

MINUTES OF THE HOUSE APPROPRIATIONS COMMITTEE

The meeting was called to order by Chairman Kevin Yoder at 9:07 a.m. on March 18, 2009, in Room 143-N of the Capitol.

All members were present except:

Representative Tom Sawyer- excused

Committee staff present:

Nobuko Folmsbee, Office of the Revisor of Statutes
Jim Wilson, Office of the Revisor of Statutes
Christina Butler, Kansas Legislative Research Department
Kelly Cure, Chief of Staff
Kathy Holscher, Committee Assistant

Conferees appearing before the Committee:

Mark Engholm, Highway Patrol -Neutral

Others attending:

See attached list.

- Attachment 1 Kansas Highway Patrol Testimony
- Attachment 2 Kansas Department of Social and Rehabilitation Services, FY 2010 Federal Block Grant
- Attachment 3 Kansas Department of Health and Environment - Health Block Grant

SB 30 - State surplus property; disposition of computers and firearms.

Nobuko Folmsbee, Office of the Revisor of Statutes, presented an overview of the New Section 1 and 2 of the State Surplus Property Act. The new Section 1 prioritizes the purchase of leased computer equipment to legislators and their staff; then to public libraries; then to other legislature or legislative staff on a drawing basis. The new Section 2 explains the procedure for authorized personnel to purchase a firearm that was issued in line with their employment duties, retirement or resignation. Fair market values are determined by appropriate director or agency head. The bill passed in the Senate 40 - 0.

Conferee Testimony

Mark Engholm, Technical Trooper, Kansas Highway Patrol, provided testimony regarding the proposed language in **SB 30**, and the purchase of issued sidearms, (Attachment 1). The agency recommended the addition of: New Section 2 (1) A state law enforcement officer, as defined in K.S.A. 74-5602 and amendments thereto, who retires, or an officer who resigns to accept employment with a local, state or federal law enforcement agency, is hereby authorized to purchase, upon such retirement or resignation, such employee's personal sidearm with a trigger lock.

Mark Engholm responded to questions from Committee members regarding recertification, consistency in state and federal laws regarding concealed weapons and replacement of firearms. An explanation of the procedure for exchanging weapons between the agency and BLOCK was provided.

The hearing on **SB 30** was closed.

Jim Wilson, First Assistant Revisor of Statutes, clarified the balloon amendment regarding retiring and resigning to take another job in law enforcement separate in text.

Representative Feuerborn made a motion to adopt the language as amended. The motion was seconded by Representative Ballard. Motion carried.

Representative Kelley made a motion to move **SB 30** as amended. The motion was seconded by

CONTINUATION SHEET

Minutes of the House Appropriations Committee at 9:07 a.m. on March 18, 2009, in Room 143-N of the Capitol.

Representative Craft. Motion carried.

Chairman Yoder 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 Social and Rehabilitation Services (SRS)
Department of Health and Environment - Health (KDHE)

Amy Deckard, Senior Fiscal Analyst, Kansas Legislative Research Department, stated the requirement and purpose of the Public Hearing on Federal Block Grants.

Lois Weeks, Director of Financial Management, Kansas Department of Social and Rehabilitation Services, (SRS) presented the SRS Federal Block Grant for FY 2010, (Attachment 2). A brief description of the services provided by each of the five grants was reviewed. The total funding for FY2010 is \$53.2 million.

Lois Weeks, responded to questions from Committee members. Twenty six Community Mental Health Centers receive block grant funding, which includes a portion for administrative costs. Contractual services with Value Options, which provides managed care substance abuse services for individuals on Medicaid was discussed. It was noted that 15% of the Low Income Energy Assistance Program is passthrough account that will go to the Kansas Housing Resources Corporation for weatherization programs. Committee members suggested that flexible spending areas should be considered in order to address areas affected by budget cuts.

Information Requested:

Inform the Committee of the contract time frame for services with Value Option

Jason Eberhart-Phillips, Director of Health, Kansas Department of Health and Environment, presented an overview on the Preventative Health and Health Services Block Grant, and the Maternal and Child Health services Block Grant, (Attachment 3). \$883,440 was received in FY 2009 to address preventable risk factors through the Preventative Health and Health Services Block Grant. The Maternal and Child Health Services Block Grant of \$4.7 million provides services to improve the health of mothers and children. A needs assessment to identify, 7 - 10 priority areas, is conducted every five years.

