



KANSAS

Addressing the Needs of People with Developmental Disabilities

STRATEGIC PLAN 2005 – 2010

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10th Anniversary of the DD Reform Act in Kansas



KANSAS STRATEGIC PLAN 2005-2010

DEVELOPMENTAL DISABILITY SERVICES

Executive Summary

This strategic plan provides a five-year road map with goals in each of these areas and is a model for planning and implementation that can be replicated in other settings. Key to the achievement of the goals in this plan will be the commitment of the partners and stakeholders to assume responsibility and provide oversight to ensure strategies are carried out within the appropriate timeline. In order to ensure implementation and accountability of this strategic plan, SRS will convene an oversight committee of stakeholders to provide the oversight and implementation steps necessary to realize the goals of this Kansas DD. Following is the framework and goal highlights of that plan.

Mission

Kansas will provide individuals with developmental disabilities the opportunity to choose from a broad array of high quality, accessible, and sustainable community supports and services that lead to productivity, independence, integration, and inclusion.

Vision

As a proactive leader, Kansas ensures that all individuals with developmental disabilities are treated with dignity and respect, and have opportunities in all areas of life. Law and policy demonstrate commitment to a high quality, comprehensive, and sustainable community-based service system.

Guiding Principles:

1. Individuals with developmental disabilities become increasingly independent and self-determined.
2. Services and supports are provided in a manner consistent with the DD Reform Act. Individuals with developmental disabilities will receive:
 - Assistance to obtain food, housing, clothing, and medical care;
 - Protection from abuse, neglect, and exploitation;
 - a range of services and supports, which include communication accommodations in order to assist in the determination of individual needs;
 - Assistance in determining their needs;
 - Information about all service options available to meet those needs;
 - Coordination of services delivered;
 - Assistance and support in living independently or with their families;
 - Assistance in finding transportation to access the community;

- Individually planned habilitation, education, training, employment, and recreation subject to supports and services available in the community of their choice.

Strategic Area #1: Policy

A policy is a course of action chosen by public authorities to address a given problem or interrelated set of problems. It is anchored in a set of values regarding appropriate public goals and a set of beliefs about the best way of achieving those goals. The idea of public policy assumes that an issue is no longer a private affair. The focus in this area is on ensuring the goals and activities in this state regarding people with developmental disabilities comply with the DD reform act. It contains recommendations on policy initiatives that would further protect or advance the rights of people in the disabilities community.

Key Goals

Goal #1: All persons with developmental disabilities receive the appropriate services and supports for which they are eligible, *at the time they need them* according to their individuals needs.

Goal #2: The state's reliance on institutional settings as a long term residential service option will be reduced.

Prominent in this strategic planning process was the role institutions (9 beds or larger) play in providing services. To achieve the goal of reducing the reliance on institutions it is our recommendation that a time limited task force be established to implement the strategies of this goal. The task force will consider the following timelines:

- The system will be assessed to determine current system capacity and the role of institutions and the services they provide. The need for institutional services as well as the capacity for those services will be determined. **Target date: Year One of the strategic plan**
- Any reduction in reliance on these settings will be accompanied by a transition plan developed to ensure that appropriate community-based services are in place and reflect the needs of the persons to be served. **Target date: Year Two of the strategic plan**
- Recommendations about future institutional needs will be presented to the Legislature. **Target date: Year two of the strategic plan**

Goal #3: System funding will be adequate in order to recruit, train, and retain high-quality direct care staff.

Goal #4: All persons with developmental disabilities will have access to employment opportunities that will lead to an improved quality of life including the supports necessary to acquire meaningful work of their choice.

Goal #5: Kansas will have a system that reflects continuous and ongoing assessment of quality performance and achievement of outcomes for each individual.

Goal #6: All stakeholders will work to strengthen the system's performance in honoring the informed choices of persons served.

Goal #7: All persons with developmental disabilities will have access to self-determination as a lifestyle choice.

Strategic Area #2: Capacity Building and Program Services and Delivery

Programs are services and supports designed to meet the needs of persons with developmental disabilities. Capacity building is an ongoing process that creates an enabling environment for service development. It is a combination of activities focused on improving an organization or community's performance related to its environment, resources, and overall sustainability. Stated succinctly, it includes infrastructure building, creating sustainability, and creating problem-solving capacity.

Key Goals

Goal #1: The service system will have the capacity and ability to share resources and outcome based data in an effective, efficient manner.

Goal #2: Significant progress will be realized in increasing the number of trained and skilled workers providing services and supports to persons with developmental disabilities.

