

Approved: 1-26-00
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chairperson Sandy Praeger at 10:00 a.m. on January 19, 2000 in Room 526-S of the Capitol.

All members were present except:

Committee staff present:

Lisa Montgomery, Revisor of Statutes
Hank Avila, Legislative Research Department
JoAnn Bunten, Committee Secretary

Conferees appearing before the committee:

Larry Froelich, Executive Director, Kansas Board of Pharmacy
Janet Schalansky, nominee for Secretary of Kansas Department of Social and Rehabilitation Services
Connie Hubbell, nominee for Secretary of Kansas Department on Aging

Others attending: See attached list

Introduction of Bills

Larry Froelich, Executive Director, Kansas State Board of Pharmacy, requested the Committee introduce legislation that would (1) make changes to the Kansas Pharmacy Practice Act to allow the Investigative Committee of the Board the authority to maintain information regarding the licensee or registrant as confidential regarding a complaint until the entire process has been completed, and (2) make changes in the Kansas Controlled Substances Act that would reflect changes the DEA has done since the last legislative session. (Attachment 1) Senator Salmans made a motion the Committee introduce the proposed legislation, seconded by Senator Hardenburger. The motion carried.

Senator Praeger requested the Committee introduce legislation that would exempt hair braiding from regulations of the Board of Cosmetology. Senator Steineger made a motion the Committee introduce the proposed legislation, seconded by Senator Langworthy. The motion carried.

Confirmation hearings

Janet Schalansky, having been appointed to the position of Secretary of the Kansas Department of Social and Rehabilitation Services by the governor presented testimony to the Committee at the confirmation hearing regarding her background, organizational changes within the agency, and goals for the future of SRS as outlined in her written testimony. (Attachment 2) Committee discussion related to substance abuse and treatment programs, adequate data needed for these programs, children's unit at Larned State Hospital, protection of children and children's rights, Rainbow Mental Health facility, and the status of the foster care program.

Connie Hubbell, having been appointed to the position of Secretary of the Kansas Department on Aging by the governor briefed the Committee at the confirmation hearing on her background, programs within the agency and goals for the future as outlined in her written testimony. (Attachment 3) Committee discussion related to the need for greater cooperation between agencies in regard to nursing home regulations, improving quality of care for the elderly, and the need for more nursing home volunteers.

Senator Langworthy made a motion the Committee recommend to the full Senate the name of Janet Schalansky for Secretary of the Department of Social and Rehabilitation Services, seconded by Senator Steineger. The motion carried.

Senator Steineger made a motion the Committee recommend to the full Senate the name of Connie Hubbell for Secretary of the Department on Aging, seconded by Senator Hardenburger. The motion carried.

Adjournment

The meeting was adjourned at 11:00 a.m.

The next meeting is scheduled for January 20, 2000.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
GUEST LIST

DATE: 1-19-00

NAME	REPRESENTING
LARRY FROELICH	Board of Pharmacy
Chris Gassen	Board of Pharmacy
Tom Rickman	AVENTIS
Kip Peterson	Governor
Karen Suddate	SRS
CRAIG KABELINE	KCDD
GIANFRANCESCO PEZZINO	KDHE
Sally Finney	Ks. Public Health Assn.
Coil Hansen	KDHE
John Kiefhaber	Ks Health Care Assn.
Debra Zehor	KAHSA
Joe Fund	KDHE
RANDY FORBES	BOARD OF PHARMACY
Vicki Schmidt	Board of Pharmacy
Andy Allison	Kansas Health Institute
RP Guthrie	Hereth Midwest
Julie Thomas	DOB
Kathy Mautham	Governor
Darville Noel	Governors Office

Kansas State Board of Pharmacy

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TOPEKA, KANSAS 66612-1231
PHONE (785) 296-4056
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STATE OF KANSAS

EXECUTIVE DIRECTOR
LARRY FROELICH



BILL GRAVES
GOVERNOR

SENATE PUBLIC HEALTH AND WELFARE 2000 LEGISLATION

Senator Praeger, Chairperson
Senator Salmans
Senator Becker
Senator Bleeker
Senator Hardenburger

Senator Jones
Senator Langworthy
Senator Lee
Senator Steineger

Subject: Board of Pharmacy 2000 Legislation request

The Kansas Board of Pharmacy respectfully requests the committee's support in adoption of changes to the Kansas Pharmacy Practice Act and the Kansas Controlled Substances Act.

The request for the addition to the Pharmacy Practice Act will allow the Investigative Committee of the Board, the authority to maintain information regarding the licensee or registrant as confidential regarding a complaint until the entire process has been completed, except to provide it to their attorney or themselves. The committee is composed of one Board member, which is the vice-president of the Board. I have attached the language that has been suggested to accomplish this change.

The other request affects scheduling changes for controlled substances that reflect changes that the Drug Enforcement Administration (DEA) has done since the last legislative session. The changes have already occurred in the Federal Uniform Controlled Substance Act. We are proposing to keep our Act concurrent with The Federal Act. I will be including these changes in my annual letter to the President of the Senate and the Speaker of the House of Representatives.

The Board appreciates the excellent working relationship that exists between our Board and the Legislature and is looking forward to future endeavors. I would like to appear before the Committee to explain these items in greater detail and request your support. If there are any questions, please contact me at 296-8419.

Sincerely,

A handwritten signature in blue ink, appearing to read "L. Froelich".

