

DIVISION OVERVIEW – Disability and Behavioral Health Services

MISSION:

Disability and Behavioral Health Services' (DBHS) vision for the persons it supports and serves is to ensure they live healthy, successful, and self-determined lives in their homes and communities. DBHS's mission is to support Kansans in living self-determined, meaningful lives by ensuring access to quality person centered mental health, addictions and disability services.

PHILOSOPHY:

DBHS is responsible to ensure the services it purchases or provides are:

- Affirmed by research and evidence-based practices;
- Generally recognized as a positive emerging practice;
- Furnished in the needed amount, by the appropriate people, at the right time, and in the correct place to achieve the desired life outcomes for the people it serves, their family and friends; and
- Delivered in the most effective manner.

DBHS develops program policy, negotiates agreements, and monitors supports and services it purchases. DBHS ensures the supports and services purchased are accessible and appropriately utilized; comply with established performance measures; and conform to reasonable and generally acceptable standards of effectiveness and efficiency.

DBHS also provides a safety net of supports and services through its five hospitals for persons whose needs are not being met by community services, or who are court committed for forensic evaluations or treatment.

PROGRAMS ESTABLISHED TO ASSIST WITH MISSION:

The following programs are established to carry out the mission of SRS and DBHS. These programs and hospitals, while responsible for delivering specific services to persons with mental illness, addictions, or disabilities, often find their consumer need services in multiple program areas. These same programs are also accessed by consumers of other areas of SRS such as Children and Family Services, Rehabilitation Services, and by other state department programs such as the Department of Aging and the Department of Corrections. As a result, a systemic approach to analyzing an effective consumer service delivery system is indicated.

NARRATIVE INFORMATION – DA 400
Division of the Budget
State of Kansas

AGENCY NAME: Social and Rehabilitation Services
PROGRAM TITLE: Disability and Behavioral Health Services
SUBPROGRAM TITLE:

30000 – Disability and Behavioral Health Services Administration

31900 – DBHS Administration

32000 – Mental Health Services

32100 – Mental Health Administration

32200 – Mental Health Grants

32400 – Mental Health Services

32500 – Mental Health Psych Residential Treatment Services

32700 – Nursing Facilities for Mental Health

State Mental Health Facilities (see agency budgets):

Agency 410 – Larned State Hospital

Agency 494 – Osawatomie State Hospital

Agency 555 – Rainbow Mental Health Facility

33000 – Addiction and Prevention Services Administration

33100 – AAPS Administration

33200 – AAPS Grants

33300 – AAPS KS Strategic Prevention Framework Grant

33400 – AAPS Services-Managed Care

37000 – Community Supports and Services

37100 – CSS Administration

37200 – CSS Targeted Case Management

37300 – CSS Head Injury Rehabilitation Hospital

37400 – Positive Behavior Support

37500 – Intermediate Care Facilities for Mental Retardation

38100 – Developmental Disability Waiver

38200 – Children with Autism Spectrum Disorders Waiver

38300 – Physical Disability Waiver

38400 – Traumatic Brain Injury Waiver

38600 – Technical Assistance Waiver

38800 – Money Follows the Person Grant

38900 – Other Services and Grants

State Developmental Disability Hospitals (see agency budgets):

Agency 363 – Kansas Neurological Institute

Agency 507 – Parsons State Hospital and Training Center

STATUTORY HISTORY:

Disability and Behavioral Health Services Administration. In November 1999, the Secretary of the Department of Social and Rehabilitation Services reorganized the former Commissions on Substance Abuse, Mental Health, and Developmental Disabilities (SAMHDD) and Adult and Medical Services to form the Division of Health Care Policy (HCP). On January 1, 2008, HCP became Disability and Behavioral Health Services (DBHS). The management structure and the services rendered by the Division of DBHS are described in K.S.A. 75-5308a, 75-5308c, and 75-5316. K.S.A. 76-12a02 describes the appointment of superintendents to state hospitals by the Deputy Secretary of DBHS. SB 272 passed by the 2005 Legislature moved the health care portion of DBHS to the Department of Administration, Division of Health Policy and Finance (DHPF) effective July 1, 2005. On July 1, 2006, DHPF became the Kansas Health Policy Authority.