Strategic Area #3: Financing the System

A stable financial structure is critical to the success of implementing this strategic plan. At the foundation of this plan are goals that require the review of the current financing structure of state systems that support people with disabilities. System oversight must assure that state dollars are used effectively and efficiently.

Key Goals

Goal #1: Adequate services will be available for those who need them, when they need them.

Goal #2: Services essential to independence and health and welfare of individuals will be funded based on outcomes.

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KANSAS STRATEGIC PLAN 2005-2010

DEVELOPMENTAL DISABILITY SERVICES

Introduction and Overview

On June 6, 1995, the Developmental Disabilities Reform Act was signed into law as a result of efforts by individuals committed to improving the systems and services for people with developmental disabilities. It is fitting that on the tenth anniversary of this momentous event, Kansans once again have taken affirmative steps to build on our successes by developing a renewed, system-wide, multi-year strategic plan.

The Kansas Strategic Plan for Developmental Disabilities that follows was built on the foundation of previous state strategic plans, stakeholder projects, task force reports, and most recently legislative directives from the 2004 Kansas legislature¹. Stakeholders including people with disabilities, direct support staff, administrators, providers, state agency staff, and parents developed and participated in its development.

This plan establishes goals that, when achieved, will improve the lives of persons with disabilities and those of their families by improving the system that serves them. It is the intent that this plan be the essential guiding framework that fosters a more coordinated approach among all stakeholders related to their efforts to ensure people with disabilities benefit from their investments. As such, all plans and efforts must focus on three key strategic areas: policy, capacity building and program services, and financing.

This strategic plan provides a five-year road map with goals in each of these areas and is a model for planning and implementation that can be replicated in other settings.

Key to the achievement of the goals in this plan will be the commitment of the partners and stakeholders to assume responsibility and provide oversight to ensure strategies are carried out within the appropriate timeline. In order to ensure implementation and accountability of this strategic plan, SRS will convene an oversight committee of stakeholders to provide the oversight and implementation steps necessary to realize the goals of this Kansas DD plan.

¹ See appendix

Mission, Vision and Guiding Principles

The foundation and the driving force behind this plan and the mission and vision of the state is the Kansas DD Reform Act of 1996. K.S.A. 39-1802 sets out that:

It is the policy of the state to assist persons who have a developmental disability to have:

- (a) Services and supports which allow persons opportunities of choice to increase their independence and productivity and integration and inclusion into the community;
- (b) Access to a range of services and supports appropriate to such persons; and
- (c) The same dignity and respect as persons who do not have a developmental disability.

History: L. 1995, ch. 234, § 2; Jan.1, 1996

From this foundation, the mission, vision and guiding principles for this strategic plan were developed.

Mission

Kansas will provide individuals with developmental disabilities the opportunity to choose from a broad array of high quality, accessible, and sustainable community supports and services that lead to productivity, independence, integration, and inclusion.

Vision

As a proactive leader, Kansas ensures that all individuals with developmental disabilities are treated with dignity and respect, and have opportunities in all areas of life. Law and policy demonstrate commitment to a high quality, comprehensive, and sustainable community-based service system.

Guiding Principles:

1. Individuals with developmental disabilities become increasingly independent and self-determined.
2. Services and supports are provided in a manner consistent with the DD Reform Act. Individuals with developmental disabilities will receive:
 - Assistance to obtain food, housing, clothing, and medical care;
 - Protection from abuse, neglect, and exploitation;
 - A range of services and supports, which include communication accommodations in order to assist in the determination of individual needs;
 - Assistance in determining their needs;
 - Information about all service options available to meet those needs;
 - Coordination of services delivered;
 - Assistance and support in living independently or with their families;
 - Assistance in finding transportation to access the community;

- Individually planned habilitation, education, training, employment, and recreation subject to supports and services available in the community of their choice.

The following pages give the state the guiding framework for action and accountability of the investments to be made over the next five fiscal years. At the same time, many organizations, coalitions, consumer advocacy groups, and community-based organizations will continue their efforts in expanding services and supports to people with disabilities.² Knowing this, the strategic plan becomes a document that can be used to create a common agenda in the areas of policy, capacity building and program services, and system financing among all stakeholders. This plan will be used as the accountability and communication tool for what *is and should be* happening to improve the system for persons with disabilities.

