

MINUTES OF THE HOUSE APPROPRIATIONS COMMITTEE

The meeting was called to order by Chairman Melvin Neufeld at 9:00 a.m. on February 18, 2004 in Room 514-S of the Capitol.

All members were present.

Committee staff present:

J. G. Scott, Legislative Research
Amy VanHouse, Legislative Research
Leah Robinson, Legislative Research
Melissa Calderwood, Legislative Research
Amy Deckard, Legislative Research
Jim Wilson, Revisor of Statutes
Mike Corrigan, Revisor of Statutes
Nikki Feuerborn, Administrative Analyst
Shirley Jepson, Committee Secretary

Conferees appearing before the committee:

Others attending:

See Attached List.

- Attachment 1 Budget Committee Report on Governmental Ethics Commission and Department of Administration
- Attachment 2 Testimony on **HB 2666** by Representative Tom Sloan
- Attachment 3 Balloon for **HB 2666** offered by Representative Sloan
- Attachment 4 Testimony on **HB 2666** by Representative Becky Hutchins
- Attachment 5 Testimony on **HB 2666** by Carol Foreman, Deputy Secretary, Department of Administration
- Attachment 6 Testimony on **HB 2666** by Abe Rezayazdi, van pool participant
- Attachment 7 Testimony on **HB 2666** by Shawn Howell, van pool participant
- Attachment 8 Testimony on **HB 2666** by Jan Sides, State Employees Association of Kansas
- Attachment 9 Testimony on **HB 2666** by Andy Sanchez, Executive Director, Kansas Association of Public Employees
- Attachment 10 Testimony on **HB 2666** by Charles Benjamin, Attorney on behalf of the Kansas Chapter of the Sierra Club
- Attachment 11 Budget Committee Report on Department on Aging
- Attachment 12 Final Report, Project Steering Committee on the Future of Kansas Mental Health Hospitals

Representative Shriver, member of the House General Government and Commerce Budget Committee, presented the Budget Committee report on the Governor's budget recommendations for the Governmental Ethics Commission for FY 2004 and FY 2005 and moved for the adoption of the Budget Committee recommendations for FY 2004 and FY 2005 (Attachment 1). Motion was seconded by Representative Pottorff. Motion carried.

Hearing on HB 2666 - Repealing statute allowing department of administration to terminate the van pool program.

Chairman Neufeld recognized Leah Robinson, Legislative Research Department, who explained that **HB 2666** addresses the State van pool program. In January 2004, the Department of Administration (DOA) announced that the program would be phased out. Under current law, the DOA has the statutory authority to make that decision. **HB 2666** would repeal the statutory authority of the DOA to phase out the van pool program.

The Chair recognized Barb Hinton and Chris Clarke, Legislative Post Audit, who presented an overview of the Performance Audit Report on Kansas' Central Motor Pool with reference to the van pool (Page 8 - 10 of the audit report; copy of the audit report is available from Legislative Post Audit). The Committee noted that the van pool program was authorized in 1980 and the bulk of funding for the program came from federal

CONTINUATION SHEET

MINUTES OF THE HOUSE APPROPRIATIONS COMMITTEE at 9:00 a.m. on February 18, 2004 in Room 514-S of the Capitol.

transportation funds.

Chairman Neufeld recognized Representative Tom Sloan, who presented testimony in support of **HB 2666** (Attachment 2) and a suggested balloon that amends the bill to clarify the riders, fees charged to the riders, personal use of the van by the driver, and termination of the program (Attachment 3). Responding to questions from the Committee, Representative Sloan explained that there are multiple designated drivers for each van with approximately 12 - 15 riders per van.

The Chair recognized Representative Paul Davis, who testified in support of the legislation. Representative Davis noted that he and Representative Sloan had worked with the Department of Administration in developing the balloon.

Chairman Neufeld recognized Representative Becky Hutchins, who presented testimony in support of **HB 2666** (Attachment 4). In response to a question from the Committee concerning the thirty riders who do not work for the State of Kansas, the Chair recognized Abe Rezayazdi, van pool participant, who stated that these riders work at Blue Cross-Blue Shield, Santa Fe and other downtown businesses and pay the same fees as state workers. The Committee noted that because of the 75 percent federal funding to start the program, it was designated as public transportation and not limited to state employees.

Chairman Neufeld recognized Carol Foreman, Deputy Secretary, Department of Administration (DOA), who presented testimony on the proposed amended language of **HB 2666** (Attachment 5). Ms. Foreman stated that the deciding factor in phasing out the van pool program involved whether the State should be in the business of public transportation. Ms. Foreman indicated that the proposed amendment does address the concerns of DOA. Responding to a question from the Committee, Ms. Foreman noted that DOA is still reviewing a new fee schedule but felt that the new fee would not be significantly higher than the present fee. The phase-out program, which was proposed by DOA, would take approximately four to five years to complete. The Committee expressed concern about the State being exposed to a high liability in case of an accident with a state-owned van. Ms. Foreman indicated that the vans are driven approximately 95,000 miles before being replaced. Responding to questions from the Committee, Ms. Foreman stated that the department is researching a lease program for the vans by obtaining funds from the master lease program to be loaned to the Central Motor Pool for purchase of the vans. Rider fees charged would offset this expense. Responding to a question from the Committee, Ms. Foreman stated that the depreciation fee charged to riders to offset the purchase of new vans, has been co-mingled with operation moneys used to fund the Central Motor Pool and that the Department has not been able to identify these funds. Because these fund balances have been swept into other funds, the balance is zero at this time. With regards to the State's liability and worker's compensation, Ms. Foreman was unsure as to how liable the State might be in case of an accident. The Chair thanked Ms. Foreman for her testimony.

The Chair recognized Abe Rezayazdi, van pool participant and driver, who presented testimony in support of **HB 2666** (Attachment 6).

Chairman Neufeld recognized Shawn Howell, van pool participant and driver, who presented testimony in support of **HB 2666** (Attachment 7). Responding to a question from the Committee, Mr. Howell indicated that he did not receive a salary as driver of a van; however, pays one-fourth of the regular rider fee.

The Chair recognized Jan Sides, State Employees Association of Kansas, who presented testimony in support of **HB 2666** (Attachment 8).

The Chair recognized Andy Sanchez, Executive Director, Kansas Association of Public Employees, who presented testimony in support of **HB 2666** (Attachment 9).

Chairman Neufeld recognized Charles Benjamin, Attorney on behalf of the Kansas Chapter of the Sierra Club, who presented testimony in support of **HB 2666** (Attachment 10).

Chairman Neufeld closed the hearing on **HB 2666**.

CONTINUATION SHEET

MINUTES OF THE HOUSE APPROPRIATIONS COMMITTEE at 9:00 a.m. on February 18, 2004 in Room 514-S of the Capitol.

Representative Bethell, member of the House Social Services Budget Committee, presented the Budget Committee report on the Governor's budget recommendation for the Department on Aging for FY 2004 and moved for the adoption of the Budget Committee recommendations for FY 2004 (Attachment 11). Motion was seconded by Representative Landwehr. Motion carried.

Representative Bethell, member of the House Social Services Budget Committee, presented the Budget Committee report on the Governor's budget recommendation for the Department on Aging for FY 2005 and moved for the adoption of the Budget Committee recommendation with notations for FY 2005 (Attachment 11). Motion was seconded by Representative Landwehr.

Representative Bethell moved to amend the Budget Committee report, to add language indicating that the Budget Committee recommends leaving the recommendation in Item No. 2 to the jurisdiction of the Joint Committee on Information Technology. The motion was seconded by Representative McLeland. Motion carried.

Representative Feuerborn moved to amend the Budget Committee report and include language requesting that the Budget Committee review the formula and funding mechanism of the nutrition program prior to Omnibus. The motion was seconded by Representative Bethell. Motion carried.

The Committee requested information from the Department on Aging, with reference to Item No. 8 of the Budget Committee report, on the number of under-served and unserved on the waiting list for the FE Waiver and Senior Care Act.

Representative Bethell renewed the motion to adopt the Budget Committee report on the Department on Aging for FY 2005 as amended. The motion was seconded by Representative Ballard. Motion carried.

Representative Pottorff, member of the House General Government and Commerce Budget Committee, presented the Budget Committee report on the Governor's budget recommendation for the Department of Administration for FY 2004 and moved for the adoption of the Budget Committee recommendations for FY 2004 (Attachment 1). Motion was seconded by Representative Shriver. Motion carried.

Representative Pottorff, member of the House General Government and Commerce Budget Committee, presented the Budget Committee report on the Governor's budget recommendation for the Department of Administration for FY 2005 and moved for the adoption of the Budget Committee recommendations with observations for FY 2005 (Attachment 1). Motion was seconded by Representative Shriver.

Representative Landwehr moved to amend the Budget Committee report by adding language to Item No. 3: "In the event of station equipment failure, based on the request of KPBC relative to equipment needs, the Department of Administration is committed to assisting the station to restore transmission power." The motion was seconded by Representative Pottorff. Motion carried.

Representative Shultz moved to amend the Budget Committee report by adding language in Item No. 4 to allow the Joint Committee on State Building Construction to review and make recommendations prior to Omnibus. The motion was seconded by Representative Shriver. Motion carried.

Representative Pottorff renewed the motion to adopt the Budget Committee report on the Department of Administration for FY 2005 as amended. The motion was seconded by Representative Shriver. Motion carried.

The final report, prepared by the Department of Social and Rehabilitation Services (SRS), from the Project Steering Committee on the Future of Kansas Mental Health Hospitals, was distributed to the Committee (Attachment 12).

The meeting was adjourned at 10:40 a.m. The next meeting of the Committee will be held at 9:00 a.m. on February 19, 2004.


Melvin Neufeld, Chairman

HOUSE APPROPRIATIONS COMMITTEE

February 18, 2004

9:00 A.M.

NAME	REPRESENTING
Abe Rezayazdi	State Van Pool Riders
MICHAEL L. POMES	STATE VANPOOL RIDERS
EMILY WELLMAN	" " "
Karon Lowrey	State Van Pool Riders
Carolyn Middelborg	Is St Ns Area
Bonnie Spein	State Van Pool rider
Sally Moege	State Van Pool rider
Kathleen Twombly	State Van Pool riders
Karen Kelley	State Van Pool rider
Judica Montfort Rose	KCC
Charles Brunson	KDOT
Karen Watson	DPS
Mike Broadwell	DPS
Scott Miller	State Van Pool Rider
Earl Brynds	A+R Van Pool Driver
Ken Baker	Kansas Public Broadcasting Council
MASSI KELLY	K'S PUBLIC BROADCASTING COUNCIL
Janet Campbell	KANSAS Public Broadcasting Council
Shawn Howell	Van Pool Riders
Don M Ryan	S. E. A. H.
Sherry Simon	Van Pool Riders
Carol Skelton	Van Pool Rider
Rennie Leffler	DOB

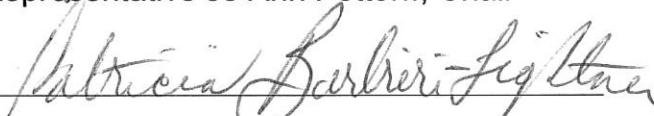
FY 2004 and FY 2005

General Government and Commerce Budget Committee


Governmental Ethics Commission
Department of Administration



Representative Jo Ann Pottorff, Chair



Representative Patricia Barbieri-Lightner



Representative Andrew Howell



Representative Annie Kuether

Representative Joe Shriver



Representative Tom Sloan



Representative Dan Thimesch

HOUSE APPROPRIATIONS

DATE 2-18-2004
ATTACHMENT 1

House Budget Committee Report

Agency: Governmental Ethics Commission **Bill No.**

Bill Sec.

Analyst: Deckard

Analysis Pg. No. Vol. 1-697 **Budget Page No.** 487

<u>Expenditure Summary</u>	<u>Agency Estimate FY 04</u>	<u>Governor's Recommendation FY 04</u>	<u>House Budget Committee Adjustments</u>
State General Fund	\$ 453,621	\$ 453,621	\$ 0
Special Revenue Funds	129,850	129,850	0
TOTAL	<u>\$ 583,471</u>	<u>\$ 583,471</u>	<u>\$ 0</u>
FTE Positions	9.0	9.0	0.0
Non FTE Uncl. Perm. Pos.	0.5	0.5	0.0
TOTAL	<u>9.5</u>	<u>9.5</u>	<u>0.0</u>

Agency Estimate/Governor's Recommendation

The agency estimate for FY 2004 expenditures is \$583,471, with \$453,621 from the State General Fund. This is a decrease of \$1,015 or 0.8 percent from the FY 2004 approved amount. The fee funds that will not be utilized, \$983, will be carried over in the fee fund for use in future years. The remainder, \$32, is SGF money that was part of the amount reappropriated (\$15,829) and will not be utilized.

The Governor recommends \$583,471 for FY 2004, the same as the agency request.

House Budget Committee Recommendation

The House Budget Committee concurs with the Governor's recommendation.

House Budget Committee Report

Agency: Governmental Ethics Commission **Bill No.**

Bill Sec.

Analyst: Deckard

Analysis Pg. No. Vol. 1-697

Budget Page No. 487

Expenditure Summary	Agency Request FY 05	Governor's Recommendation FY 05	House Budget Committee Adjustments
State General Fund	\$ 466,756	\$ 474,169	\$ 0
Special Revenue Funds	132,446	135,954	0
TOTAL	\$ 599,202	\$ 610,123	\$ 0
FTE Positions	9.0	9.0	0.0
Non FTE Uncl. Perm. Pos.	0.5	0.5	0.0
TOTAL	9.5	9.5	0.0

Agency Request/Governor's Recommendation

The **agency** requests expenditures of \$599,202 which is \$3,591 or 0.6 percent above the approved amount. The entire amount is attributable to family health insurance coverage for an employee for FY 2005.

