

MINUTES OF THE HOUSE APPROPRIATIONS COMMITTEE

The meeting was called to order by Chair Sharon Schwartz at 9:00 A.M. on February 28, 2007, in Room 514-S of the Capitol.

All members were present except:

- Representative Tom Sawyer - excused
- Representative Ty Masterson - excused
- Representative Jason Watkins - excused
- Representative Jerry Williams - excused

Committee staff present:

- J. G. Scott, Legislative Research Department
- Becky Krahl, Legislative Research Department
- Julian Efird, Legislative Research Department
- Susan Kannarr, Legislative Research Department
- Aaron Klaassen, Legislative Research Department
- Amy VanHouse, Legislative Research Department
- Jim Wilson, Revisor of Statutes
- Nikki Feuerborn, Chief of Staff
- Shirley Jepson, Committee Assistant

Conferees appearing before the committee:

- Jennifer Sexson, Program Manager, Community Services Block Grant (CSBG), Kansas Housing Resources Corporation
- Tawny Stottlemire, Executive Director, Kansas Association of Community Action Programs
- Dr. Howard Rodenberg, Department of Health and Environment (KDHE)
- Don Jordan, Secretary, Department of Social and rehabilitation Services (SRS)

Others attending:

See attached list.

- Attachment 1 Testimony by Jennifer Sexson
- Attachment 2 Testimony by Tawny Stottlemire
- Attachment 3 Testimony by Dr. Howard Rodenberg
- Attachment 4 Testimony by Don Jordan
- Attachment 5 Testimony on Evaluation of **SB 123** by Don Stemen, Vera Institute of Justice
- Attachment 6 Testimony on Evaluation of **SB 123** by Andres Rengifo, Vera Institute of Justice

Representative Tafanelli moved to introduce legislation concerning an alternative retirement plan. The motion was seconded by Representative Powell. Motion carried.

Representative Tafanelli moved to introduce legislation concerning trailer legislation with regard to a cost of living adjustment for the Kansas Public Employees Retirement System (KPERs). The motion was seconded by Representative Bethell. Motion carried.

Representative Pottorff moved to introduce legislation concerning the length of the legislative session. The motion was seconded by Representative Beamer. Motion carried.

Hearing on Federal Block Grant Programs administered by the Department of Health and Environment, Department of Health and Human Services and Department of Social and Rehabilitation Services.

Chair Schwartz opened the public hearing on the proposed use and distribution of funds required as a condition of receipt of funding for federal block grant programs administered by the following state agencies: Department of Health and Environment, Department of Health and Human Services

CONTINUATION SHEET

MINUTES OF THE House Appropriations Committee at 9:00 A.M. on February 28, 2007 in Room 514-S of the Capitol.

and Department of Social and Rehabilitation Services.

Chair Schwartz recognized Jennifer Sexson, Program Manager, Community Services Block Grant (CSBG), Kansas Housing Resources Corporation, who presented testimony on the Community Services Block Grant (Attachment 1). Responding to questions from the Committee, Ms. Sexson stated that poverty in the State has been reduced from 22 per cent in 1964 to 12 per cent presently. With reference to IDA funds, Ms. Sexson indicated that the Mid-Kansas Community Action program is working to establish a pilot program using these funds to provide resources for 3 families. The object of the program is to address the causes and conditions of poverty. Ms. Sexson felt the agency has been somewhat successful in reducing poverty although there is a tremendous amount of work to be done for this vulnerable population.

The Chair recognized Tawny Stottlemire, Executive Director, Kansas Association of Community Action Programs, who presented testimony on the Community Services Block Grant (CSBG) (Attachment 2). Ms. Stottlemire noted that although there has been a reduction in the percent of Kansas residents who are at the poverty level, Kansas nationally has had the fifth highest increase in the number of individuals at the poverty level. Federal guidelines are used to determine poverty.

Chair Schwartz recognized Dr. Howard Rodenberg, Kansas Department of Health and Environment (KDHE), who presented testimony on the Preventive Health and Health Services Block Grant and the Maternal and Child health (MCH) Services Block Grant (Attachment 3).

Chair Schwartz recognized Don Jordan, Secretary, Department of Social and Rehabilitation Services, who presented testimony on FY 2008 Federal Block Grants totaling \$51.5 million funding administered by the Department of Social and Rehabilitation Services and the Department on Aging (Attachment 4).

The Chair recognized Candy Shively, Deputy Secretary, Department of Social and Rehabilitation Services, who responded to a question from the Committee concerning funds from the Low Income Energy Assistance Program Block Grant. Ms. Shively noted the agency works with the Kansas Housing Resources Corporation and community action programs to coordinate efforts and allocation of funds.

The Committee requested additional information:

- The location of the residential alcohol treatment centers within the State.
- Additional information on how the community action agencies coordinate efforts to make sure there is no overlap of funding for various projects.

Chair Schwartz closed the public hearing on the proposed use and distribution of funds required as a condition of receipt of funding for federal block grant programs administered by the following state agencies: Department of Health and Environment, Department of Health and Human Services and Department of Social and Rehabilitation Services.

Chair Schwartz appointed the following members to a Sub-committee on Kansas Public Employee Retirement System (KPERs):

Representative Tafanelli, Chairman, Representative Schwartz, Representative Pottorff, Representative George, Representative Feuerborn, Representative Ballard and Representative Burroughs.

The Appropriations Committee will meet today in conjunction with the Joint Task Force on Corrections Reform at 12:00 noon in 313-S for a review of Kansas Sentencing Guidelines: An evaluation of the Proportionality Sentences (Attachment 5) and an evaluation research project on **SB 123** (Attachment 6) to be presented by Don Stemen and Andres Rengifo from the Vera Institute of Justice.

The meeting was adjourned at 10:00 a.m. The next meeting of the Committee will be held at 9:00 a.m. on March 1, 2007.

The Appropriations Committee met in conjunction with the Joint Task Force on Corrections Reform

CONTINUATION SHEET

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Sharon Schwartz, Chair



TESTIMONY BEFORE THE HOUSE COMMITTEE ON APPROPRIATIONS
ON COMMUNITY SERVICES BLOCK GRANT (CSBG)

JENNIFER G. SEXSON, LMSW
CSBG PROGRAM MANAGER
KANSAS HOUSING RESOURCES CORPORATION
February 28, 2007

Representative Schwartz and honorable members. Annually, the State of Kansas receives from the Department of Health and Human Services nearly \$5.1m in Federal Community Services Block Grant funds. Presently, and in order for the State to remain eligible for these funds, a Legislative Hearing is required once every three years. Thus, my appearance before you today.