Larry Froelich, RPh
Executive Secretary

Enclosure

Senate Public Health & Welfare
Date: 1-19-00
Attachment No. 1

Information Related to the
Confirmation of

Janet Schalansky



as Secretary
Department of Social and Rehabilitation Services

presented to the
Senate Committee on
Public Health and Welfare

January 19, 2000

Madam Chair and members of the Committee, thank you for asking me to appear before you here today. I am privileged to have been appointed to the position of Secretary of the Department of Social and Rehabilitation Services by Governor Graves, and I appreciate this opportunity to discuss that appointment with you.

For those who may not know me well, let me tell you a little bit about myself. I am Janet Schalansky. I spent most of my childhood in the Emporia area, graduating from Emporia High and Emporia State University. I was involved in sporting activities and 4-H as a youth, and quite involved in student government at Emporia State. As indicated on my resume', I have taken doctoral classes in law and public policy analysis at the University of Kansas. I am the wife of Jim; busy mother of three children: Jay, Julie, and Jill; and an active member of this community and our church. My entire career has been spent working in social services, primarily in a series of progressively responsible positions in SRS, from disability examiner and trainer to my current position.

It is my sincere desire to lead the department in which I have worked for 26 years. My length and breadth of experience during those years is helpful, both in identifying and in making some changes in the organization and the way it works. Those changes affect both the structure of the department and the way we do business.

I also want to make a difference in the delivery of services which affect Kansans in need. SRS is a large agency, responsible for many complex programs; but at the core of each of those programs is the public's desire to help individuals who are in need. I believe that we can make a difference by doing good research, providing sound analysis of options and strategies that make a positive difference for people who need our services, and administering those programs well.

Over the last several years, SRS has made major changes in the way we deliver needed services to Kansans. We have learned we can no longer provide effective services by working with consumers in an isolated fashion. The complexity of need, together with the coordination necessary to meet those needs, requires multiple interventions by many private and public agencies and individuals.

I have made a number of recent organizational changes in an effort to improve the integration of our internal and external service delivery systems. Highlights of the reorganization include:

- A streamlined management structure and leadership team
- Replacement of six Commissioners with two Deputy Secretaries with responsibility for issues across the agency, and two Assistant Secretaries with expanded agency policy responsibilities, reflecting the interconnections between service areas

- Creation of a Chief of Staff position consolidating separate executive functions
- Development of an Integrated service delivery division, with responsibility for customer relations and all programs administered through field offices

In every division of the agency—within Health Care Policy, Children and Family Policy, and Integrated Service Delivery—we have become a partnering agency. We now know we cannot do this work alone but must reach out to other public, private, and community agencies as partners and collaborators to serve the needs of customers.

I believe these changes will increase the department's ability to achieve its mission to protect children and promote adult self-sufficiency. The new structure is intended to foster the collaboration and coordination that is essential to improved customer service. My vision is that when a customer comes through the door of an SRS office, there is ample interest in that customer and adequate expertise so that our worker can, first of all—help the customer identify and say what they need, and secondly—help direct them to obtain services which will meet that need.

I am extremely pleased with the caliber of staff we have been able to assemble in the department's leadership and management teams. Their abilities, combined with the streamlined organizational structure, will make us a stronger and more responsive organization. These new teams—and the dedicated SRS employees who work with them—are already engaged in activities that will improve our systems and result in enhanced outcomes for our customers.

We will continue to change. We are in the midst of building capacity for ourselves and those around us. We need to continue developing new skills and competencies that address the changing needs of our consumers.

But change is nothing new to an organization that is charged with dealing with some of society's most basic problems—be it hunger, child or elderly abuse or neglect, sickness and frailty, or basic financial need. Whether because of congressional or legislative action, budget shortfalls, or because someone had an idea something should be done differently, programs and policies at SRS have changed continually. The new organizational structure should improve our ability to make those program and policy changes in an integrated way.

The attached copies of my resume', an organizational chart, and a statement of vision for the department that has been distributed to each employee provide some additional information about me, the changes I have made, and my vision and expectations for the department. I will be glad to discuss any questions you may have.

Resume'

Janet K. Schalansky 906 Glendale, Topeka, KS 66606 (785) 272-3505

Professional Experience

Kansas Department of Social and Rehabilitation Services

SECRETARY, 1999 -

Appointed by Governor Graves effective October 2, 1999.

DEPUTY SECRETARY, 1995-1999

As Chief Operating Officer, directed management of the day-to-day operations of a complex organization with an annual budget of \$1.5 billion and 7,000 employees.

DIRECTOR, WORKFORCE DEVELOPMENT, 1992-1995

Directed employment preparation services such as the KanWork program, the child care program, RS personnel and training, and community relations programs. Led the State's welfare reform initiative.

DIRECTOR, TOPEKA AREA OFFICE, 1988-1992

Directed the work of 350 employees in the Topeka Area Office charged with carrying out the SRS mission "to protect children and promote adult self-sufficiency." Improved service delivery and restored community confidence.

PROGRESSIVE POSITIONS HELD, 1973-1988

Director, Adult Services Division

Director, Developmental Disabilities Council

Grants and Contracts Manager, Mental Health and Retardation Services Commission

Examiner and Staff Trainer, Disability Determination Services

Education

BACHELOR OF ARTS— Pre-Medicine (Biology/Chemistry)

Emporia State University

MASTER OF SCIENCE – Rehabilitation Counseling

Emporia State University

DOCTORAL CLASSES – Law and Public Policy Analysis

University of Kansas

EXECUTIVE LEADERSHIP INSTITUTE

American Public Health Services Association

Community Service and Honors

- Board Member, United Way of Topeka; past chair, United Way Planning Committee
- Member, Lowman United Methodist Church; Chair, Strategic Planning Committee;
- Chair, Staff Parish Council
- Past Chair, Governor's Committee on Autism
- Member, Emporia State University Endowment and Alumni Association
- Outstanding Person by Kansas Conference on Social Welfare
- YWCA Women of Excellence Award

Personal

Janet and her husband Jim have three children; Jay, Jill, and Julie

Vision and Expectations for the Department

(The following message went out to all staff on November 16, 1999):

Idealism must always prevail on the frontier. The frontier bears little hope for those who see things as they are. To venture into the wilderness, one must see it not as it is, but as it will be.

