

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairperson Landwehr at 1:30 p.m. on January 25, 2011 in Room 784 of the Docking State Office Building.

All members were present.

Committee staff present:

Norm Furse, Office of the Revisor of Statutes
Martha Dorsey, Kansas Legislative Research Department
Dorothy Noblit, Kansas Legislative Research Department
Jay Hall, Kansas Legislative Research Department
Debbie Bartuccio, Committee Assistant

Conferees appearing before the Committee:

Rob Siedlecki, Secretary, Kansas Department of Social and Rehabilitation Services
([Attachment 1](#))

Others attending:

See attached list.

Chairperson Landwehr asked if there were any bills to be introduced.

Representative Weber made a motion to introduce an athletics head injury bill. The motion was seconded by Representative Ward. The motion carried.

Rob Siedlecki, Secretary, Kansas Department of Social and Rehabilitation Services presented an overview of the department to the committee ([Attachment 1](#)). The mission is to protect children and promote adult self-sufficiency with a vision of partnering to connect Kansans with supports and services to improve lives. Primary contacts in addition to the Secretary, include General Counsel Bob Corkins, Legislative Director Gary Haulmark, Chief of Staff Jeff Kahrs, and Communications Director Bill Miskell.

Ray Dalton, Deputy Secretary leads Disability and Behavioral Health Services which includes 1) addiction and prevention services, 2) mental health services, 3) state mental health hospital, 4) community supports and services and 5) state MR/DD hospitals. The Integrated Service Delivery unit includes 1) children and family services, 2) economic and employment support, 3) rehabilitation services, 4) child support enforcement and 5) regional offices.

Two charts were provided illustrating FY 2012 SRS Governor's Budget Recommendations including State Hospitals – one for Expenditures and one for Funding. A third chart breaking out expenditures and number of persons served by program for FY 2011 and FY 2012 was provided.

Addiction and Prevention Services - partner to promote prevention and recovery in Kansas communities. For substance use disorders, prevention focuses on 1) reducing underage drinking, 2) reducing underage access to tobacco (Synar amendment) and 3) work completed in thirteen regional prevention centers. Treatment includes 1) managed care, 2) block grant and Medicaid funds, and 3) fourth time DUI program (KDOC MOU). The Problem Gambling and Addiction Fund includes problem gambling treatment and other addiction services gaps.

Mental Health Services – treatment and support for Kansans with mental illness that ensure they experience recovery and live successful lives in the community. Community Mental Health Center Grants support infrastructure (e.g. 24 hour crisis response) and serve people without the means to pay for treatment. Medicaid Mental Health Managed Care services all Kansans on Medicaid and HCBS Waiver for Children with a serious emotional disturbance. In-patient and residential treatment include psychiatric residential treatment facilities for children with a serious emotional disturbance. Community hospitals are an alternative to state mental health hospitals for all children and some adults. Nursing facilities for mental health include residential treatment for adults with severe and persistent mental illness. Consumer run and consumer support groups include a Consumer Advisory Council, NAMI and Keys for Networking.

State Mental Health Hospitals – inpatient treatment for Kansans experiencing severe mental health symptoms determined a danger to themselves or others, and forensic mental health services. Osawatomie

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State Hospital provides acute inpatient treatment for adults with mental illness and an SPTP transition program. Rainbow Mental Health Facility provides primarily short-term, acute inpatient treatment for adults with mental illness. Larned State Hospital provides 1) Psychiatric Services Program (inpatient treatment to children, adolescents and adults), 2) State Security Program (provides evaluation, competency restoration and inpatient treatment for forensic patients) and 3) Sex Predator Treatment Program.

Community Supports and Services – provides resources and support to help Kansans with disabilities live self-directed lives in their community. Programs include:

- Transition from facilities to the community (Money Follows the Person grant)
- Medicaid waivers for home and community based services
 - Physical Disability Waiver – serves individuals age 16-65 who would otherwise require institutionalization in a nursing facility.
 - Mental Retardation/Development Disability Waiver – provides community based services for individuals age 5 and up who otherwise would be eligible for placement in an intermediate care facility.
 - Traumatic Brain Injury Waiver – serves individuals age 16-64 who have a traumatically acquired, non-degenerative, structural brain injury.
 - Technology Assisted Waiver – assists children, age 0-21 years who are chronically ill and medically fragile and dependent upon a life-sustaining medical device to compensate for loss of a vital body function.
 - Autism Waiver – an early, intensive intervention service targeting children up to age 5 who would otherwise be served in a state mental health hospital.