My name is Jennifer Sexson and I am the Program Manager for the State of Kansas Community Services Block Grant. I work within the Kansas Housing Resources Corporation, a subsidiary corporation of the Kansas Development Finance Authority and the designated lead agency for purposes of carrying out State Community Services Block Grant activities. Also here today are members of the Kansas Housing Resources Corporation administrative staff and representatives of the organizations that are the State's subgrantees. I am honored to be here to provide an overview of Block Grant activities and to share our intentions for the future.

The Community Services Block Grant, commonly referred to as CSBG, is a descendant of the 1964 federally legislated Economic Opportunity Act and the War on Poverty. Today, it provides core funding for a national network of nearly 1,100 local community action agencies that are at the forefront of the nation's effort to ameliorate the causes and conditions of poverty. These agencies received designations as a Community Action Agency either from the local government under the provisions of the Economic Opportunity Act or from the state under the Community Services Block Grant Act of 1981, as amended. Eight such agencies are designated within the State of Kansas. By formula and as directed by the Federal legislation, these eight agencies receive 90% of the CSBG funds that come to Kansas (Addendum A).

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(Ten percent is provided for State administration of the Grant and for discretionary projects that meet the intent of the Act.) The Kansas agencies are:

- Career Development Office, City of Wichita
- Community Action, Inc.
- East Central Kansas Economic Opportunity Corporation (ECKAN)
- Economic Opportunity Foundation
- Harvest America Corporation
- Mid-Kansas Community Action Program (Mid-CAP)
- Northeast Kansas Community Action Program (NEK-CAP)
- Southeast Kansas Community Action Program (SEKCAP)

Each of the eight works closely with the Kansas Housing Resources Corporation, and within the framework of six national goals, in planning and delivering activities that meet identified, local needs.

The national goals are:

1. Low-Income People Become More Self-Sufficient
2. The Conditions in Which Low-Income People Live are Improved
3. Low-Income People Own a Stake in Their Community
4. Partnerships Among Supporters and Providers of Service to Low-Income People are Achieved
5. Agencies Increase Their Capacity to Achieve Results
6. Low-Income People, Especially Vulnerable Populations, Achieve Their Potential by Strengthening Family and Other Supportive Systems

Examples of the work being done in Kansas follow:

- Low-income people do become more **self-sufficient**. In Wichita, of those who complete the Career Development Office's job training, 89% (2006) remained employed in the same or a better job 60 days after the completion of their training.
- In Pittsburg, CSBG funds are helping to support a project which has great potential to **improve conditions** in that community. A fixed-route bus service is being piloted with hopes that rider-ship data and community interest can sustain the route. With 18 stops, the route provides low-income individuals, and the general public, with an alternate, economical way to get to work, to

the University or to service providers. In Dodge City, advocacy efforts have improved opportunities for English language learners in that community.

- Through **partnerships** with volunteer tax preparation programs, the Kansas CSBG network has ensured that more than \$1.6m (2006) is annually returned to low-income Kansans in the form of tax credits.
- Seeking the maximum feasible participation of those most impacted by poverty, the network has actively engaged low-income individuals in decision making. In Federal Fiscal Year 2006, 725 such persons volunteered on boards of directors, advisory councils and Head Start policy groups. Through policy groups and other activities, 504,859 volunteer hours were contributed to the network. Annually this level of volunteerism demonstrates that low-income individuals have a **stake in their communities**.
- Agencies have **increased their capacity** beyond that provided by the CSBG. In fact, for each CSBG dollar distributed to Kansas agencies, an additional \$11.35 (2006) in Federal, State, local and private resources is generated producing in excess of \$57m that is used to provide community specific: job training and education; housing and homeless prevention; housing rehabilitation; early childhood services, including Head Start and Early Head Start; youth development; adult education; senior services; health services; citizenship education; food and nutrition; weatherization; English as a Second Language; family self-sufficiency case management; and transportation services.
- Notably, CSBG enables the provision of support for those who by reason of age, health or ability are **vulnerable**. Mary was homeless and came to Osage City to stay with friends. She is mentally ill and had been denied Supplemental Security Income (SSI). Without income and not knowing where to turn, she visited East Central Kansas Economic Opportunity's Osage County Center. There, she received help in appealing the SSI decision. ECKAN staff also made sure that Mary was connected to the services of the mental health center. Ultimately, Mary was approved for SSI and now, with the help of ECKAN, has secure housing and transportation. Her on-going relationship with the mental health center helps her live independently.

As for the future, the CSBG is expected to provide "level" funding for Federal Fiscal Year 2007. It is anticipated that Congress will consider the reauthorization of the enabling legislation this year or next.

We, within the Kansas Housing Resources Corporation, seek to remain an effective partner both for our Federal funders and the Kansas agencies which are our subgrantees. To that end, our efforts are focused on two primary activities.

First, we seek to provide the tools, training and guidance that will ensure that those that receive CSBG funds are managing for results and accountability. Within the Kansas network, a system to measure the changes produced in consumers' lives, in communities and within agencies, has been developed and is capturing data. We must continue to move the network toward the collection of meaningful data that guide continuous improvement and effective practice.

Secondly, we seek to further enhance our own administrative procedures so that we are carrying out our obligation to provide oversight in a way that is meaningful to the subgrantees, meets the requirement of the Federal funder and provides Congress with an assurance that CSBG funds produce a measurable impact on the causes of poverty.

We do this with optimism for we know, paraphrasing the Promise made by our Community Action partners, that the Community Services Block Grant changes people's lives, embodies the spirit of hope, improves communities and makes Kansas a better place to live.

Thank you for your time and attention.

[Additional information may be obtained by contacting the Kansas Housing Resources Corporation at 785 296-0089.]