Carl Becker, *Kansas*

As I travel back and forth to my hometown of Emporia through the Flint Hills, I imagine the wilderness of Kansas and the difficulties the pioneers must have encountered during their treks westward to a new world. I think about the visions they must have had about the new world they could create together. Those visions of what that world would be must have inspired them and driven them forward when the journey was very difficult.

Within SRS we face a journey together over the next three years. Let me describe the agency as I envision it in the future. I envision our organization as a highly effective, high powered organization that is healthy enough to meet the changing demands of the world we work in every day, a dynamic organization which is prepared to meet the needs of the next generation. The changes I have implemented are designed to create such an organization by building on our existing strengths and fostering change for needed improvements. These organizational changes reflect my commitment to find the right leaders for today who see the organization as it will be and who will help us build the organization for tomorrow.

Recently I spent two days at the Governor's Conference on Prevention. I was struck during the conference at the similarities between what we are trying to do in communities through the Connect Kansas initiative and what I would like to achieve through the organizational changes I have implemented in SRS. The Becker quote is part of a presentation former Secretary Rochelle Chronister and I have given as we talk to communities about the Connect Kansas initiative.

Connect Kansas is designed to place decision-making at the local level and to provide communities with the information to know the status of their community's health and tools to achieve change. Connect Kansas is designed to shift our focus from funding programs to supporting conversations and actions which create healthy communities.

In the same way, the changes we have made in our organization are designed to shift the focus of our agency from funding streams to supporting processes and functions within the agency. Thus you see the leadership structure within the agency in alignment with the functions of service delivery, policy development and operation

support.

To become that dynamic organization, we must ask these questions:

- Do our processes support our mission?
- Do we know if the things we are doing make a difference?
- Do our activities improve client outcomes and customer service?

We must be engaged in asking questions such as these which will continuously improve our system and result in improved outcomes for our consumers. So, just as data is an integral part of Connect Kansas, SRS will use data to assist us in making informed decisions and in determining what processes contribute to desired outcomes.

In his presentation, Vince Francisco, Ph.D. from KU, answered the question "What can we do to contribute to a caring community?" He had several suggestions.

- Get involved and get other people involved.
- Identify and create niches of involvement throughout the community.
- Identify and effect changes in programs, policies, and practices of community members and organizations.
- Build the capacity of ourselves and those around us.
- Take a pro-active leadership stance and facilitate new positive leadership.
- Collaborate to accomplish common goals.
- Create POSITIVE opportunities for youth.

SRS is a community, a work community. Many of the actions suggested by Dr. Francisco apply to my wishes for our organization.

I want you to be involved. You need to be clear about our philosophy so you can effectively act independently. I expect SRS leadership, your supervisor and others, to create a framework which helps you know when to act independently and when to ask for assistance. I want you to be involved, to feel empowered to do what is needed and to be supported by your supervisor and the agency as you take those actions.

I want you to get others involved and to create niches of involvement throughout the agency. I have established team leaders to facilitate a variety of cross-functional teams that will create those niches. We will use the expertise of staff from across the agency at all levels to develop policy, to more effectively manage our resources through fiscal/caseload projecting functions, and to enhance customer service. We will use those groups to identify and effect needed changes in programs, policies and practices of the SRS community. Some of you have already been involved in cross-functional groups which have been working to coordinate services for consumers. We have learned how beneficial these groups are and want to capitalize on our experiences with those groups and expand their effects.

We must build capacity for ourselves and those around us. We need to develop new skills and competencies which address the changing needs of our consumers. We need

to build the capacity to meet our program training needs at the local level. As we move toward working in local communities as resources to community groups which will identify needs, develop plans and take action, we must enhance our facilitation and leadership skills. The emphasis on prevention allows us to take a pro-active stance in communities and demonstrate our ability to provide leadership in partnership with others.

We know that many of our consumers receive services from field service staff associated with a variety of divisions. The complexity of needs requires multiple interventions by each of those divisions. We have discovered we can no longer provide effective services by working with those consumers in an isolated approach. To be highly effective, we must use a collaborative approach which taps into the strengths of all division staff. Integrated service delivery is designed to enhance and strengthen the collaborations that currently exist at the local office level. That is also where the cross-functional teams associated with both customer service and policy and planning come into play.

We must create positive opportunities for children and families, as well as adults, seeking to become more self-sufficient. Further, we must create positive opportunities for our own staff to learn more about the organization and to become involved in changes which will help us create our future together.

Each of you should be familiar with our mission in SRS—to protect children and promote adult self-sufficiency. I want to be certain that each of us understands the common goals found within the SRS mission as well as our respective roles within that mission. I want you to have the tools and skills you need to do your job. I want **you** to have POSITIVE opportunities. I am committed to providing professional development opportunities to assist staff in meeting the complex challenges which face those we serve and the organization as a whole.

So, yes, we will be using some of the same concepts associated with creating a caring community to create a new work community within SRS. If you take a good look at the new structure of the organization, I think you will see evidence of new emphasis within the organization.

I shared these expectations for myself and SRS staff at all levels of the organization at the Policy Retreat in September. Our decisions, individually and as an organization, should be grounded in the values exemplified by these expectations:

- I expect you to treat staff and each other with respect and dignity.
- I expect you to treat clients and other stakeholders with respect and to make corrections where references are made to others that perpetuate negative stereotypes or biases.
- I expect you to hear people's side of the story, to hear them out completely in order to find a solution together.
- I expect you to make logical and defensible decisions.

