

Approved: February 1, 2001
Date

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Garry Boston at 1:30 p.m. on January 22 in Room 210 Memorial Hall.

All members were present except:

Committee staff present: Dr. Bill Wolff, Kansas Legislative Research Department
Norman Furse, Revisor of Statute's Office
June Evans, Secretary

Conferees appearing before the committee:

Others attending: See Attached Sheet

The Chairperson stated the seating arrangement was temporary and if anyone has a problem hearing or some other problem with their seating, see June or me after the meeting and we will assign permanent seating later.

The Chairperson asked for bill introductions.

Representative Showalter moved and Representative Boston seconded a conceptual motion to have bill introduced to have medications sent to the floor by hospital pharmacists or outside pharmacies being sent to patients in the hospital or long-term care facility and when those medications are sent, if a name brand is requested, and a generic brand is sent, those medications should be labeled "to be used as" or words to that affect to cut down on medication errors. The motion carried.

Vice Chairperson Morrison moved and Representative Boston seconded to have bill drafted expanding the types of infectious diseases that a court could order an inmate tested for in the event a corrections employee is exposed to that inmate's body fluids and expand the definition of corrections employees to include employees of contractors who provide services in a corrections institution. The motion carried

Representative Boston moved and Representative Morrison seconded a bill be introduced requested by the Board of Cosmetology having to do with tattooing and body piercing. The motion carried.

Secretary Schalansky gave an overview of the Kansas Department of Social and Rehabilitation Services stating the mission was to protect children and promote adult self-sufficiency. The key policy initiatives are: implementing mental health initiative 2000, blending medicaid and health wave: creating a single health plan for low-income Kansans, eliminating the waiting period for health wave, expanding coverage for women diagnosed with breast or cervical cancer and increasing community access for persons in nursing facilities for mental health. The Department does a lot of contracting for programs across the state. (See Attachment 1).

Representative Flaharty asked who makes the decision when removing children from the home?

Secretary Schalansky stated the statutes does not allow one person to make that decision. SRS can not take children away. If it is felt there is an emergency we have to go thru law enforcement to remove the children then the law allows that within 72 hours there be a hearing before a judge and then whomever did the reporting goes before that judge before the final decision is made. There are huge checks and balances in the system as to who make that decision.

Joyce Allegrucci, Assistant Secretary, Children and Family Policy, said the investigation is led by a social worker and a supervisor. Those cases are all reviewed by more than one person. The county attorney

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 210, Memorial Hall at 1:30 p.m. on January 22.

prepares paperwork for removal of the child. Each child has a guardian appointed to represent them and in some cases the parents also have an attorney. There are huge checks and balances. We don't really have a concise guideline of the law and will come up with a guideline.

Representative Wells asked who would be establishing the guidelines; the federal or state government?

Secretary Schalansky stated the federal government usually sets the broad framework and gives broad guidelines that can provide this kind of coverage and the state writes a safe plan for Medicaid and say of the cafeteria choices given, this is how our state wants to do that. Some of them go further than our state plan and would require statutory change by giving us the broad perimeters. We probably are conservative and do not provide services as the federal government would allow.

Representative Long asked what the administrative cost of SRS was?

Secretary Schalansky replied the administrative employee count was 875 with a total of 6,398.6. It is hard to calculate. Administrative costs are figured at 5%. We do contracting out so therefore do not have as much administrative costs as if we were doing it all directly.

Representative Welshimer stated she had received letters in which the court appointed attorney represented the SRS and the child – what is the deal?

Secretary Schalansky replied she could not see a situation where the court appointed attorney would represent both the child and SRS. There is the district attorney that represents the state's interest, the child is appointed an attorney and the parent usually hires their own attorney, but could be court-appointed so the child and the parent each could have an attorney. Can't think of a situation where the attorney would represent the state and the family. Would be glad to track down a family if you have a certain situation.

Representative Welshimer asked the percentage of children returned to the homes with parents after receiving some help on parenting skills?

Secretary Schalansky replied it is 40% in Wichita, but 60-70% in other parts of the state.

