

Approved: January 26, 2005

Date

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairman Jim Morrison at 1:30 P.M. on January 25, 2005 in Room 526-S of the Capitol.

All members were present.

Committee staff present:

Melissa Calderwood, Kansas Legislative Research Department
Mary Galligan, Kansas Legislative Research Department
Renaë Jefferies, Revisor of Statutes' Office
Gary Deeter, Committee Secretary

Conferees appearing before the committee:

Gary Daniels, Acting Secretary, Kansas Department of Social and Rehabilitative Services

Others attending:

See attached list.

The Chairman announced that an e-mail sign-up sheet would be circulated for using Instant Messaging in the committee.

The minutes for January 20 were approved by motion, second, and unanimous vote.

The Chair welcomed Representative Jim Yonally, who requested the committee sponsor a bill requiring hospitals to report hospital-infection rates. A motion was made, seconded and passed to sponsor the bill.

Representative Bob Bethell requested a committee bill regarding pain management. He said often physicians, fearing a patient may become addicted, are hesitant to prescribe adequate medication to alleviate pain. By motion, second, and unanimous vote, the motion passed.

Representative Bob Bethell also requested the committee sponsor a bill to ban medications imported from any country outside the United States into the state of Kansas. A motion was made, seconded, and passed to sponsor the bill.

Martin Kennedy, Director of Budget and Government Affairs, Kansas Department of Aging, requested the committee sponsor a bill to expand the scope of the Senior Care Act to allow in-home preventive health services. By motion, second and vote, the committee agreed to sponsor the bill.

Representative Mario Goico, concerned with the rising cost of health care, requested the committee sponsor a bill to grant a sales-tax exemption to health and fitness clubs, thus encouraging individuals to develop and maintain healthy lifestyles. A motion was made, seconded and passed to sponsor the bill.

CONTINUATION SHEET

MINUTES OF THE House Health and Human Services Committee at 1:30 P.M. on January 25, 2005 in Room 526-S of the Capitol.

Gary Daniels, Acting Secretary, Kansas Department of Social and Rehabilitation Services (SRS), provided an overview of the work of the agency. (Attachment 1) Stating that the agency's mission statement is to protect children and promote adult self-sufficiency, he outlined the divisions of the agency: Health Care Policy, Integrated Service Delivery, and Administration.

Commenting on the areas of Health Care Policy (Addiction Services, Community Supports, Medicaid, Mental Health, State Hospitals), Mr. Daniels noted that, in FY 2004, almost 75% of the Medicaid expenditures go to the aged and disabled, whereas the aged and disabled make up only 21% of the beneficiaries; conversely, family medical expenses are 20% of the Medicaid budget, but they make up 70% of those receiving benefits. Regarding the two state developmental disability hospitals, he said that the institution in Topeka cares for those who are medically fragile; those in Parsons are medically fragile with psychiatric disabilities. He commented that before SRS was reorganized, an office was maintained in each county; after reorganization, many of the area offices were closed, but the number of access points was increased. Further, SRS staff now make more home visits, making services more widely available.

Mr. Daniels outlined those who receive public assistance: cash assistance to individuals (average \$160 per month), cash assistance to families (average \$316), child-care assistance (average \$506), and household food assistance (previously food stamps, average \$257). He noted that 87% of those receiving assistance are participants in a work program. He stated that, in supporting the welfare and safety of children, SRS investigates 43,000 reports of abuse or neglect; the agency also in FY 2004 investigated 6124 reports of abuse or neglect of adults. He noted that the agency in FY 2004 collected \$152 million in delinquent child support payments, 75% of which was channeled to the appropriate families.

Mr. Daniels said that the reorganization of the agency, which will become effective in July 2005 when SRS becomes the Kansas Department of Human Services, will more than double direct services delivery. He listed seven proposals for the attention of the 2005 Kansas Legislature:

- A process for reviewing prescription drugs (**HB 2107**);
- Support for the Children to Support our Future Act;
- Sharing forensic mental health records;
- Expand access to Kansas Bureau of Investigation and Federal Bureau of Investigation records, access to which includes background checks for SRS employment;
- Reporting abuse, neglect or exploitation;
- Injunctive authority for unlicensed facilities; and
- Maintaining Families and Supporting Older Youth Act.

Members asked questions regarding SRS activities and policies, which were answered by SRS staff:

- Laura Howard, Deputy Secretary for Health Care Policy, said that the agency is seeking to follow up on the House Appropriations proviso regarding technology-dependent individuals who "age out" of services in an attempt to provide continuity for them.
- Candace Shively, Deputy Secretary, said that regarding Child In Need of Care (CINC) cases, the foster

CONTINUATION SHEET

MINUTES OF THE House Health and Human Services Committee at 1:30 P.M. on January 25, 2005 in Room 526-S of the Capitol.

care component is directed by private contractors; however, SRS has a set of quality-assurance protocols that contractors must follow. SRS does the initial CINC investigation; a court decides whether to remove the child from the home; if removal occurs, the case is turned over to a contractor. SRS monitors the contractor by requiring a set of outcomes for each case.

- Ms. Howard said that SRS receives about \$100,000 each year to help deal with gambling addiction; SRS also provides a gambling hotline and counselors. The specific expenses can be seen by examining the budget details.
- Ms. Shively said she did not think child-support enforcement statutes applied to a parent whose parental rights had been severed.
- Ms. Shively said SRS sometimes provides commodities to schools to expand their meal offerings, but does not provide meals.
- The welfare-to-work program does not support four-year college programs. A member commented that it seemed illogical to remove a college student from college education support, where he/she might eventually be employed at a salary that could support his/her family, and then require the person to enroll in a work-study program that would likely produce a much lower wage for the person.

The meeting was adjourned at 2:54 p.m. The next meeting is scheduled for Wednesday, January 26, at 1:30 p.m. in Room 526-S.

**HOUSE HEALTH AND HUMAN SERVICES COMMITTEE
GUEST LIST**

DATE: January 25 2005

NAME	REPRESENTING
Ward Cook	American Cancer Society
Kame Ann Lower	KS Govt Consulting
Joshua Bender	Intern Rep. Bethell
Ron Secher	Hein Law Firm
Kristina Hilboldt	Intern Rep. Watkins
Jamie Rutherford	Skills gov & Rel.
John Katzenberger	InterTab
DIANA SHERRARD	KANSAS PHYSICAL THERAPY ASSOC
Candy Alving	SRS
John Badger	SRS
Janet	KOP
Rae Anne Davis	SRS
Laura Howard	SRS
Jessie Terrez	SLCK
Jennifer Schwartz	KACIL
Tammara Capps	Purdue Pharma
LARRY BUENING	BD OF HEALING ARTS
Rita Shih Chauz	Wichita ACT's
Milagros Gurala	Heights High School