- I expect you to be compassionate while at the same time having the courage to make tough decisions when necessary.

Most importantly, I envision when a consumer comes through the door of an SRS office, there is ample interest in that consumer and adequate expertise that our worker can, first of all--help the consumer identify and say what they need, and secondly--help direct them to obtain services which will meet that need. Every worker should live our expectations in order to meet the needs of the family or consumer holistically. **That** is what integration of services is all about.

Our leadership staff are currently developing their 30 day plans which are part of their Appointment Charters. The Charters will provide a basis for operation and will include the beginning steps to make necessary changes within SRS. The details of those plans and the overall plan for SRS will unfold within the next 30-60 days. And we expect the SRS plan to be a fluid and changing plan, based upon the rapidly changing environment in which we function.

As we venture into this wilderness, so to speak, we will need the input of many of you. It is my hope that you are willing to step up and participate in task groups if asked. And that you let your areas of expertise and willingness to serve be known to your supervisor and Area Director. Just as it takes the work of an entire community to make positive changes, it will take the work of all of the SRS community to ensure that SRS changes are both inspired by a lofty vision and grounded in reality. Let this message serve as an invitation to each of you to become an active member of your work community. I look forward to the days ahead and the greatness we can all achieve together for Kansas citizens who depend upon our services.

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**STATE OF KANSAS
GOVERNOR BILL GRAVES**

**SRS SECRETARY
JANET SCHALANSKY**

Special Assistant 296-3271
Carol de la Torre

Legal Services 296-3967
John Badger, General Counsel
Chief of Litigation
Bill Ossmann 6-3967

Executive Services 296-3271
Laura Howard, Chief of Staff

Planning and Policy Coord.
Trudy Racine, Director 6-6218

Public Affairs
Stacey Herman, Director 6-6218

Audit Management, Review &
Evaluation
Mary Hoover, Chief Auditor 6-2973

Office of Prevention
Andrew O'Donovan, Director 6-3925

Children & Family Policy 368-6448
Joyce Allegrucci, Assistant Secretary

Operations
Don Jordan, Director 368-8152

Permanency Planning
Arthurine Criswell, Act. Dir. 368-8201

Family & Child Development
Kandy Shortle, Director 368-8154

Evaluation & Program Improvement
Donovan Rutledge, Director 368-8192

Integrated Service Delivery 296-3271
Candy Shively, Deputy Secretary

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Mike VanLandingham, Olathe 913 768 -3300
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Economic & Employment Support
Sandra Hazlett, Director 6-8644

Child Support Enforcement
Jim Robertson, Director 6-4188

Rehabilitation Services
Dennis Rogers, Director 267-5301x232

Health Care Policy 296-3773
*Lyn Goering, Assistant Secretary

Medical Policy/Medicaid
Robert Day, Director 6-3981

Mental Health/Substance Abuse
Treatment & Recovery
Karen Suddath, Director 6-7272

Community Supports & Services
Martha Hodgesmith, Director 6-3561

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Rick Shults, Director 6-3536

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Leon Owens, Superintendent
PSH&TC 316 421-6550x1720
Gary Daniels, Superintendent
LSH 316 285-4360
Mani Lee, Superintendent
OSH 913 755-7073
Randy Proctor, Superintendent
RMHF 913 384-1880x201
Roz Underdahl, Director

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Diane Duffy, Deputy Secretary

Information Technology
Steve Patterson, Chief Info. Officer
368-6421

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J.G. Scott, Director 296-6217

Accounting & Admin. Operations
Ray Dalton, Director 368-6358

Resource Development
Ann Koci, Executive Director
296-6216

Human Resources 296-2387
George Vega, Executive Director

Personnel Operations
Jack Rickerson, Director 6-0606

Organizational Development
Joyce Cussimano, Director 6-4327

Diversity
Oliver Green, Director 6-8904

* Effective 2/1/2000



State of Kansas Department on Aging

Connie L. Hubbell, Secretary

for additional information, contact:

OFFICE OF THE SECRETARY

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or;

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Topeka, Kansas 66603
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Senate Public Health & Welfare Committee
Confirmation of Connie Hubbell
as Secretary of Aging

Office of the Secretary
Connie L. Hubbell, Secretary
785.296.5222

Senate Public Health & Welfare
Date: 1-19-00
Attachment No. 3

Testimony of Connie Hubbell
Before The Senate Public Health & Welfare Committee on
Confirmation as Secretary of the Kansas Department on Aging
January 19, 2000

Madame Chair and members of the committee, thank you for this opportunity to appear before you on the issue of my appointment by Governor Graves as the new Secretary of Aging.

I have been on the job since November 12, 1999. In the past 60 days, I have spent time getting to know Kansas Department on Aging (KDOA) employees, from front-line staff to top-level managers. I have been studying the issues facing this agency, Kansas seniors, and our partners in the aging network.

Since accepting this position, I have visited six of the 11 Area Agencies on Aging (AAAs) and some of the senior centers and nutrition sites within those six areas. While AAAs are important partners in the aging network, there are other stakeholders who comprise the aging network, such as nursing homes and private providers, just to name two. I plan on visiting many of our partners and stakeholders in the near future to better familiarize myself with their role, the service(s) they provide, and their issues, concerns, and suggestions for ways in which we can improve how we operate and how we meet the needs of seniors.