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ADDENDUM A

TESTIMONY BEFORE THE HOUSE COMMITTEE ON APPROPRIATIONS
ON COMMUNITY SERVICES BLOCK GRANT (CSBG)

JENNIFER G. SEXSON, LMSW
CSBG PROGRAM MANAGER
KANSAS HOUSING RESOURCES CORPORATION
February 28, 2007

Agency	Headquarters	Assigned CSBG Service Area	% Kansas Total - Ind. Living in Poverty - By Service Area (2000 Census)	FFY 2006 CSBG Award	2006 CSBG Award - % of Total Allocated
Community Action, Inc.	Topeka, KS	Clay, Dickinson, Geary, McPherson, Ottawa, Saline, Shawnee and Wabaunsee Counties	11.04%	\$ 394,945.00	8.57%
Southeast Kansas Community Action Program	Girard, KS	Allen, Bourbon, Chautauqua, Cherokee, Crawford, Elk, Labette, Linn, Montgomery, Neosho, Wilson, and Woodson Counties	9.82%	\$ 737,354.00	16.00%
Mid-Kansas Community Action Program	Augusta, KS	Butler, Chase, Cowley, Greenwood, Harper, Harvey, Kingman, Marion, Reno and Sumner Counties	9.15%	\$ 324,897.00	7.05%
East Central Kansas Economic Opportunity Corporation	Ottawa, KS	Anderson, Coffey, Douglas, Franklin, Johnson, Miami, Lyon and Osage Counties	17.00%	\$ 673,296.00	14.61%
Northeast Kansas Community Action Program	Hiawatha, KS	Atchison, Brown, Doniphan, Jackson, Jefferson, Leavenworth, Marshall, Nemaha, Pottawatomie and Riley Counties	10.65%	\$ 417,988.00	9.07%
Economic Opportunity Foundation	Kansas City, KS	Wyandotte County	9.63%	\$ 707,399.00	15.35%
Harvest America Corporation	Kansas City, KS	Barton, Ellis, Finney, Ford, Sherman, Seward, Wichita, and Wyandotte Counties	8.13%	\$ 362,225.00	7.86%
City of Wichita Career Development Office	Wichita, KS	Sedgwick County	16.43%	\$ 990,358.00	21.49%
		TOTALS	91.85%	\$4,608,462.00	100.00%



KACAP



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The Kansas Association of Community Action Programs (KACAP) supports community action agencies and other human service networks in their local, state, and national efforts to end poverty.

February 28, 2007 Testimony to the Kansas House Appropriations Committee Regarding the Community Services Block Grant in Kansas

By Tawny Stottlemire – Executive Director, Kansas Association of Community Action Programs (785) 234-0878

The member agencies of the Kansas Association of Community Action Programs (KACAP) change lives and strengthen communities. We are a part of America’s poverty fighting network. It is the **Community Services Block Grant (CSBG)** that creates these distinctive and unique organizations, and it is CSBG that enables community action agencies (CAAs) to give local people and local communities the ability to design and implement appropriate poverty-elimination strategies for their home towns and citizens.

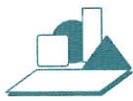
As the statewide association for community action agencies, KACAP is pleased to join our Kansas Housing Resources Corporation partners supporting the work of CSBG and community action agencies in our state. **Over the past twelve months, CAAs in Kansas assisted 13,000 unduplicated households and 29,000 unduplicated individuals in their quest to escape poverty.** The majority of the individuals with whom we partner have annual household incomes that fall below the federal poverty level.

Examples of the **results** of the work of Kansas’ Community Action Agencies over the past year include:

- 476 Kansans obtained employment for the first time in their lives.
- 625 Kansans obtained better employment than what they’d previously had.
- 452 Kansans obtained pre-employment, job-training skills.
- 815 families secured reliable dependent care enabling the adult members of the family to seek and hold a job.
- 857 families were able to obtain affordable housing.
- 849 homes were preserved through weatherization and emergency repair projects.
- 2800 parents successfully increased their parenting skills and practices.
- 3600 parents successfully enhanced their basic family and household functioning skills (including establishing and following household budgets, taking more appropriate energy conservation measures, and, understanding how to better communicate and support one another in a family setting.)

Our mission, in community action, is to eliminate the causes and conditions of poverty in our state. We rely on nearly 800 partnering organizations throughout Kansas to help us deliver a wide variety of locally designed and locally governed strategies.

2007 Kansas Conference on Poverty – May 8 & 9 at KS Expo & Conference Center



Community Action, Inc.
Sue Wheatley
John Homlish



Richard Jackson
Aaron Heckman



Al Kayhill



Jim Ramirez
Jayme Jackson

NEK-CAP, Inc.



Lu Hanglely



Steve Lohr

KACAP Member Agencies and Board of Directors

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*Kathleen Sebelius, Governor
Roderick L. Bremby, Secretary*

DEPARTMENT OF HEALTH
AND ENVIRONMENT

www.kdheks.gov

Testimony on
PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT
MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT
to
House Appropriations Committee

Presented by: Howard Rodenberg, MD, MPH

February 28, 2007

Chairperson Schwartz and members of the House Appropriations Committee, my name is Dr. Howard Rodenberg. I serve as the Director of the Division of Health for the Kansas Department of Health and Environment and as Kansas State Health Officer. Thank you for the opportunity to talk with you about the Preventive Health and Health Services Block Grant and the Maternal and Child Health Services Block Grant.

In the early 1980's, the federal block grant programs were initiated. Funding from a number of programs was consolidated into block grants to provide centralized administrative oversight. The Kansas Department of Health and Environment participates in two federal block grant programs, the Preventive Health and Health Services Block Grant (PHB) and the Maternal and Child Health Services Block Grant (MCH). By federal regulation, public hearings are required for both block grants. This hearing meets public review and comment requirements for these grant programs for public input into expenditure of block grant funds toward priority state health needs.

The Preventive Health and Health Services Block Grant

This block grant supports preventive health programs that address preventable risk factors that contribute to the leading causes of premature death and disability. Program objectives and activities must be consistent with the CDC Healthy People 2010 Objectives for the nation. A 1992 amendment to Title XIX, Part A, of the PHS Act significantly changed the Block Grant application process and reporting rules, requiring linkage of program activities to the National Health Objectives. Beginning with the fiscal year 1993 application, KDHE responded to the new requirements by:

- a. Establishing a process to assess Kansas health status relative to the Healthy People objectives and targets;

- b. Using these data to establish a state implementation plan to respond to critical preventive health needs and provide support for priority activities not adequately supported from categorical funding sources;
- c. Providing a description of the programs and projects that are funded with the PHB Block Grant and estimating the number of individuals to be served;
- d. Establishing a state Preventive Health Block Advisory Committee, chaired by the state health officer, to make recommendations relative to the state plan, and holding public hearings on the state plan as stipulated by law;
- e. Establishing an ongoing process for public review and comment; and
- f. Measuring progress towards meeting preventive health objectives, including developing the necessary surveillance systems.

Current law stipulates that Preventive Health and Health Services Block Grant funds be used to supplement and increase the level of state, local and other non-federal funds; supplantation of non-federal funds is not allowed. State expenditures for the selected health activities are to be maintained at a level that is not less than the average level of the two years preceding the fiscal year for which the federal funds to supplement that activity are requested.