The **Governor** recommends \$610,123 for FY 2005, including \$474,169 from the State General Fund. The recommendation includes the funding for the increase in health insurance coverage of \$3,591 as requested by the agency. In addition, the recommendation includes an increase of \$12,732 (including \$9,227 State General Fund) for the three percent pay plan increase and a reduction of \$1,811 State General Fund for the BEST recommendations.

Under the Governor's FY 2005 **statutory budget** recommendation, the Governor's recommendation for this agency's budget would have to be reduced by an additional \$70,225 State General Fund.

House Budget Committee Recommendation

The House Budget Committee concurs with the Governor's recommendation.

House Budget Committee Report

Agency: Department of Administration **Bill No.** **Bill Sec.**

Analyst: Robinson **Analysis Pg. No.** Vol. 1 - 534 **Budget Page No.** 13

Expenditure Summary	Agency Estimate FY 04	Governor's Recommendation FY 04	House Budget Committee Adjustments
Operating Expenditures:			
State General Fund	\$ 16,045,910	\$ 16,075,910	\$ 0
Other Funds	2,471,832	2,721,832	0
Subtotal - Operating	\$ 18,517,742	\$ 18,797,742	\$ 0
Capital Improvements:			
State General Fund	\$ 3,936,362	\$ 3,936,362	\$ 0
Other Funds	646,594	646,594	0
Subtotal - Cap. Impr.	\$ 4,582,956	\$ 4,582,956	\$ 0
TOTAL	\$ 23,100,698	\$ 23,380,698	\$ 0
FTE Positions			
Reportable Budget	246.3	246.3	0.0
Nonreportable Budget	643.1	643.1	0.0
Subtotal - FTE	889.4	889.4	0.0
Non FTE Perm. Uncl. Pos.	22.1	22.1	0.0
TOTAL	911.5	911.5	0.0

Agency Estimate/Governor's Recommendation

Reportable Budget

The **agency's** current year estimate of **reportable** expenditures is \$18.5 million, a net increase of \$409,238 from the approved budget. The agency estimates FY 2004 State General Fund expenditures of \$16.0 million, or \$411,805 above the amount approved by the 2003 Legislature. The differences between the approved amount and the agency's revised estimate are an **unlimited reappropriation** of FY 2003 State General Fund savings which exceeded the anticipated reappropriation by \$313,686 and is available for expenditure without any further legislative action, additional SGF funding of \$98,119 under the **Kansas Savings Incentive Program**, and miscellaneous net adjustments in requested expenditures from other funds totaling \$2,567.

The **Governor's** current year estimate of **reportable** expenditures is \$18.8 million, a net increase of \$689,238 from the approved budget. The Governor recommends FY 2004 State General Fund expenditures of \$16.1 million, or \$441,805 above the amount approved by the 2003 Legislature. The Governor's recommendation concurs with the agency's revised estimate with the following adjustments:

- **The Governor** adds an additional \$30,000 from the State General Fund to provide for additional sales tax costs that are being experienced by contractors that have bids with the state.
- **The Governor** recommends \$250,000 from the Budget Fee Fund for the operation of the Governor's Office of Health Planning and Finance.

Nonreportable Budget

The **agency** estimates current year nonreportable operating expenditures of \$95.9 million, a reduction of \$7.2 million from the amount approved by the 2003 Legislature. **The Governor's recommendation** totals \$94.0 million, a reduction of \$1.9 million from the agency's revised estimate.

House Budget Committee Recommendation

The House Budget Committee concurs with the recommendations of the Governor.

House Budget Committee Report

Agency: Department of Administration

Bill No.

Bill Sec.

Analyst: Robinson

Analysis Pg. No. Vol. 1 - 534

Budget Page No. 13

Expenditure Summary	Agency Request FY 05	Governor's Recommendation FY 05	House Budget Committee Adjustments
Operating Expenditures:			
State General Fund	\$ 17,256,420	\$ 15,811,265	\$ 0
Other Funds	2,441,255	2,878,032	0
Subtotal - Operating	\$ 19,697,675	\$ 18,689,297	\$ 0
Capital Improvements:			
State General Fund	\$ 36,185,744	\$ 4,483,886	\$ 0
Other Funds	313,323	313,323	0
Subtotal - Cap. Impr.	\$ 36,499,067	\$ 4,797,209	\$ 0
TOTAL	\$ 56,196,742	\$ 23,486,506	\$ 0
FTE Positions			
Reportable Budget	246.1	206.1	0.0
Nonreportable Budget	643.3	601.9	0.0
Subtotal - FTE	889.4	808.0	0.0
Non FTE Perm. Uncl. Pos.	22.1	22.1	0.0
TOTAL	911.5	830.1	0.0

Agency Request/Governor's Recommendation

Reportable Budget

The **agency** requests an FY 2005 **reportable** operating budget of \$19.7 million, an increase of \$1.2 million (6.4 percent) from the revised current year estimate.

- The request includes operating enhancements totaling \$1.3 million from the State General Fund. **Absent that request**, the agency's request would be a reduction of \$105,843, or 0.6 percent, from the revised current year estimate.
- The agency submitted a reduced resources package of operating adjustments totaling \$953,135 from the State General Fund.

The Governor recommends an FY 2005 **reportable** operating budget of \$18.7 million, a reduction of \$108,445 (0.6 percent) from the revised current year recommendation. The Governor's recommendation is a reduction of \$1.0 million from the amount requested by the agency.

- The recommendation includes operating enhancements totaling \$778,915 from the State General Fund, representing the debt service interest payment on Phase 2 of the Statehouse Renovation project.
- In addition to the Budget Efficiency Savings Teams (BEST) reductions totaling \$3,172,244 (\$185,962 from the State General Fund), the Governor accepts a portion of the reduced resources package submitted by the agency. The Governor's recommended reduction package totals \$526,539.
- The Governor's recommendation includes the reduction of 40.2 reportable **FTE positions**, which involves the elimination of a number of vacant positions.

Under the Governor's FY 2005 **statutory budget** recommendation, the Governor's recommendation for this agency's budget would have to be reduced by an additional \$3,005,752 State General Fund.

Nonreportable Budget

The **agency** requests an FY 2005 **nonreportable** operating budget of \$100.9 million, an increase of \$5.0 million (5.2 percent) from the revised current year estimate. The agency's request includes **enhancements** totaling \$1.8 million. **Absent the requested enhancements**, the agency's request would be \$99.1 million, an increase of \$3.2 million, or 3.3 percent.

The **Governor** recommends an FY 2005 **nonreportable** operating budget of \$93.5 million, a reduction of \$464,776 (0.5 percent) from the revised current year recommendation. The Governor's recommendation is a reduction of \$7.4 million from the amount requested by the agency. The Governor recommends one of the agency's requested **enhancements** totaling \$150,000. The Governor's recommendation includes the elimination of 41.2 FTE positions, related to the elimination of a number of vacant positions.

House Budget Committee Recommendation

The House Budget Committee concurs with the recommendations of the Governor, with the following observations:

1. The Budget Committee notes that in January 2004, the Department of Administration announced that the state van pool program would be terminated. This will be accomplished by retiring the van pool vehicles when they reach 95,000 miles. The Legislative Division of Post Audit recently completed a 100 hour audit on the operations of the central motor pool, including the van pool program, and presented the findings of the audit to the Budget Committee. There are a number of issues related to the termination of the program, as highlighted in the audit report. The report indicates that the Department of Administration had indicated that the van pool program was not self-supporting. In arriving at this conclusion, the report notes, the Department recalculated expenses that should have been charged to the program and applied those charges retroactively. When the assumptions in place at the time regarding what costs would be charged to the program are used, the program revenues over the last three years have

exceeded the costs of the program by approximately \$10,000. Using the Department's modified determination of expenditures, however, the costs of the program exceed the revenues generated by approximately \$40,000. Most of the revised costs relate to costs for parking the vehicles in state parking lots and for administering the program. Among the concerns noted in the report is that by retroactively applying these revised cost estimates, van pool riders were never given the opportunity to pay these additional costs. The report also notes that in FY 2003, the Motor Pool decided to change its approach to allocating insurance costs to more accurately reflect the cost of insuring different types of vehicles. Given this decision, it increased insurance costs allocated to the van pool program from about \$9,000 to nearly \$28,000, but that decision was not applied retroactively. Instead, van pool riders' FY 2003 rates were adjusted to cover the increased costs attributable to the decision. Finally, the report notes that the Department's estimates of the amount of time staff spent on the program far exceeded the time Motor Pool staff told the auditors they actually spent.

2. The Budget Committee notes that the Public Broadcasting Council is actively building partnerships and seeking opportunities to improve quality and reduce costs related to the KAN-ED network. The rapid transfer of information using broadband technology creates many opportunities, not only for schools, but for law enforcement and homeland security issues. The Budget Committee encourages the Council to continue to explore opportunities regarding the KAN-ED network and to keep the Legislature informed of progress and cooperative efforts in this area.
3. The Public Broadcasting Council also presented a request for \$74,924 from the State General Fund for capital equipment grants which would be used to match funds to replace aging equipment at Radio Kansas in Hutchinson (\$33,860) and KMUW in Wichita (\$41,064). The Budget Committee notes that failure to address these equipment needs could ultimately result in substantially increased costs in the case of a complete failure of power or transmission lines, when needed repairs would have to be made on an emergency basis.
4. The Budget Committee notes that the Governor's FY 2005 recommendation for the Department of Administration includes funding totaling \$438,326 from state building funds, including the Educational Building Fund (\$329,840), the State Institutions Building Fund (\$56,511), and the Correctional Institutions Building Fund (\$51,975), to provide insurance for state-owned buildings. The Budget Committee is concerned that this recommendation would take away funding needed for repair and renovation of the buildings to cover insurance costs which are currently paid from the State General Fund. This situation is particularly troubling given projected shortfalls to the Education Building Fund in FY 2004.

OM SLOAN
REPRESENTATIVE, 45TH DISTRICT
DOUGLAS COUNTY

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TOPEKA

HOUSE OF
REPRESENTATIVES

COMMITTEE ASSIGNMENT
CHAIRMAN: HIGHER EDUCATION
MEMBER: UTILITIES
ENVIRONMENT
GENERAL GOVERNMENT &
HUMAN RESOURCES
BUDGET

Testimony on HB 2666:

Mr. Chairman, Members of the Committee:

HB 2666, as introduced, is a simple bill. It removes the Secretary of Administration's authority to unilaterally eliminate the State's Vanpool program.

Legislative Post Audit recently completed a review of the Van pool program and made the following determinations:

- (1) "Program revenues over the past three years actually exceeded the expenses the motor pool had computed by about \$10,000, based on the assumptions in place at the time about whether costs would be charged to the program." (pg. 8).
- (2) The Department computed new administrative costs attributable to operating the program and applied them retroactively to create an apparent under funding by \$40,000. "The cost impact of any new or different assumptions should be adjusted going forward, not applied retroactively..." (pg. 9).
- (3) Changes in administrative costs by the Department do not reflect reports by the appropriate staff. "The Vanpool coordinator told us she spent an estimated 4 hours per month on the program, compared with the Departments estimate of 20% of total time. The manager told us he spent an estimated .5 hours per month, compared with the Department's estimate of 5%." (pg. 9).

Vanpool riders have always understood that they must pay the appropriate costs associated with purchasing and operating the vehicles. They have paid increasing costs over the years to reflect increased vehicle motor fuel and insurance costs. They recognize that per mile charges are necessary, but object to retroactively applied policy changes that result in the Department's unilateral decision to terminate the program.

Representative Davis and I, on behalf of our legislative colleagues and Vanpool riders, initiated discussions with the Department in an effort to develop mutually acceptable language. We believe that we have accomplished our respective objectives.

HOUSE APPROPRIATIONS

DATE 2-18-2004
ATTACHMENT 2

Therefore, we offer the attached balloon language to the Committee. The proposed language clarifies:

- 1) That Vanpool riders shall pay all appropriate costs to operate the program
- 2) That the Secretary of Administration shall seek legislative approval before terminating the Vanpool program. We believe that this language captures the intent of the legislature and the understanding that Vanpool riders have.

Representatives:

Tom Sloan
Paul Davis
Sydney Carlin
Joe Humerickhouse
Kathe Decker
Barbara Ballard
Don Hill

Rep. Sloan

HOUSE BILL No. 2666

By Representatives Davis, Sloan, Ballard, Burgess, Carlin, Decker, Hill, Humerickhouse, Hutchins, Reitz, Siegfried, Tafanelli and Yonally

1-30

HOUSE APPROPRIATIONS

DATE 2-18-2004 ATTACHMENT 3

10 AN ACT concerning the transportation of state employees; relating to
11 the vanpool program; amending K.S.A. 75-46a02, 75-46a03 and ~~75-~~
12 ~~46a04~~ and repealing the existing sections ~~also repealing K.S.A. 75-~~
13 ~~46a05~~.

, 75-46a06 and 75-46a09

K.S.A. 2003 Supp. 75-46a05

75-46a09

facilitating the creation of self-supporting

15 *Be it enacted by the Legislature of the State of Kansas:*
16 Section 1. K.S.A. 75-46a02 is hereby amended to read as follows: 75-
17 46a02. The purpose of K.S.A. 75-46a02 to ~~75-46a09~~ ~~75-46a05~~, inclusive,
18 and amendments thereto, is to promote conservation of petroleum re-
19 sources, reduce traffic and parking congestion, and diminish air pollution
20 by ~~providing~~ commuter vanpools in which state employees living and
21 working in similar locations may ride to and from their places of
22 employment.