Wichita Page for D. Garcia

Don Moran Intern - Rep Kirk
Marty Kennedy KS Dept. on Agr'g

Attachment 1
HHS 1-25-05

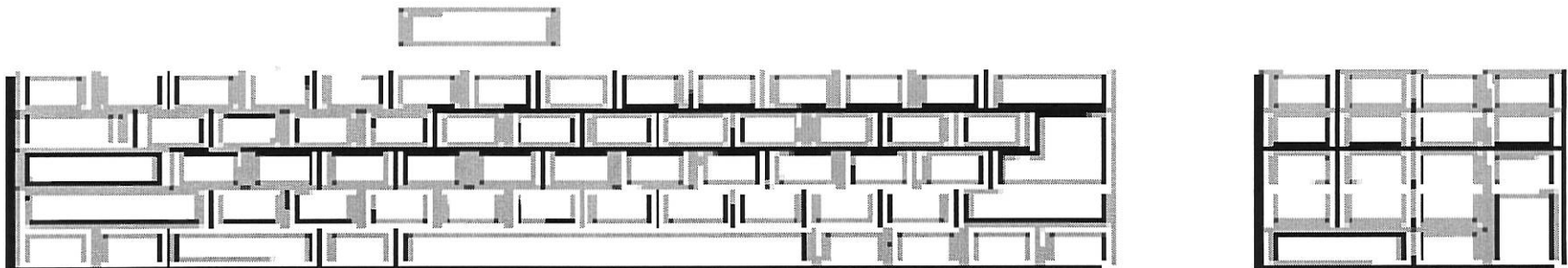
Agency Overview

House Health and Human Services Committee
Gary Daniels, Acting Secretary

January 25, 2005



Kansas Department of Social and Rehabilitation Services



SRS Program Divisions

1-2

Office of the Secretary
Gary Daniels, Acting Secretary

Health Care Policy

Addiction and Prevention Services
Community Supports and Services
 -Developmental Disabilities Waiver
 -Physical Disabilities Waiver
Medical Policy/Medicaid
 -Health Wave
Mental Health Services
State Hospitals
 -Kansas Neurological Institute
 -Larned State Hospital
 -Osawatomie State Hospital
 -Parsons State Hospitals
 -Rainbow Mental Health Facility
 -Sexual Predator Treatment Program

Integrated Service Delivery

Child Protection Services
Child Support Services
Child Welfare
 -Adoption
 -Family Preservation
 -Foster Care
Economic and Employment Support
 -Food Assistance
Child Care and Early Childcare Development
Rehabilitation Services
Regional Office
 -Kansas City Metro
 -Northeast Region
 -South Central Region
 -Southwest Region
 -West Region
 -Wichita Region

Administration

Accounting and Administrative Operations
Audit and Consulting Services
Financial Management
Customer Affairs
Human Resources
Information Technology
Legal
Legislative Affairs
Media Affairs
Strategic Management Support



Health Care Policy Division

Mental Health

Community Supports and Services
(Developmental Disability and Physical Disability)

Addiction and Prevention Services

Medical Policy

State Hospitals

Health Care Policy Outcomes

✓ Community Inclusion
Community Based Services

✓ Prevention

✓ Consumer driven

✓ Independence
*Housing
Employment
Health*

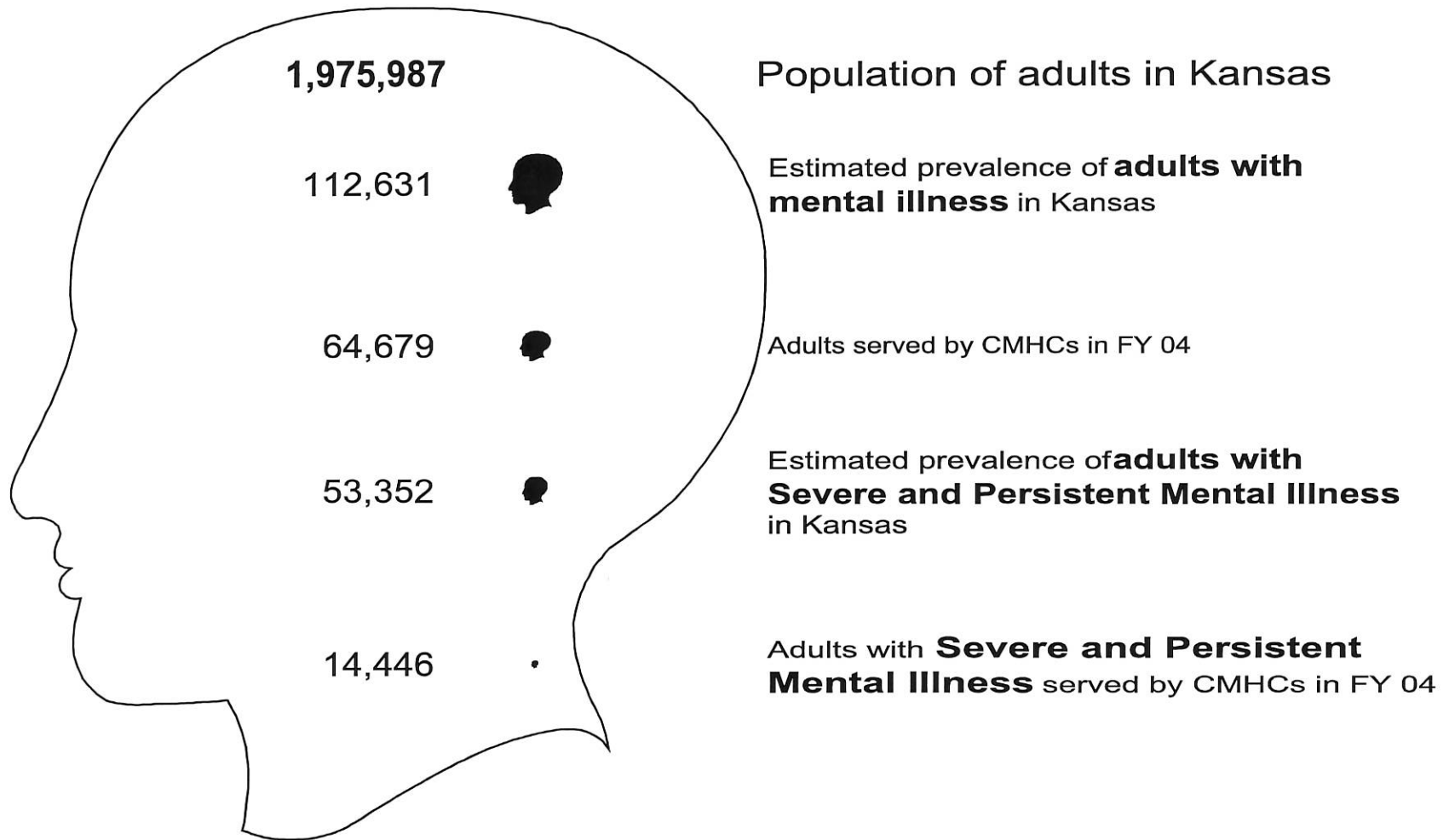
✓ Evidence-based practice

✓ Co-occurring Issues (*those diagnosed with more than one disorder*)