Representative Storm asked what the average time was for reintegration?

Secretary Schalansky replied 33 months for federal and 13 months for Kansas. A new study is being conducted on this now.

Representative Storm asked if reintegration was being done in installments?

Secretary Schalansky replied, yes, some, but we are better than the national average but not as good as we want to be. There is a public/private partnership and numbers are looking better. We are better than the national average as we have a good school system, the kids do well and because we are very rural and the public/private partnership and have people that are able to concentrate on child protective services, adoption and foster care.

Representative Lightner asked what the policy of SRS was in regard to administering anti-depressants?

Secretary Schalansky said it was not necessarily something we would be able to have control over. We do have some goals and outcomes related to not wanting to use chemical restraint and that sort of thing.

Joyce Allegruci stated there were no real recommendations because we try to follow the recommendations of the child's physician. In regard to chemical restraint, we try to be very careful to not over medicate. As far as a policy we do not have a specific policy because we try to follow the child's physician's recommendations.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 210, Memorial Hall at 1:30 p.m. on January 22.

Representative Lightner stated this summer she had a constituent whose child was put in SRS custody and during that time the child wanted to go home and their answer to that was to put her on antidepressants and they called the mother and tried to get her permission because she had never signed the medical authorization form and the mother was firmly against it and they still went ahead to put her on these antidepressants. I was wondering, do they check with the child's physician beforehand or is it a determination made by whoever the contractor is.

Secretary Schalansky said the child's social worker would not have the option - are not legally able to prescribe so that would have had to come from the child's physician or possibly from a medical director if they are in a group home and they have the ability to prescribe for that child. Many times those children are in the custody of the Secretary but they remain children of the parents and try to involve them whenever possible, and if the parents disagree, often times we have to go to court to override that. Again, it depends on the age of the child.

Joyce Allegrucci said if you know of a specific case we would like to know and explore that case.

Representative Lightner said that would be great because this child remained on this medication until she got home with the mother and had problems like memory loss and other little things and it wasn't until they took her off the medication that she became herself again.

Representative Lightner asked what SRS was doing to keep the family and the child, once they are taken into custody, in the same locale? In my area a child was shipped off to Chanute and the mother did not even know where she was for a couple of weeks.

Secretary Schalansky stated we try to keep the children in their hometown and local school district if at all possible but it sometimes is not possible. Sometimes it is to the child's benefit not to be enrolled in that school district and whatever. If they are to be reintegrated they need to be close to where the family can have visits and possibly have family therapy together, etc. Our goal is to have 70% of the children in their home county and that varies when talking about the metro area of Kansas City or talking about Norton county in midwest Kansas.

The Chairperson stated all members received a dinner invitation for February 19 and please disregard. It has been determined the House Health and Human Services Committee will not be entertained at any dinners this session.

The meeting adjourned at 3:05 p.m. and the next meeting will be January 23.

Health & Human
Services
1-22-01
Atch #1

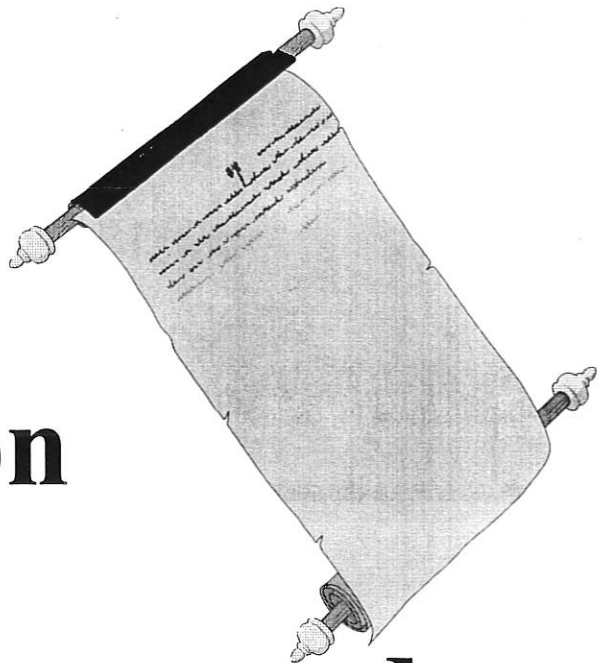
House Health and Human Services Committee