Subject to the availability of sufficient revenues from passenger fees under K.S.A. 75-46a06, and amendments thereto, and from reimbursements for personal use by vanpool drivers under K.S.A. 75-46a05, and amendments thereto,

23 Sec. 2. K.S.A. 75-46a03 is hereby amended to read as follows: 75-
24 46a03. ~~The Department of administration shall purchase such motor ve-~~
25 ~~hicles necessary to accomplish the purposes set forth in K.S.A. 75-46a02~~
26 ~~to 75-46a09~~ ~~75-46a05~~, inclusive, and amendments thereto. ~~Said The De-~~
27 ~~partment~~ is authorized to obtain and disburse any federal funds made
28 available to accomplish ~~said such~~ purposes.

secretary

75-46a09

secretary

29 Sec. 3. ~~K.S.A. 75-46a04 is hereby amended to read as follows: 75-~~
30 ~~46a04. (a) The department of administration shall select and assign a~~
31 ~~driver and an alternate driver for each motor vehicle designated for use~~
32 ~~in accomplishing the purposes of K.S.A. 75-46a02 to 75-46a09~~ ~~75-46a08~~,
33 ~~inclusive, and amendments thereto. Each said driver shall be an employee~~
34 ~~of the state and shall possess a valid driver's license issued by the state.~~

35 (b) All state employees participating in the vanpool program shall be
36 considered to be in the scope or course of their employment for worker's
37 compensation purposes only.

See insert attached

38 (c) Every motor vehicle designated for use in the state vanpool pro-
39 gram shall be owned and registered in the name of the state, and the
40 state shall purchase for each ~~said~~ vehicle liability, property damage and
41 such other insurance deemed necessary by the committee on surety
42 bonds and insurance, K.S.A. 75-4101, et seq., and amendments thereto.

6.

75-46a06

43 Sec. ~~4~~ K.S.A. 75-46a02, 75-46a03, ~~75-46a04~~ and 75-46a09 are

and K.S.A. 2003 Supp. 75-46a05

2
-
3

K.S.A. 2003 Supp. 75-46a05 is hereby amended to read as follows: 75-46a05. (a) The driver of every motor vehicle designated for use in the state vanpool program shall not be authorized to use the same for personal nonbusiness purposes ~~but shall reimburse the state for such personal use at the prevailing state motor pool mileage rate as determined by the secretary of administration. The reimbursement for the private use is due and payable each month to the department of administration at the time of the monthly log review.~~ Each driver shall keep a log of all miles driven in the vehicle ~~assigned to such driver as being for commuter or personal use.~~ The log shall be reviewed every month by the department of administration.

(b) The secretary of administration shall remit all moneys received under this section and K.S.A. 75-46a06, and amendments thereto, to the state treasurer in accordance with the provisions of K.S.A. 75-4215, and amendments thereto. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount in the state treasury to the credit of the motor pool service fund.

Sec. 4. K.S.A. 75-46a06 is hereby amended to read as follows: 75-46a06. (a) The driver of each motor vehicle designated for use in the state vanpool program shall charge each passenger a monthly rate passenger fee in an amount to be determined for all vehicles within the program by the department secretary of administration. The secretary of administration shall set the uniform passenger fee at an amount that enables the program to be self-supporting, including, but not limited to, all operating, servicing, repair, insurance, vehicle replacement and appropriate administrative costs. Within six ~~(6)~~ (6) days of the first of each month, ~~said~~ such funds shall be remitted by the driver to the department of administration.

(b) The provision of maintenance and repair services shall be the responsibility

of the state motor pool. All drivers shall be responsible for arranging for necessary maintenance services with the motor pool. All drivers shall be provided with state credit cards for the purchase of fuel.

Sec. 5. K.S.A. 75-46a09 is hereby amended to read as follows: 75-46a09. The department secretary of administration may bring to the legislature a proposal to terminate the vanpool program at any time that it is no longer felt to be in the best interests of the state if the secretary of administration determines that it is no longer feasible to operate the program in a manner consistent with the provisions of K.S.A. 75-46a02 to 75-46a08, inclusive, and any amendments thereto.

- 1 hereby repealed.
- 2 Sec. 5. This act shall take effect and be in force from and after its
- 3 publication in the statute book.

3-6

BECKY HUTCHINS
 REPRESENTATIVE, FIFTIETH DISTRICT
 JACKSON AND SHAWNEE COUNTIES
 700 WYOMING
 HOLTON, KANSAS 66436
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TOPEKA

HOUSE OF
 REPRESENTATIVES

ROOM 502-S
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 TOPEKA, KANSAS 66612-1504
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CHAIR: TOURISM AND PARKS
 MEMBER: EDUCATION
 FEDERAL AND STATE AFFAIRS
 JOINT COMMITTEE ON STATE
 TRIBAL RELATIONS

HOUSE APPROPRIATIONS COMMITTEE
 FEBRUARY 18, 2004

TESTIMONY IN SUPPORT OF HB 2666

Chairman Neufeld and Members of the House Appropriations Committee:

Thank you for the opportunity to come before you today to speak in support of HB 2666. I too, have constituents that utilize the van pool program and question why it is being phased out. I have been told that there are three vans that leave from the Holton area every day. I am aware of one individual who is visually impaired that would be unable to drive and might not be able to continue with his current employment if the proposal to phase out the van pool program is implemented. Another individual in my church said she would more than likely quit her job as she could not afford to buy a new/dependable vehicle to drive to and from work, not to mention the expense of insurance, property taxes and parking. My secretary called the Insurance Commissioner's office to see how a person who is currently in the van pool program might be affected if the van pool program is eliminated. I then spoke with former Rep. Bob Tomlinson on this issue and he told of the situation that happened to him after first being elected to the Kansas Legislature. Prior to his being elected, he had about a mile to drive to his place of employment. After his election to the Kansas House his car insurance went up as a result of his having to drive a longer distance to Topeka every day.

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Individuals that utilize this program have contacted me to say they would be willing to pay a greater amount to keep the van pool self-supporting and the current program going. If the van pool program was established “to promote conservation of petroleum resources, reduce traffic and parking congestion, and diminish air pollution,” I feel it is currently meeting those goals and should not be eliminated.

Thank you,

Rep. Becky Hutchins

Kansas Department of Administration
Howard Fricke, Secretary

1000 SW Jackson, Suite 500
Topeka, Kansas 66612-1268
(785) 296-3011

House Appropriations Committee
H.B. 2666 Relating to the State Employee Vanpool Program

Carol Foreman, Deputy Secretary
Department of Administration
February 18, 2004

Thank you for this opportunity to provide testimony in support of the amended language for HB 2666. The amendment offered by Representatives Sloan and Davis is the result of several discussions between them and the Department of Administration.

Recently the Department of Administration announced plans to phase out the state employee vanpool program, with the first van set to reach retirement mileage in November 2004. The dominating factor in making this decision was a desire to streamline administrative costs and stay true to the core business of state government.

Several concerns were identified when evaluating the state's role in administering the vanpool program.

Because the vehicles are state owned, the state is liable for accidents that may occur. In addition, current statute says employees shall be considered to be in the scope or course of their employment for worker's compensation purposes. The costs of maintaining worker's compensation coverage had never been included when determining vanpool rates. The state is exposed to unnecessary liability as well as extending benefits to vanpool riders that are not provided to all other state employees who commute to work.

There has also been confusion on how rates were set. From the beginning of the vanpool program, rates have been set to recoup the costs of current vans, but not to set aside dollars for future purchases. The original vans were purchased with a combination of federal loans and state funds, which were then repaid through the per mile rate. Current vans were purchased using the Central Motor Pool fund, and again rates were set only to recoup the costs of purchase, not to provide for future purchases.

Several other factors had also been left out of the rates being charged, including the costs of maintaining a "loaner van" for when maintenance was being done and a full accounting of the administrative costs. However, while the Department did consider that the program was not currently self-sufficient, our decision was, in the end, based upon the decision that the state should not be in the business of operating a vanpool.

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In our view, the State of Kansas is competing with private enterprise. Additionally, the State of Kansas is taking on risks involved with the operation of a subsidized rental agency, risks which are not part of our core business or mission.

However, if it is the will of the Legislature to continue the program, the Department will make the necessary adjustments to make the program self-sufficient. Additionally, the amended language answers our concerns about personal usage of vans and the worker's compensation question.

Recovery of costs will include all administrative costs and the costs of the additional loaner van made available to the vanpools. Future costs would also include the cost of capital through the future use of the equipment master lease purchase program to acquire new vans as existing vans are retired.

I thank you for your time and would be happy to stand for questions.

**TESTIMONY ON HB 2666
BY ABE REZAYAZDI
ON BEHALF OF VANPOOL PARTICIPANTS**

**Presented to the
APPROPRIATIONS COMMITTEE
February 18, 2004**

Mr. Chairman, members of the Committee, thank you for hearing this bill and allowing me to appear before you today. My name is Abe Rezayazdi. I am a state employee (using annual leave for this hearing) and I am a vanpool coordinator (since 1986) from Lawrence. I am here today to speak on behalf of approximately 271 vanpool riders who want this program to continue.

The state vanpool has been in existence since 1980. It was authorized by statute to "promote conservation of petroleum resources, reduce traffic and parking congestion, and diminish air pollution by providing commuter vanpools in which state employees living and working in similar locations may ride to and from their places of employment." Kansas Administrative Regulations further stipulate that the rider fees are based upon "the costs of operating the vans, including reasonable overhead costs, depreciation reserve requirements for vehicle replacement, public liability insurance, all operating servicing, repair and REPLACEMENT costs, and maintenance of a contingency reserve."

The administration has stated that they want to get out of the vanpool business. It appears that the main rationale for phasing out the vanpool is that the cost of replacement vans is borne by the state. This was news to us. We were always under the impression that our fees covered the entire cost of the program for two reasons: 1) the Department of Administration's regulations stipulate that the vanpool to be self-supporting and 2) the State of Kansas Vanpool Program Participation Application (exhibit 2).

It is very clear that our fees should cover the cost of replacing the vehicles. If indeed the cost of the vans is coming out of taxpayer monies, then Department of Administration is not administering the program according to its own rules and agreement with vanpool riders. If that is the case, then we ask that they recalculate the actual cost of the program and adjust the vanpool mileage rate accordingly. Let the riders decide if they are willing to pay the additional cost. We are taxpayers, too, and want our tax dollars spent wisely. We do not expect to be supported by the public.

The administration, in support of that argument, has a laundry list of points as to why the vanpools should be phased out. Most of those points hinge on the replacement costs and could easily be dispensed of with the action I have just proposed. Other points, however, warrant further discussion:

1. The administration believes that several private entities offer vanpooling, many times at less cost to the rider than the state. Those we have investigated (i.e. Enterprise) are cost prohibitive. Carpools, because they cannot hold as many people, are not as efficient.
2. Another major point made by the administration is that vanpool riders, when they had a meeting across town in Topeka, would check out a state car to drive 4-5 miles and then let it sit in a parking lot the rest of the day. I cannot say that it never happened, because I do not know. However, that is an **agency issue** and affects other employees as well, including those who carpool or take public transportation.
3. Parking **will** be a problem. I learned through a phone call to the Facilities Management that there is a waiting list of approximately 400 people for parking in state parking lot #1. Phasing out 20 vans will not open up enough spaces for vanpoolers who will have to drive (even if they carpool).
4. The administration cites loss in productivity and efficiency because vanpool riders must leave work early to catch their ride. Not true. Most vans arrive earlier than 8:00. My van riders are in their office by 7:35. We work our 8-hour days. If we leave before 5:00, that's because we arrive earlier and take shortened lunch hours. Again, it is the **agency's responsibility** to ensure that their employees—not just van riders—put in a 40-hour week. It appears that the D of A is trying to micromanage instead of allowing agencies monitor their own employees.
5. The newly released Post Audit report questions the way the D of A calculated and adjusted the expenses retroactively on the money they claim they "***lost***" over the years managing the vanpool program. It seems unfair that the vanpool riders are now being blamed for the "***lost***" revenue three years later.
6. The Audit also questioned the estimate of time the D of A spent on managing the program. The D of A estimated 20% of total time for the vanpool coordinator and 5% for the manager in the central motor pool office. Yet the coordinator and the manager told the

auditors that they spent an estimated 4 hours and 30 minutes per month respectively on the program.

7. Regarding the concern of non-state employee riders, we note that according to K.S.A 75-46a07 ***“While the program is primarily intended to serve employees of the state of Kansas, non-state employees may also participate to the extent determined to be in the best interest of the state by the secretary of administration.”*** We believe it is in the best interest of the state to insure that the vanpool is used to its maximum potential. We see no harm in filling the empty spots in the vans by these “non-state employees” and if the state wants to change that policy, then the statute needs to be changed.
8. Everybody understands the benefits of ridesharing to the environment, highway congestion and parking issues. To reemphasize the environmental impact of vanpooling I have attached a spreadsheet for your consideration (exhibit 1).

In closing I want to re-emphasize that we do not believe that tax dollars should be spent supporting this program. Per statute and regulation, the vanpool program should be self-supporting and we would appreciate being given the opportunity to fulfill that premise. The program is good for the state of Kansas; it does not cost the state any money, yet provides a mode of transportation that makes working for the state government more attractive. In other words it is a win-win situation. Most van riders have said they would be willing to pay their fair share to continue the program. Please allow us to make that choice.

I would be remiss not to mention that the staff at the Central Motor Pool has been the most cooperative and helpful to deal with. I for one have always been treated with utmost respect and I have been grateful for all their help.

We ask you sincerely to support this legislation. Thank you for hearing our request. I will be willing to answer questions you may have.