A Brief History of the Disabilities Reform in Kansas

The year 2005 is the tenth anniversary of the Kansas Developmental Disabilities Reform Act. This Act was the culmination of efforts of a broad-based group of DD stakeholders including representatives of consumers, families, advocates, service providers and agencies. The House created the House Select Committee on Developmental Disabilities whose role was to examine the Kansas DD system and draft a bill that afforded choice, a coordinated service system and, above all met the needs of Kansans with developmental disabilities. House Bill 2458, passed during the 1995 legislative session, set the stage for ensuring that those components became the cornerstones of providing services to people with disabilities. The modern history of developmental disabilities in Kansas is easily captured in three eras: Pioneer, Transition, Modern/Post DD Reform. Below are important highlights.

Pioneer Era: 1960's-70's

The Pioneer era occurred in the 1960's – 1970's and had as its primary strength and focus the education of consumers. It was driven by parent advocacy, and the counties played a key role in forming Community Mental Retardation Centers (CMRCs). Local leadership and national trends shaped state policymaking. This era was mission-driven, based on locally and personally developed values/standards, and had low expectations for funding.

Transition Era: 1980's-1995

National professional standards led to stronger community MR/DD program administration, community organizations providing more residential services and assuming some custodial roles for persons with MR/DD. There was increased emphasis on the vocational needs of people with MR/DD. Professional community-based advocacy combined with strong state leadership to craft new state standards. Realization of the need for broad service expansion grew for families and community organizations. The development of the waiver as a tool for accessing services was a powerful emerging force.

² See appendix

This era (1996 to present) has seen increased consumer advocacy, the commercialization of the service marketplace, the need for stronger financial managers, financial and legal accountability at all levels, and a growth in market-driven service providers. The expanded array of services offered and the explosion in the number of service providers have challenged the capacity of state and community leaders to maintain standards reflective of a contemporary system. Expectations on service providers and the state agency continue to grow faster than available financial and human resources.

Process for Developing the Strategic Plan

In September of 2004 a diverse group of stakeholders from across the state was convened to develop for the state of Kansas a multi-year strategic plan for people with developmental disabilities. Important measures were taken to ensure that a diverse, multi-talented, and representative group of consumers, service providers, state agency personnel, family members, and content experts were a part of this work group. As the process progressed, members continued to identify other individuals and organizations that would be important resources for the development of this plan. It was understood that each participant brought his or her own expertise and own personal agenda. Both were seen as important dimensions in the development of a plan reflective of the progress and change needed in a state plan for this population. (see attached for list of participants)

Prior to the convening of the first meeting, participants were asked for feedback regarding:

- What has improved in the system?
- What still needs to improve?
- What stake and authority do they have in this process?

In addition, past strategic plans, key state reports, stakeholder meeting summaries as well as literature from other states were reviewed. (see attached for key resources.)

This information was used as the basis for developing work groups and for developing a mission, vision, and guiding principles for this plan. The work group was then charged with identifying critical issues in the environment. They reported those issues in this system that did not lend themselves to a quick remedial fix. Critical issues are those in which problem solving is required or that need to be a part of a larger plan. From those critical issues the group identified key strategic areas: Policy, Capacity Building and Program Services, and Financing the Service System. These areas created the focus for the work outlined in the strategic plan. Additional work groups were developed for each strategic area. These groups made priority recommendations that form the core of this strategic plan. In addition, task groups identified implementation challenges that will be used to guide the Oversight Committee in its implementation of this plan. The outcome of this process is a consensus-based strategic plan for developmental disability services in Kansas.

Framework and Implementation Timelines

The following page contains the heart of the strategic plan formatted as: Strategic Areas, Major Goals, and Strategies. This plan is the foundation for yearly operations plans that will be developed and monitored in order to accomplish the goals. In addition, this plan provides a framework for those who are currently engaged in providing services to people with developmental disabilities or who are developing community plans. (see appendix for a list of organizations that are involved in addressing the needs of people with disabilities.)

As explained earlier, the work group identified all critical issues they concluded must be addressed in order to reach current goals. Those critical issues were categorized by strategic areas or those arenas in which action should be taken to improve or change the system of care as it reflects the DD Reform Act: Policy, Capacity Building and Program Services, and Finance. The team then reviewed the critical issues in each area and created goals and strategies.

Establishing timeframes was an important component of the work of this team. These estimates for completing strategies are an essential accountability measure aimed at tracking progress toward the goals. These timeframes are based on a five-year strategic plan, the amount of time it is believed to take to achieve the targeted goals. An explanation of priority assigned to the strategy as well as the estimated time of completion follows.

- *Immediate:* Complete or make significant advancement toward the outcome or accomplish by the end of year one.
- *Mid-range:* Make significant advancement toward or accomplish by the end of year three.
- *Long-range:* Complete work by year five of the strategic plan.

Finally, the team spent considerable time identifying partners needed for successful implementation.