Section 1904 of the governing law stipulates that Preventive Health Block Grant funds may be used for the following:

- a. Activities consistent with making progress toward achieving the National Health Objectives for the health status of the population;
- b. Preventive health service programs for the control of rodents and for community and school based fluoridation programs;
- c. Feasibility studies and planning for emergency medical services systems and the establishment, expansion, and improvement of such systems';
- d. Providing services to victims of sex offenses and for prevention of sex offenses; and
- e. Program activities related to planning, administration and education, including evaluation of the Year 2010 Health Objectives addressed in the state plan.

A state may not use the Block Grant funds to:

- a. Provide inpatient services;
- b. Make cash payments to intended recipients of health services;
- c. Purchase or improve land, purchase, construct, or permanently improve any building or other facility, or purchase major medical equipment;
- d. Satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds; or,
- e. Provide financial assistance to any entity other than a public or non--profit private entity.

The Maternal and Child Health (MCH) Services Block Grant

The Maternal and Child Health Services Block Grant is authorized under Title V of the Social Security Act. It is intended to support activities to promote and improve the health of all Kansas mothers and children. As the recipient agency for these funds, KDHE's role is to provide leadership and to work in partnership with communities, public-private partners, and families to strengthen the maternal and child health (MCH) infrastructure, assure the availability and use of "medical homes", and build knowledge and human resources in order to assure continued improvement in the health, safety, and well-being of the maternal and child health population. The MCH population includes all Kansas women of reproductive age, infants, children, adolescents, and their families including fathers. Programs for children with special health care needs are specifically identified as part of the MCH block grant scope. Funds are allocated to Kansas through the national MCH block grant formula. In recent years, enhanced planning and reporting requirements have been implemented in order to improve accountability for these funds. As part of that accountability, state grants and plans are posted to the federal website: <https://performance.hrsa.gov/mchb/mchreports/tvisreports.asp>.

MCH block grant rules require that every five years each recipient State must conduct an assessment of State maternal and child health needs. There are detailed requirements concerning the conduct of the state needs assessment. Based on this detailed review of data from multiple sources, the State must specify between 7 and 10 priority needs. In 2004, a panel of experts from around the state was convened on three separate occasions to determine, based on detailed data, the MCH priorities for 2005-2010. The final report called MCH 2010 is available on the KDHE website at www.kdhe.state.ks.us/bcyf.

For the period 2005-2010, the priority Kansas maternal and child health (MCH) needs are:

Pregnant Women and Infants

- Increase early and comprehensive health care before, during, and after pregnancy
- Reduce premature births and low birthweight infants
- Increase breastfeeding

Children and Adolescents

- Improve behavioral/mental health
- Reduce overweight
- Reduce injury and death

Children with Special Health Care Needs (CSHCN)

- Increase care within a medical home
- Improve transitional service systems
- Decrease financial impact on families

In addition, teen pregnancy, oral health, and asthma rated as continued focal areas through the year 2010. Allocation of resources from the Kansas MCH block grant must reflect these priorities.

MCH grants are provided to local agencies and they use state needs assessment data and other data to prioritize their own needs. Grant funds may be spent for local priority maternal and child

health needs. Reporting is structured to retain accountability while providing flexibility for communities.

Description of Services Funded in SFY 2006

A. Aid to Local Agencies

MCH and PHB - *Maternal and Child Health Grants* - All 105 Kansas counties provide maternal and child health services to optimize the health of Kansas families, in particular for uninsured families and those with limited access to care. Counties must provide comprehensive services by coordinating with all available community resources. Based on a community health assessment, counties provide services, including prenatal care coordination, home visits, child health services, and others. Up to 30 percent of the funding can be used flexibly to address state and locally identified MCH priorities through appropriate interventions.

PHB - *Chronic Disease Risk Reduction (CDRR) Grants* - These grants are awarded to support development and implementation of community-based programs to decrease premature death and disability due to cardiovascular disease and cancer, the two leading causes of death in Kansas. Program interventions are designed to decrease the leading modifiable risk factors for cardiovascular disease and cancer, including tobacco use, physical inactivity, and poor nutrition. Currently, PHB funds support CDRR activities in 45 counties. Interventions are delivered through schools, work sites, churches, community organizations and other community settings.

MCH - *School Nurse & Public Health Nurse Collaborative Practice Grants* - These funds partially support six local projects that provide interventions for school-age youth through a school/health department partnerships. These funds are awarded on a competitive basis after review of responses to a formal Request for Proposals.

PHB - *Special Health Promotion Grants* - Health Promotion projects fund specific services based on identified need. Funds are awarded to Pittsburgh State University for facilitation of a Governor's Council on Fitness statewide initiative to promote physical activity among children and to the Center for Health and Wellness to coordinate the Black Churches Hypertension/Cholesterol reduction project in Sedgwick County.

B. Transfers of Funding to Other State Agencies

PHB - *Rape and Sexual Offenses Prevention Education* - A specified amount of PHB funding awarded to Kansas is designated, per federal mandate, for sexual offenses programming. To avoid duplication and inefficiency, KDHE transfers the funds to the Governor's Office to be used for local programs.

C. State Operations

MCH - Center for Health and Environmental Statistics - Data support to the MCH programs per memorandum of agreement.

MCH and PHB - *Division of Health* - Offsets costs for program and fiscal support to MCH and PHB programs.

MCH - *Office of Oral Health* - Dental hygienist coordination of open mouth survey of Kansas children, sealant project, and other maternal and child health education and interventions.

MCH and PHB - *Local Health Department Support Services* - Support services for local health departments including, but not limited to, consultation, education and technical assistance provided by community nurse/public health specialists for maternal and child health and risk reduction/health promotion activities.

MCH - *Child Care Regulation* - Promotion of health and safety practices in out-of-home care settings through Child Care Facilities Licensing and Registration Program.

MCH - *Children with Special Health Care Needs* - Salaries and operating expenses to assure care coordination and also reimbursement to health care providers for medical specialty services and supplies.

MCH - *Nutrition* - Nutrition consultation to MCH programs.

MCH - *Newborn Screening* - Nursing followup on newborns with out-of-range screens.

MCH - *Compliance Monitoring* - Portion of salaries and operating expenses to provide clinical and administrative oversight of local agency contractual compliance in providing maternal and child health services.