Abe Rezayazdi



VANPOOL ENVIRONMENTAL IMPACT ANALYSIS								
Van	Coordinator	Base Location	Destination Location	Van Size	Daily Round Trip Miles	Miles saved		
9069	Betsy Haverly	Lawrence	Topeka	15	60		840	
9075	Kathy McCollum	Holton	Topeka	12	70 *		770	
9076	Gerald (Gary) Taylor	Lawrence	Topeka	15	55 *		770	
9299	Monica Remillard	Bonner Springs	Topeka	15	110 *		1540	
9424	Karen Lowrey	Wamego	Topeka	15	90		1260	
9454	Delores (Dee) Boeck	Lawrence	Topeka	15	60 *		840	
9535	Rollin Coberly	Clay Center	Manhattan	12	85 *		935	
9538	Sally Moege	Holton	Topeka	12	67 *		737	
9572	Loretta Kuti	Holton	Topeka	12	68 *		748	
9573	Abbas (Abe) Rezayazdi	Lawrence	Topeka	15	60 *		840	
9602	Angie Nordhus	Lawrence	Topeka	12	46 *		506	
9617	Rob Ott	Manhattan	Topeka	15	120 *		1680	
9710	Karla Gerisch	Overbrook	Topeka	15	54		756	
9798	Karen Kelley	St. Marys	Topeka	12	67 *		737	
9834	Shawn Howell	Lawrence	Topeka	15	50 *		700	
9836	Richard Riley	Valley Falls	Topeka	15	61		854	
9925	Earl Brynds	Lawrence	Topeka	12	55 *		605	
9977	Doug Watson	Lyndon	Topeka	15	68 *		952	
9998	Clarence (C.W.) Harper	Lawrence	Topeka	15	60		840	
11221	Ileen Meyer	Emporia	Topeka	12	118 *		1298	
20	<< Number of Vanpools			276				
IMPACT OF THE VAN POOL PROGRAM								
Vehicle Trips Eliminated					64,000	trips/year	Based on 250 work days/year	
Vehicle Miles Saved					4,552,000	miles/year	Equivalent to 190 trips around the world	
Petroleum Resources Conservation								
Gasoline Saved					227,600	gallons / year	Based on an average fuel efficiency of 20 mpg	
Motor Oil Saved					1,138	gallons / year	Based on 5 qt oil change every 5000 miles	
Solid Waste Reduction								
Tires					61	tires/year	Based on an average tire life of 75,000 miles	
					to	76	tires/year	Based on an average tire life of 60,000 miles
Air Pollution Reduction								
VOC					6.1	tons / yr		
NOx					12.1	tons / yr		
CO					61.5	tons / yr		

The basic vanpool concepts are as follows:

DRIVER -- Each vanpool must have a driver/coordinator who will be responsible for scheduling the route, driving and maintenance of the vehicle; recruiting passengers; collecting and remitting the prescribed fee; and for preparation and filing of record logs for the vanpool use. In return, the driver will receive free transportation when the van ridership is seven passengers or more. The driver/coordinator of each van may use the van for personal trips, when it is not in use for home to work travel, provided reimbursement is made at a prescribed mileage rate for such use.

The following qualifications for a driver/coordinator must be met to participate in the program:

1. A safe driving record.
2. A valid Kansas driver's license.
3. A job not normally requiring travel or overtime (unless all other vanpool participants are likely to work the same overtime).
4. A low incidence of absenteeism or tardiness.
5. An employee of the state.

ALTERNATE DRIVER -- Each vanpool must have one or more alternate driver designated to fill in when the regular driver is sick, on vacation, or not available to drive. The alternate driver must meet the requirements of the driver/coordinator and assume all vanpool operational responsibilities in the absence of the primary driver. If the alternate driver serves as primary operator for one week or longer, then he or she will receive benefits of the primary driver for the duration of service.

PASSENGERS -- Each passenger selected to participate will be expected to do the following:

1. Sign the written agreement to participate in a vanpool.
2. Pay each month's commuter fare to the driver by the fifth day of the month, in consideration for receiving a guaranteed reserved seat on the commuter van.
3. Notify the driver/coordinator, in advance, whenever you cannot meet the van's scheduled pick-up time, and be on time for pick-up.
4. Arrange other means to get to and from work if you cannot meet the van schedule on a particular day.
5. Understand that the van must maintain a schedule and that it cannot wait more than three (3) minutes for a passenger pick-up.
6. Notify the driver/coordinator in advance when you are on sick leave or vacation.
7. Understand that there is no duplication of insurance coverage in the event of personal injury.
8. Give written notification to the driver/coordinator at least two weeks in advance if you elect to withdraw from the commuter vanpool.

PASSENGER FARE -- Each vanpool must reimburse the state for all standard costs of operation, including a contingency reserve, and a depreciation reserve for replacement of the vehicle. Such costs will be converted into a rate per mile traveled, based upon the length of the proposed van route and converted to a monthly rate, which will be divided by the number of passengers to determine each passenger's fare. The rates will be updated periodically.

The vanpool monthly rate will then be determined by the route mileage traveled by each van, divided by the number of passengers. For example, a van with a 60 mile daily route (30 miles to work) would travel 15,600 miles per year as a vanpool vehicle. Based upon a 33¢ per mile cost, the vanpool would have to reimburse the state \$5,148 per year, or \$429 per month. In a 12-passenger vanpool, the average employee would be charged one-eleventh of the monthly cost, or \$39.00 in this example. The actual rates would be based upon the actual costs for each individual route.

PARTICIPATION APPLICATION

K.S.A. 75-46a02 et seq. authorizes a vanpool program for state employees to promote conservation of petroleum resources, reduce traffic and parking congestion, and diminish air pollution.

While the vanpool program is basically for state employees, other household members and non-state employees may participate, where feasible, to fully load the vans.

If you are interested in participating in the vanpool program as a passenger or driver, the following application form should be completed and returned to the Central Motor Pool as soon as possible. If you have questions, contact the Central Motor Pool.

APPLICATION FOR VANPOOL PASSENGER PARTICIPATION

I would like to become a passenger of a vanpool and I am willing to sign the Agreement to Participate and abide by its requirements.

APPLICATION FOR VANPOOL DRIVER/COORDINATOR

I would like to become a primary driver of a vanpool and am willing to assume all responsibilities required of the primary driver in the operation of the vanpool. I am willing to sign an agreement with the State of Kansas setting out the responsibilities of the primary driver.

APPLICATION FOR VANPOOL ALTERNATE DRIVER

I would like to become an alternate driver of a vanpool and am willing to assume the duties of the driver/coordinator when required to do so.

(Please print)

Name _____

Home Address _____

Community Represented _____

Agency _____

Work Address _____

State Phone Number _____

Home Phone Number _____

Number of miles from home to work location _____

Work starting time _____ Work quitting time _____

My working hours are flexible: Yes _____ No _____

I have read the reverse side of this application and agree to its requirements:

Date _____ Signed _____

Driver/Coordinator or Alternate Driver Complete		Yes	No
I will park the van in a garage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will park the van off the street.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have had three or more traffic violations in the past 18 months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a valid Kansas driver's license.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6-6

Testimony on **HB 2666 - State Van Pool Program**
Before the House Appropriations Committee

by Shawn A. Howell
On Behalf of Van Pool Participants
February 18, 2004

Chairman Neufeld and members of the Committee, my name is Shawn Howell and I coordinate one of the van pools leaving from Lawrence. Thank you for allowing me to appear before you today.

The legislators in 1980 stated the purpose of the Van Pool Program in the authorizing statute. The purpose is "to promote conservation of petroleum resources, reduce traffic and parking congestion, and diminish air pollution." I believe the program has been successful in these goals and I would like to briefly address each one.

(1) Conservation of Petroleum Resources

Compared to driving separately, the van pool program eliminates 64,000 trips and saves more than 4½ million vehicle miles per year. More than 200,000 gallons of gasoline and 1,000 gallons of motor oil are conserved annually by the van pool program. Between 60-75 tires per year are kept from landfills.

(2) Reduce Traffic and Parking Congestion

The program can currently accommodate 276 people, all but 12 work in Topeka. Spaces are limited around the capital complex. I believe all Topeka workers appreciate the reduction in traffic and parking congestion offered by the van pool program over the years.

(3) Diminish Air Pollution

The positive impact of the van pool program to the environment is significant. This program prevents the emissions of 6 tons of Volatile Organic Compounds (VOCs) and 12 tons of Nitrogen Oxides (NOx), both ozone precursors, and 60 tons of carbon monoxide per year. An environmental analysis documenting the above is attached.

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Kansas City will likely be a non-attainment area for 8-hour ozone next year. Lawrence has also experienced high ozone levels on occasion over the last few years. Non-attainment status for the Kansas City area has significant implications for future economic development. Ozone irritates the eyes, damages the lungs, and aggravates respiratory problems. It is also responsible for damage to trees, crops and other plants. Kansas City recognized the environmental importance of van pools last December, when the Kansas City's Mayor's Office presented an Environmental Achievement Award to the city's van pool program, which has 44 participants. Almost half of the state's van pools, more than 120 riders, come from the Kansas City / Lawrence area.

The alternative, car pools, aren't as efficient as van pools. A van holds 12-15 people. A car holds four. It takes four cars to replace one van. Best case, if everyone participates in a car pool that's still four times the gas, parking spaces and pollution in the environment even.

The State benefits from the van pool program by a reduction of traffic, conservation of non-renewable resources and a reduction of solid waste and air pollution. The state van pool program is less about the business of commuting and more about the business of conservation. Please help continue this program by supporting this legislation. Thank you.

Shawn A. Howell

VAN POOL ENVIRONMENTAL IMPACT ANALYSIS

Van	Coordinator	Base Location	Destination Location	Van Size	Daily Round Trip Miles	Miles saved
9069	Betsy Haverty	Lawrence	Topeka	15	55	770
9075	Kathy McCollum	Holton	Topeka	12	70	770
9076	Gerald (Gary) Taylo	Lawrence	Topeka	15	55	770
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9424	Karen Lowrey	Wamego	Topeka	15	90	1260
9454	Delores (Dee) Boe	Lawrence	Topeka	15	60	840
9535	Rollin Coberly	Clay Center	Manhattan	12	85	935
9538	Sally Moege	Holton	Topeka	12	67	737
9572	Loretta Kuti	Holton	Topeka	12	68	748
9573	Abbas (Abe) Rezay	Lawrence	Topeka	15	60	840
9602	Angie Nordhus	Lawrence	Topeka	12	46	506
9617	Rob Ott	Manhattan	Topeka	15	120	1680
9710	Karla Gerisch	Overbrook	Topeka	15	54	756
9798	Karen Kelley	St. Marys	Topeka	12	67	737
9834	Shawn Howell	Lawrence	Topeka	15	50	700
9836	Richard Riley	Valley Falls	Topeka	15	61	854
9925	Earl Brynds	Lawrence	Topeka	12	55	605
9977	Doug Watson	Lyndon	Topeka	15	68	952
9998	Clarence (C.W.) Ha	Lawrence	Topeka	15	55	770
11221	Ileen Meyer	Emporia	Topeka	12	118	1298

20 << Number of Vanpools 276

IMPACT OF THE VAN POOL PROGRAM

Vehicle Trips Eliminated 64,000 trips/year Based on 250 work days/year

Vehicle Miles Saved 4,517,000 miles/year Equal to 188 trips around the world

Petroleum Resources Conservation

Gasoline Saved 225,850 gal / year Based on an average fuel efficiency of 20 mpg

Motor Oil Saved 1,129 gal / year Based on 5 qt oil change every 5000 miles

Solid Waste Reduction

Tires 60 tires/year Based on an average tire life of 75,000 miles
to 75 tires/year Based on an average tire life of 60,000 miles

Air Pollution Reduction

		Emission Factors (Approximate averages)
VOC	12,196 lb / yr	0.0027 lb/mile
N0x	23,940 lb / yr	0.0053
CO	121,959 lb / yr	0.027

Emission factors are highly variable depending on vehicle, conditions and manner it is driven.

**Testimony to the
House Appropriations Committee
by
Jan O. Sides
State Employees Association of Kansas
February 18, 2004
Regarding
HB 2666—State Van Pool Program**

Mr. Chairman and members of the Committee, thank you for the opportunity to provide testimony regarding the state Van Pool Program. My name is Jan O. Sides, and I am with the State Employees Association of Kansas (SEAK).

First we are well aware of the financial status of the State of Kansas. We appreciate any actions that might hold down the cost to the taxpayers, but we hope there is a workable solutions to the issue.

At present we have some concerns:

- 1) Is the current program self-supporting or not?
- 2) When continuing the program will the participants be billed for the failure to properly charge out expenses in the past?
- 3) Are the participants going to be allowed to decide if they can participate in the future if in fact it is determined that the fees need to be increased for the state to break even?

At present there seems to be a difference in opinion: 1) the program is not self supporting or 2) the program is providing a profit to the state. We would like to ask that before you take action that the actual cost for the van pool be determined, whereby, the participants can be given an opportunity to continue in the program even if it requires a nominal increase in their costs.

Comments received from some participants leads us to believe that they would be amenable to a minimal cost increase if necessary so that the program would be self supporting. Of course this would depend on the increase in cost to the participants. It is possible that if there is truly a need to increase the cost that it would be prohibitive for the participants, but we will not know until an accurate cost is determined and the matter is discussed with participants.

Thank you for you time and consideration on this issue. I stand for questions.



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**Working Together,
We Make A Difference!**

**Testimony on HB 2666
Before the
House Appropriations Committee
February 18, 2004**

Presented by Andy Sanchez, Executive Director
Kansas Association of Public Employees

Thank you Mr. Chairman and members of the committee. I am thankful for the opportunity to appear before you today to speak on HB 2666. HB 2666 has the full support of KAPE because it offers something absent in much of state government, a labor management joint cooperative venture. Here is a program that works! It appears to be self-sufficient. There is no union contract, but instead, at the program's inception employees and management identified a need and sought to develop a win-win situation for both parties. The van-pool program accomplishes just that.