While I will be the first to say I am not an expert on aging issues, I fully intend to be in the months and years ahead. Not only do I have that expectation for myself, but it is also the expectation I have of my staff -- to be experts at what they do. Not only does the Governor and the Legislature look to me and the agency for leadership and guidance on aging issues, so do the people of Kansas.

Most of my adult life has been spent either in community service or in public service. My past experience in public service as the Welfare Reform Director for SRS and as the Commissioner of Substance Abuse, Mental Health, and Developmental Disabilities has and will continue to serve me well in my current position.

I am a mother of two children; a wife; a community volunteer; an educator; and a public servant. I hope individuals who have worked for me in the past or who currently work for me would describe me as an honest person, a caring boss, a person who is a good listener, a person who treats others with dignity and respect, a passionate leader, and someone who stands behind her staff.

I have and always will operate with an open door policy. Any of my staff know they can walk in to my office at any time. I have and will remain accessible not only to my staff, but to those we serve -- the seniors of Kansas.

I view this opportunity the Governor has given me not only as an opportunity to improve the lives of older Kansans, but to prepare my peers and those who will follow me into senior life, so that we can all live our lives with dignity, security, and enjoy the greatest level of independence possible.

As you all know, no one person can do this job alone. I stand before you today with dedicated, loyal staff at work whose desire it is to help individuals and their families who are in need of some level of assistance. I am confident we can make a difference by managing our programs well, being fiscally responsible, collecting useful data from which to make informed management decisions, and to utilize research as well as life experiences from those we serve to improve the lives of Kansas seniors and to prepare others who will soon become seniors.

I have taken an important first step by examining the organization and making some necessary changes that I believe will enable us to do just what I described. These changes, which are reflected in the attached reorganization plan, reflect my commitment to selecting the right persons who have the ability to look outside the box to the bigger picture, and who will help me and our agency move in the direction to best meet the needs of those we serve.

I have discovered opportunities for improved communication, more efficient operations, and avenues for cross-agency functions. The initial changes I have made are intended to facilitate the communication, coordination, and collaboration that I feel is vital to our future success.

Brief Introduction to KDOA

In 1977, KDOA was established by statute as a cabinet-level Department to help seniors in Kansas maintain their independence. KDOA is mandated by the federal Older Americans Act (OAA) to serve as an advocate for Kansas seniors and to administer programs under the OAA. In addition to seniors receiving services via KDOA programs, seniors provide input to KDOA, advocate on issues and concerns, and provide valuable volunteer service in their communities. I am a strong supporter of community based services, and though our nursing facilities will remain an option for frail seniors, KDOA will work to also provide seniors the option of remaining in their communities and in their homes for as long as possible.

Today, some 22 years later, KDOA has grown from being the smallest cabinet-level agency, with 40 employees, to a busy and dynamic agency with over 160 employees. In 1997, with the transfer of the Frail Elderly Medicaid Waiver program, the Targeted Case Management program, and the Income Eligible program from SRS to KDOA, our budget increased from \$18 million to \$346 million.

KDOA is responsible for more programs and services for seniors to which the Area Agencies on Aging are the single point of entry for seniors into the aging network.

We have diverted more persons from nursing facility placement to community based services, and have been able to focus on in-home services for seniors and better coordinate services between programs.

We have transferred the Senior Employment program from KDOA to the Kansas Department of Human Resources, and transferred the Long-Term Care Ombudsman program to the Kansas Department of Administration.

KDOA has contracted with the Kansas Insurance Department to operate the Senior Health Insurance Counseling for Kansas, and successfully moved the entire agency from three locations to a single location in downtown Topeka. As you can see, KDOA has changed over time.

KDOA Mission

The mission of KDOA is to improve the dignity, security and independence of older Kansans. The Department attempts to accomplish that mission through efficient and effective administration, information, oversight and advocacy.

KDOA Philosophy

KDOA values Kansans of all ages. Although our primary focus is older Kansans, successful program outcomes will improve the quality of life for all Kansans. The Department respects the right and responsibility of older Kansans to actively participate in decisions and behaviors that affect their lives.

Primary Goals of KDOA

There are three primary goals that serve as the driving force for this agency. Those goals are:

- To develop and support an integrated system of long-term care services that will maximize individual choice in care, ensure appropriate placement, and effectively leverage our resources.
- To develop proactive public information initiatives to inform and educate Kansans about aging issues, and to enhance KDOA's visibility and our efforts to help provide for the needs of our elders.
- To increase the effectiveness and efficiency of the service delivery system through improved management and accountability at all levels.

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The pages that follow provide you with greater detail about myself, my efforts to reorganize the agency, some of our recent accomplishments, and a few of the more critical issues we will face in the future.

The face of our aging has and will continue to change as each of us lives longer than our parents and grandparents. The way in which we planned for our parents and grandparents is dramatically different than the way we must plan for ourselves and those that follow us.

I appreciate the opportunity to appear before you today. I am happy to answer any questions you may have at this time.

