employment
- Independent Employment
- Structured Employment
- Industry-Based Employment
- Center-Based Work Sites (“Sheltered Workshops”)
- Work Skills Training
- Job Development
- Job Match
- On-Site Job Training
- Follow-Up Support

### **Other Services**

- Pre-School Services
- Personal, Social and Community-Living Skills Training
- Services for People with Dual Diagnosis
- Transportation
- Americans with Disabilities Act Referrals
- Consulting
- Family Support Services
- Community Education

**Attachment V**

**State Expenditures for Community Mental Retardation Services<sup>(a)</sup>  
(In Millions)**

	Fiscal Year							% Change FY 90-96
	1990	1991	1992	1993	1994	Est. 1995	Rec. 1996	
<b>Mental Retardation Grants</b> These are awarded to community facilities to provide specific services	\$7.5	\$11.5	\$13.7	\$15.5	\$13.4	\$13.0	\$15.1	101.3%
<b>Community and Day/Living</b>	9.9	10.3	10.3	10.3	10.2	10.1	10.1	2.0
<b>State Aid</b> This money is distributed to community mental retardation facilities on the basis of population	6.1	6.0	6.0	6.0	6.0	6.0	6.0	(1.6)
<b>Medicaid</b> This money is used to provide community services, and includes both state and federal moneys (59% federal, 41% state)	2.0	6.8	8.7	18.6	35.2	41.9	50.8	244.0
<b>Family Subsidy/Support(b)</b> These grants are provided to families to help them pay for extraordinary expenses incurred in caring for their mentally retarded children	0.0	0.0	0.4	1.5	2.4	2.6	2.9	625.0
<b>Parent Assistance Network</b>	0.0	0.0	0.0	0.0	0.0	0.1	0.1	--
<b>TOTAL</b>	<b>\$25.5</b>	<b>\$34.6</b>	<b>\$39.1</b>	<b>\$51.9</b>	<b>\$67.2</b>	<b>\$73.7</b>	<b>\$85.0</b>	<b>233.3%</b>

a) In addition to these expenditures, the state also pays for medical expenses for mentally retarded Kansans who are eligible for Medicaid.

b) The Family Subsidy/Support percentage change is from fiscal years 1992 to 1996.

**Attachment VII**

**Placement Process for Clients Moving from  
State Hospitals into Community Settings**

Movement of clients from institutions to the community is done on a voluntary basis and only with the consent of the client, or the client's family or legal guardian. The process of placing clients with mental retardation and/or developmental disabilities from state institutions has, essentially, four parts, *i.e.*:

**Phase I**

Referral of a client for placement, development of an Essential Lifestyle Plan (identifying an individual's specific needs) plan for the client, and forwarding of the personal plan to a community provider. *This step occurs at the institutions.*

Development of a support plan and a cost proposal for the implementation of the plan. *This is done by the community provider.*

**Phase II**

**Phase III**

The support plan and cost proposal are reviewed by the hospital, and, if accepted, are forwarded to the *Department of Social and Rehabilitation Services*. SRS reviews and, if appropriate, approves the support plan and cost proposal, ensuring that HCBS-MR waiver funding will be available for the placement.

A transition plan is formulated for the client by the hospital and the community provider. Arrangements are made for the client to move from the institution into the community-care setting. This involves finding roommates for the client, hiring staff and making other living arrangements. *The client will move in the immediate future.*

**Phase IV**

**Number of Clients at Each Phase of Placement Process**

<u>Hospital</u>	<u>Phase I</u>	<u>Phase II</u>	<u>Phase III</u>	<u>Phase IV</u>	<u>Duplicated Total*</u>	<u>Unduplicated Total</u>
KNI	9	74	0	2	85	55
Parsons	0	24	0	0	24	17
Winfield	21	121	1	0	143	100
<b>TOTAL</b>	<b>31</b>	<b>220</b>	<b>1</b>	<b>2</b>	<b>254</b>	<b>174</b>

\* Individuals may be in the same step multiple times, indicating multiple referrals, or they may be in different steps in different agencies.

### Waiting List for Community Services