KAPE has always encouraged the state to look for viable ways to retain quality employees in public service. This appears to be a creative way to benefit and keep good productive people with out a terrible burden to the state.

It is doubtful that any of the good intentions that evoked such a program have changed. The statute that created the program states the purpose(s) for the program to be to conserve petroleum resources, diminish air pollution, reduce traffic and parking congestion.

In conclusion, the recent Post Audit Report completed on this program suggests that the Department of Administration neglected some "true costs". One was the use of the state parking lot. It is our contention that this particular cost should not be passed down to van pool participants since the vans are state owned. However, this is the position of only KAPE and it is our feeling that negotiations on new conditions to sustain this as a solvent program should take place between the participants and the administration.

Thank you

HOUSE APPROPRIATIONS

DATE 2-18-2004
ATTACHMENT 9

Charles M. Benjamin, Ph.D., J.D.

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Testimony in Support of H.B. 2666
An act concerning the transportation of state employees; relating to the vanpool program
On behalf of the Kansas Chapter of the Sierra Club

Before the Kansas House Committee on Appropriations
February 18, 2004

Mr. Chairman, members of the Committee, thank you for the opportunity to testify in support of H.B. 2666. The Sierra Club is the largest grass-roots environmental organization in the world with over 800,000 members world wide, including over 4,000 in Kansas. One of the major conservation goals of Sierra Club is the reduction of emissions from the use of carbon-based fuels that produce so-called "green house" gases that cause global warming. See the Sierra Club web site at <http://www.sierraclub.org/globalwarming/> for further details about the policies of the Sierra Club with regard to the global warming issue.

Sierra Club supports the use of energy conservation measures of all sorts, including the use of car and van pooling as a way to cut down on emissions from automobile usage. I have been supplied data from the users of the state van pools that indicates that the use of the state van pools eliminates 64,000 trips/year, saves 4,552,000 miles/year, saves 227,600 gallons of gasoline/year, saves 1,138 gallons of motor oil/year, saves at least 61 tires per year, and reduces air pollutants from VOC by 6.1 tons per year, NOx by 12.1 tons per year and CO by 61.5 tons per year. If this data is even close to being accurate we should declare the state van-pool program a success. We therefore urge the legislature and the Governor to seek ways to not only continue the use of existing van pools but seek to spread and encourage car and van pooling for state employees wherever possible.

We applaud the state's employees who use state van pools and urge your support of H.B. 2666.

HOUSE APPROPRIATIONS

DATE 2-18-2004
ATTACHMENT 10

FY 2004 and FY 2005

Social Services Budget Committee

Department on Aging



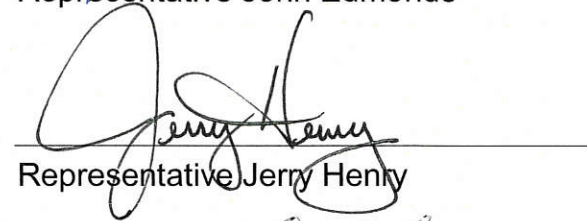
Representative Brenda Landwehr, Chair



Representative John Edmonds



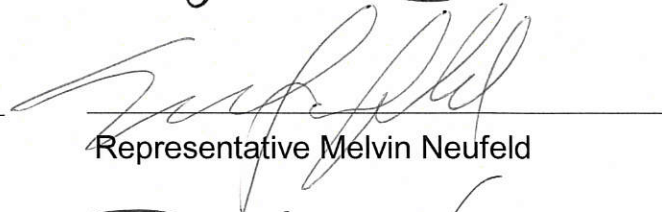
Representative Barbara Ballard



Representative Jerry Henry



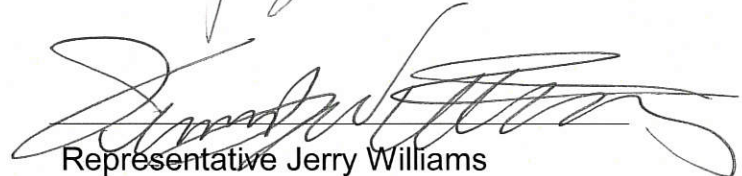
Representative Bob Bethell



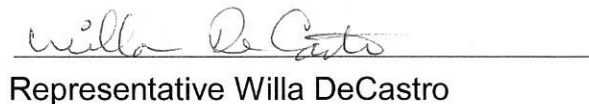
Representative Melvin Neufeld



Representative Eric Carter



Representative Jerry Williams



Representative Willa DeCastro

HOUSE APPROPRIATIONS

DATE 2-18-2004
ATTACHMENT 11

House Budget Committee Report

Agency: Department on Aging

Bill No.

Bill Sec.

Analyst: Calderwood

Analysis Pg. No. Vol. 2-1089

Budget Page No. 35

Expenditure Summary	Agency Estimate FY 04	Governor's Recommendation FY 04	House Budget Committee Adjustments
All Funds:			
State Operations	\$ 14,490,935	\$ 14,490,935	\$ 0
Aid to Local Units	0	0	0
Other Assistance	406,286,250	405,800,250	0
TOTAL	<u>\$ 420,777,185</u>	<u>\$ 420,291,185</u>	<u>\$ 0</u>
State General Fund:			
State Operations	\$ 5,866,973	\$ 5,866,973	\$ 0
Aid to Local Units	0	0	0
Other Assistance	150,925,854	148,830,807	0
TOTAL	<u>\$ 156,792,827</u>	<u>\$ 154,697,780</u>	<u>\$ 0</u>
FTE Positions	213.0	213.5	0.0
Non FTE Uncl. Perm. Pos.	3.0	2.5	0.0
TOTAL	<u>216.0</u>	<u>216.0</u>	<u>0.0</u>

Agency Estimate/Governor's Recommendation

The agency's current year estimate for operating expenditures of \$420,777,185 is a decrease of \$4,505,453 or 1.1 percent, from the approved budget. The agency estimates FY 2004 State General Fund expenditures of \$156,792,827, a decrease of \$10,391,484 or 6.2 percent, from the approved budget.

The Governor recommends current year operating expenditures of \$420,291,185, a decrease of \$4,991,453 or 1.2 percent, from the approved budget. The Governor estimates State General Fund expenditures of \$154,697,780, a decrease of \$12,486,531 or 7.5 percent, from the approved budget.

House Budget Committee Recommendation

The House Budget Committee concurs with the Governor's recommendation for FY 2004, with the following notation:

1. The Budget Committee recognizes the concerns associated with the unpaid claims for providers under the EDS payment system. The budget committee plans to meet with EDS representatives and the Secretaries for the Department

on Aging and the Department of Social and Rehabilitation Services to address the timing of payments to providers prior to Omnibus.

off. The recommendation for reduced resources includes a \$934,359 reduction in the Senior Care Act budget, for a total program budget of \$6 million.

Under the Governor's FY 2005 **statutory budget** recommendation, the Governor's recommendation for this agency's budget would have to be reduced by an additional \$24,819,112 State General Fund.

House Budget Committee Recommendation

The House Budget Committee concurs with the Governor's recommendation, with the following adjustments and notations:

1. The Budget Committee expresses concern for the health of rural Nursing Facilities. Testimony before the budget committee indicated that approximately 40 nursing facilities that have less than 40 beds are located in rural areas and function as the major employers in the community. The Budget Committee recognizes that these long-term care facilities are crucial to small communities and their economies, particularly in western Kansas.

The Budget Committee recommends that the Kansas Department on Aging (KDOA), along with representatives from the Kansas Health Care Association and the Kansas Association of Homes & Services for the Aging, work to create a formal appeal or hearing process to grant variance from the current 85 percent occupancy rate rule for fixed costs due to help address the needs of these facilities.

2. The Budget Committee notes the importance of data integrity and security for the Department on Aging and the Department of Social and Rehabilitation Services (SRS). The Budget Committee cites the recent post audit of the Kansas Department of Health and Environment and encourages the Department to invite an informal evaluation of the Department computer systems by an Information Technology auditor from the Division of Legislative Post Audit. The Budget Committee recommends that an update on the security and integrity of these systems be provided to the 2005 Legislature and updates be provided as needed prior to that time to the Joint Committee on Information Technology.
3. The Budget Committee expresses concern about the spend down procedure required before individuals qualify for financial eligibility for the waiver system. The Budget Committee believes that waiver funds should go to those Kansans with the greatest needs, rather than first come, first serve. The spend down review should determine the availability of family members to assist in the care and finances of their family member. The Budget Committee observes that the spend down procedure must not function simply as a mechanism to get rid of dollars, but as a process by which individuals pay for their care until state funding becomes available. The Budget Committee encourages the Department to evaluate the spend down procedure for the Frail Elderly (FE) Waiver and encourage individuals to spend down on their care.

4. The Budget Committee notes the success of PACE (Program for All-inclusive Care for the Elderly) in Wichita. The Budget Committee recognizes the need for this model of care that targets the dual eligible population and serves to meet all the medical needs of the individual as well as the psychosocial and supportive care needs to keep them in their homes. The Budget Committee cites testimony that the program provides comprehensive one-stop care for program participants with an interdisciplinary team of providers, which allows the participants to avoid many expensive hospital and nursing home stays and instead remain in their own homes.

The Budget Committee is encouraged by the Department's enhancement request to expand PACE to the Topeka area. The Budget Committee recommends that the Topeka program be considered a pilot project in the Department's FY 2005 budget and encourages the Secretary to find the resources to fund the program, estimated at \$876,000 all funds (\$344,706 SGF), within the Department's existing budget.

5. The Budget Committee supports the intent of the Department to increase the \$6 million Senior Care Act budget included in the Governor's recommendation. The Department stated that it plans to carry forward \$500,000 from FY 2004 to create a \$6.5 million budget for FY 2005. The Department estimates that 5,454 elderly Kansans would be served under the Governor's recommended budget. With the reappropriation of Senior Care Act funds, the Department estimates that it would be able to serve 5,880 elderly Kansans in FY 2005.
6. It is recognized by this committee that the ultimate goal of both the Department and the providers of care is that the care of the citizens of Kansas be the highest quality possible. It is also recognized that in order to accomplish this goal, a positive attitude must be maintained by both the nursing facility providers, including all employees of the provider, and all Department personnel. The perceptions of both parties have, in the past, created situations that have led to less than the optimum climate for quality care. In order to accomplish this goal of providing quality care for the aging residents of Kansas, the age-old concept that surveyors are not in the facility to "help" must be changed so that the Department surveyors and the providers become partners, and come to the process with a positive attitude.
7. The Budget Committee recognizes a quality program, the Assistive Technology for Kansans Project (ATK). The project has five access sites across the state for people with disabilities, their families, and service providers to provide access to information and services that they may need. The project, funded through a federal grant awarded to the Kansas University Center on Developmental Disabilities, helps coordinate recycled and refurbished assistive technology equipment. ATK indicated that during Federal FY 2003 it provided over 900 loans of devices. The Budget Committee encourages the expansion and promotion of this program. The Budget Committee also encourages the project coordinators and case managers to look into equipment purchased from Medicare.

8. The Budget Committee acknowledges that elderly Kansans are waiting to access services provided through both the FE Waiver and the Senior Care Act. The Budget Committee recognizes that while the waiting lists are rotating as quickly as possible, some individuals do remain waiting for services. The Budget Committee notes that as of December 31, 2003, 625 people were on the waiting list for the FE waiver and 266 were awaiting services from the Senior Care Act.

The Budget Committee recommends that if and when any additional funds become available for FY 2005, they be used to address the needs of the most vulnerable Kansans, namely the elderly and the disabled. The Budget Committee requests that the Department provide an update on the waiting lists for the FE waiver and Senior Care Act, prior to Omnibus.

9. The Budget Committee directs the Department to review the rebasing procedure with FY 2001 as the base year for rate setting for nursing facility reimbursements. The Budget Committee cites concern about the extraordinary costs associated with liability insurance for the facilities.
10. The Budget Committee notes its continued concern with the FE waiver reimbursement rate for self-directed and agency-directed services. This committee is aware that self-directing is creating issues that may have to be statutorily corrected. The committee also notes that it may receive further information regarding these issues prior to the end of this month. The Budget Committee notes that approximately 35 percent of the HCBS/ FE customers choose to self-direct their care. The Budget Committee requests a comparison of reimbursement rates and requirements under self-direct and agency-directed services.
11. The Budget Committee continues to encourage a focus on the study of Money Follows the Person. The Budget Committee notes that although federal dollars are not available in the proposed federal government budget this year, Kansas will continue its efforts to study these effects. Kansas has not received any federal moneys to study the movement of Medicaid and state dollars associated with persons leaving nursing facilities and onto the HCBS waivers. The Budget Committee notes testimony from the Department that indicates that as of December 31, 2003, sixteen people have moved to the HCBS/FE Waiver and ten people have moved to the HCBS/PD Waiver with a total of \$95,570 SGF transferred.
12. The Budget Committee notes testimony that indicated that the state of Washington has created a program where statewide case managers go into nursing facilities and develop transitions plans for residents to return to the community. The goal would be to have nursing facilities used for acute care only. The Budget Committee encourages an open dialogue between the Department and the Centers for Independent Living to further explore these possibilities.



JANET SCHALANSKY, SECRETARY

K A N S A S


KATHLEEN SEBELIUS, GOVERNOR

SOCIAL AND REHABILITATION SERVICES

Division of Health Care Policy
Mental Health Services

January 2004

TO: Stakeholders

FROM: Gary Harbison, Mental Health Director 

RE: Final Report of the Project Steering Committee,
Future of Kansas Mental Health Hospitals

Enclosed you will find a copy of the final report on the Future of State Hospitals from the Project Steering Committee. Consistent with the recommendations of the report, SRS recognizes that this report is the first step of a process to develop a strategic, long-range plan that defines the future of Kansas' public mental health system that includes inpatient care as a necessary component in the array of services.