CONNIE HUBBELL

PERSONAL:

Address: Kansas Department on Aging
503 S. Kansas
Topeka, Kansas 66603
(785) 296-5222

Education: Bachelor of Science, Physical Education
Kansas State University
Manhattan, Kansas
Graduated: 1968

Marital: Married, 2 children

PROFESSIONAL:

Kansas Department on Aging (KDOA), Secretary, 1999-Present
Kansas Department of Social and Rehabilitation Services (SRS), Assistant Secretary, 1999
Kansas Department of Social and Rehabilitation Services (SRS), Commissioner of Substance Abuse, Mental Health and Developmental Disabilities, 1997-1999
Kansas Department of Social and Rehabilitation Services (SRS), Commissioner of Income Maintenance/Employment Preparation Services, 1995-1997
Kansas State Board of Education, 1985-1995
Chairman, 1989-90; Legislative Chair, 1986-88, 1991-93
National Association of State Boards of Education (NASBE)
President, 1993; Board member, 1987-89, 1991-94
Public Policy Monitor - YMCA's of Kansas 1992-95
Testified before U.S. Congress Committee on Aids, 1988
Testified before National Platform Committee on Education, 1988
Teacher, elementary and secondary physical education, 1968-71

RELATED EXPERIENCE:

Board Member, Kansas Agricultural Rural Leadership, 1998-Present
Board Member, Statewide Independent Living Centers of Kansas, 1998-Present
Member, Governor's Kansas Workforce Investment Partnership, 1995-1998
Kansas Alliance for Literacy, 1995-96
Chairperson, Kansas Alliance for Adolescent Health (KAHA), 1994; Member, 1994-Present
Member, Governor's Mental Health Services Planning Council, 1990-94
Member, Governor's School to Work Commission, 1994-95
Member, Governor's Restructuring Education Commission, 1992
Co-Chair, Kansas 2000 Project, 1991
Leader in curriculum and assessment development and implementation
Implemented Quality Performance Accreditation
Experienced Facilitator
Experienced Speaker

CONNIE HUBBELL

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COMMUNITY SERVICE:

Topeka\Shawnee County Library Foundation Board of Directors, 1995- Present;
Chair, 2000-2001
Board of Directors, Topeka YMCA, 1989 - Present
National Board of Directors, Parents and Teachers, 1991-95
Board of Directors, Kansas Business Hall of Fame, 1990-95
Commission Member, Midwest Higher Education Compact, 1990-94
Board of Directors, Junior League of Topeka, 1976-81
President, 1980-81; National Board Service, 1982-85, 1992-94
Board of Directors, Topeka Blood Bank, 1984-91
Vice-President, 1985
Board of Directors, United Way of Topeka, 1985-90
Topeka High School Parents Organization President, 1990
Member, Board of Directors YWCA, 1984-88
Leadership Kansas, Participant 1984
Board of Directors, Volunteer Center, 1981-84
President, 1984
Elder and Deacon, Presbyterian Church, 1980-83, 1997-2000

HONORS AND RECOGNITION:

Gold Rose Award, Junior League of Topeka
Special Vocational Award, Kansas Vocational Association
Certificate of Commendation, Kansas Future Farmers of America
Proclamation by Governor Mike Hayden for State and National Leadership in
State Boards of Education
Phi Delta Kappa and Geraldine Rockefeller Dodge Foundation: Recognition for
Contributions to teachers in Kansas
President's Award, Kansas Association of Health and Physical Education
Distinguished Service Award, Kansas Association for School Health
1999 Capitol Minute Citizen Award, Multimedia Cablevision and Capitol Federal
Savings
1999 Award for Service to Kansas Families, Kansas Association for Marriage and
Family Therapy

STATE OF KANSAS



KANSAS DEPARTMENT ON AGING

NEW ENGLAND BUILDING
503 S. KANSAS AVE.
TOPEKA, KS. 66603-3404

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BILL GRAVES
Governor

Connie Hubbell
Secretary of Aging

1999 Accomplishments and Year-End Issues

In-Home Services

- During FY99, the Department served more seniors in Kansas than ever before, with a total of 92,296 seniors provided in-home services under a variety of funding sources. These services allowed those seniors to remain independent in their own communities, instead of being placed in nursing home care. The total number of seniors who received in-home services in FY98 was 85,053, and 76,499 in FY97. Some examples of in-home services that help promote independence, security, and dignity include: homemaker services (cleaning, cooking, shopping), attendant care (assistance with bathing, feeding, toileting, and other activities of daily living), home health services, and home-delivered meals.
- Three of the major in-home services programs include HCBS/FE Waiver, the Senior Care Act, and the Older Americans Act.

<u>PROGRAMS</u>	<u>Numbers Served</u> <u>FY97</u>	<u>Numbers Served</u> <u>FY98</u>	<u>Numbers Served</u> <u>FY99</u>
HCBS/FE Waiver	3,216	5,662	6,822
Senior Care Act	4,651	4,992	3,782
Older Americans Act	5,748	4,955	6,770

- The waiting list for the HCBS/FE Waiver began on July 1, 1999 and on October 18, 1999, KDOA stopped adding persons to that list. The number of applicants on the list totaled 367 at that time. Targeted Case Managers at the Area Agencies on Aging are contacting the HCBS/FE Waiver applicants on the waiting list and services are being coordinated through the Area Agencies on Aging. As of January 13, 2000, the waiting list has been reduced from 367 customers to 15 customers.
- Began implementing a pilot program for nutrition providers to test the viability of the use of vouchers to provide meals to eligible participants. The voucher program is an alternative to the traditional way of providing meals in a congregate setting. This may be more cost effective than providing meals in a congregate setting, provide more choice to the customer, and offers an alternative to the areas that do not have congregate sites available.

Quality Review

- During FY99, there were 4,641 reviews of HCBS/FE customer files. Statewide, the Area Agencies on Aging (AAAs) achieved very high compliance with the FE Waiver and with KDOA policies. When customer plans of care exceeded the average Medicaid cost of nursing facility care, staff reviewed those plans of care and worked with AAA staff to identify cost effective alternatives.
- Over 4,000 customers of HCBS and Targeted Case Management (TCM) services were interviewed by KDOA staff during FY99.