Strategic Area #1: Policy

A policy is a course of action chosen by public authorities to address a given problem or interrelated set of problems. It is anchored in a set of values regarding appropriate public goals and a set of beliefs about the best way of achieving those goals. The idea of public policy assumes that an issue is no longer a private affair. The focus in this area is on ensuring the goals and activities in this state regarding people with development disabilities comply with the DD reform act. It contains recommendations on policy initiatives that would further protect or advance the rights of people in the disabilities community.

Key Goals and Strategies

Goal #1: All persons with developmental disabilities receive the appropriate services and supports for which they are eligible, *at the time they need them* according to their individuals needs.

Major Strategies	Implementation Partners
a. Annually assess the number of persons needing services through improving information links from birth through school to community. Priority Status: Immediate	KDHE and local health entities KSDE and LEAs SRS CDDOs and CSPs Tiny-K Network
b. Provide to the Legislature annual fiscal estimates for full service for persons waiting for service. Priority Status: Immediate	CDDOs and CSPs SRS Tiny-K Network
c. Develop an evaluation system that uses an evidence-based approach to fund services that provide persons with their desired outcomes. The long-term viability of key services depends on evaluation and service assessment. Priority Status: Long Range	SRS CDDOs and CSPs Consumers Families Other Stakeholders Universities/Community Colleges
d. Identify work groups currently coordinating services across agency systems. Identify duplication of efforts and design an effective plan for meeting and producing outcomes. Priority Status: Immediate	SRS/HCP-CFS, Mental Health CDDOs System Stakeholders
e. Assess how services such as evaluation, diagnosis, adjudication, and care of children with disabilities are accessed and coordinated throughout the various service delivery systems. Priority Status: Mid-Range to Long Range	All stakeholders who serve children with disabilities.

Goal #2: The state's reliance on institutional settings as a long term residential service option will be reduced.

Prominent in this strategic planning process was the role institutions (9 beds or larger) play in providing services. To achieve the goal of reducing the reliance on institutions it is our recommendation that a time limited task force be established to implement the strategies of this goal. The task force will consider the following timelines:

- The system will be assessed to determine current system capacity and the role of institutions and the services they provide. The need for institutional services as well as the capacity for those services will be determined. **Target date: Year One of the strategic plan**
- Any reduction in reliance on these settings will be accompanied by a transition plan developed to ensure that appropriate community-based services are in place and reflect the needs of the persons to be served. **Target date: Year Two of the strategic plan**
- Recommendations about future institutional needs will be presented to the Legislature. **Target date: Year two of the strategic plan**

Major Strategy	Implementation Partners
a. Ensure that persons served and/or their families/guardians receive sufficient information, counseling, training, and support to make informed decisions in the best interest of persons served. All individuals and parents of children who are still living at home but reaching the point of transition shall receive annual information about support options. Priority Status: Immediate	Education SRS CDDOs and CSPs Consumer and family advocacy groups
b. Determine if existing waiver definitions and funding structures allow for what is needed to serve children and adults in their local communities Priority Status: Immediate	CDDOs CSP CMS
c. Make available in the community a core set of specialized services and expertise reflective of the needs of the diverse population to be served. The state and its partners must continue to build and expand those services and ensure they reach the intended population. Priority Status: Mid-Range	ICFsMR/MR CDDOs and CSPs SRS Universities
d. Ensure that adequate resources correspond with community needs. In order to ensure timely and effective service transition, estimates reflecting the service and financial impact on the delivery of current and new services must be developed. A plan to finance the cost of transition should be developed before transition begins. Priority Status: Mid-Range	SRS Governor's Budget Legislature SMRH

e. Consider the role of the ICFs/MR relative to future needs, particularly as a community resource in order to promote innovative and contemporary service development. Priority status: Mid-Range	ICFs SRS CDDOs
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Goal #3: System funding will be adequate in order to recruit, train, and retain high-quality direct care staff

Major Strategies	Implementation Partners
a. Educate policy makers as to the comparison of wages between institutional and community based direct care workers. Priority Status: Immediate	Legislature Governor's Budget Department of Labor
b. Conduct a comprehensive Human Resources assessment for the purpose of appropriately classifying and compensating direct service personnel. Priority Status: Immediate	SRS Community HR Professionals

Goal #4: All persons with developmental disabilities will have access to employment opportunities that will lead to an improved quality of life including the supports necessary to acquire meaningful work of their choice.