Agency Overview

Janet Schalansky, Secretary

January 22, 2001

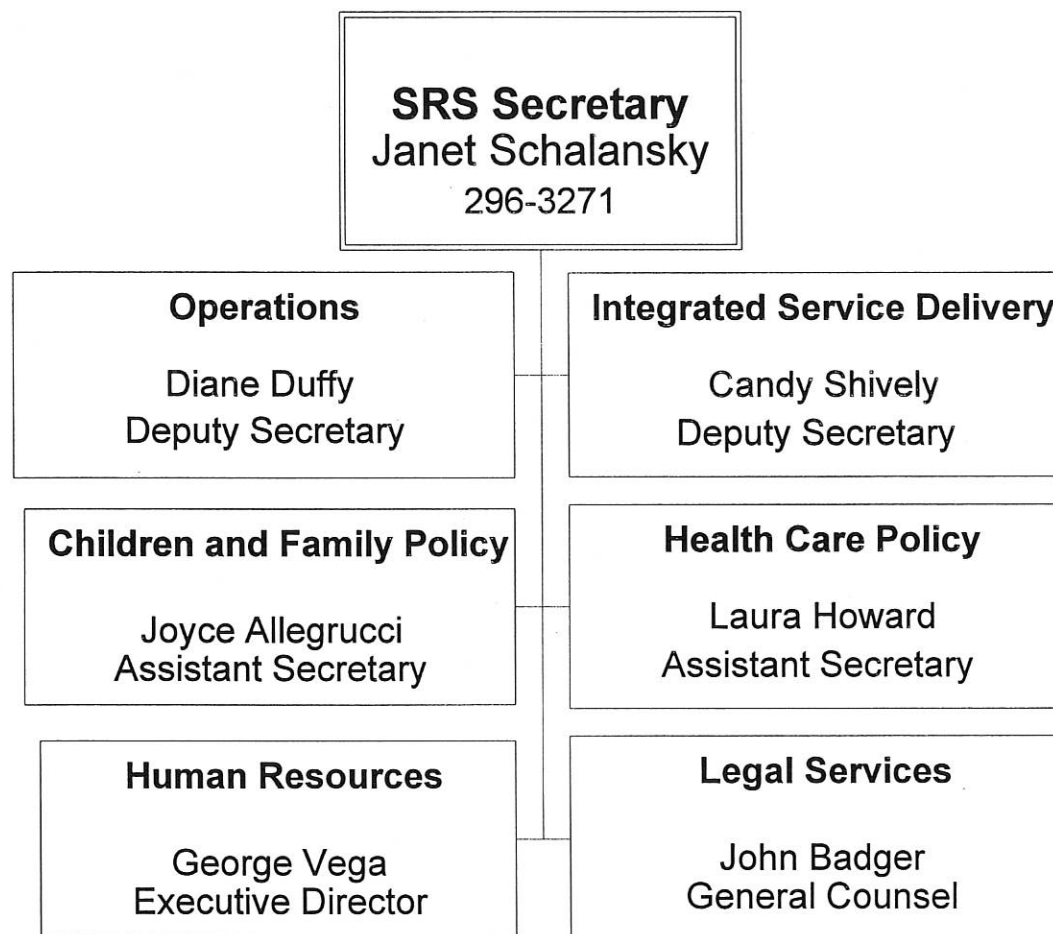
Kansas Department of Social and Rehabilitation Services



SRS Mission

To Protect Children and Promote Adult Self-Sufficiency

Department of Social and Rehabilitation Services



■ Who is SRS?

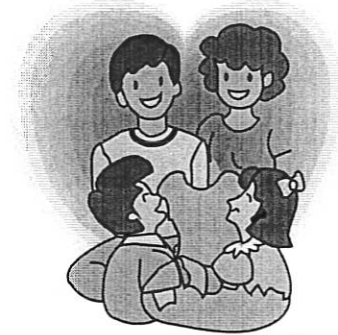
- ▶ Agency of people
- ▶ Agency of learners
- ▶ Agency of evolving roles

■ What is SRS?