Mental Health Services. The foundation for all community mental health services is the Mental Health Reform Act K.S.A. 39-1601 et seq. The Treatment Act for Mentally Ill Persons, K.S.A. 59-2901, et seq., states how patients shall be provided psychiatric treatment on both a voluntary and involuntary basis. K.S.A. 65-4403 describes the procedures for providing state aid to Community Mental Health Centers. K.S.A. 75-3307b authorizes the agency to enforce the laws relating to the hospitalization of mentally ill persons in mental health hospitals and community treatment facilities.

Addiction and Prevention Services. In 1972, the Kansas Legislature established the State Alcohol Program (K.S.A. 65-4001). In 1973, the Kansas Legislature established the Drug Abuse Program (K.S.A. 75-5375). Both programs functioned separately under a five member commission until 1975, when the commissions were abolished and the Alcohol and Drug programs were brought into SRS. In 1980, the Governor issued Executive Reorganization Order No. 17. Section 18 of that Executive Order established the alcohol and drug program as a full service component in SRS. In 2007, SB 354 merged the separate statutes through an amendment of K.S.A. 65-4001.

K.S.A. 65-4007, et seq., 65-4601, et seq., and 75-5375, et seq. deal with alcohol and drug prevention, treatment, and licensing functions. Funding for these programs is through the Community Alcoholism and Intoxication Programs Fund, K.S.A. 41-1126, and the Alcoholism Treatment Fund, K.S.A. 41-2622. Federally, alcohol treatment and prevention activities are governed by P.L. 97-35. This legislation also provides for federal funding through the Substance Abuse Prevention and Treatment Block Grant.

In FY 2007, SB 66 authorized the establishment of slot machines at race tracks and for regional state operated casinos. SB 66 designated that 2.0 percent of the state proceeds from these expanded gaming activities would be made available to treat problem gambling and other addictions. Proceeds for treatment have begun to be received. SRS continues planning with advocates, providers, and experts regarding the most effective use of these funds.

Community Supports and Services. The statutory authority for Developmental Disabilities Services is defined in K.S.A. 39-1801, which was amended by the Developmental Disabilities Reform Act of 1995. These statutes designate Community Developmental Disability Organizations as gatekeepers and a system of affiliates to deliver services to individuals with developmental disabilities. The statute defines the relationships and responsibilities of these organizations. The result is to provide a system of service management for Developmental Disabilities Services. Independent Living programs are governed by the Federal Rehabilitation Act, Title VII, Sec. 701; 34 CFR 364.2.

State law related to self direction of services is governed by K.S.A. 65-5101 et seq. and K.S.A. 65-6201.

OVERVIEW OF CURRENT AND BUDGET YEAR INFORMATION:

CURRENT YEAR:

In order to maintain services for those persons currently served on the waivers, one-time funding is being used to cover projected shortfalls in the waiver programs instead of requesting supplementals. These one-time funds are available due to SRS' diligent efforts in maintaining costs in all areas of SRS.

Waiting Lists.

Some programs DBHS funds are not entitlements. If more people apply for and need these programs than the available funds can support, a waiting list for the program is established.

- Home and Community-Based Services Waiver for Persons with Developmental Disabilities (DD Waiver): The current waiting list exceeds 2,444 persons receiving no services. For FY 2011, \$3,300,000 State General Fund was appropriated by the Legislature to reduce the waiting list. Policy changes were implemented in FY 2010 that will continue into FY 2011 to help control costs. As of September 1, 2010, 196 persons have been added to the waiver.
- Home and Community-Based Services Waiver for Persons with Physical Disabilities (PD Waiver): Because of the dramatic growth of the PD Waiver at the end of FY 2008 and beginning of FY 2009, an additional \$10,000,000 All Funds and \$4,000,000 SGF were appropriated in the FY 2009 Legislative Session. To control the growth of the waiver in FY 2009, a rolling waiting list was instituted that for every two people leaving the waiver, one person was placed on the waiver. To help control cost and growth in FY 2010 access to the waiver was restricted to emergencies only. In the 2010 session the Legislature appropriated an additional \$3.6 million for the PD waiver. These funds have allowed for the rolling waiting list to be reinstated in FY 2011. The current waiting list exceeds 2,286 persons.
- Autism Spectrum Disorder Waiver: The current waiting list exceeds 248 persons.

- The Traumatic Brain Injury (TBI) and Technical Assistance (TA) waivers currently have no waiting list.

Money Follows The Person Grant:

The Money Follows the Person Grant will move people from an institutional setting to less expensive community services. State funds have been transferred from the Grant to the PD and DD waivers to follow the persons. As of June 1, 2010 a total of 208 individuals have moved from an institutional setting to the community with the assistance of this program.