Major Strategies	Implementation Partners
a. Support policies and laws that provide incentives to employers to hire people with developmental disabilities Priority Status: Immediate	Governor Legislature State agencies Public and Private Employers
b. Establish a partnership between state and local community partners to: <ul style="list-style-type: none"> Identify and develop a range of available employment opportunities that reinforce the value of the work as reflected in the compensation, Identify natural partnerships that can be developed to assist in the development of work and career opportunities, Protect consumers from losing critical resource supports that are still necessary regardless of the employment situation. Priority Status: Mid-Range	VR School District Reps, Dept of Education
c. Review the current system and make necessary changes to ensure appropriate employment opportunities and services leading to competitive employment are available. Priority Status: Mid-Range	Legislature SRS/HCP/VR

Goal #5: Kansas will have a system that reflects continuous and ongoing assessment of quality performance and achievement of outcomes for each individual.

Major Strategies	Implementation Partners
<p>a. Review the state’s current evaluation system, including the person-centered support model, to ascertain if it assesses the quality of its performance and the achievement of outcomes for each person, specifically each individual’s progress toward increasing his or her independence, productivity, and integration and inclusion into the community.</p> <ul style="list-style-type: none"> • Develop outcome-based QA to make providers accountable for proactively addressing medical and/or behavior needs to prevent crisis. <p>Priority Status: Immediate</p>	<p>DD stakeholders: SRS consumers Family members CDDOs CSPs Advocacy groups UCED</p>
<p>b. If the state’s current system is not adequate, develop an instrument that assesses an individual’s progress toward increasing their independence, productivity, and integration and inclusion into the community.</p> <p>Priority Status: Mid-Range</p>	<p>SRS With input from DD stakeholders</p>
<p>c. Increase the degree to which person-centered outcomes are incorporated into the state’s licensure process.</p> <p>Priority Status: Mid-Range</p>	<p>SRS DD stakeholders</p>

Goal #6 All stakeholders will work to strengthen the system’s performance in honoring the informed choices of persons served.

Major Strategies	Implementation Partners
a. Evaluate different TCM approaches to determine their effectiveness in providing informed choice to persons served. Priority Status: Immediate	CDDOs CSPs TCMs
b. Evaluate current data regarding consumer choice and make necessary policy recommendations. Priority Status: Immediate to Mid-Range	SRS, CDDOs, CSPs
c. Assess the feasibility of making public provider performance information. Priority Status: Mid-Range	SRS CDDOs CSPs
d. The Secretary shall assess the performance of the DD system to evaluate the degree to which it is effectively organized to fairly perform its statutory and regulatory responsibilities, especially in the assurance of informed choice for persons served and the management and elimination of potential conflicts of interest. Priority Status: Immediate	SRS All DD stakeholders

Goal #7: All persons with developmental disabilities will have access to self-determination as a lifestyle choice.

Major Strategies	
a. Develop a formal definition for self-determination for Kansas, based on the outcomes of previous activities and experiences of Kansas and other states. Priority Status: Immediate	CDDOs CSPs
b. Develop policies and procedures for accessing self-determination across the state. Priority Status: Immediate	CDDOs CSPs
c. Educate DD system stakeholders on the self-determination policies and procedures, including implementation. Priority Status: Immediate	CDDOs CSPs

Strategic Area #2: Capacity Building and Program Services and Delivery

Programs are services and supports designed to meet the needs of persons with developmental disabilities. Capacity building is an ongoing process that creates an enabling environment for service development. It is a combination of activities focused on improving an organization or community's performance related to its environment, resources, and overall sustainability. Stated succinctly, it includes infrastructure building, creating sustainability, and creating problem-solving capacity.

Key Goals and Strategies

Goal #1: The service system will have the capacity and ability to share resources and outcome based data in an effective, efficient manner.

Major Strategies	Implementation Partners
<p>a. Conduct an independent system capacity assessment to create a baseline of services available in the system. Results of the assessment will be used to make recommendations for closing service gaps. Priority shall be given to determining if the following strategies are effective in developing additional system capacity:</p> <ul style="list-style-type: none"> • Designing and developing of a web-based centralized information and resource exchange; • Devising a method for comparing the current menu of services provided by region; • Using state and regional meetings to review and exchange ideas on services as well as study methods to eliminate service gaps; • Establishing a mobile technical assistance program that can provide expertise to individuals and organizations. <p>Priority Status: Immediate to Mid-Range</p>	<p>Universities State Institutions Direct support Professionals SRS Human Resources Designated Advocacy groups Special Education Community business partners</p>
<p>b. Review applicable agreements with other service providers to determine if we are maximizing appropriate and related service delivery options.</p> <p>Priority Status: Immediate</p>	<p>SRS CDDOs CSPs Mental Health Child Welfare Area Agency on Aging</p>
<p>c. Assess the ability of the current data system to identify information that would assist providers, policy makers and agency personnel in making system modifications. If the current data system is not sufficient, develop a plan with accompanying resources to provide one, then develop a process by which all stakeholders can use this data to determine how to improve service system capacity.</p> <p>Priority Status: Mid Range to Long Term</p>	<p>SRS CDDOs CSPs</p>

Goal #2: Significant progress will be realized in increasing the number of trained and skilled workers providing services and supports to persons with developmental disabilities.

