

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 tax payers; and
- Delivered in the most effective manner, so as to maximize the tax payer's dollar.

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: KS Department of 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. On July 1, 2011, Kansas Health Policy Authority transitioned into the Kansas Department of Health & Environment (KDHE) as the Division of Health Care Finance (DHCF).

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:

Community Supports and Services:

Community Supports and Services provides services for more than 15,500 individuals with disabilities throughout the state through five different waiver programs, Developmental Disability (DD) Waiver, Physical Disability (PD) Waiver, Traumatic Brain Injury (TBI) Waiver, Technical Assisted (TA) Waiver, and Autism Waiver. In addition to these waiver programs Community Supports and Services works through the Money Follows the Persons Grant to assist with the transitions from institutional settings to services based in the community. Community Supports and Services is committed to providing individuals with disabilities services within their own communities to improve quality of life outcomes.

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, 2011, a total of 315 individuals have moved from an institutional setting to the community with the assistance of this program.

Mental Health Services:

Mental illness, especially severe mental illness, can be devastating to persons who are affected. Untreated mental illness results in people experiencing unnecessary disability, unemployment, substance abuse, homelessness, needless incarceration, children taken into custody, failure in school, and wasted lives. Mental illness not only affects the person with the mental illness, but it has a profound impact on their families and friends, their community, and the state at large.

SRS' Mental Health Services program administers, manages, and oversees publicly funded community, residential, and inpatient psychiatric services and supports for those who do not have the means to pay, especially adults with a severe and persistent mental illness (SPMI) and children with a serious emotional disturbance (SED). Organizations providing these psychiatric services and supports include:

- Community Mental Health Centers (CMHCs);
- State Mental Health Hospitals;
- Private practitioners;
- Nursing Facilities for Mental Health;
- Psychiatric Residential Treatment Facilities;
- Private Community Hospital Psychiatric Programs funded by Kansas Department of Health and Environment Health Care Finance;
- Residential Care Facilities (RCF);
- Consumer Run Organizations and Other Support Groups;
- Housing Programs; and
- Pharmacy Benefit Manager.

Current issues facing Kansas' public mental health system and current initiatives include:

- State Mental Health Hospitals routinely have more patients than they are budgeted to serve;
- CMHCs are needing to triage the persons without the means to pay that they serve, focusing on serving persons with an SPMI/SED and those experiencing a mental health crisis because of recent years' budget reductions;
- Kansas Health Solutions, the Medicaid funded managed care organization, must manage utilization of Medicaid funded mental health services so people are well served and achieve targeted outcomes while saving \$17 million that was reduced from the mental health Medicaid budget;
- Coordination between physical and mental health treatment needs to be improved so persons with co-occurring chronic physical illnesses and mental illness experience improved wellness and health while reducing the physical health care costs of these persons;
- Ensuring mental health medication prescribing practices, especially for children in state custody and on the SED Home and Community Based Services Waiver, are well managed and evidence based;
- Monitoring the use of residential psychiatric treatment for children and adults to ensure those who need these services receive them and those who can be safely and effectively served in community-based settings immediately receive the community services they need;
- Establishing and implementing new CMHC and RCF regulations that improve the health and safety of those served and streamline and eliminate unnecessary administrative requirements; and
- Increase and improve the use of evidenced based practices and better measure quality of life outcomes.

Addiction and Prevention Services:

SRS Addiction and Prevention Services (AAPS) provides and monitors a system of care for the treatment of Substance Use Disorders (SUDs) that is customer/community focused, outcome driven and consists of a network of providers who are focused on best practices. Additionally, AAPS promotes prevention and recovery in Kansas communities through the mobilization of community coalitions and partnerships. AAPS supports communities in understanding the extent and cause of substance abuse problems and helps citizens take action to reduce and prevent them. Since the passing of SB 66 in 2007, which designated 2.0 percent of the state proceeds from expanded gaming activities to be made available to treat problem gambling and other addictions, AAPS has worked to heighten awareness of and treatment services to problem gamblers in Kansas.