Mental Health Census Issues:

Twice in recent months, (May 19th and July 16th) SRS had to delay voluntary admissions to its state mental health hospitals' (SMHHs) civil psychiatric programs for short periods of time. At these times the SMHHs continued to accept involuntary admissions. The SMHHs operate with real physical and staffing constraints that limit the number of persons they can safely and effectively serve at any one time. Extremely high census jeopardizes patient and staff safety, threatens licensing and accreditation, and can exceed the maximum number of patients the State Fire Marshal allows. The difficult decision to delay voluntary admissions was only made when the census at all three SMHHs simultaneously reached levels beyond which it was too dangerous to accept any more voluntary admissions.

Due to budget, staffing, and space limitations there are limits to the number of patients the SMHHs can safely serve at one time. To address the census issue Larned State Hospital (LSH) has opened an additional 11 beds in space previously used to house children, and SRS has contracted with community partners to accept the patients having to be diverted from the SMHHs.

Supplemental:

A supplemental request is being made to fund a lower than expected federal match rate with the extension of the enhanced Federal Medical Assistance Participation match rate. Details are in the Supplemental and Enhancement section of the budget.

BUDGET YEAR:

The following issues will need to be addressed in the budget year:

Enhancements: Enhancement funding is being requested to replace SRS fee funds not expected to be collected in FY 2012. In Fiscal Year 2010 fee fund was added to these waivers to fund expected budget shortfalls. If this enhancement is not funded severe reductions in rates will need to be implemented.

- Home and Community-Based Services Waiver for Persons with Developmental Disabilities (DD Waiver)
\$20,544,902 All Funds, \$8,524,080 State Funds

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SUBPROGRAM TITLE:

- Home and Community-Based Services Waiver for Persons with Traumatic Brain Injury (TBI Waiver)
\$3,215,370 All Funds, \$1,334,057 State Funds
- Home and Community-Based Services Waiver for Persons needing Technology Assistance (TA Waiver)
\$2,841,056 All Funds, \$1,178,754 State Funds
- Restore Reductions taken to Grants to meet budget allocation:
Enhancement funding is being requested to restore funding for reductions taken in SGF funded grants in Mental Health Services (\$10,983,347 SGF), Addiction and Prevention Services (\$2,547,403 SGF), and Developmental Disabilities and Services (\$8,088,174 SGF). These reductions were taken to meet the reduced budget allocations for FY 2011 and FY 2012.
- Restore Community Mental Health Medicaid Eligibility from 12 to 24 months:
An enhancement is being requested to restore General Assistance eligibility from 12 to 24 months with no hardship allowance. This affects Mental Health services expenditures for these persons as well. An enhancement of \$3,371,329 SGF is being requested to restore these services.
- Restore Dental Services to the Waivers:
An enhancement of \$1,259,361 All Funds , \$522,509 SGF is requested to restore Dental Services to the DD Waiver, (\$681,586 AF, \$282,790 SGF); PD Waiver (\$529,983 AF, \$219,890 SGF) ; and the TBI Waiver (\$47,792 AF, \$19,829 SGF).
- Restore Mental Health Grant Funding shifted to Medicaid Match:
An enhancement of \$9,191,960 SGF is being requested to restore funds for grants to the Community Mental Health Centers for funds that were moved to provide match for Mental Health Managed Care services.
- Restore Reductions to the Mental Health Community Medication Program:
An enhancement is being requested to restore funding to the Community Atypical Medication Program for reductions taken in SGF to meet the reduced budget allocations for FY 2011 and FY 2012. The amount requested is \$500,000 SGF.

Planning Money for Sexual Predator Treatment Program 90 Bed Expansion: Both the Sexual Predator Treatment Program (SPTP) at Larned State Hospital and the Transition Program at Osawatomie State Hospital are facing physical facility and census issues. The SPTP at LSH has already exceeded its budgeted census capacity by 17. Enhancement requests are included in the Larned State Hospital budget to address both the Treatment Program and the Transition Program issues. The SPTP at LSH and the Transition program at OSH will eventually out grow the physical facilities available. In the SRS Five Year Capital Improvement Plan a request is made for a 90 Bed Expansion of the Sexual Predator Treatment Program. The SRS budget request for FY 2012 includes an enhancement request of \$2,659,500 for planning and design.