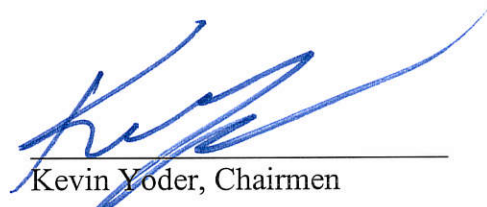
Discussion followed by Committee members. Concerns for disaster preparedness and financial resources for public health, and reducing travel expenses was expressed.

Chairman Yoder 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-Health (KDHE)
Department of Social and Rehabilitation Services (SRS)

The next meeting is scheduled for March 19, 2009.

The meeting was adjourned at 10:05 a.m.



Kevin Yoder, Chairmen

APPROPRIATIONS COMMITTEE GUEST LIST

DATE: 3-18-09

NAME	REPRESENTING
Ligh Keck	Huin Law firm
Linda Kenney	KPHE
Jason Eberhart Phillips, MD	KOHE
Paul Y. Clayton	KDHE
Bob [unclear]	KDHE
Marilyn Jacobson	DOA
Jeff Russell	LAS



Kathleen Sebelius, Governor
Terry L. Maple, Superintendent

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**Testimony on Senate Bill 30
House Appropriations Committee**

**Presented by
Technical Trooper Mark Engholm
Kansas Highway Patrol**

March 18, 2009

Good morning Mr. Chairman and members of the committee. My name is Mark Engholm and I appreciate the opportunity to appear before you today regarding Senate Bill 30. A portion of this bill concerns codifying the purchase of side arms by retiring and resigning state law enforcement officers.

Historically, the Patrol has allowed its retiring officers to purchase their issued sidearm as a memento representing their service to the agency and the State of Kansas. In years past, this process has been allowed via proviso in our approved budget. We appreciate the fact that this body is taking steps to provide permanence to this issue.

It is our assumption that the proposed language in Senate Bill 30 was intended to allow the Patrol to continue to sell side arms to our retiring officers or those who resign and accept employment with another local, state, or federal law enforcement agency.

However, as written, Senate Bill 30 (see lines 39-43, page 2) appears to only allow retirees who are seeking employment with another agency to purchase their sidearm. The Kansas Highway Patrol would like for these two issues to be separate. We request that sworn officers who are retiring be allowed to purchase their sidearm. And, we also make the same request for such members who are resigning to work for another law enforcement agency. We agree that both those who are retiring and those who are resigning must be in satisfactory standing with the agency to purchase the sidearm and that each weapon should be sold with a trigger lock.

The Kansas Highway Patrol supports the intent of Senate Bill 30 to provide its retirees and state law enforcement officers resigning in good standing with an opportunity to purchase their firearm. However, the agency is concerned with the drafted language. On page 2 of this testimony, we have provided some language that we believe is consistent with provisos promulgated in years past.

I would be happy to address any questions or provide follow-up information should the committee deem necessary.

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Appropriations Committee

Attachment 1-1

Date 3-18-09

The agency recommends the following changes in New Section 2:

New Sec. 2. (a) All sales, trade-ins or other disposition of personal property described in subsection (b) owned by a state law enforcement agency shall be exempt from the provisions of the state surplus property act.

(b) The agency head of any state law enforcement agency that employs persons who are authorized to carry firearms when discharging the duties of such person's employment is hereby authorized to sell the personal sidearm of such person to such person who is authorized to carry such firearm subject to the following:

(1) A state law enforcement officer, as defined in K.S.A. 74-5602 and amendments thereto, who retires, or an officer who resigns to accept employment with a local, state or federal law enforcement agency, is hereby authorized to purchase, upon such retirement or resignation, such employee's personal sidearm with a trigger lock.

(2) each sale of such personal sidearm shall be for the amount equal to the total of the fair market value of the sidearm, as fixed by the agency head, plus the cost of the trigger lock; and

(3) no sale of a personal sidearm shall be made to any resigning or retiring employee unless the agency head of such state agency from which such person is resigning or retiring determines that the employment record and performance evaluations of each such trooper or sworn officer is employee are satisfactory.

(c) All moneys received from the sale of personal sidearms and trigger locks to such resigning or retiring state employee shall be deposited in the state treasury in accordance with the provisions of K.S.A. 75-4215, and amendments thereto, and shall be credited to the appropriate special revenue fund of such state agency.



KANSAS

DEPARTMENT OF SOCIAL
AND REHABILITATION SERVICES

Don Jordan, Secretary

House Appropriations Committee
March 18, 2009

FY 2010 Federal Block Grants

For Additional Information Contact:
Katy Belot, Director of Public Policy
Docking State Office Building, 6th Floor North
(785) 296-3271

Appropriations Committee

Attachment 2-1

Date 3-18-09

FY 2010 Federal Block Grants

House Appropriations Committee March 18, 2009

Chairman Yoder and members of the Committee, I am Don Jordan, Secretary of Social and Rehabilitation Services. Thank you for the opportunity 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 formulas based mainly upon population.