A chart showing Waiver Waiting Lists information as of January 1, 2011.

Private/Public Intermediate Care Facilities – provide residences for Kansans with disabilities who require intensive supports. State mental retardation/developmental disability hospitals include 1) Kansas Neurological Institute (98% of residents are severely to profoundly mentally retarded and require intensive medical supports) and 2) Parsons State Hospital and Training Center (86% of residents have behavioral challenges or symptoms of emotional disturbance and require more intensive supports). Private intermediate care facilities (ICFs/MR) are funded by Medicaid and serve individuals who need continuous, intensive services. They work closely with community developmental disability organizations to arrange supports and services when the individual is ready to live more independently.

Children and Family Services – protect children from abuse and neglect, provide in-home services to preserve families, and seek safe, permanent homes for children. Prevention efforts include grants for community services to avoid abuse and neglect and promote good parenting. Child Protective Services investigates reports of alleged abuse and neglect. Family Preservation Services provides intensive in-home services that seek to keep families together. Permanency includes foster care, reintegration and adoption services. After court-ordered removal, 95% of children are placed in a family-like setting. Assistance may be offered for adoption or permanent custodianship.

Economic and Employment Support – promotes self-sufficiency by assisting individuals and families to prepare for and maintain gainful employment. Temporary assistance to families provides training and work experience for participants and up to 60 months of cash assistance. Child care assistance provides support to working families who need childcare. Economic assistance is provided by 1) General Assistance/MediKan (cash and medical assistance to disabled Kansans waiting for federal disability determination), 2) food stamps (helps low-income persons buy food with an electronic benefit card), 3) low income energy assistance program (assistance to keep homes heated and helps weatherize dwellings), and 4) food distribution programs (provides foodstuffs to charitable institutions, soup kitchens, and in emergencies, directly to consumers). Adult Protective Services investigates reports of alleged abuse, neglect and exploitation.

Rehabilitation Services – supports Kansans with disabilities in gaining and keeping employment, and determines medical eligibility for federal disability programs. Programs include 1) vocational counseling and guidance, 2) education and training, 3) job placement and supported employment (contract for services that support people seeking employment) and 4) disability determination services (determines medical eligibility for Social Security Disability Insurance and Supplemental Security Income).

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Child Support Enforcement – promotes self-sufficiency by facilitating receipt of child support payments. Duties include 1) establishing paternity, 2) establishing and modifying financial and medical support orders, and 3) collecting and disbursing support payments (enforcing income withholding and court actions).

Upcoming Initiatives:

- Healthy Marriage Initiative (reviewing disincentives to marriage in existing programs)
- Fatherhood Initiatives
- Outreach to Faith-Based Community Organizations

Several charts were provided showing a summary of expenditures and persons served.

The Chair gave the committee members the opportunity to ask questions. There were some questions concerning the number of children in foster care and the number of children who need to be adopted and this information will be researched and provided to the committee. Concerning the anticipated costs of the new programs such as healthy marriage, fatherhood initiatives, etc., Secretary Siedlecki indicated the budget would be adjusted to meet the costs so there would be no increase as a result of the programs. Committee members shared comments from constituents concerning inappropriate use of the Vision cards. The department will provide information as to the types of items purchased with these cards. Some questions and concerns were raised concerning possible cuts in mental health funding and the need to handle those who are in a crisis status. The Secretary confirmed some of the funds for the Early Head Start Program are going to be shifted to child care services. The Governor is also working on a \$6 million reading initiative. There was a question as to what is replacing the program Smart Start. The Secretary emphasized he is open to any ideas from the committee and will be striving to identify opportunities to implement program efficiencies.

Chairperson Landwehr informed committee members the next meeting would be on Monday, January 31, 2011 with hearings on the Health Care Freedom amendment.

The meeting was adjourned at 2:13 p.m.