PHB - *Chronic Disease and Injury Prevention/Health Promotion* - Portion of salaries and operating expenses for Office of Health Promotion (OHP). OHP staff play a key role in assessing the current chronic disease burden and in facilitating consensus development of statewide goals and strategies to alleviate that burden in Kansas. In 2006, staff focused efforts on implementation of the Comprehensive Cancer Control Plan through facilitation of six workgroups including the Public Education workgroup, which successfully launched the Cancer Kansas website this past fall. In just four months, this site has received over 2,200 'hits'. Additionally, staff facilitates activities of the SAFE KIDS Coalition, a private/public partnership that provides leadership for decreasing unintentional injuries (number one cause of death) in the 0-14 age group. Activities include facilitating the BUCKLE UP program and the Mobile Child Safety Seat Check Up Van which provide safety seats to low income families and provide checks of installation of seats (finding a misuse rate of 86%), and the CYCLE SMART program which has provided low-cost bicycle helmets to more than 79,000 Kansans to date. Similarly, the Block Grant represents the only source of funds dedicated to prevention of cardiovascular disease, the number one over all cause of death among Kansans. Activities include promotion of proper nutrition and increased physical activity.

Thank you for the opportunity to appear before this Committee. With the assistance of my staff, I will be happy to respond to any questions you may have on these matters.

Kansas Department of

Social and Rehabilitation Services

Don Jordan, Secretary

House Appropriations

February 28, 2007

FY 2008 Federal Block Grants

Office of Financial Management

Don Jordan

785-296-3271

For additional information contact:
Public and Governmental Services Division
Kyle Kessler, Deputy Secretary

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ATTACHMENT 4

**Kansas Department of Social and Rehabilitation Services
Don Jordan, Secretary**

House Appropriations
February 28, 2007

FY 2008 Federal Block Grants

Mr. Chairman and members of the Committee, thank you for holding this hearing to meet our Federal Block Grant requirements and to provide you information on the Federal Block Grant programs administered by SRS.

Block grants are fixed-sum federal grants to state and local governments that give broad flexibility to design and implement designated programs. These grants have been part of the American federal system since 1966. Federal oversight and requirements are light, and funds are allocated among recipient governments by formula.

\$51.5 million funding from five different block grants are included the SRS FY 2008 Governor's Budget. I will give you a brief description of the services provided by each of these grants.

SOCIAL SERVICES BLOCK GRANT (SSBG)- \$20.8 million

SSBG funds are to enable each state to furnish social services best suited to meet the needs of individuals of that state. Services funded by SSBG are directed at one or more of these five goals:

- achieving or maintaining economic self-support to prevent, reduce or eliminate dependency
- achieving or maintaining self-sufficiency, including reduction or prevention of dependency
- preventing or remedying neglect, abuse or exploitation of children and adults unable to protect their own interest, or preserving, rehabilitating or reuniting families
- preventing or reducing inappropriate institutional care by providing for community-based care, home-based care or other forms of less intensive care
- securing referral or admission for institutional care when other forms of care are not appropriate or providing services to individuals in institutions.

SSBG funds are budgeted in Child Welfare - Foster Care and Field Operations and in Kansas Department on Aging's Senior Care Act.

**BLOCK GRANT FOR THE PREVENTION AND TREATMENT OF SUBSTANCE ABUSE -
\$12.2 million**

The funds from this grant are used for both Substance Abuse Prevention and Treatment services. Federal regulations require that at least 20 percent of the grant be used on prevention. We spend approximately 80 percent on treatment and 20 percent on prevention. Services are available to persons whose income is at or below 200% of the federal poverty level. Priority populations served are injecting drug users,

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pregnant women, women with children, anyone who has been exposed to or is at high risk for TB and/or HIV, involuntary commitments, and lastly, those who would not be able to afford treatment otherwise.

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT - \$3.2 million

The Community Mental Health Service Block Grant is distributed via a performance based system of contracting to the 26 Community Mental Health Centers (CMHCs). Currently, the federal block grant money is funding programs across the state focusing on: cross-training, workforce development, evidence-based practices, two housing and homeless pilot projects, consumer-run organizations, children's 24-hour crisis mobile response, and a youth transition grant through a consumer run organization. The Mental Health Block Grant is also used to support the Presidents New Freedom Commission Report for transformation activities in Kansas.

LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP) BLOCK GRANT - \$17.8 million

This block grant provides utility or fuel assistance to qualifying households whose income is under 130 percent of poverty. For a one-person household, the income limit is currently \$1,062 monthly. About 45,000 households are expected to receive assistance in FY 2007 with a projected annual benefit averaging \$337. As a condition of eligibility, applicants must also demonstrate recent utility payments. This state-added requirement emphasizes the household's responsibility for paying its own fuel costs, promotes the importance of maintaining a regular payment history, and provides positive reinforcement.

Weatherization Assistance (15 percent of the block grant) - Federal regulations allow States to use up to 15 percent of the LIEAP grant for weatherization improvements. SRS proposes transferring nearly \$2.3 million to the Weatherization Program administered by the Kansas Housing Resources Corporation.

BLOCK GRANT FOR PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) - \$300,000

PATH provides funds to support services to individuals with serious mental illnesses, as well as individuals with serious mental illnesses and substance abuse disorders, who are homeless or at risk of becoming homeless. All Kansas PATH providers use PATH funds only for case management and homeless outreach. They refer clients to other CMHC or community programs to provide other services.

FEDERAL OUTLOOK

We are concerned about the future funding of several of these block grants. The Federal FY 2008 President's Budget recommends that the SSBG be cut by nearly 30%. This would reduce Kansas' allotment by over \$4.6 million. The President's budget also includes a 15% cut in LIEAP grant that would result in a loss of federal funding of \$2.5 million.

This concludes my testimony and I would be happy to answer any questions you have.

Evaluating Senate Bill 123

Preliminary results and current research

Don Stemen
Andres Rengifo

Vera Institute of Justice

Topeka, February 2007

Three *Simple* Questions

- Are SB 123 clients receiving appropriate treatment and supervision?
- Is the design of SB 123 effective at promoting inter-agency interactions?
- Is there a significant association between SB 123 processes and outcomes?

HOUSE APPROPRIATIONS

DATE 2-28-2007
ATTACHMENT 5

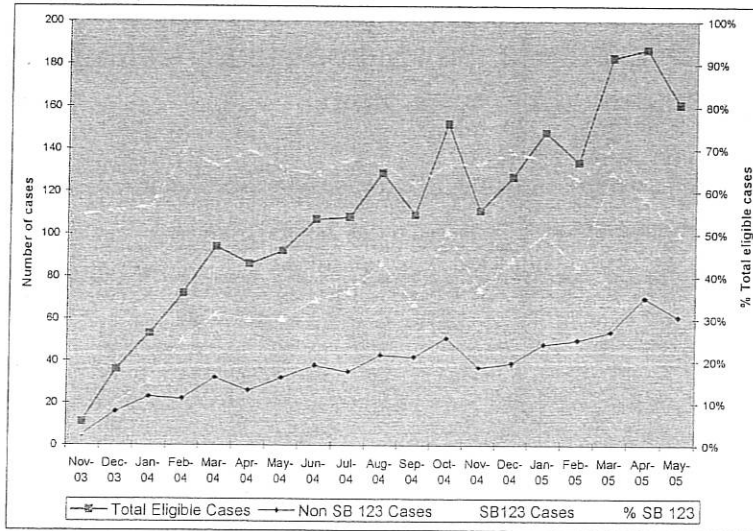
A Simple Methodology

- Administrative records of all SB 123-eligible cases between Nov 03 and May 05
- Interviews with heads of Community Corrections and Service Providers
- Focus groups/mail-in surveys for Probation Officers and Treatment Counselors
- Field visits and informal interviews with staff