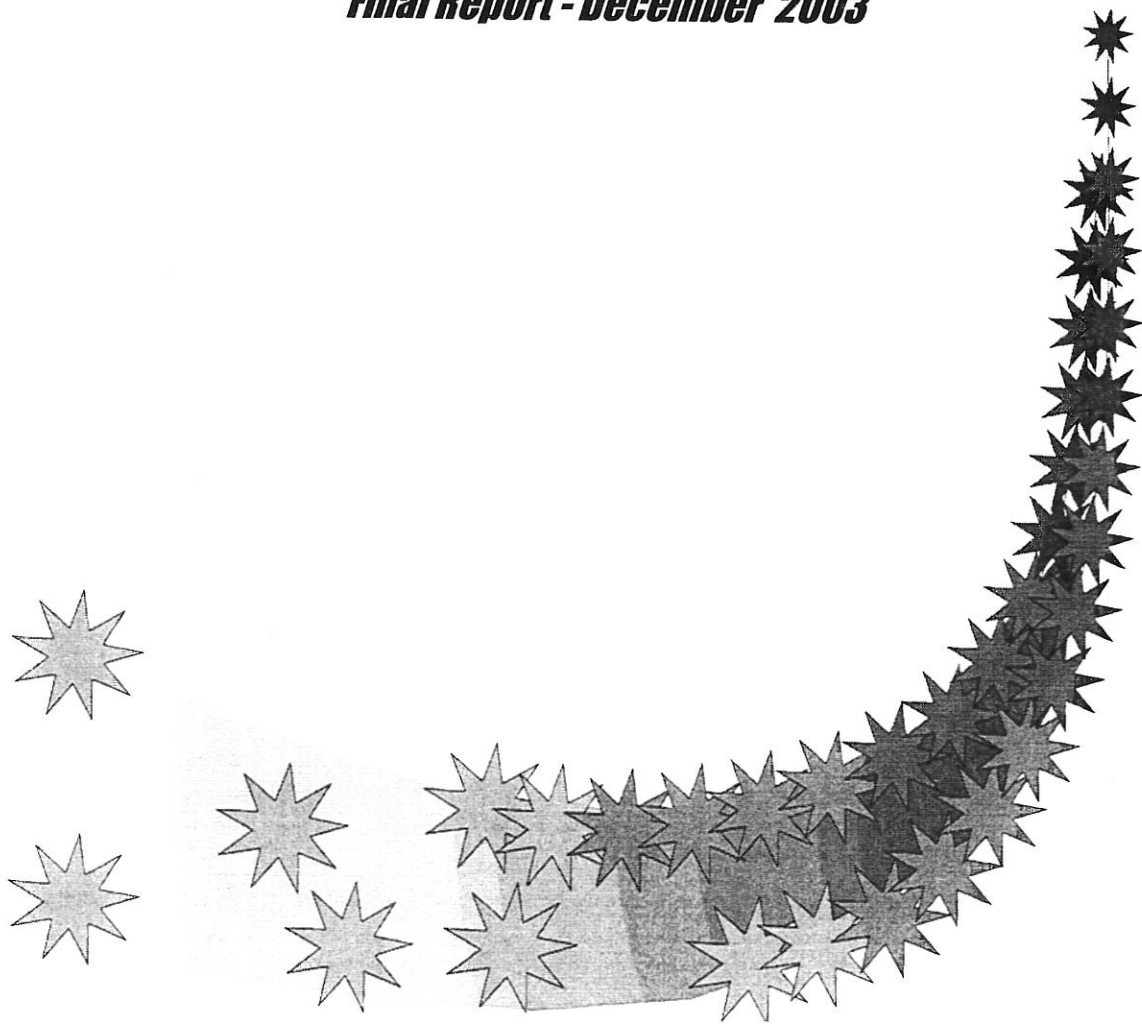
Now comes the exciting work of implementing your recommendations, and using your important findings in ongoing planning and collaboration with you and other public mental health system stakeholders. We also will be working in active partnership with the Governor's Mental Health Services Planning Council as we move forward. In addition, your report will be a key informing document for us as we develop planning and policy information for the 2004 Legislature.

Working with stakeholders, SRS is eager to continue this planning process consistent with the principles outlined in this report, including developing plans for the delivery of acute inpatient psychiatric services for children up to age 12.

Future of Kansas Mental Health Hospitals

Project Steering Committee Report

Final Report - December 2003



Future of Kansas Mental Health Hospitals

Project Steering Committee Report – Executive Summary

A richly diverse group of Kansas public mental health system stakeholders worked July through November, 2003, to respond to legislative directives, coalesce and build upon prior related work, and develop recommendations and guiding criteria regarding the role and function of state mental health hospitals. Key elements of the committee's report are:

Background

While admissions have dramatically increased and average daily census dramatically decreased, the state mental health hospitals have maintained a barely adequate supply of beds by working in effective collaboration with community mental health centers. Supporting information is detailed in the report, including:

- The number of people accessing state mental health hospitals has increased by 67% in the past five years (with 3,115 psychiatric admissions in FY 2003).
- For some 50% of the people admitted, it is their first experience with mental health services.
- From FY 1990 to FY 2003 the average daily census of Kansas' mental health hospitals decreased from 1283 to 293, a 77% reduction.
- From FY 1992 to FY 2002, the number of state hospital bed days used by community mental health centers decreased from 274,734 to 100,991 – a 64% reduction.
- Meanwhile, the number of people with the most significant mental illness accessing community-based services continues to increase, up by 60% for youth (15,811 in FY 2003) and up by 14% for adults with serious and persistent mental illness (15,699 in FY 2003) in the last four years.

Currently

There is no room presently for any further reduction in the service capacity of the state mental health hospitals. As part of the array of public mental health services, the state hospital resources are essential to meet critical needs of increasing numbers of Kansans in times of intense challenge

Strategies are identified to support and enhance the utilization of state hospital resources in ways that are continuously effective and ensure hospitals are fully integrated parts of the public mental health system, including: improved training for screeners; enhanced community/hospital liaison functions; dynamic cross-system training; and integration of vision, direction and best practices between state hospitals and community mental health providers. Recommendations also address two important issues currently facing the hospitals: customer-friendly steps to support treatment partnership for families of hospital patients; and the increasing number and complexity of forensic service needs for patients also involved in criminal prosecutions.

Looking Forward

Kansans needing to access the public mental health system should have access to and receive a full spectrum of psychiatric services that provide state of the science care, use evidence-based practices, promote timely and durable recovery, build resilience of children and support families. The integration of family-centered, community-based and recovery-focused core system principles should be included in future strategic planning and policy implementation.

Any future reduction in the service capacity of state mental health hospitals should occur only with planning input by impacted stakeholders and concurrent implementation of capacity building measures in the impacted communities.

Both short-term and longer-term strategies are identified to help prevent further dissolution of community-based services resources and to explore new public/private partnerships to deliver acute care services consistent with the needs of specific areas. These strategies include:

- Renewed assessment of the reimbursement system for state-funded inpatient psychiatric services provided outside of state hospitals.
- Increased outreach to inform families having youth with mental health needs about CMHC services.
- Enhanced crisis service plan development and implementation by CMHCs.
- Additional inpatient service availability regionally, with implementation in FY 2005 of a regional model for inpatient psychiatric services for children.
- Continued exploration of alternative models of state hospital inpatient service delivery.

Future of Kansas Mental Health Hospitals Project Steering Committee Report

December 2003

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B. The role of our state mental health hospitals is changing, varies from one hospital to another, and reflects unique community and individual needs. Any additional decrease in state hospital services should occur with both (a) a consensus plan developed with input by representatives of all stakeholders impacted by such a change and (b) prior or concurrent implementation of capacity building strategies to meet the needs of people accessing the impacted state hospital services	7
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D. Work must continue to ensure that our state mental health hospitals are continuously effective and fully integrated parts of Kansas’ public mental health system	10

Attachments:

- 1: “Leadership Team Charter for: The Future of State Mental Health Hospitals Project Steering Committee,” with membership list
- 2: “Project Steering Committee – Resource List”

Future of State Mental Health Hospitals Project Steering Committee Report

Committee's Message

To the citizens of Kansas who do, have or will access public mental health services; and to the citizens of Kansas who shape, lead, implement, manage, fund and guide public mental health services, we offer this message for the future:

- The state mental health hospital resource, as part of the array of mental health services, is essential to meet critical needs of increasing numbers of Kansans in times of intense challenge, and to help them achieve timely and durable recovery, build resilience of children and support families.
- The role of our state mental health hospitals is changing, varies from one hospital to another, and reflects unique community and individual needs. Any additional decrease in state hospital services should occur with both (a) a consensus plan developed with input by representatives of all stakeholders impacted by such a change and (b) prior or concurrent implementation of capacity building strategies to meet the needs of people accessing the impacted state hospital services.
- Community-based services and community psychiatric inpatient services must be supported to prevent further dissolution of resources for patients near their homes.
- Work must continue to ensure that our state mental health hospitals are continuously effective and fully integrated parts of Kansas' public mental health system.

Message Context: The Guiding Mission of Kansas' Public Mental Health System

Individuals with mental health needs should have access to and receive a full spectrum of psychiatric care and services that provide state of the science care, implement evidence-based practices, promote timely and durable recovery, build resilience of children and support families. Kansas' public mental health care system, which includes the state mental health hospitals, should provide a full spectrum of services to individuals with mental health needs. This system should be family-centered, community-based, recovery-focused, and guided by the following principles:

- Every Kansan with mental illness has the right to make informed choices about his/her life based on individual preferences.
- Active partnerships of mental health professionals, consumers, family members and peers, are essential and directive to treatment planning, and promote durable recovery and building resilience.
- Kansans with mental illness deserve effective state of the science treatment.
- Psychiatric treatment must be respectful of and empowering to the individual.
- With effective psychiatric treatment and services, Kansans can experience a personal process of recovery from mental illness.
- Psychiatric services must be provided in the most natural, safe, flexible and accessible environment with a focus on community-based supports.

The integration of these principles should specifically be included in future strategic planning and policy implementation.

Committee's Background & Work

This report of the Future of State Mental Health Hospitals Project Steering Committee is an effort to coalesce work efforts by hundreds of mental health system stakeholders. Beginning in December 1999, when SRS Secretary Janet Schalansky charged the Hospital Stakeholder Task Force to assess the guiding vision for public mental health services and the role of hospitals in that vision, to September 2003 when the Statewide Children's Hospital Committee issued its recommendations, many consumers, family members, advocacy groups, community providers, the Governor's Mental Health Services Planning Council and state staff have dedicated compassionate energy in work on this subject which has greatly informed this committee.

Last April, SRS initiated this project to be responsive to requests and direction from the Kansas Legislature, to honor the related work efforts that had been completed or were underway, and to comprehensively coalesce the significant interests of the many diverse stakeholders toward a united vision as to the role of State Mental Health Hospitals – both now and in our shared preferred future – in the array of services for Kansans seeking mental health treatment, recovery and resilience.

In order to ensure the Project committee would not duplicate previous work, a Leadership Charter describing the activity and responsibility of the committee was developed to bring focus and boundary to the work. The committee believed this document would assist in creating realistic expectations as well as describing the process for observers. In addition, the Project Committee of stakeholders, consumers and professionals, included individuals who have been a part of previous initiatives, studies and efforts looking at some aspect or dimension of the mental health system. The purpose of this committee was: "To identify the role and function of state hospitals. The committee will develop a template or set of criteria that will guide current decisions, recommendations and action plans now and in the future." (See "Leadership Team Charter for: The Future of State Mental Health Hospitals Project Steering Committee," with membership list, attached.)

The Committee reached agreement on recommendations through a consensus process and spent time framing the issues, conducting discussions, identifying data, and generating options and ideas around the role state hospitals do or could play in the mental health service system. For clarity and focus, the committee created a framework that they used in assessing the various issues related to state hospital roles. Specifically, the activity of the committee fell into three categories of service:

- Front end services: What are the issues related to the state hospital's role prior to admission?
- While in service: What role does the hospital play and what services are provided while the individual is in the hospital?
- Back end services: What services and support are provided by the state hospital as an individual is transitioned to the community?

The full group self-assigned to sub groups based on these categories. Each group focused on, relative to their particular category, the current role of state hospitals, what role they could or should play and how do we get there? Meetings were held through August, September, October and November of 2003 with regular progress communication to key stakeholders between meetings. Summaries of all meetings were recorded and serve as background documentation for this report.

This project, supported in part by the National Technical Assistance Center for State Mental Health Planning, culminated in this Project Steering Committee's work. Our report gives recommendations that are the results of a thoughtful and facilitated consensus building process with stakeholders, consumers and professionals. It concludes that state hospital services must remain an integral part of the mental health system. Because the availability of appropriate medical follow-up, case management, housing and other supportive services varies from community to community, the type and duration of the services provided by state hospitals will vary from patient to patient.

How This Report Should Be Used

This report is meant to be a guide for all Kansas mental health system stakeholders in determining effective utilization of state hospital resources. Consequently, we believe this report can be used to:

- build a common agenda around priorities for this state system;
- educate local decision makers;
- inform legislators;
- assist in asking critical questions before decisions are made regarding level of service; and
- craft public policy relative to the role of state hospitals.

This report provides a template that should be used to guide current and future decisions about the role of state hospitals in the continuum of mental health services for Kansans. It should be used as a comprehensive decision-making tool for **all** interested people as we chart the course to our future.