Nursing Facilities

- The Department provided Medicaid funding for 16,329 nursing facility residents across the state for FY99, which reflects a decrease from 16,913 for FY98, and 17,050 for FY97.
- During FY99, there were 2,206 persons who were assessed for potential nursing facility placement, but who continued to reside in community settings. Since an average of 52% of nursing facility admissions are Medicaid eligible on the day they enter a nursing facility, the 2,206 customers who were diverted could be expected to result in 1,147 persons whose nursing facility costs would have been paid by Medicaid. The Medicaid savings in diverting 1,147 persons for one month each, is estimated at \$1.9 million.
- The number of Medicaid nursing home days avoided because of customer participation in the Senior Care Act program was 327,581, with an estimated net savings in SGF of \$2.6 million.

Health Insurance Counseling

- The Senior Health Insurance Counseling for Kansas (SHICK) program resulted in more than \$1.27 million in savings for elderly and disabled Kansans during the federal fiscal year that ended September 30, 1999. The SHICK program, funded by KDOA and operated by the Kansas Insurance Department, via a grant with KDOA, uses trained volunteers to help Medicare eligible Kansans deal with the often-perplexing Medicare rules and forms. Without this program, seniors and disabled Kansans on fixed incomes would have spent nearly \$1.3 million more on prescriptions and insurance premiums during FY99 -- an increase of 37 percent over the savings that SHICK found for Kansans on Medicare during 1998. SHICK helped more than 7,000 seniors and disabled Kansans during fiscal year 1999, an increase of 55 percent over FY98.

Management Information Systems

- During 1999, KDOA worked on developing the Kansas Aging Management Information System (KAMIS) for use by AAAs, service providers for Aging programs, and KDOA staff. KAMIS will replace the Client Assessment and Referral System (CARS), an older system which has problems. KAMIS will use Internet technology to provide low-cost, high-function

service anywhere in Kansas. With KAMIS in place, KDOA will be able to readily adapt its business practices to satisfy demands of a growing, changing customer population. Full implementation is anticipated by March, 2000.

Advocacy

- Provided coordination and technical support to a very successful session of the Silver Haired Legislature.
- The state-wide toll-free help-line received 1,030 calls during 1999. Over 7,500 requests for resource material were also received.
- Legal Services Providers presented workshops and held 106 community education programs to over 2,248 Kansas seniors during 1999. The top categories were wills and estate planning, powers of attorney, and debt collection. Distributed over 4,000 legal guides to seniors.
- Trained over 200 Kansas seniors in how to use the Internet as a resource for independence.
- Trained over 800 Kansas seniors in grassroots legislative advocacy.
- Initiated computer with Internet service in one Kansas Senior Center as a demonstration project, in cooperation with the Kansas Senior Center Directors Association.
- Published and distributed over 60,000 *Explore Your Options*, a publication to assist seniors in accessing services in their area of the state.
- Reached over 1,000 persons per day through the KDOA website.
- Conducted two statewide symposia on Alzheimer's and Strokes, in cooperation with the University of Kansas Medical School, the Alzheimer's Association, and the Stroke Project.
- Sponsored six intensive training sessions in elder protection/elder rights issues for professionals in Kansas.
- Over 5,800 volunteers participated in the Retired Senior Volunteer Program (RSVP), providing over 866,000 hours of volunteer service.

Reorganization

- The agency recently announced Phase One of its administrative reorganization. Benefits include: integrated policy development and service delivery coordination, increased organizational development and training, improved communication, decision-making from the ground up, and a streamlined administrative and management structure.

Year-End Issues

The following issues are several identified by a consortium of advocacy groups, Area Agencies on Aging, and direct customers of the Department:

- Volunteerism.

KDOA is looking into ways that volunteers from the community may be able to perform some of the services provided through KDOA programs in lieu of paid service providers. Chore services and some attendant care services provided under these programs do not require skilled or trained workers, and may be able to be performed by volunteers, thus making the programs more cost-effective.

- Retention of nursing facility staff.

The 1999 Legislature passed and the Governor signed into law Senate Bill 126, which creates the Quality Enhancement Wage Pass-Through Program for nursing facilities as a part of the Kansas Medicaid program. Nursing facilities and intermediate care facilities for the mentally retarded that elect to participate are allowed a payment option of up to \$4.00 per resident day to increase salaries or benefits, or both, for those employees eligible under the provisions of the new legislation.

- Combination of Senior Care Act and Income Eligible Programs.

The combination of the Senior Care Act and Income Eligible programs is under review to determine if the programs can be combined, and if combined, can save overhead/administration costs. A team at KDOA has met to discuss the possibility, and reviewed the current Kansas Administrative Regulations (KARs) to make the necessary changes, should the combination of the two programs be approved by the Legislature.

- Meeting the Needs of Rural Kansans.

We know that one-fourth of America's population lives in rural areas. Compared with urban Americans, rural residents have higher poverty rates, a larger percentage of elderly, tend to be in poorer health, have fewer doctors, hospitals, and other health resources, and face more difficulty getting to health services. We must look for ways to improve access to care, to attract primary care physicians and other health care providers to rural areas, to increase our health promotion and disease prevention efforts, and to organize our services for vulnerable seniors in rural areas of Kansas.

- Impact of Baby Boomers.

Americans are living longer and their transition into senior life will not simply be a matter of greater numbers. It will have a dramatic impact on the policies, economics and social structures of the future. Policy makers at all levels need to ensure there are resources,

programs, and policies in place to provide much needed support and information for an increasingly older population.

Currently, Kansas is fifth in terms of states with the highest percentage of residents over the age of 85. Kansas is eleventh in the nation in terms of states with the highest percentage of residents over 65 years of age. By the year 2010, 14% of the Kansas population will be over the age of 65. To put that into better perspective, one in five Kansans will be over the age of 65 by 2020.