Major Strategies	Implementation Partners
a. Review and produce a report that compares the direct service personnel pay scale in the private sector to the state system. Review the payment process of Maine and other states. Priority Status: Immediate	CDDOs, CSPs, SRS Universities, Consumers Parents/guardians Legislators, KS Dept of Labor, DD Council
b. Explore the expansion of the use of CSPs, CDDOs, or other private resources to train all direct support professionals (DSPs) using the Kansas Department of Labor resources. Priority Status: Immediate	CDDOs, CSPs, SRS Universities, Consumers Parents/guardians Legislators, KS Dept of Labor, DD Council
c. Advocate for inclusion in the Governor’s Health Initiative for recruitment and training of the labor force. Priority Status: Immediate	CDDOs, CSPs, SRS Universities, Consumers Parents/guardians Legislators, KS Dept of Labor, DD Council
d. Identify model employment practices to replicate, establish, and test new employment practices, which promote employee satisfaction and foster long-term retention of quality employees. Priority Status: Mid-Range	CDDOs, CSPs, SRS Universities, Consumers Parents/guardians Legislators, KS Dept of Labor, DD Council
e. Fund the statewide implementation of the College of Direct Supports curriculum and explore modifications to meet Kansans’ needs. Priority Status: Immediate	CDDOs, CSPs, SRS Universities, Consumers Parents/guardians Legislators, KS Dept of Labor, DD Council
f. Develop additional and continuing strategies to promote the image of direct care staff positions. Priority Status: Long Range	CDDOs, CSPs, SRS Universities, Consumers Parents/guardians Legislators, KS Dept of Labor, DD Council

Strategic Area #3: Financing the System

A stable financial structure is critical to the success of implementing this strategic plan. At the foundation of this plan are goals that require the review of the current financing structure of state systems that support people with disabilities. System oversight must assure that state dollars are used effectively and efficiently.

Key Goals and Strategies

Goal #1: Adequate services will be available for those who need them, when they need them.

Strategy or Action Step	Implementation Partners
<p>a. Assess the tools utilized for determining eligibility and level of care need and the process of implementation. Based on the assessment, develop and implement strategies for refinement. Evaluate efficacy of using the current number of persons administering the tool with an eye toward maintaining the integrity of the instrument and increasing consistency in the application.</p> <p>Priority Status: Mid-Range</p>	<p>KU — SIS project CDDOs CSPs Case managers</p>
<p>b. Evaluate the current Positive Behavioral Supports resources for children and adults to determine the ways in which the resources can be improved and expanded. Develop estimates for ongoing costs, and growth, of supports provided.</p> <p>Priority Status: Immediate to Mid Range</p>	<p>KU — PBS staff, Dept. of Education, Assistance from the Budget Division re: budget design, CSPs, SRS, Parsons Outreach Team</p>
<p>c. Expand early intervention programs that prove successful in demonstrating positive outcomes as determined through appropriate evaluation.</p> <p>Priority Status: Mid Range</p>	<p>KU — PBS staff, Dept. of Education, Assistance from the Budget Division re: budget design, Infant and Toddler Program through KDHE, Children’s Cabinet, ECAP</p>
<p>d. Identify all government funds directed toward services and supports to assist persons with developmental disabilities; assess whether these programs achieve their intended outcomes; evaluate whether such programs have been reasonably funded.</p> <p>Priority Status: Immediate to Mid Range</p>	<p>SRS CDDOs CSPs DD Council Division of Budget</p>

<p>e. Review current processes and make them consistent statewide regarding:</p> <ul style="list-style-type: none"> • Management of the waiting list, • Portability standards to ensure minimum disruption of services particular to TCM and in-home supports, • Priority distribution of any additional state dollars. <p>Priority Status - Immediate</p>	<p>CDDOs CSPs SRS Consumers and families</p>
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Goal #2: Services essential to independence and health and welfare of individuals will be funded based on outcomes.