Kansas' Current State Hospitals

Kansas currently has three state mental health hospitals, all of which are JCAHO accredited and CMS certified. In state fiscal year 2003, 3115 people were admitted for psychiatric inpatient services (including 221 adolescent or children admissions) at these three hospitals, and 107,782 days of inpatient service were provided. The primary basis for inpatient hospitalization in a state psychiatric hospital is that the individual is a danger to self or others. Children and adolescents who are hospitalized have been found to be a danger to themselves and others and generally exhibit behaviors which community providers have been unable to deal with successfully, such as extreme self abuse or violence toward others. Adults, likewise, have been found to be dangerous to themselves or others, and have psychiatric illnesses with uncontrolled symptoms, such as manic episodes, delusions, and severe depression.

Some brief historical and current practice information about each hospital follows:

Larned State Hospital (LSH) was first opened for patients in 1914 to provide care and treatment for people with mental illness and continues in it's role as the only state mental health hospital in western Kansas with a total capacity of 326. The organization continues to evolve in response to the changing needs of Kansas citizens for high quality and affordable psychiatric care. Currently, Larned State Hospital consists of three formal treatment programs and one support services program that deliver services to both internal and external customers.

The *Psychiatric Services Program (PSP)* provides psychiatric treatment to Kansas citizens who range in age from 5 to 85, and who come to the hospital from 59 counties in western Kansas. LSH's catchment area's population is 608,188 and covers 51,693 square miles. There is presently a budgeted capacity of 104 beds, which includes an admission unit with 15 psychiatric beds and 3

chemical detox beds, two 30-bed adult treatment units, and a youth services wing with 15 adolescent beds and 10 beds for children.

Other treatment programs at LSH include: The *State Security Program (SSP)* opened in 1939 and provides a secure setting for forensic evaluations and psychiatric treatment for persons referred from the courts or the Department of Corrections, from across the entire state. The *Sexual Predator Treatment Program (SPTP)*, which provides treatment for convicted sex offenders who have completed their prison sentences, but who have been civilly committed under Kansas' Sexual Predator Law, opened in 1994. The *Finance and Support Program* works to ensure that LSH and two other agencies on campus receive high quality goods and services from a long list of options that include: laundry, dietary, engineering, grounds keeping, supply, water, security, etc.

Related to acute psychiatric services at LSH: In FY98, 30% of admissions were due to risk of suicide. In FY03 this increased to 37%. In FY98, 17% of admissions presented with thought disorders like schizophrenia. This increased to 32% in FY03. In FY98, 23% of the admissions presented with mood disorders but this, as a primary presenting problem, dropped to 9% in FY03. It appears that a greater proportion of persons with severe disorders like schizophrenia, as opposed to severe mood disorders like bipolar illness, are presenting for hospital treatment. Substance abuse, as a primary presenting problem, dropped from 22% in FY98, to 10% in FY03. This likely reflects a reality that a greater proportion of persons coming to the hospital have a mental illness that is seen as more primary than their substance abuse. Between 60% and 70% of LSH patients with mental illness have a co-occurring substance abuse/dependence issue that requires treatment.

Osawatomie State Hospital (OSH) serves adult consumers of mental health services in the 46 easternmost counties of Kansas. In 1866, the Kansas Insane Asylum was established by the legislature and located in Osawatomie, Kansas, as a reward for the role that city had played in the Civil War. In 1901, the facility was renamed Osawatomie State Hospital, its name since then. OSH's catchment area has a total population of over 2,000,000 people and includes Kansas City, Johnson County, Topeka and Wichita. The population served also includes an average of 30 individuals who have been committed under the criminal statutes due to a judicial finding of either not guilty by reason of insanity or incompetency to stand trial.

During FY 2003 over two thirds (72%) of all admissions were involuntary and for 50% of the individuals admitted it was their first admission to OSH. On June 30, 2003 of the 141 individuals being served at OSH, 64% were diagnosed with schizophrenia or other psychoses and 26% with affective disorders. These percentages have held relatively consistent over the last five (5) years. As with LSH, 60% to 70% of individuals served have co-existing substance abuse problems.

Rainbow Mental Health Facility (RMHF) was opened in 1973 as a low security unit of Osawatomie State Hospital (OSH), with a Program Director who reported to the OSH Superintendent. The doors were initially opened to partial hospital patients, who were primarily people with long term psychiatric histories who were transferred from OSH. Rainbow began admitting inpatients at the beginning of 1974, with 30 beds for children and adolescents, and 30 adult beds. A 10 bed adult unit evolved to become a Substance Abuse Unit. The partial hospital adult program served up to 20 adults per 10 bed inpatient unit; the three 10 bed child/adolescent units each served up to an additional 10 to 15 partial hospital patients. During the 1980s a paradigm shift occurred, and community mental health centers initiated community support programs which led to phasing out adult partial hospital programs by the end of the 1980s. The partial hospital program for children/adolescents continued for several more years, but was also closed in the early 1990s as community based service capacity for youth was built.

Rainbow currently serves people of all ages and covers all major psychiatric disorders. Rainbow's catchment area includes 10 counties in the Kansas City metropolitan area for adult admissions. Youth admissions come from the 46 easternmost counties of Kansas, covering a total population of 2,000,000, including Topeka and Wichita. Presently, Rainbow operates a 50 bed facility, with 20 beds for youth and 30 beds for adults. Johnson County Mental Health Center's Adult Detox Unit temporarily rents the remaining 10 bed unit, pending construction of a new facility.

Nearly 600 people (421 adults, 114 adolescents and 53 children) were served in FY 03, an increase of 15% over the previous year. During FY03, 68% of all admissions were voluntary and 22% were involuntary; 60% of all admissions were first time admissions. Of those served in FY03, 51% were diagnosed with schizophrenia or other psychoses and 31% with affective disorders such as schizoaffective, bipolar and anxiety disorders. On June 30, 2003, of the 42 individuals served at Rainbow Mental Health Facility, 53% were diagnosed with schizophrenia or other psychoses and 38% were diagnosed with affective disorders. These percentages have been relatively consistent over the last five (5) years. Consistent with the other state hospitals, at least 70% of individuals served have co-occurring substance abuse issues.

Recommendations

- A. THE STATE MENTAL HEALTH HOSPITAL RESOURCE, AS PART OF THE ARRAY OF MENTAL HEALTH SERVICES, IS ESSENTIAL TO MEET CRITICAL NEEDS OF INCREASING NUMBERS OF KANSANS IN TIMES OF INTENSE CHALLENGE, AND TO HELP THEM ACHIEVE TIMELY AND DURABLE RECOVERY, BUILD RESILIENCE OF CHILDREN AND SUPPORT FAMILIES.**

Rationale and Supporting Data

1. Mental Health Reform initiated an ongoing systemwide dialog regarding the appropriate number of state hospital beds that should be maintained, with the result being a major reduction in beds since 1991. From FY 1992 to FY 2002, the number of state hospital bed days used by community mental health centers (CMHCs) decreased from 274,734 to 100,991 – a 64% reduction.

In addition to the dramatic reduction in available beds and bed days used, the average daily census for state mental health hospitals has steadily declined. The average daily census decreased from 1,283 in FY 1990 to 293 in FY 2003, a 77% reduction.

2. Also during this period, while considerable change has occurred in the use of remaining hospital beds – due to the natural impact of shifting access and demand (such as increased severity of presenting symptoms, increased co-occurring needs and criminal court involvement) and the *de facto* impact of funding reductions – no planned agreement has developed about how to determine the appropriate number of state hospital beds. We now recommend that the right means for determining that appropriate number is one which is responsive to real-time consumer need and flexible to adjust to varying public mental health system needs.
3. The contemporary nature of service needs for people accessing our state hospitals are dramatically different from the stereotypical notions of institutional care.

- State hospital services are needed to provide increasingly fast-paced, safe, secure, nimble, and technologically complex services for people with intense psychiatric illness. These services include:
 - Acute crisis and emergency care
 - Comprehensive diagnostic assessment
 - Comprehensive psychopharmacological treatment
 - Psychiatric rehabilitation
 - Specialized treatment when needed, for issues such as traumatic brain injury, severe violence, refractive psychiatric symptoms, fire setting, etc.
 - Skillful nursing and attendant care
 - Vocational and educational assessment and programming
 - Post-discharge planning for continued care and treatment in the community
 - Increasingly, state hospital services are needed to provide complex services in a safe and secure environment for people who have multiple service needs. This includes people – both adults and youth – who are violent, people involved in criminal cases (forensic service needs), people with sex offending behaviors, people who have been victims of sexual abuse, and people with co-occurring disorders (substance abuse, developmental disabilities).
4. With admissions increasing at a rate of 10% and more per year, state hospitals have maintained an adequate supply of beds by working in effective collaboration with community mental health centers to shorten lengths of stay.
 5. In state fiscal year 2003 the three existing state mental health hospitals were accessed for inpatient psychiatric care extensively:
 - 3,115 people were admitted to state mental health hospitals
 - 2,136 of those people were involuntarily committed
 - The average length of stay was 64 days (LSH), 63 days (OSH) and 24 days (RMHF)
 - The median length of stay was 14 days (LSH), 20 days (OSH) and 17 days (RMHF)
 - The average daily census was 91 (LSH), 168 (OSH) and 37 (RMHF)
 - There were 221 children and adolescent admissions
 6. In contrast, inpatient psychiatric care provided just five years ago in state fiscal year 1998:
 - 1,859 people were admitted to state mental health hospitals
 - 1,295 of those people were involuntarily committed
 - The average length of stay was 116 (LSH), 100 (OSH) and 34 (RMHF)
 - The median length of stay was 18 (LSH), 29 (OSH) and 23 (RMHF)
 - The average daily census was 107 (LSH), 154 (OSH) and 36 (RMHF)
 - There were 261 children and adolescent admissions
 7.
 - In state fiscal year 2002, the state hospitals provided 117,710 days of inpatient psychiatric service.
 - In state fiscal year 2003, the state hospitals provided 107,782 days of inpatient psychiatric service.
 8. While the number of admissions to state hospitals has increased 67% (from 1,859 to 3,115) in the past five years, the average length of stay has decreased by 30% (at RMHF), 37% (at OSH) and 45% (at LSH). The median length of stay has decreased by 26% (at RMHF), 31% (at OSH) and 22% (at LSH). In addition, the recidivism rates (that proportion of people who are readmitted within 30 days of discharge) of our state mental health hospitals

for FY03, at 5.8% (RMHF), 7.9% (OSH) and 6.3% (LSH) were all below the national average of 9.3%.

9. State hospital services are an important part of the array of care for Kansans seeking mental health services. They should be – in fact and in perception – a viable and valuable, state of the science, functional, therapeutic, effective stop along the journey of recovery for each Kansan whose needs are addressed there. Because of the intensity and complexity of service needs that are addressed at state hospitals, they represent an important part of an integrated system of expertise and state of the science service delivery available to Kansans having acute care needs. During a psychiatric emergency, state hospitals are the safety net for patients without access to inpatient psychiatric services – because those services are not found in their community and/or because they are uninsured or unable to afford those services.
10. For approximately 50% of the people accessing state hospital services, this is their first experience with mental health services, and the hospital connects them as the “front door” to community mental health services. Accordingly, it is critical for these people that thorough assessment of current needs, historical information accounting, treatment planning, service provision and CMHC connection occurs at the state hospital.
11. Even while community-based screening processes connect people to community-based services when appropriate, and the number of bed days used at state hospitals has dramatically decreased, the number of people accessing state hospital services continues to increase, and the number of people with the most significant mental illness accessing community-based services continues to increase.
 - In FY 2003, the 3,115 people screened by community mental health centers for admission to state mental health hospitals was only about one-third of the nearly 8,200 people seeking such admission. Across the year, up to 64% of adults and up to 70% of children were appropriately triaged and returned to least restrictive community-based services to meet their needs.
 - The number of adults with serious and persistent mental illness accessing community based services increased 14% from FY 1999 (13,808 adults) to FY 2003 (15,699). Likewise, the number of youth with serious emotional disturbance accessing community based services increased 60% from FY 1999 (9,909 youth) to FY 2003 (15,811 youth).
 - According to federal prevalence standards (designed to anticipate the number of adults and youth who may need to access public mental health services), nearly three-fourths of Kansans who may need such services are not yet accessing them. At this time, the Kansas public mental health system anticipates serving 27% of the potential population of people predicted to need services this year.

B. THE ROLE OF OUR STATE MENTAL HEALTH HOSPITALS IS CHANGING, VARIES FROM ONE HOSPITAL TO ANOTHER, AND REFLECTS UNIQUE COMMUNITY AND INDIVIDUAL NEEDS. ANY ADDITIONAL DECREASE IN STATE HOSPITAL SERVICES SHOULD OCCUR WITH BOTH (A) A CONSENSUS PLAN DEVELOPED WITH INPUT BY REPRESENTATIVES OF ALL STAKEHOLDERS IMPACTED BY SUCH A CHANGE AND (B) PRIOR OR CONCURRENT IMPLEMENTATION OF CAPACITY BUILDING STRATEGIES TO MEET THE NEEDS OF PEOPLE ACCESSING THE IMPACTED STATE HOSPITAL SERVICES.