1.4

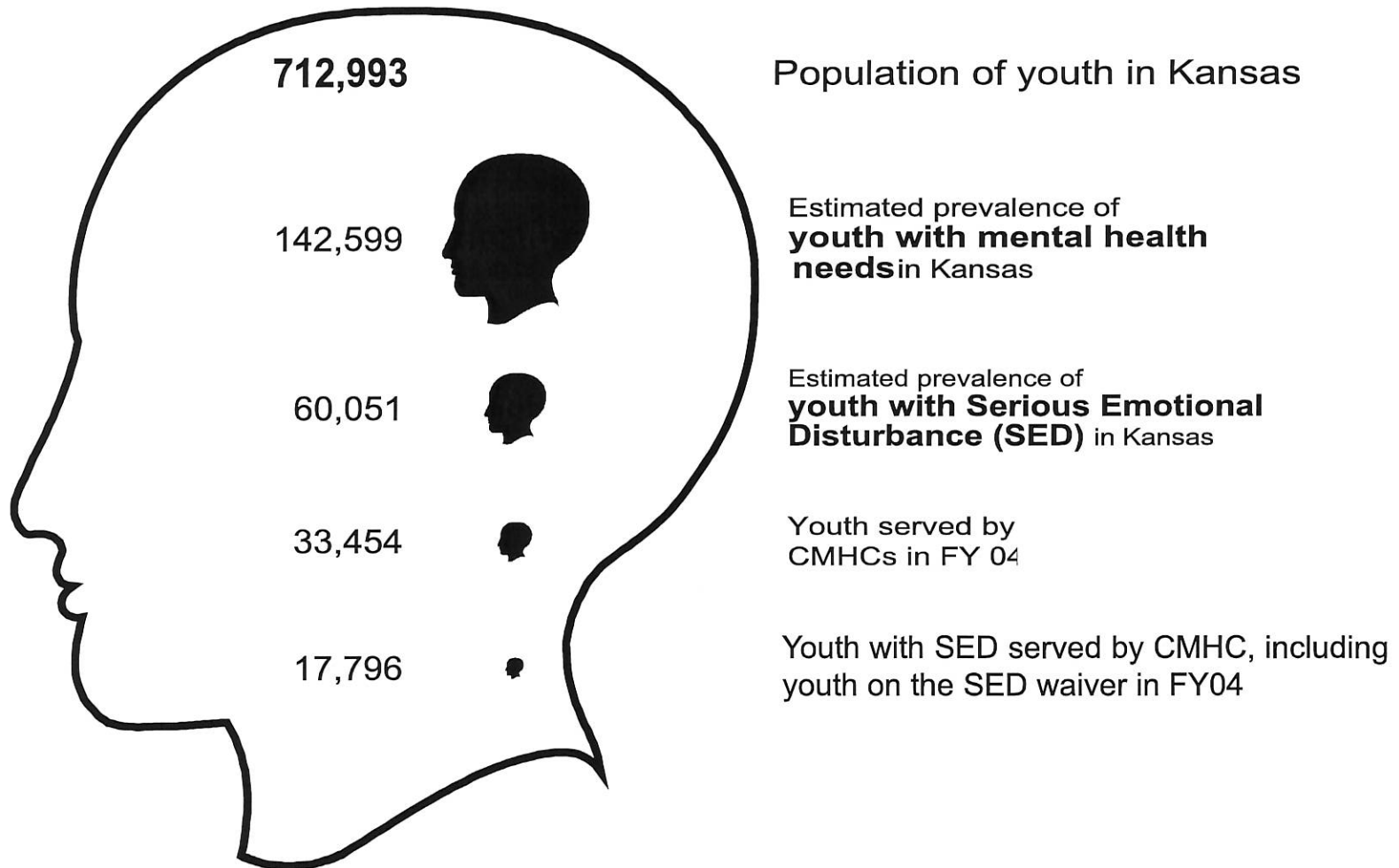
Prevalence of Mental Illness in Adults and Adults Served by Community Mental Health Centers (CMHC)



An adult with a severe and persistent mental illness (SPMI) means one who meets specific diagnostic criteria, displays significant functional impairment and/or evidences a high level of risk in their recent life circumstances.



Prevalence of Mental Illness in Youth and Youth Served by Community Mental Health Centers (CMHC)

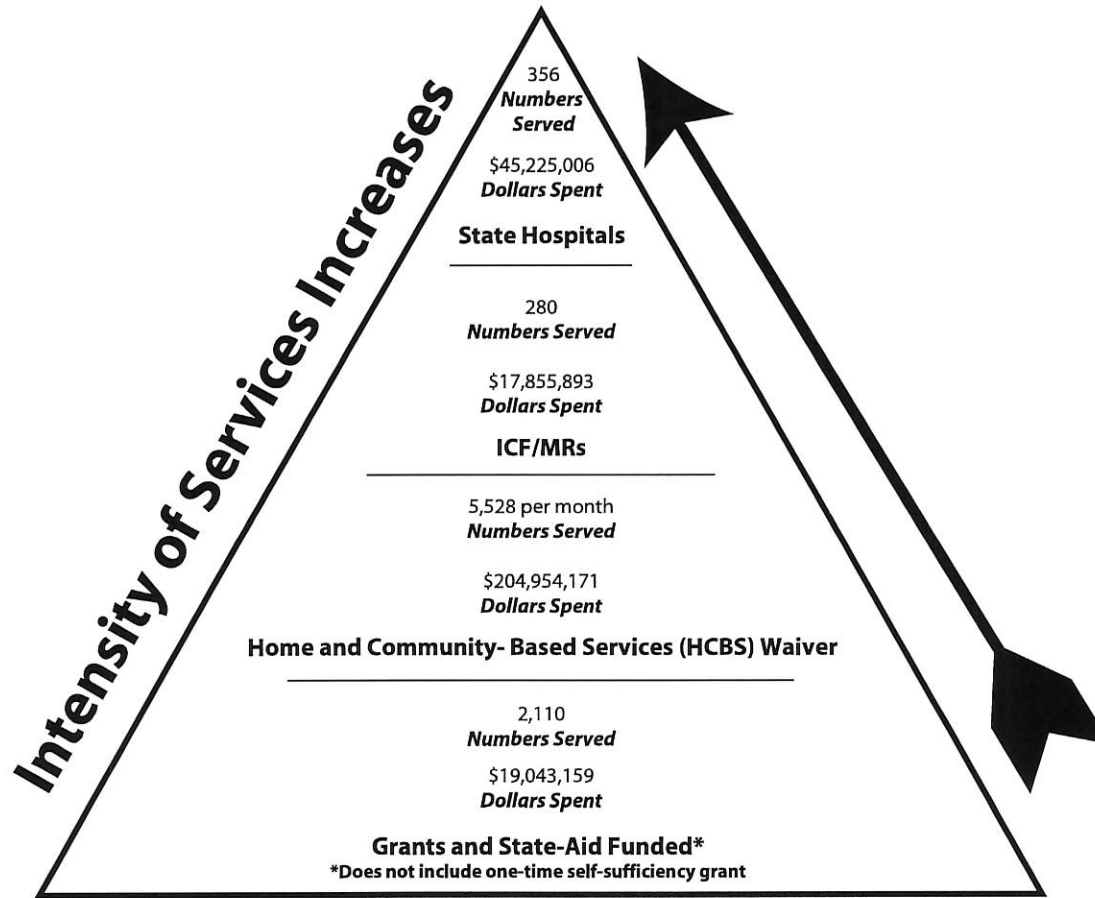


The term serious emotional disturbance (SED) refers to a diagnosed mental health condition that substantially disrupts a youth's ability to function socially, academically, and emotionally.