- ▶ A leader in human services
- ▶ A major purchaser of social and medical services

■ Where Are We Headed?

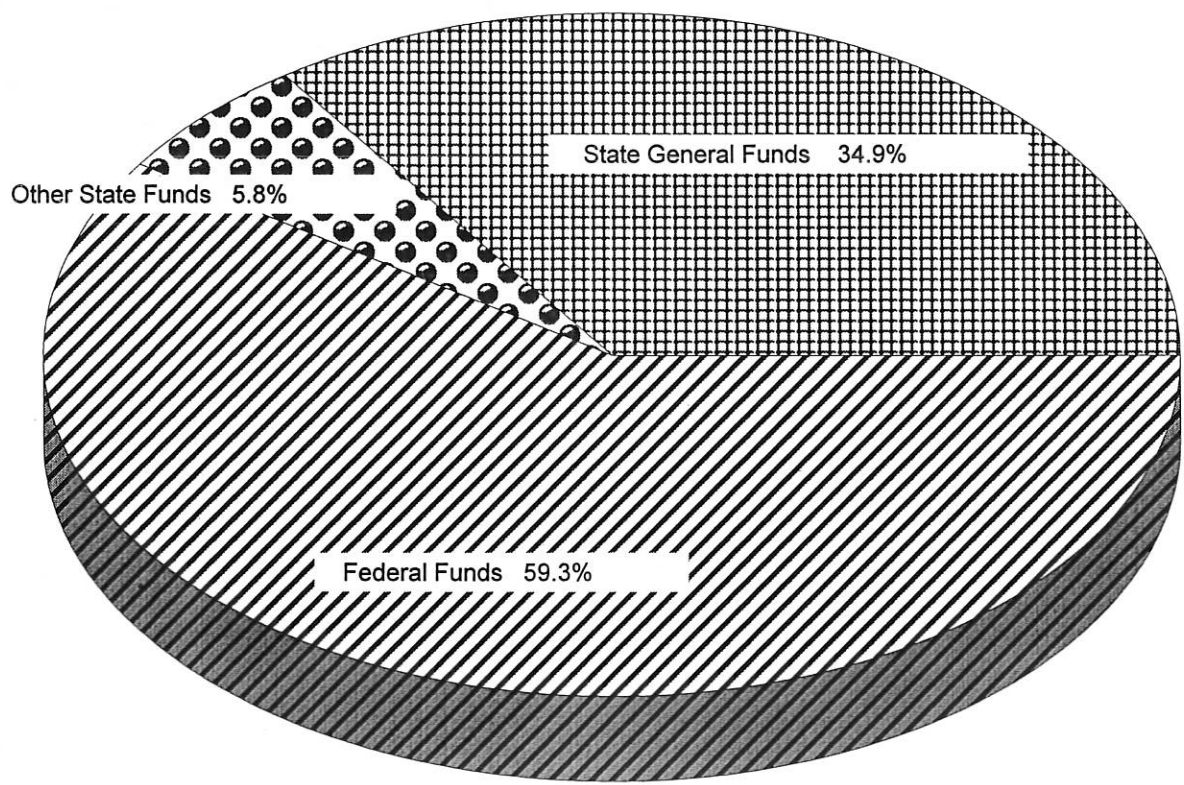
- ▶ To be a resource, not a last resort
- ▶ To be anti-bureaucratic and flexible
- ▶ To be a change agent in community systems and people's lives
- ▶ To be a positive and innovative employer



Faces of the Kansas Department of Social and Rehabilitation Services

SRS Expenditures by Revenue Source

FY 2002 Budget (GBR)