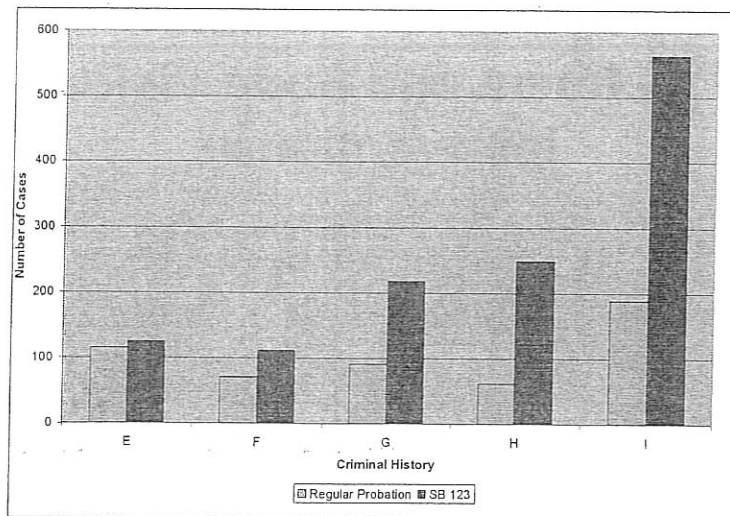
Sentencing Practices

5-2

SB 123 sentences have steadily increased



Some SB 123-eligible cases do not receive treatment



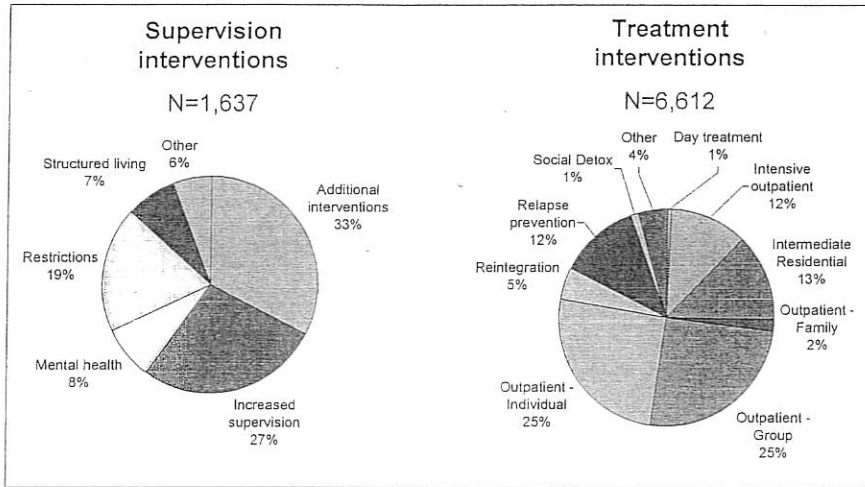
5-3

Implications I

- Eligibility criteria may not be clearly defined or adequately communicated.
- Judges may see some tension between the purposes of probation (i.e. punishment) and the purposes of treatment (i.e. rehabilitation).

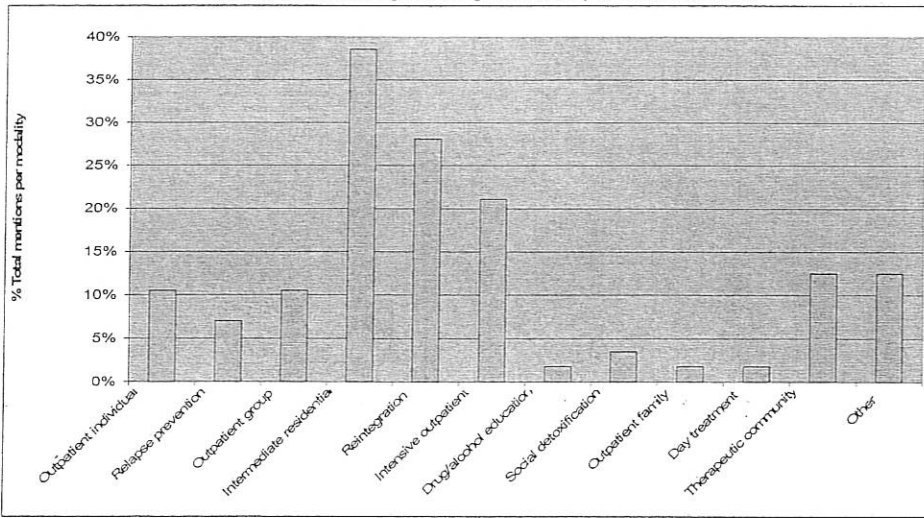
Treatment and Supervision Interventions

Balancing interventions for treatment and supervision



Effectiveness of treatment modalities – officers' perceptions

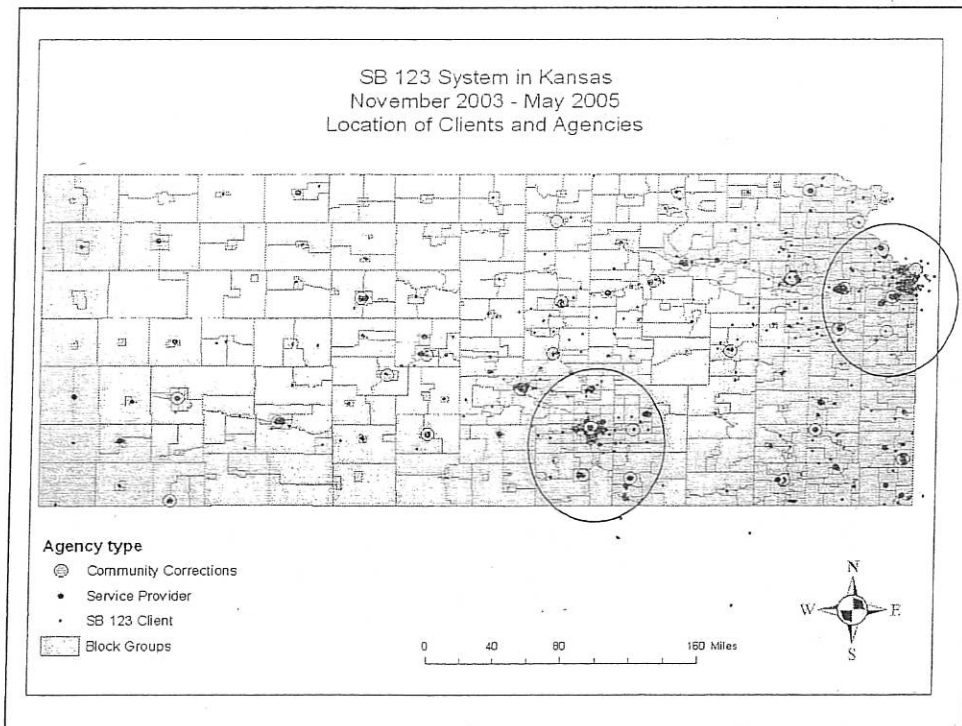
Percent of officers stating that the given modality is "most successful"