\$53.2 million funding from five different block grants is included in the SRS FY 2010 Governor's Budget. I will give you a brief description of the services provided by each of these grants.

SOCIAL SERVICES BLOCK GRANT (SSBG) - \$22.4 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 SRS' Child Care Assistance, 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, 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.

On July 1, 2007 SRS contracted with Value Options to provide managed care substance abuse services to all Kansans eligible for Medicaid and Block Grant funding. The block grant dollars, along with other state funds, pay for treatment services for individuals who are not eligible for Medicaid. Medicaid eligible individuals are covered under the new Prepaid Inpatient Health Plan (PIHP).

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT - \$3.2 million

The Community Mental Health Service Block Grant is distributed to the 26 Community Mental Health Centers (CMHCs) for community services. Currently, the federal block grant money is funding programs across the state focusing on workforce development, evidence-based practices, two housing and homeless projects, consumer-run organizations and the youth initiative projects. The Mental Health Block Grant is also used to support the President's New Freedom Commission Report for transformation activities such as the anti-stigma campaign in Kansas.

LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP) BLOCK GRANT - \$15.1 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 \$1,173 monthly. 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.

The department receives energy assistance funding from two sources: a block grant and emergency funding. The emergency funds are highly variable, dependent on extreme weather conditions and energy prices, and are released at the discretion of the President. The LIEAP Block Grant was increased \$27.4 million at the beginning of Federal Fiscal Year 2009. About 45,000 households are expected to receive assistance in FY 2009 with a projected annual benefit averaging \$893. The FY 2010 average benefit is budgeted at \$341, assuming a return to normal levels of block grant funding.

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. Each year SRS transfers the full 15 percent of the block grant 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. Currently these funds are spent in eleven different counties.

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

Talking Points for Block Grant Testimony, March 18, 2009

This information is what is included in the FY 10 GBR

Social Service Block grant:

- These funds cannot be used for matching which makes it difficult to use. That is why we transfer some to KDOA. There also is no maintenance of effort for this grant.
- We transfer \$4.5 million to KDOA for use in their Senior Care Act.
- \$7.2 million is transferred to SSBG from TANF each year. That transfer is included in the \$22.5 million. The actual amount of the block grant is \$15.6.
- This grant requires no matching funds.

Substance Abuse Block Grant:

- This grant requires a MOE. We must maintain state expenditures at a level not less than the average level of such expenditures maintained by the state for the two-year period preceding the fiscal year for which the state is applying for the grant. That level is \$17 million in FY 2009.
- The block grant funds are spent on AAPS grants.

Community Mental Health Block Grant:

- This grant requires no match or MOE.
- This is budgeted in MH Admin. And used mainly for grants.

LIEAP:

- No match or MOE required.
- SRS received \$4.1 million in emergency funds in Oct, 2008.
- The FY 09 base Block grant increased \$23.3 over our budgeted amount which was an estimate.
- \$6.8 million or 15% of the base block grant was transferred to KHRC, none of the emergency funds were transferred. Program staff were concerned that KHRC would not be able to use all of the funding.
- We are estimating the base grant only in FY 10 and at the levels in previous years before FY 09. as the FY 09 amount was unique.

PATH Grant:

- No match or MOE required.
- CMHCs that provide case management are;
 - ✓ Comcare in Sedgwick Co.
 - ✓ Valeo in Shawnee Co.
 - ✓ Wyandotte in Wyandotte Co.
 - ✓ Elizabeth Layton in Franklin Co.
 - ✓ Central Kansas in Saline Co.
 - ✓ Pawnee County in Riley, Geary, Marshall, Pottawatomie, and Clay Co.
 - ✓ Bern Nash in Douglas Co.



Kathleen Sebelius, Governor
Roderick L. Bremby, Secretary

DEPARTMENT OF HEALTH
AND ENVIRONMENT

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**Testimony on
PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT
MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT**

**To
House Appropriations Committee**

**Jason Eberhart-Phillips, MD, MPH
Director of Health**

March 18th, 2009

Chairperson Yoder and members of the House Appropriations Committee, my name is Dr. Jason Eberhart-Phillips. I serve as the Director of Health for the Kansas Department of Health and Environment. 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 provides \$883,440 to KDHE to support preventive health programs that address preventable risk factors that contribute to the leading causes of premature death and disability in Kansas. Program objectives and activities must be consistent with the Year 2010 Health 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, limiting previous state flexibility in spending from this grant and 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;

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- 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 provides grants to States "to improve the health of all mothers and children

consistent with the applicable health status goals and national health objectives established by the Secretary under the Public Health Service Act." As the recipient agency for these funds (\$4.7 million/year), 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: performance.hrsa.gov/mchb/mchreports/tvisreports.