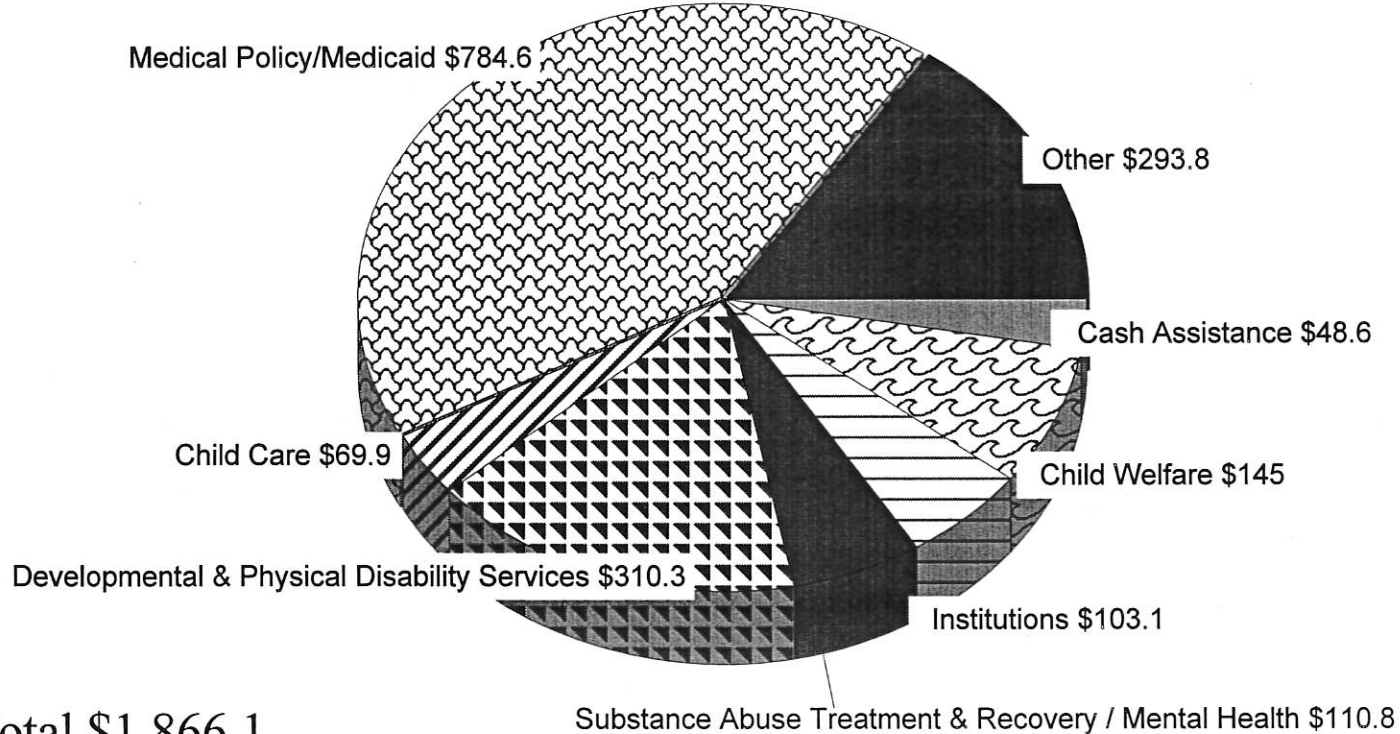


Total \$1866.1 (in millions)
Totals may not add due to rounding

1-6

SRS Expenditures by Service

FY 2002 Budget (GBR)
In millions



Total \$1,866.1

Totals may not add due to rounding

Summary of Assistance and Expenditures

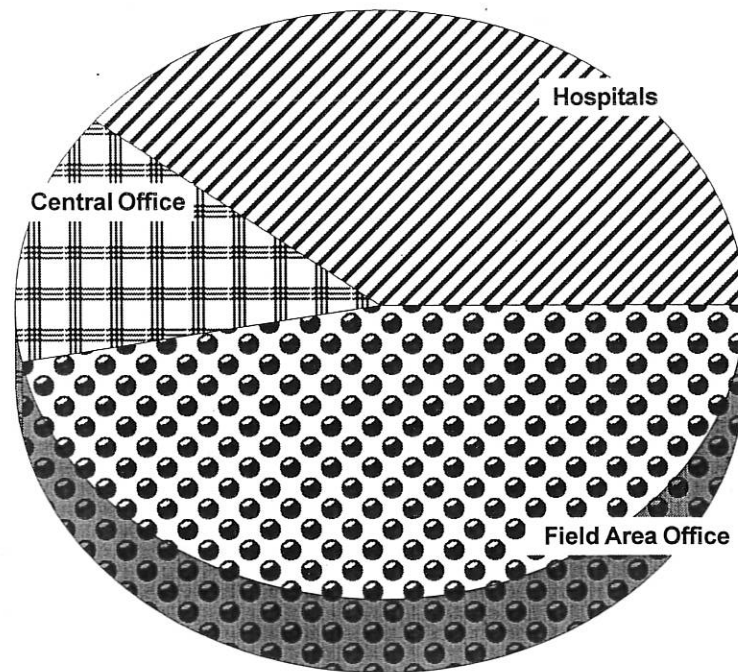
	FY 2000 Actual Number Served	FY 2000 Actual Expenditures
Kansans Receiving Cash Assistance		
Temporary Assistance for Families (TAF)	30,692	\$42.7
General Assistance	2,220	\$4.2
Refugee Assistance	17	\$0.3
Kansans Receiving Medical Assistance		
Title XIX Health Services	188,394	\$608.1
- Inpatient Hospital	4,494	\$148.9
- Outpatient Hospital	20,133	\$18.2
- Pharmacy	70,265	\$169
- Physician Services	54,078	\$57.2
- All Other Categories	39,424	\$214.8
Title XXI HealthWave	14,792	\$24.5
Mental Health Services	42,130	\$68.4
State Mental Health Hospitals	479	\$57.7
Substance Abuse Treatment and Recovery	1,083	\$14.7
Developmental Disability Services	5,477	\$216
Developmental Disability Hospitals	379	\$46.2
Other Community Based Services	3,320	\$57.3
Kansans Receiving Other Services		
Food Stamps	110,619	\$81.4
Foster Care	5,488	\$84.4
Adoption/ Alternative Permanencies	1,395	\$21.9
Child Care	14,524	\$44.2
Work Programs	7,929	\$7
Low Income Energy Assistance	26,143	\$9.3
Rehabilitation Services	7,718	\$22.9

(Not an all inclusive list of services)

(Millions)