5-5

Access to drug treatment

- 50 percent of officers and counselors believe that SB 123 clients do not receive the treatment that they need.
- Concentration of services in few providers
- Concentration of services in the Eastern part of the state.



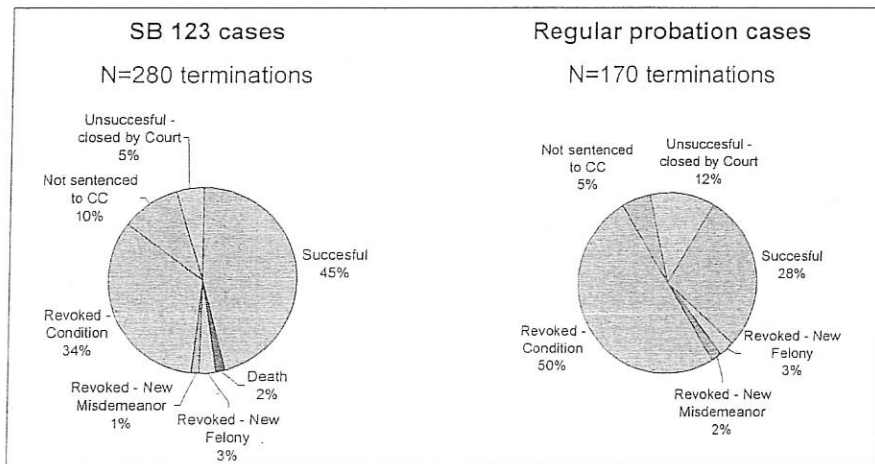
5-6

Implications II

- Availability of treatment is limited by the market.
- As a result, some treatment decisions are being made on the basis of availability rather than need.
- In turn, there exists disparity in access to services and disparate negative impacts.

Current Evaluation of Systems and Outcomes

The significance of the early outcomes



Research questions about outcomes

- Does SB 123 reduce substance abuse and recidivism?
- Is there a strong association between treatment compliance and successful completion of probation conditions?
- What are the individual and program effects associated with positive outcomes for SB 123 clients?
- Has SB 123 been cost effective given the outcomes achieved?

Research questions about the system

- What institutional and procedural changes were necessary at the *state* and *local* levels to administer SB 123?
- What is the content of treatment delivered and how is that content monitored at the *state* and *local* levels?
- What is the impact of SB 123 on the coordination of system actors at different stages of the judicial process and at different levels of government?
- To what degree has greater access to treatment under SB 123 changed offender perceptions of supervision?

Project overview

- Two sets of impacts
 - Individual-level impact
 - System-level impact
- Three distinct projects
 - 36 month individual-level impact (Months 1-9)
 - System-level impact (Months 10-24)
 - 60 month individual-level impact (Months 24-30)
- Three sets of data
 - Administrative data
 - Interview and focus group data
 - Observational data