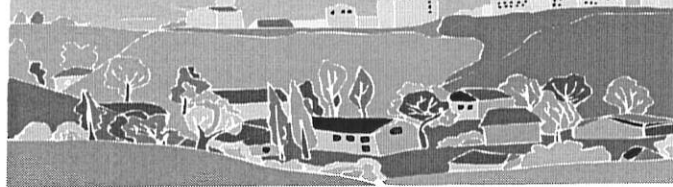


Community Supports and Services Developmental Disability Services

FY 2004



Home and Community Based Services



1-7

Waiver Overview

Technology Dependent

Children birth to 18 years, hospitalized or imminent risk of hospitalization

Requires medical device to compensate for loss of vital body function

Serves 40-48 children per month

\$181,244 all funds

Traumatic Brain Injury

Individuals 16 years to 64 years of age

Person has sustained a traumatically acquired brain injury

Served an average of 123 individuals per month

This is a rehabilitation waiver. Average length of stay on the waiver is 2 years and 11 months

\$5,455,886 all funds

Physical Disability

Individuals 16 to 64 years of age

Must be determined disabled by Social Security standards

Must require assistance completing daily living activities or instrumental activities of daily living

Are eligible for care provided in a nursing home

Served average of 3,667 individuals per month (2004)

\$59,736,010 All Funds

Developmental Disability

Individuals age 5 and up who meet definition of mental retardation or developmental disability

Eligible for care in an Intermediate Care Facility/Mental Retardation (ICF/MR)

Served an average of 5,528 individuals per month

\$204,954,171 all funds



SRS Addiction and Prevention Services

Treatment Trends FY 2004

Total Person's Served 14,911

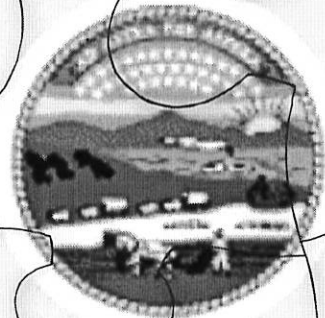
- 78.63% were at or below the Federal Poverty Guidelines
- 17.62% were 18 years or younger
- 24.40% of all clients that entered treatment were diagnosed with a psychiatric problem prior to admission

Services to Women

- 32.98% of all clients were female
- 6.71% were pregnant
- 28.79% that were pregnant at admission had a primary problem of cocaine
- 67% of SRS referrals entered treatment (Children & Family Services, Economic & Employment Services, Foster Care, etc.)

Priority Populations

- SRS clients (TANF, Family Preservation, Foster Care, etc.)
- Low income Kansans (pregnant women and women with children, IV drug users, co-occurring, those at risk for HIV, involuntary commitments, those at risk for TB.)



Department of Corrections 4th Time DUI Clients

Admissions into treatment

Males 590
Females 42

- 15.51% diagnosed with psychiatric problem prior to treatment
- 59.40% of total admissions completed treatment

Risk and Protective Factors Predict Adolescent Problem Behaviors

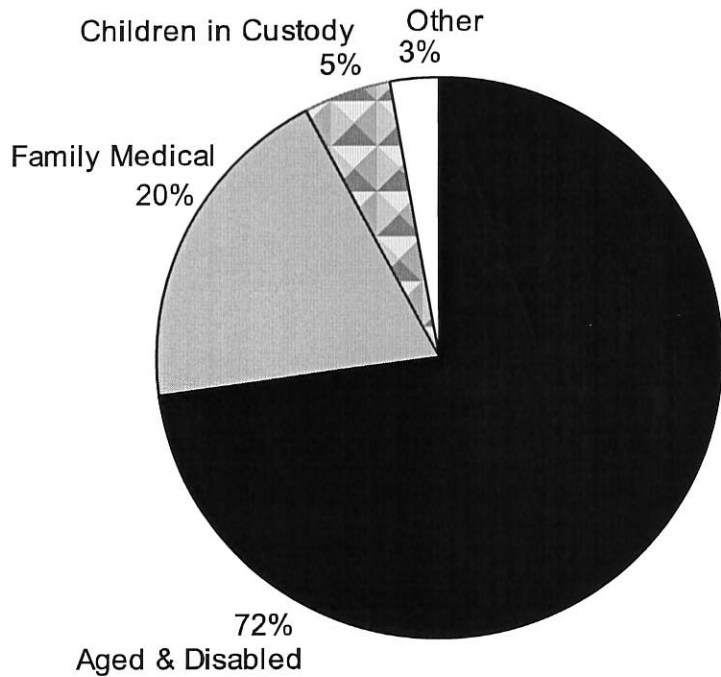
SRS utilizes the Kansas Communities That Care Student Survey to assess the risk and protective levels of 6th, 8th, 10th and 12th graders.

In FY2004, 36% of KS 6th, 8th, 10th, and 12th graders surveyed have high level of risk, while 46% have high levels of protection. KS youth experience less risk and more protection than other youth across the country.



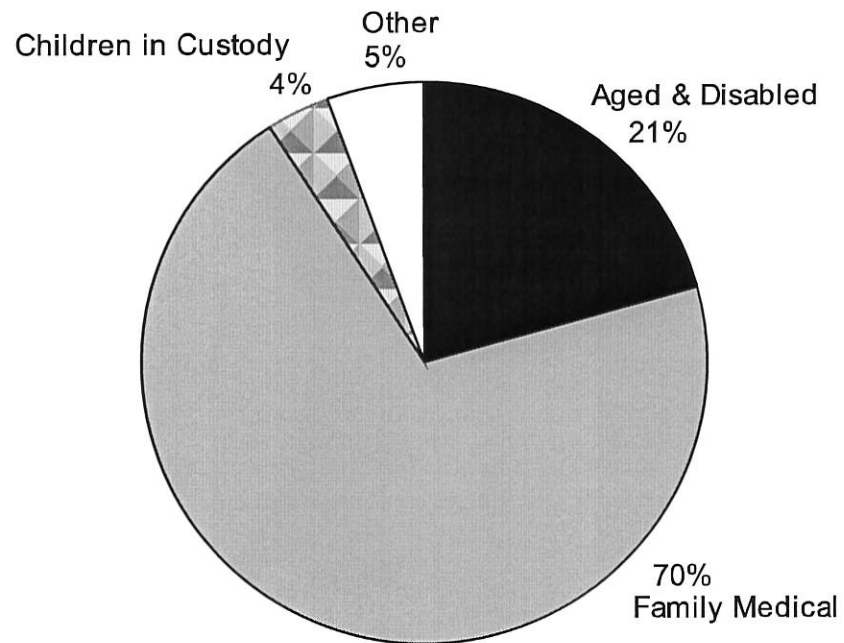
Medicaid Expenditures and Beneficiaries FY 2004

**Expenditures as a Percent of
FY04 Medicaid Budget**
Value in Dollars



Total Expenditures \$1,051,056, 766 all funds

FY 04 Beneficiaries
Percent of people served in
FY04 Medicaid Budget



Total Beneficiaries 247,109 monthly average



State Mental Health Hospitals Overview

SRS funds three hospitals

Larned State Hospital

Larned serves 59 western Kansas counties (including adults and children). Larned also serves as the state forensic hospital.

Osawatomie State Hospital

Osawatomie serves adults in 46 eastern Kansas counties (including Sedgwick).