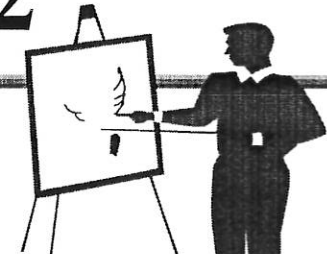
SRS Full Time Employee Count

	FTE 2002
Central Office	875.8
Field Office	3,002.7
Hospitals	2520.1
Kansas Neurological Institute	655.5
Larned State Hospital	741.8
Osawatomie State Hospital	477.4
Parsons State Hospital & TC	513
Rainbow Mental Health Facility	132.4
Total	6,398.6



Highlights for FY 2002

Key Policy Initiatives



- Implementing Mental Health Initiative 2000
- Blending Medicaid and HealthWave: Creating a single health plan for low-income Kansans
- Eliminating the Waiting Period for HealthWave
- Expanding Coverage for Women Diagnosed with Breast or Cervical Cancer
- Increasing Community Access for Persons in Nursing Facilities for Mental Health (NF-MH)



Highlights for FY 2002

Key Budget Investments

- Access to Child Care Subsidy Program
- Access to Dental Care for Children
- Access to Community-Based Services for Persons with Developmental Disabilities
- Access Community-Based Services for Persons who are Physically Disabled
- Planning for Facility Needs of the Sexual Predator Treatment Program and State Security Hospital
- Supports for Consensus Caseload Estimates (Financial Assistance, Foster Care, Adoption, Medicaid)

Emerging Issues

- Human Services Workforce Issues
- Changing Role of Medicaid
- Continued Welfare Reform Efforts
- Impact of Tax and Economic Policies for Low-Income Kansans
- Federal Reauthorization of Programs