Continuing challenges

- Eligibility criteria for SB 123 remains unclear or disregarded.
- Mandatory nature of program limits its ability to respond to the needs of special groups.
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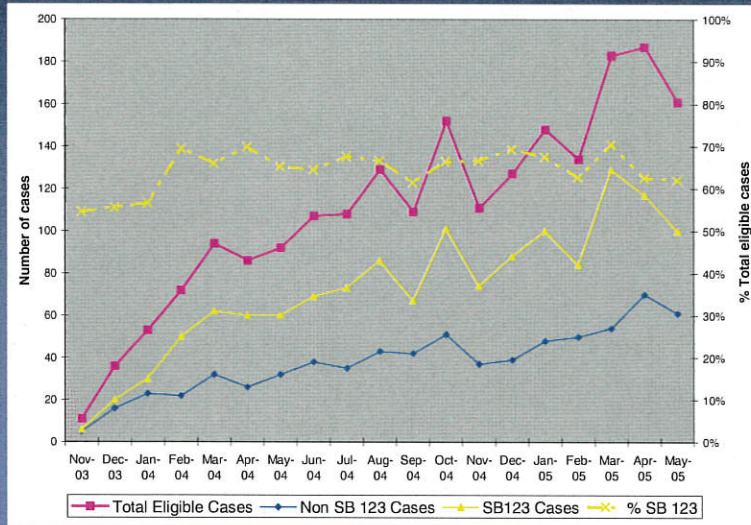
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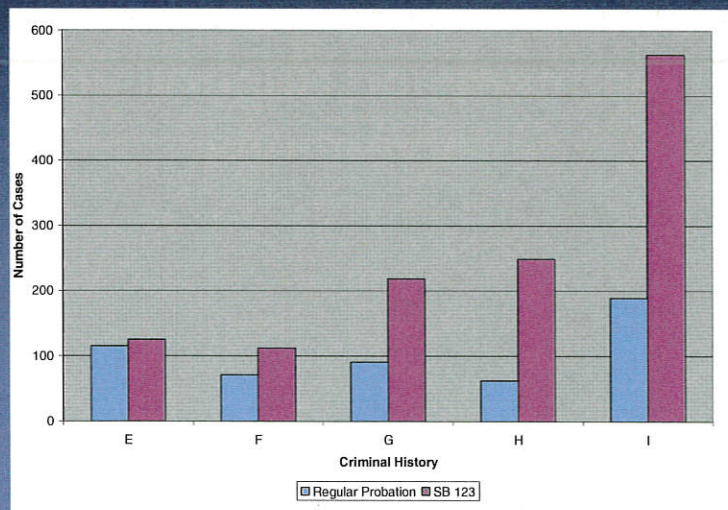
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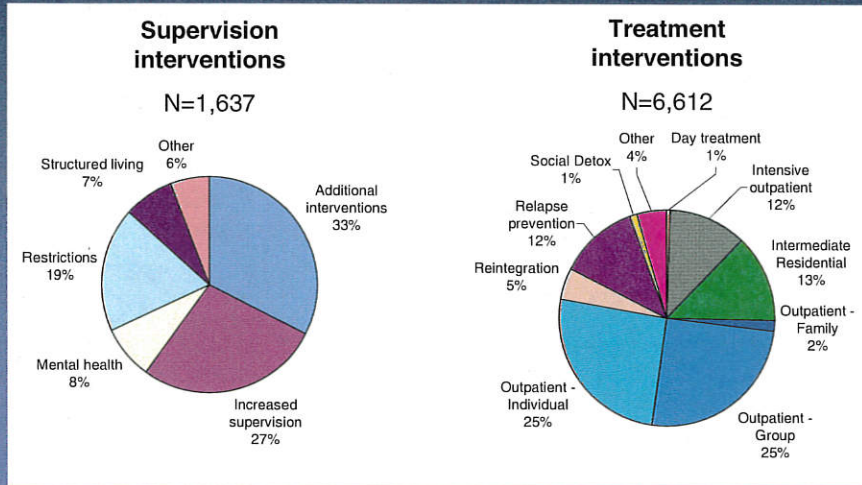
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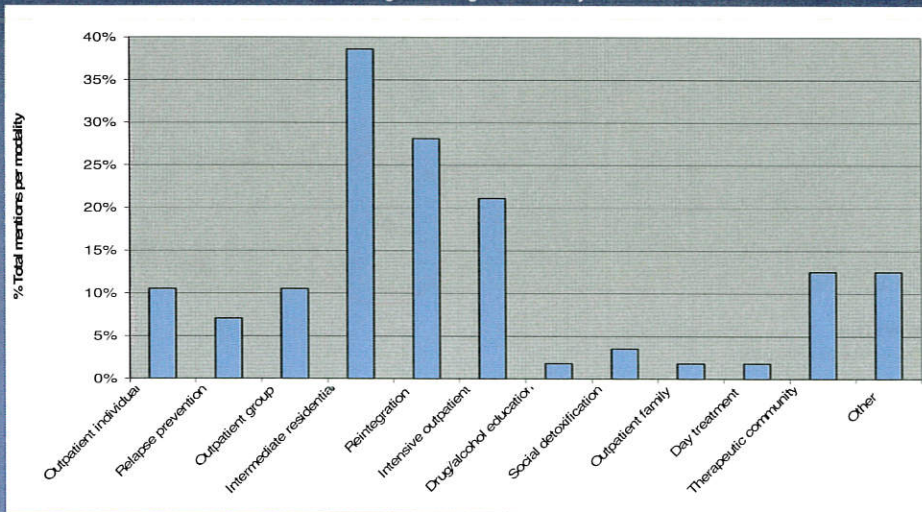
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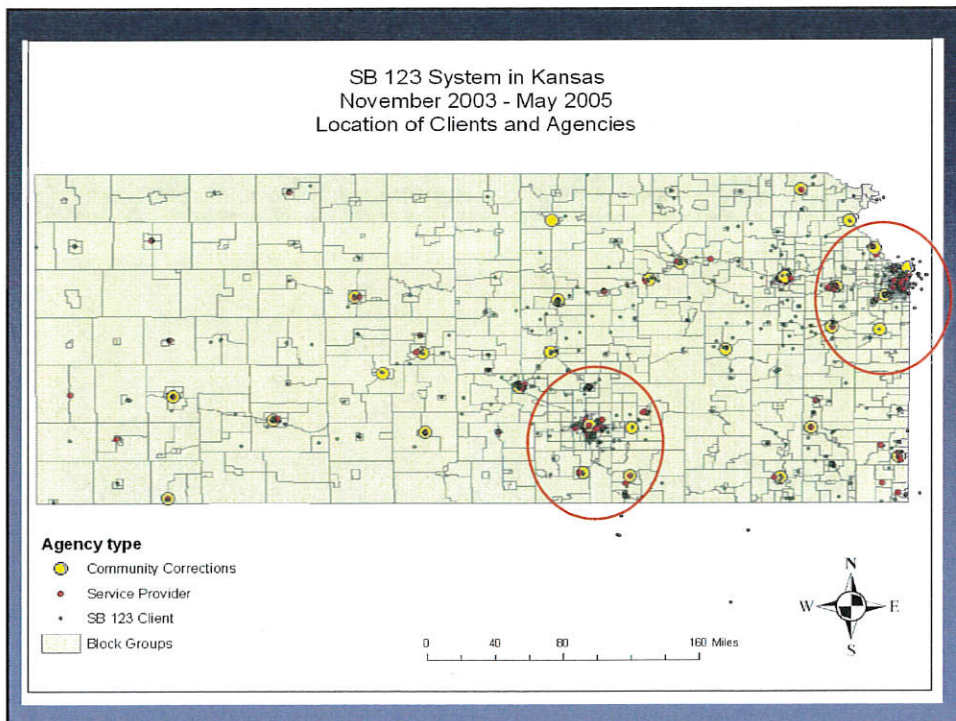
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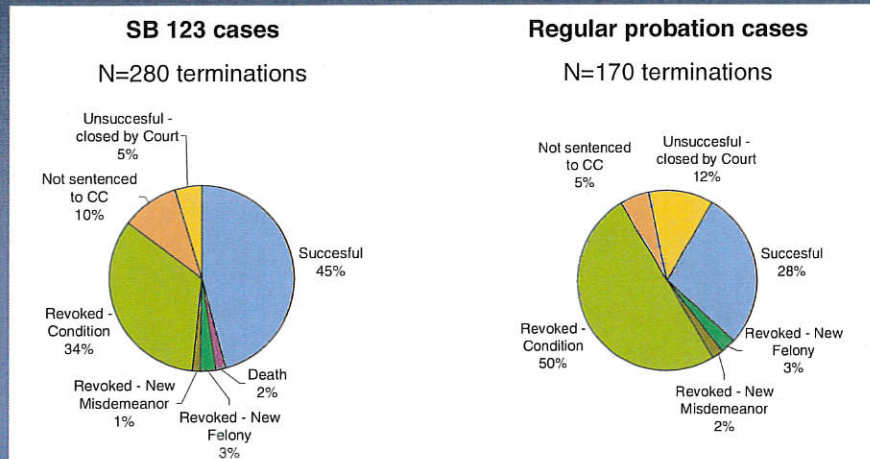


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