We must work together to find ways not only to care for those with long-term care needs, but also to support the caregivers. KDOA and the aging network must focus on providing the best possible long-term care services.

- Mental Health and Substance Abuse among older Americans.

Among the issues that cannot be ignored which affect a senior's health are substance abuse and mental health. These issues are a much bigger problem than most people realize. Substance abuse involves up to 17% of older Americans and mental health issues are facing up to 25% of our seniors. A new area of focus for the Kansas Department on Aging will be to find ways to promote awareness and understanding about the issues and identify ways to help aging services and mental health and substance abuse professionals work together.

Future Direction of KDOA

We must seek to coordinate and collaborate with other state agencies that serve our customers, including the Kansas Department of Social and Rehabilitation Services (SRS), the Kansas Department of Health and Environment (KDHE), the Kansas Insurance Department, the Long-Term Care Ombudsman, and others. We must improve our communication with all our partners, and most importantly, with our customers. We will be re-examining our focus, our management techniques, service delivery systems, and internal structure. Identifying the situation is only part of the solution. We must also now equip ourselves with the tools to address the needs of tomorrow. For that reason, we have formed a partnership with the Kassebaum Center for Gerontology at the University of Kansas Medical School, to develop a map that will envision the sociographic and demographic landscape of the next three decades.

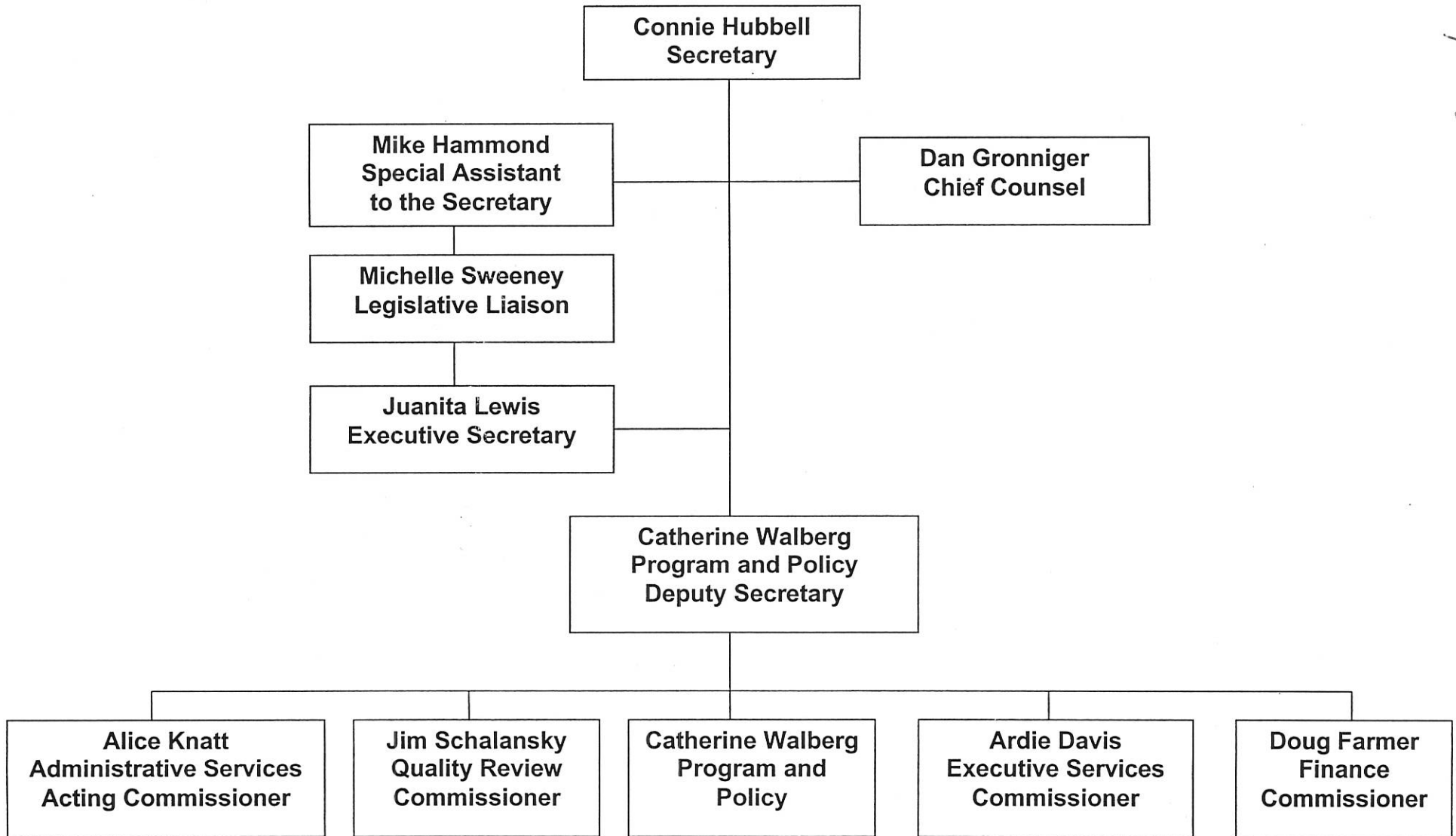
There are three primary goals that will serve as the driving force for KDOA:

1. To develop and support an integrated system of long-term care services that will maximize individual choice in care, ensure appropriate placement, and effectively leverage our resources.
2. To develop proactive public information initiatives to inform and educate Kansans about aging issues, and to enhance KDOA's visibility and our efforts to help provide for the needs of our elders.

3. To increase the effectiveness and efficiency of the service delivery system through improved management and accountability at all levels.

Revised 01/13/00

KDOA Reorganization



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