Treatment services provided by AAPS providers include:

- Acute Detoxification Treatment
- Alcohol and Drug Assessment and Referral Programs
- Alcohol and Drug Safety Action Programs
- Case Management Services
- Crisis Intervention
- Early Intervention/Interim Treatment
- Inpatient Treatment
- Intensive Outpatient Treatment
- Intermediate Treatment
- Medication Assisted Treatment
- Opioid Maintenance Outpatient Treatment
- Outpatient Treatment
- Peer Mentoring
- Person Centered Case Management
- Reintegration Treatment
- Social Detoxification
- Therapeutic Community Treatment
- Problem Gambling Treatment

To this end we will utilize strategic partnerships, develop a new information technology system, implement targeted workforce development initiatives and remain responsive to the needs of our partners and those we serve.

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):

As of August 4, 2011, we have 2,478 persons on the MR/DD waiting list who currently do not receive any HCBS services and have a request date of July 31, 2011, or earlier. For FY 2012, \$2,827,606 State General Fund was appropriated by the Legislature to reduce the waiting list. SRS anticipates that in FY 2012, 200 persons will be added to the waiver.

Home and Community-Based Services Waiver for Persons with Physical Disabilities (PD Waiver):

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 crisis exceptions 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. Effective March 30, 2011, the rolling waiting list was revised so that for every one person leaving the waiver, one person was added. The number of consumers that were “rolled” from the waiting list during FY 2011 was 240. Effective June 30, 2011, we had 2,970 persons on the waiting list.

Home and Community-Based Services Waiver for Persons with Autism Spectrum (Autism Waiver):

As of August 30, 2011, we have 256 children on the waiting list who currently do not receive any HCBS Autism waiver services.

Home and Community-Based Services Waiver for Persons with Technology Assistance (TA Waiver):

In order to continue the “no waiting list” status and control cost of the program, the program modified its community and hospital referral process for program access. In addition, the program has instituted a system where waiver recipients graduate from a high level of care to lower level of care when individuals become medically stable.

Home and Community-Based Services Waiver for Persons with Traumatic Brain Injury (TBI Waiver):

The TBI Waiver currently has no waiting list. To help control growth and related costs, the program maintains the eligibility criterion that recipients make progress in rehabilitation and independent living skills training. As such, the average length of time spent receiving TBI Waiver services in FY 2011 was 1.87 years.

Financial Management Services System:

Effective November 1, 2011, the federally mandated Financial Management Services (FMS) system will pay a flat monthly administrative rate to an FMS provider, currently referred to as a payroll agent, and an average hourly rate for all attendants.

Faced with the task of maintaining the current level of services to waiver consumers despite the difficult budget situation in Kansas, the Secretaries of Aging and of SRS have established the rate per consumer per month of \$115.00. The new FMS rate reflects a reduction of FMS administrative time with the advent of an electronic verification system which will lessen the paper timekeeping system payroll agents currently have. Despite savings in administrative costs, average wages for attendants will increase. Our consumers will still receive the services they need which will protect our consumers from feeling the impact of budget cuts.

BUDGET YEAR:

Sexual Predator Treatment Program: Over-census for the Sexual Predator Treatment Program (SPTP) at Larned State Hospital has been managed by the conversion of staff offices to resident rooms and the occupation of modular housing. This modular housing is considered temporary and presents significant challenges with regard to code compliance and patient management. Staff-to-resident ratios continue to decrease with new admissions thus representing increased security/safety concerns. In terms of both staff and physical capacity, the SPTP has reached a critical juncture. It is imperative that additional secure housing be provided so as to ensure the safety of residents and staff. Secure housing has been identified on the Larned State Hospital grounds, State Security Program, Isaac Ray building, North 3. This existing facility will provide a short-term solution to the current problem of an over-census Sexual Predator population. A longer-term solution would be to renovate the Meyer Building at LSH and to establish a transition house. (Please see the Supplemental and Enhancement section for more information.)