Rainbow Mental Health Facility (Kansas City)

Rainbow serves adults in 10 eastern counties and youth with Serious Emotional Disturbance in 46 eastern counties

Services Provided

Inpatient mental health facilities for adults who are:

- Diagnosed with Severe and Persistent Mental Illness (SPMI)
- Committed for forensic evaluation/treatment
- Children with Serious Emotional Disturbance

Adults Average Daily Census (2004)	259
Youth Average Daily Census (2004)	24
Total Expenditures	\$58,351,089

Sexual Predator Treatment Program (SPTP)

- Provides treatment to persons committed by courts pursuant to the Sexually Violent Predator Act
- In-patient treatment at Larned State Hospital

SPTP Census and Expenditures	
Number served (2004)	108 (increase from 88 in 2003)
Total Expenses	\$4,517,045



State Developmental Disability Hospitals Overview

SRS funds two hospitals

Kansas Neurological Institute (Topeka)

Parsons State Hospital and Training Center (Parsons)

Responsibilities

Residential treatment, training and care facilities for people with developmental disabilities

Meet compliance of federal Medicaid Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR)

Census and Expenditures

Parsons Average Daily Census (2004) 188

Expenses (2004) \$20,559,301

KNI Average Daily Census (2004) 168

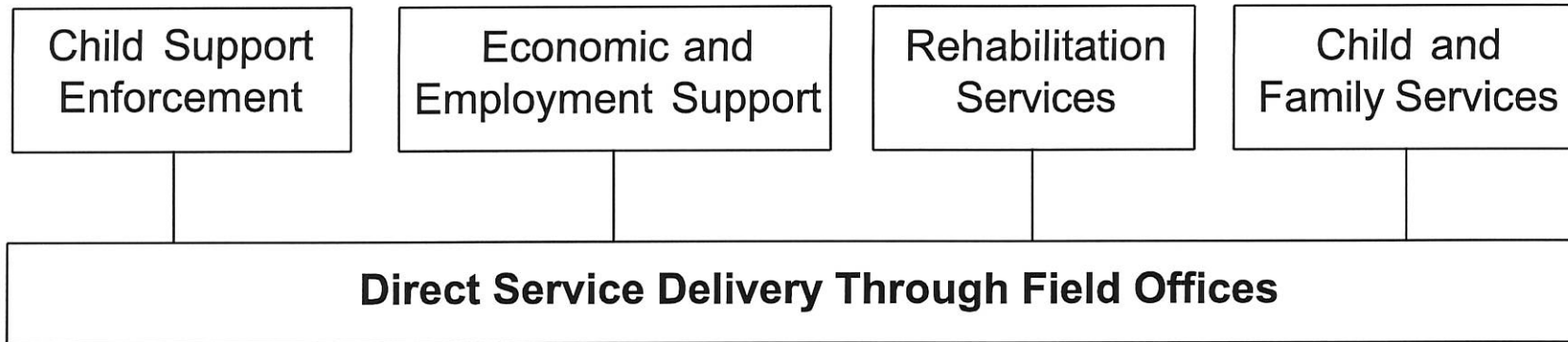
Expenses (2004) \$24,665,705

(more medically dependent)