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
- 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

Allocation of resources from the Kansas MCH block grant generally reflect these priorities. The planning for the next five year MCH state needs assessment, MCH 2015, is underway. Stakeholders will be brought together in late 2009 and early 2010. The final document will be submitted to HRSA/MCHB with the July, 2010 application/annual report. In addition, the document will be posted on the KDHE website.

MCH grants are provided to local agencies and they use state needs assessment data and other data to prioritize their needs. They use grant funds to address priority state and local maternal and child health needs. Reporting is structured to retain accountability while providing flexibility for communities.

Description of Services Funded in SFY 2009

A. Aid to Local Agencies

MCH - *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 36 counties. Interventions are delivered through schools, work sites, churches, community organizations and other community settings. Efforts during the past year have focused on community planning to impact physical activity and nutrition, providing rape prevention education to students, blood pressure and cholesterol screenings targeted at high risk individuals and referrals to primary care for those that with abnormal readings and local trainings on using media strategies to enhance public education efforts.

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. KDHE staff then provides technical assistance and program guidance to these grantees..

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.

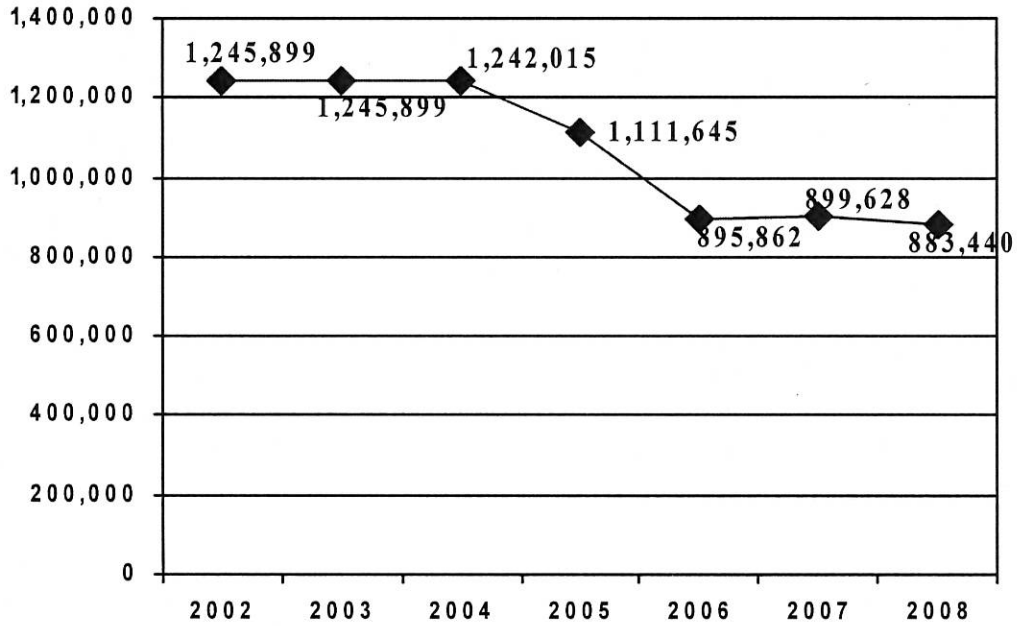
MCH - *Newborn Screening* – Nursing follow-up on newborns with out-of-range screens.

MCH - *Compliance Monitoring* - 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 the Office of Health Promotion (OHP). OHP staff plays a key role in assessing the current chronic disease burden in Kansas, in facilitating consensus development of statewide goals and strategies to alleviate that burden and in writing grants to leverage Block grant dollars to support activities directed at chronic disease and injury prevention in Kansas communities. In 2008, the PHB Block grant funds enabled and/or supported community events geared at getting Kansas residents moving more and eating healthier, education efforts to reduce the number of Kansas children and adolescents who use and/or experiment with tobacco, construction and further development of websites to provide the public reliable and up-to-date information on cancer prevention, development of more cost effective approaches to training the public health workforce in Kansas and continued programming aimed at reducing the unintentional injury rate among children in Kansas.

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 Preventive Health and Health Services Block Grant Funding History 2002-2008



Kansas MCH Services Block Grant Funding History 2002-2009