Major Strategies	Implementation Partners
<p>a. Evaluate the costs associated with administering the system.</p> <p>Priority Status: Immediate</p>	<p>SRS/HCP, CSP CDDOs</p>
<p>b. Identify funding structure barriers such as statutes, administrative rules and regulations, and policies that prevent achievement of desired outcomes.</p> <p>Priority Status: Immediate</p>	<p>SRS/HCP System Stakeholders</p>
<p>c. Determine how to use available funding resources to best serve individuals choosing to self direct/self determine which services will best meet their individual outcomes as defined within their person – centered plan.</p> <p>Priority Status: Immediate</p>	<p>SRS/HCP System Stakeholders</p>
<p>d. Determine the adequacy of the existing tier rate structure, specifically how the rate is determined. Review direct staff hours, professional supports and other components built into each tier; determine adequate direct staff wage reimbursement, recognizing regional costs in the manner consistent with the DD Reform Act.</p> <p>Priority Status: Immediate</p>	<p>SRS CSPs CDDOs</p>
<p>e. Determine what system data is needed to accurately document health and welfare outcomes and the most reliable and efficient way of collecting and reporting it.</p> <p>Priority Status: Immediate</p>	<p>SRS/HCP CSPs CDDOs</p>
<p>f. Educate consumers, families, providers, and other stakeholders regarding effective risk management strategies that promote the health and welfare of individuals receiving services while maintaining the highest level of independence for each person.</p> <p>Priority Status: Immediate to mid-range</p>	<p>SRS/HCP CSS CDDOs CSPs</p>

g. Determine how to reinforce those providers whose services foster independence without creating disincentives.

Priority Status: Immediate

Advocacy groups
All systems stakeholders

Monitoring and Accountability for the Strategic Plan

“If you are here today and take no action tomorrow, you will be exactly where you were...yesterday. – Unknown

Using the Developmental Disabilities Reform Act as the compass to help chart their direction, stakeholders have developed this multi-year strategic plan. This plan responds to the need expressed by stakeholders, consumers and the Kansas Legislature for a strategic plan, which moves the service system in a manner, which best meets the needs of the individuals served.

As important as the development of the plan are the steps taken to ensure that implementation of the strategies result in achievement of the stated goals. There were several in-depth discussions by the developers of this plan about who will be responsible for the implementation. It was the group consensus that the ultimate responsibility for implementation rests with the Department of Social and Rehabilitation Services; however, there was also clear consensus that the *obligation* to ensure implementation goes beyond SRS. The successful implementation of this plan rests on the contribution and support of a broad range of players. Players and partners who are willing to assume the tasks necessary to successfully implement this plan must be engaged. There must be coordinated and ongoing oversight of the progress of the strategies outlined in this plan if goals are to be achieved. There should be a mechanism to keep stakeholders and partners involved in a meaningful way.

As such, the stakeholders in this process strongly recommend that SRS establish an Oversight Committee that is responsible for determining how and when strategies will be implemented and by whom. They will also be responsible for monitoring and tracking those strategies and goals and developing a yearly operations plan. The committee provides a legitimate forum for ongoing input and discussion about how goals and strategies should be modified to reflect the changing needs of this state’s population of people with developmental disabilities.

The stakeholder group also recommends that they be given the authority to reconvene as an interim planning group for the purpose of transition from development to implementation of this plan. Their charge would be to identify the role, scope and responsibility of an ongoing Oversight Committee and lend their expertise to the committee once established. They will develop for the committee a legitimate process for consumer input through focus groups, community forums, and key disability leadership groups. They also recommend that an annual report become part of this ongoing process that will be presented to the Legislature.

Conclusion

Implementing a strategic plan is not “cost neutral” in the long term; however, this plan reflects a commitment from the public and private sector to combine resources in a way that maximizes results and builds a stronger system. It is an important guide in setting priorities for investment of state dollars and in determining how to use time and additional resources strategically. This plan guides transition of the current system in a way that stakeholders believe reflects a more contemporary process. The challenge of service transition, particularly as it relates to the closure of a state institution must be addressed affirmatively. Knowing where and how to develop services and supports reflective of community needs takes a planned approach. It is not sound policy to remove resources and expect the system to adjust. The potential impact on the population being served is too great. Before services are eliminated, a community-based plan must be developed and clearly delineated to ensure that there is adequate capacity to provide needed services.