1-12

Integrated Service Delivery Division



Division Outcomes

Maximize Independence and Self Sufficiency

Maintain Families

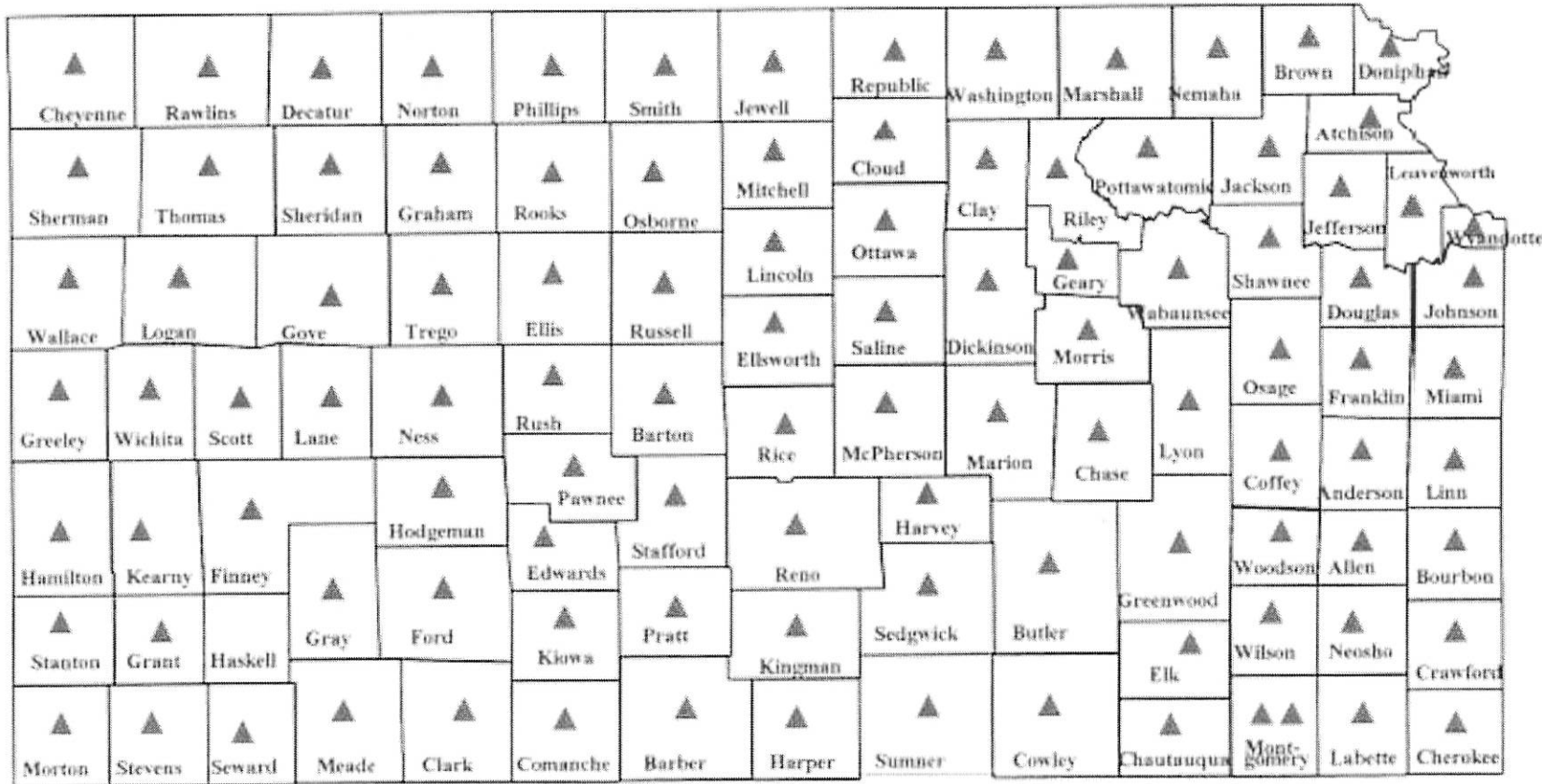
Protect Children and Adults

Quality Customer Service

Community Capacity and Partnerships



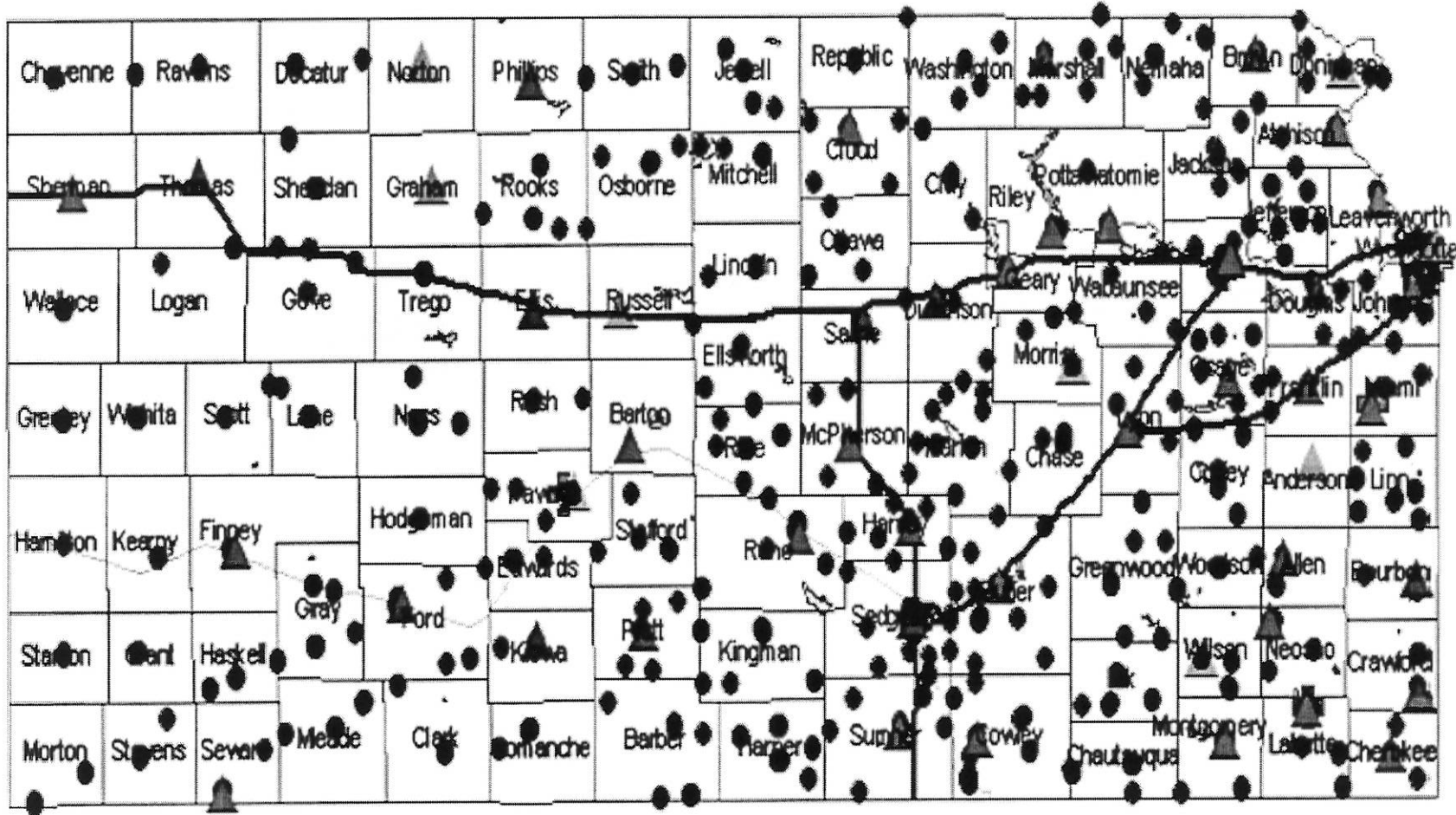
Access to SRS Services Before Service Delivery Redesign 105 Local County Offices



SRS Access Points

Over 850 Access Points Statewide

1-14



1-800-369-4777

www.srskansas.org



Kansas Department of Social and Rehabilitation Services



Who Receives Public Assistance?

<p>GENERAL CASH ASSISTANCE (Disabled & 32% FPL= \$1.43)</p> <ul style="list-style-type: none"> ● 42 average age ● 99% are one person households ● 67% have high school diploma ● 55% have physical disability ● 4% have mental disability ● 18% also receive LIEAP benefits 	<p>TAF CASH ASSISTANCE (32%FPL=\$2.41/hr for 3 persons)</p> <ul style="list-style-type: none"> ● Household head is 29 years old ● 96% are headed by female, Avg. children per household is less than 2, ● 59% have high school diploma, ● 50% have severe barriers to employment, ● Avg. time on assistance is 12 mo., ● 30% also receive LIEAP 	<p>CHILD CARE ASSISTANCE (185%FPL=\$13.94/hr for 3 persons)</p> <ul style="list-style-type: none"> ● Household head is 29 years old ● 95% are headed by female ● 5% are headed by grandparent ● \$57 is the avg. family share/mo. ● Most are licensed provider 	<p>FOOD ASSISTANCE (130%FPL=\$9.80/hr for 3 persons)</p> <ul style="list-style-type: none"> ● Household head is 41 years old ● 68% are Families and Children ● 32% are Elderly and Disabled ● 56% have high school diploma ● 30% have earned income ● Average time on assistance is 16 mo.
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Every \$5 in food benefits generates \$9.20 in economic activity. Total Food Assistance benefits provided is \$133.9 million or over \$300 million in economic activity. Over 9,000 TAF parents at an average wage of \$7.63/hr who join the labor force with the help of child care assistance earn about \$110 million. This is in addition to the impact child care assistance has on the economy as a whole-another \$87 million.

	Average Month Benefit	# of Served	
GENERAL CASH ASSISTANCE	\$160	4,651	Individual
TAF CASH ASSISTANCE	\$316	17,056	Families
CHILD CARE ASSISTANCE	\$506	17,358	Children
FOOD ASSISTANCE	\$257	77,027	Household



Work Matters - Return on Investment

9/1

Rehabilitation Services

Typical Case

53% male, 82% white 59% never married. HS diploma or GED. 29% mental illness. 27% physically impaired.

Average Case Length 2 years

Return on Investment

For every \$1 spent, \$11 is returned in taxes.

Average Case Cost \$18,647

Success Measured by:

95% of those rehabilitated achieved competitive employment.

TAF Employment Service

Typical Case

29 year old single mom with 2 children. Mom has a HS diploma or GED and some barriers to employment.