Rationale and Supporting Data

1. State hospital services cannot be considered as a single type of service or a “one size fits all” service. The services they provide to any given person or community depend upon the needs of the person and the availability of community services. The services sought from the hospitals, as well as the communities referring people to the hospitals, are diverse. As part of the overall array of mental health services, the specific role and function of the state hospitals should be flexible, interactive with other system stakeholders, and responsive to changing needs.
 2. Community mental health center screeners, who have front line knowledge about community dynamics (population turnover, crisis housing, transportation), service options (type and availability of community mental health service providers), short- or long-term service gaps, and the community’s capacity for the person’s dangerousness, must do make the decision about the ability to meet the person’s needs with community-based services or the need to access state hospital services.
 3. Valid decisions about the role of state hospitals cannot be made without specifically factoring in these types of issues:
 - Demographics and geography of a given area
 - Nature of the person’s current illness and acuity, as well as level of violence or dangerousness to self or others
 - Current capacity of the community to meet the person’s needs
 - A service type or model that works well in one community may not be appropriate for another (such as urban/rural differences, economic status, cultural distinctions, availability of professional service practitioners)
 - The reality that before a service is eliminated, plans for service replacement must be clearly developed and implementation must be prior or simultaneous.
- C. COMMUNITY-BASED SERVICES AND COMMUNITY PSYCHIATRIC INPATIENT SERVICES MUST BE SUPPORTED TO PREVENT FURTHER DISSOLUTION OF RESOURCES FOR PATIENTS NEAR THEIR HOMES.**

Rationale and Supporting Data

1. The ability of communities – due to size, resources, rural nature, and otherwise – to meet crisis service needs of its members varies widely. Although psychiatric services at any level of intensity are more preferably provided in or near one’s community, in reality that option does not always exist and alternative options must be available.
2. In state fiscal year 2002, Medicaid-billed inpatient services provided by community psychiatric hospitals were provided for 22,950 days to 3,785 people.
 In state fiscal year 2003, Medicaid-billed inpatient services provided by community psychiatric hospitals were provided for 25,820 days to 3,227 people.
3. Kansas continues to experience the closure of community inpatient psychiatric service settings. Just this fall, 2003, two additional community inpatient psychiatric service settings (at Lawrence Memorial Hospital and Overland Park Regional Medical Center) have closed, and in those two settings over 130 Kansans had accessed Medicaid-funded inpatient

psychiatric services during the prior year. The reimbursement system for state-funded inpatient psychiatric services provided outside of state hospitals should have a renewed assessment to determine if any adjustments can be made to more effectively support people in or near their communities. This should include specific examination of the Diagnostic Related Group (DRG) payment system, and should address ways to effectively support access to adequate funded service days for youth and others needing inpatient psychiatric care.

4. Children are more likely to be admitted to a state hospital if they are not known to their CMHC. Thus, additional outreach effort should be made to increase knowledge about and access to CMHC services for families having youth with mental health service needs. This includes enhanced partnership between community psychiatric hospitals and CMHCs to collaborate about youth with private insurance accessing inpatient psychiatric services.
5. CMHCs have developed crisis service plans and should be supported to continue to enhance and implement those plans. The committee strongly recommends that the state increase its application of meaningful and measurable performance standards connected to CMHC crisis service plans. The state should monitor to ensure that those plans are effectively identifying community gaps and needs, that the plans give particular attention to the needs of children/adolescents and service issues unique to them, and that CMHCs are accountably implementing their crisis service plans.
6. The use of new public/private partnerships to deliver acute care services should receive ongoing consideration consistent with the needs of specific areas.
 - ❑ Our neighbors to the east in Missouri have developed a public/private partnership to serve acute care needs of people who would otherwise have been admitted to a state mental health hospital in and around St. Joseph, Missouri. This service arrangement, known to some as the “St. Joseph model,” serves only those patients who need acute care (no more than 30 days, and if more than 30 days are needed the person is transferred to a state hospital) and only those who are not sent in connection with a criminal case, in an 18-bed acute care unit of Heartland Health. Services are provided in accordance with a contract between the State of Missouri and Heartland.
 - ❑ Our neighbors to the north in Nebraska are working on a plan to create “a center for excellence” in Omaha by partnering with Nebraska’s two medical schools to develop a facility that provides professional training, scientific research, crisis medical care and statewide outreach services for people experiencing mental illness.
 - ❑ The recommendations in the Report from the Rainbow Redesign Task Force concerning alternative service approaches at the Rainbow Mental Health Facility should be supported and implemented as soon as feasible. This includes such partnership elements as co-location of CMHC 24-hour services at RMHF; using RMHF as a site for Consumers As Providers internships; use of Consumer Run Organization staff to facilitate training for staff, patients, families; and use of RMHF to provide technical assistance to other Kansas communities to replicate aspects of a recovery and wellness center. Similarly, activities such as Larned State Hospital’s hiring of consumer representatives to serve as patient advocates and represent consumer interests in programming decisions, as well as parent advocacy and mentoring activities, are commended and encouraged for further consideration.

7. Consideration should be given to making additional inpatient psychiatric services available in more regions of the state. The number of children up to age 12 served by state hospitals continues to decline. RMHF and LSH admitted only 81 children in FY 2003. The average daily census for the two children's programs combined in FY2003 was less than 9 children. This level of utilization for children's services is far below the current capacity of eighteen (18), and is a utilization level that can serve as a starting place for a regionalization model. We recommend that, without closing access to state hospital beds when needed, the state develop a regional model to deliver acute inpatient psychiatric services for children up to age 12 to be implemented in FY 2005.

D. WORK MUST CONTINUE TO ENSURE THAT OUR STATE MENTAL HEALTH HOSPITALS ARE CONTINUOUSLY EFFECTIVE AND FULLY INTEGRATED PARTS OF KANSAS' PUBLIC MENTAL HEALTH SYSTEM.

Rationale and Supporting Data

1. To help assure optimum and consistent performance by persons performing the screening role, the state should develop and implement a mandatory, standardized, statewide training curriculum for all screeners. The curriculum content should be refreshed periodically and include content on the core service principles and processes, the importance of collaborating with the family and local community service providers, and how to mobilize community-based alternatives to hospitalization. Particular care must be given to ensure good training and performance of screening decisions made regarding children/adolescents and screening decisions made during irregular hours.
2. In the absence of more state hospital services available geographically close to all areas of the state, the state should implement some mitigating measures to facilitate full treatment partnership and visitation by families of people accessing state hospital services. This may include financial assistance with phone conferencing, travel and lodging expenses (such as free housing for families slated to open at Larned State Hospital in December), toll-free phone access for families and friends, expanded video conferencing access in partnership with CMHCs, and family-friendly visitation environments and practices.
3. Because the CMHC liaison role is critical to effective discharge planning and implementation, the CMHCs and state hospitals should collaborate to ensure that the liaisons are involved at significant times, and support their active partnership with hospital staff. People filling that role should be skilled in effective partnership practices and collaborative working strategies; have ongoing solid working knowledge about community services – including those for children/adolescents and their families – and be able to facilitate access to them; and partner actively with community psychiatric, NFMH, foster care and other relevant service providers in their area to the fullest extent feasible.
4. Because both community services and state hospital services are critical elements of the overall mental health service array, training for key staff members involved in each system should be ongoing to ensure that there is good mutual understanding of state of the science service issues, community service availability, state hospital services, and the active connections between them. Shared values around core service issues – such as individualized wraparound service planning and implementation, recovery and wellness service focus, building the resilience of children and supporting families, etc – should be the subject of mutually-developed, dynamic, refreshed, ongoing, and accessible training.

Consideration should be given to the use of technology in sharing these training opportunities, and to including adults and youth accessing services as well as their families in this training both as teachers and learners.

5. Because the presence of people needing forensic services is increasing in number and complexity, the activities and recommendations of the Governor's Mental Health Services Planning Council Forensic Subcommittee should be supported and implemented. This includes a comprehensive study of the forensic population in Kansas' jails; a review of criminal mental health statutes and processes for evaluation and treatment; support the growth of the state mental health forensic program; and cross training between mental health/law enforcement/substance abuse systems and impacted families.
6. SRS should consider ways to help integrate the vision, direction, best practice and collaboration between state hospitals and community mental health providers. The SRS/Health Care Policy Mental Health Director should conduct ongoing interactive meetings with mental health system stakeholders to receive and respond to input about service issues and related data development, management, and system decision making.

LEADERSHIP TEAM CHARTER FOR:

The Future of State Mental Health Hospitals PROJECT STEERING COMMITTEE

Requested by: SRS Health Care Policy

Date: April 2003

Charter Process: As a result of a request by the 2003 Legislature regarding issues related to serving individuals in the state hospital system, SRS Health Care Policy has convened this Project Steering Committee. Composed of a diverse group of system stakeholders, this team is designed for a specific purpose and a time certain. The product of this committee will be a report outlining recommendations and a template to guide current and future decisions about the future role of state hospitals. SRS/HCP will complete the final report after receiving recommendations and input through this process.

Team Purpose: To identify the role and function of state hospitals. The committee will develop a template or set of criteria that will guide current decisions, recommendations and action plans now and in the future.

Boundaries/Expectations

1. Where possible use existing data relative to the current status of state institutions
2. Work within existing resources (people and dollars) relative to this committee process
3. Maintain focus on state institutions and their role as part of the mental health delivery system

Ground Rules

1. Decisions made by the committee will be based on a consensus-building model. In the event the committee cannot reach agreement by this method on recommendations, the committee will develop an alternative method of agreement.
2. If a committee member cannot attend a meeting, he or she will be given the opportunity to provide input prior to and following a scheduled meeting.
3. Committee work will be completed by the end of November 2003.
4. Committee members will assist in the management and communication of information by distributing information to constituents or other stakeholder populations

Tasks

1. Review data and information about the current role of the state hospitals within the mental health system as it relates to each key arena..
2. Use the following areas as areas of strategic focus in analyzing, reviewing data, and as a framework for making recommendations: Front end services; Services received while in the state hospital setting; Services received when exiting the hospital system..
3. Review current, and pertinent reports on aspects of the mental health system, including task force, consultant and committee recommendations. Identify recommendations in these reports that should be considered as the committee develops recommendations on the state hospital future.
4. Identify who is currently being served; what services are provided by state hospitals unique to that setting in each of the areas of strategic focus

5. Make recommendations relative to the role of state hospitals that are:
 - a. Immediate
 - b. Mid-range
 - c. Long-range
 (define the period of time for each)
6. Develop as part of the committee process, a method of ensuring ongoing stakeholder input.

Key Resources

1. Reports provided to the Project Committee from state task forces, Governor's Committees, and consultant reports.
2. Stakeholder input
3. 2003 legislative directives

Committee Members

<i>Name</i>	<i>Organization Representing</i>
Karen Ford Manza	NAMI Kansas
Jane Adams	KEYS for Networking
Wes Cole	Governor's Mental Health Svcs Planning Council
Judy Thompson	Sunshine Connections
Gary Parker	Governor's Mental Health Svcs Planning Council
Dr. Roy Menninger	Mental Health Coalition
Rocky Nichols	Kansas Advocacy & Protective Services
Anne Roberts	KVC Behavioral HealthCare
Mary Vilmer	Oakleaf
Chris Petr	University of Kansas-School of Social Welfare
Bruce Linhos	Children's Alliance
Laurie Loughry	Gatewood Care Center
Ron Denney	Four County Mental Health Center/CMHC Assn
Pete Zevenbergen	Wyandot Center for Comm. Beh. Healthcare, Inc.
Jim Karlan	Southwest Guidance Center
Mel Goering	Prairie View, Inc./CMHC Assn
Sanford E. Pomerantz, M.D.	Kansas Psychiatric Society
Julie DeJean	Stormont Vail Medical Center
Fred Zang	Shawnee Mission Medical Center
Maggie Rasette	Mercy Regional Health Center
Dr. Garry Porter	Via Christi Regional Medical Ctr
Dr. Brad Grinage	Univ. of Ks. School of Medicine-Dept of Psychiatry
Dr. Mark Schutter	Larned State Hospital
Don Jordan	Osawatomie State Hospital
Laura Howard	SRS/Health Care Policy
Kathy Harmon/Gary Harbison	SRS/Health Care Policy/Mental Health
Rick Shults	SRS/Health Care Policy/Management Operations

Charting the Future for State Mental Health Hospitals & Acute Care Resources
Project Steering Committee – Resource List
October 2003

The following is a list of resource items provided to project steering committee members for consideration as part of their work on this project:

<u>Document</u>	<u>Date</u>
<i>Hospital Stakeholder Task Force Report</i>	March 2001
<i>Report from the Rainbow Re-Design Task Force</i>	October 2002
<i>Statewide Children’s Hospital Committee</i>	
Draft Interim Report	May 2003
Draft Report	September 2003
The President’s New Freedom Commission on Mental Health – <i>Achieving the Promise: Transforming Mental Health Care in America</i> – Final Report	July 2003
<i>Responsive Comments</i> to “Achieving the Promise: ...” by the Bazelon Center, NAMI, NASMHPD and NMHA	July 2003
“A Review and Analysis of the Future of Kansas State Mental Health Institutions” Submitted by Garry A. Toerber, Ph.D.	July 2003
Special Report: <i>Medicaid Financing of State and County Psychiatric Hospitals</i> ; U.S. Department of Health and Human Services; SAMHSA	Printed 2003
Draft of Governor’s Mental Health Services Planning Council <i>Forensic Subcommittee Report</i>	September 2003
SRS Reports Distributed to Project Steering Committee	August 2003
~ FY03 service data pertaining to Larned State Hospital	
~ FY03 service data pertaining to Osawatomie State Hospital	
~ FY03 service data pertaining to Rainbow Mental Health Facility	
~ “Mental Health Funding History” document which summarizes key funding facts for entire mental health system, from state fiscal year 1990 to state fiscal year 2004	
~ “State Mental Health Hospitals: General Background/Information” document which compiles general agency information about each of the three state facilities	
~ Information About Medicaid-Billed Services Under “Mental Diseases and Disorders” - FY02 (Revised/Corrected 10/03)	
~ Information About Medicaid-Billed Services Under “Mental Diseases and Disorders” - FY03 (Revised/Corrected 10/03)	