Average Case Length 12 months

Return on Investment

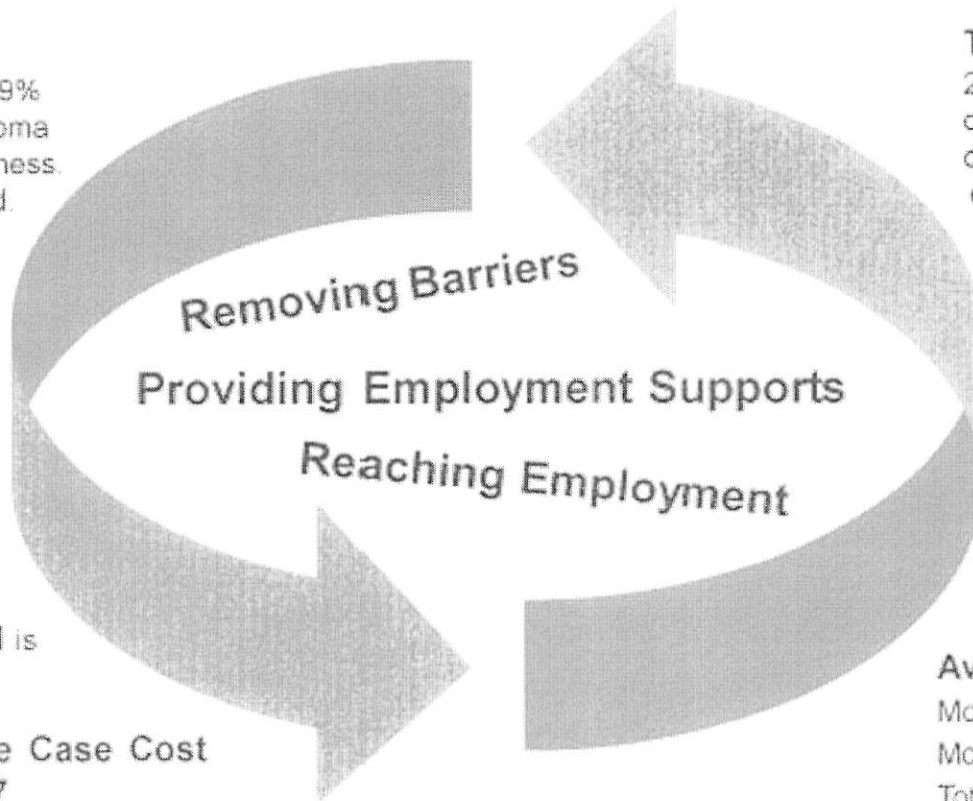
Successful Employment
Performance Bonuses

Average Case Cost

Monthly cash benefit: \$313
Monthly employment benefit: \$63
Total monthly benefit: \$376
Total annual benefit: \$4,514

Success Measured by:

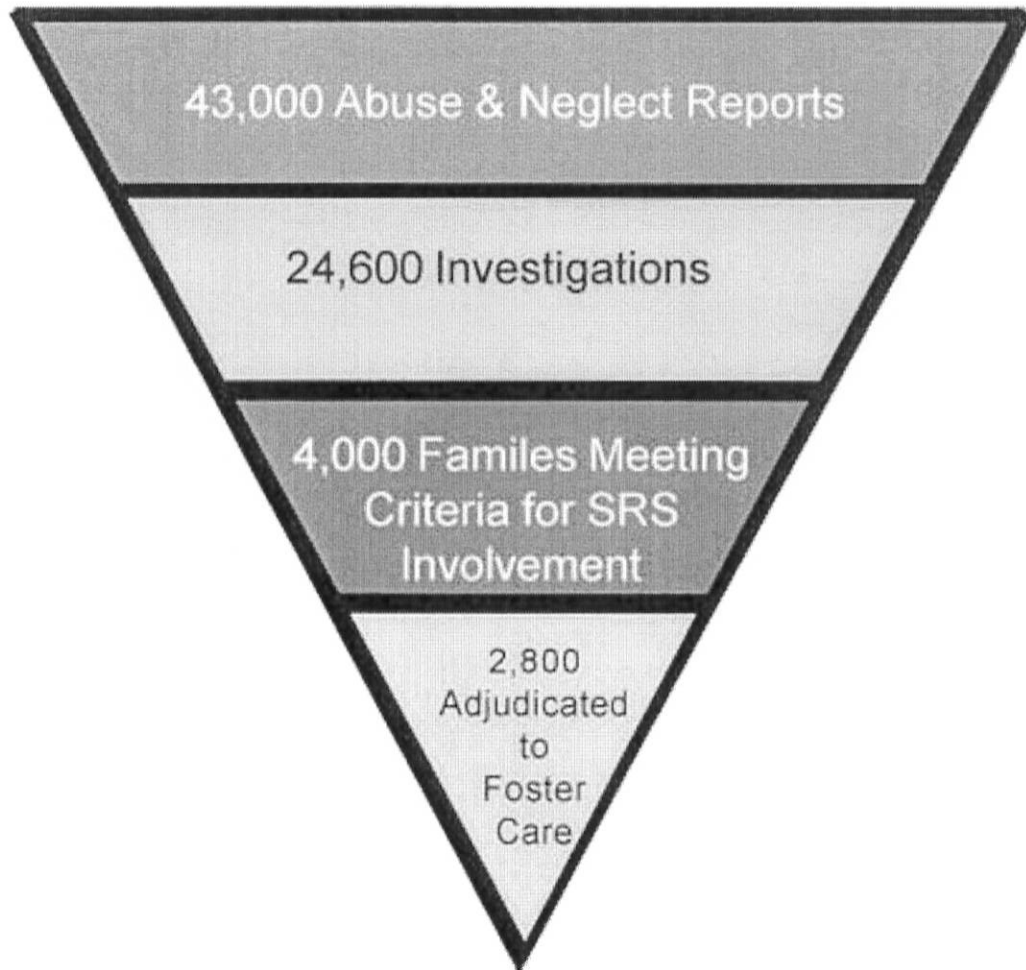
Employment
Continued Employment
Increase on Earnings



1-17

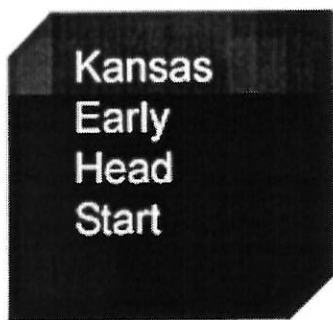
Child Welfare

Fiscal Year 2004



Building Blocks for a Quality Early Childhood System

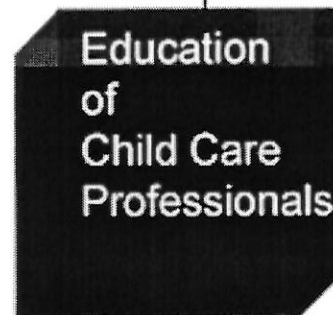
Education of Child Care Professionals



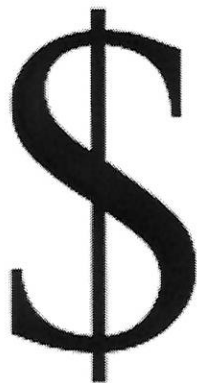
825 Children Served



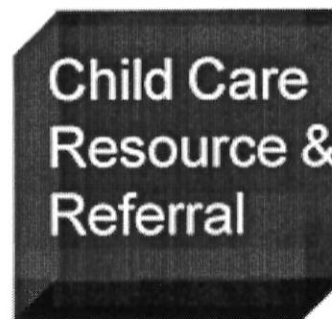
11,216 Child Care Professionals Served



3,622 Participants



Economics
Child Care in Kansas is a 1/2 billion dollar industry.

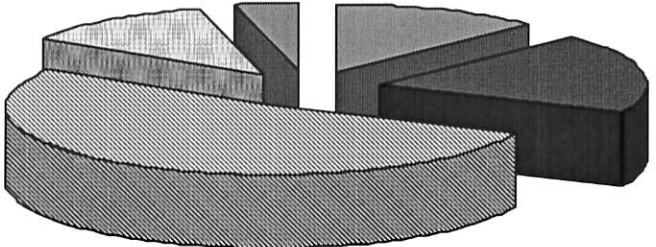


20,397 Parents Served
48,850 Child Care Professionals Served



Adult Protective Services

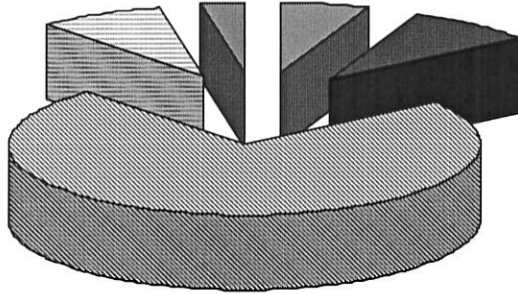
Investigations



- Abuse 790
- Neglect 1,165
- ▨ Self Neglect 3,218
- ▨ Exploitation 708
- Fiduciary Abuse 243

Total Investigations 6,124

Confirmations



- Abuse 100
- Neglect 140
- ▨ Self Neglect 1,180
- ▨ Exploitation 139
- Fiduciary Abuse 51

Total Confirmations 1,610



Child Support Enforcement (CSE)

Children and Custodial Parents

122,000 cases

28,000 cases with open TAF or Foster Care

94,000 non public assistance cases

91,000 of CSE's cases have support orders

Non Custodial Parents

involved in CSE cases: 108,000

CSE has **54,000** active income withholding orders in place.

FY 2004 Total Support Collected by CSE: \$152,000,000

.....75% to Families

..... 8% to State to recover public assistance paid

.....17% to Federal to recover public assistance paid



1-24

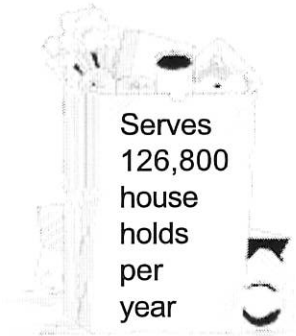


Home Use Programs

Meal Preparation Programs

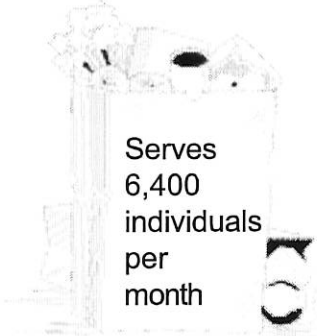
**The
Emergency Food
Assistance Program**

3,438,919 lbs
400 sites



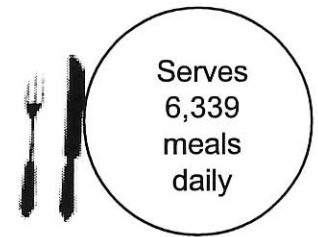
**Commodity
Supplemental
Food Program**

2,067,014 lbs
5 sites



**Soup Kitchen
Food Bank**

1,063,021 lbs
76 sites



**Charitable Institution
Commodity Program**

643,068 lbs
8 sites



**Nutrition Services
Incentive Program**

595,176 lbs
55 sites



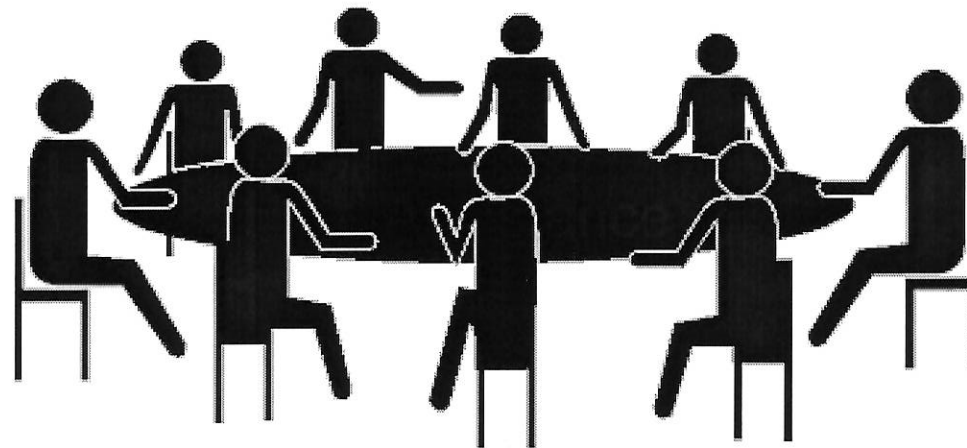
Consensus Caseload Estimating Process

SRS, Division of Budget, Legislative Research Department

Temporary Assistance
for Families

Adoption

Foster Care



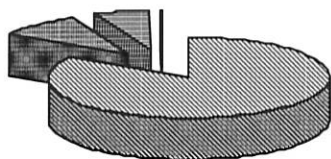
General
Assistance

Nursing Facilities -
Mental Health

Regular Medical
Assistance



SRS Expenditures by Category FY 2006 Governor's Budget Recommendation



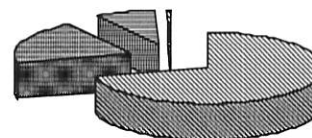
- █ Direct Assistance, Grants and Benefits \$2,349.0 million (83.9%)
- █ Direct Services Delivery \$268.9 million (9.6%)
- █ Administration \$175.1 million (6.2%)
- █ Capital Improvements \$8.2 million (0.3%)

Direct Assistance, Grants & Benefits (millions)

Medical Assistance & HW	\$1,526.3
Developmental & Physical Disability Services	\$353.2
Children & Family	\$167.3
Mental Health	\$74.6
Child Care & Employment	\$87.7
Cash Assistance	\$92.7
Substance Abuse	\$21.0
Rehabilitation Services	\$25.4
Other	\$0.7

Total \$2,801.2 million
(totals may not add due to rounding)

Proposed Department of Human Services Expenditures FY 2006 Governor's Budget Recommendation



- █ Direct Assistance \$972.7 (71.4%)
- █ Direct Services Delivery \$268.9 million (19.7%)
- █ Administration \$113.1 (8.3%)
- █ Capital Improvements \$8.2 (0.6%)

Direct Assistance, Grants & Benefits (millions)

Developmental & Physical Disabilities	\$353.2
Children & Families	\$167.3
Medical Services for MH, DD, PD, SA & CFS (Estimate)	\$150.0
Cash Assistance	\$92.7
Child Care & Employment	\$87.7
Mental Health	\$74.6
Rehabilitation Services	\$25.4
Substance Abuse	\$21.0
Other	\$0.7

Total \$1,362.9 million
(totals may not add due to rounding)



2005 SRS Legislative Proposals

1. Process for Reviewing Prescription Drugs (HB 2107)
2. Supporting Children to Support our Future Act: Full Administrative Process for Child Support Establishment and Enforcement
3. Sharing Forensic Mental Health Records
- 4a. Expanded Access to State and Federal Criminal History Records Through KBI and FBI
- 4b. Enhanced Background Checks for SRS Employment
5. Reporting Abuse, Neglect or Exploitation of Certain Persons
6. Injunctive Authority to Cease Operations of Unlicensed Facilities
7. Maintaining Families and Supporting Older Youth Act