APPENDIX

**Developing a State Plan for Developmental Disabilities
Strategic Planning Committee Members and Task Teams**

PARTICIPANT	PARTICIPANT
Margaret Zillinger, Director <u>Community Supports & Services</u>	Frank Stahl, Assistant Director, <u>Community Supports & Services</u>
Greg Wintle <u>MR/DD HCBS Waiver Manager</u>	Clarissa Ashdown <u>Community Integration Manager</u>
Shveta Shura Governors Fellowship Student	Jane Rhys, Exec. Director Kansas Developmental Disabilities Council
Bill Brooks, Exec. Director Cowley Co. Developmental Services, Inc.	Mary Ann Keating, Director, TARC
Mark Elmore Exec. Director, JCDS-CDDO	Annie Hickcox Direct Support Professional, JCDS
Bill McGuire, Parent Board, KNI	Connie Zienkewicz, Parent & Families Together
Shari Coatney, Independent Living Advocate	Dawn Merriman, Parent & Exec. Director, Choices
Colin McKinney, Exec. Director Sedgwick CDDO	Rocky Nichols, Exec. Director Kansas Advocacy & Protection Services
Scott Sheperd, Parent & Exec. Director, Brookside Healthcare	Travis McBride, Administrator New Horizons of Pittsburg
Stephanie Wilson, Exec Director The Alliance	Tom Laing, Exec. Director Interhab.
Jerry Rea, Acting Superintendent Parsons State Hospital	Ray Dalton, Superintendent Kansas Neurological Institute
Nialson Lee, SRS – HCP Medical Policy	Sandy Bonjour SRS – HCP Management Operations
Kelly Smith Self Advocate	Angie Reinking, Self Advocacy Coalition of Kansas
Patty Gerdel, Parent	Doug Gerdel, Parent

Facilitator

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Resources/Bibliography

1. Beyond the Beltway, July 19, 2004 – California Demo Project Expands Access to Dental Care, et.,al. www.pacificspecialcare.org and www.schononline.org
2. Beyond the Beltway, May 5, 2004 – Alabama Completes Facility Consolidation Initiative www.mh.state.al.us/Commissioner/ConsolidationPlans2003.asp and Missouri Adopts New Facility Downsizing Plan www.dmh.missouri.gov/mrdd/transition/fiveyear.pdf
3. California Health and Human Services Agency Department of Developmental Services; Plan for the Closure of Agnews Developmental Center, January 2005. www.dds.ca.gov/agnewsclosure
4. DD Monthly Summaries, SRS-HCP
5. DD Reform Act KSA 39-1801 (Article 18) Chapter 39 – Mentally Ill, Incapacitated and Dependent Persons; Social Welfare
6. Deinstitutionalization of People with Mental Retardation and Developmental Disabilities in the United States: Was This Good Social Policy? Revised and Edited in January 2004, Submitted by: The Consortium for Quality Designs to the Arkansas Dept. of Human Services. Authored by: J.W. Conroy, Ph.D, The Center for Outcome Analysis 426B Darby Road, Havertown, PA 19083 www.outcomeanalysis.com
7. Developing Community Capacity – The W.K. Kellogg Foundation in partnership with The Healthcare Forum.
8. Directors’ Alert Bulletin, National Association of State Directors of Developmental Disabilities Services, 113 Oronoco St. Alexandria, VA 22314 No. 04-04, September 7, 2004
9. Kansans Mobilizing for Change; A Statewide Workforce Development Plan to Resolve the Direct Support Workforce Crisis. A Report Prepared By: Kansans Mobilizing for Change Stakeholder Advisory Group – February 10, 2004
10. Kansas Addition & Prevention Services; Ensuring a Comprehensive System of Quality services for the Prevention and Treatment of Addictions in Kansas, Strategic Plan 2004 – 2009, published November 2003
11. Kansas DD regulations - Article 63 (30-63-1 thru 30-63-31) & Article 64 (30-64-01 thru 30-64-33).
12. Mapping the Future: Exploring Possibilities – Establishing a Strategic Direction for the Future of Services for Kansans with Disabilities – January 2003
13. Money Follows the Person and Balancing Long-Term Care Systems: State Examples. Prepared for: U.S. Dept of Health and Human Services, Centers for Medicare and Medicaid Services Disabled and Elderly Health Programs Division, Prepared by S. Crisp, S. Eiken, K. Gerst, and D. Justice. Medstat – Research and Policy Division 4301 Connecticut Ave. NW, #330, Washington, D.C Sept 29, 2003
14. NASDDDS - Community Services Reporter February 2004, Volume 11, No. 2
15. NASDDDS - Community Services Reporter July 2004, Volume 11, No. 7
16. NASDDDS - Community Services Reporter, August 2004, Volume 11, No. 8
17. National Conferences of State Legislatures – “Deinstitutionalization of Persons with Developmental disabilities: A Technical Assistance Report for Legislators” By Dewayne Davis, Wendy Fox-Grange and Shelly Gehshan. www.ncsl.org/programs/health/forum/pub6683.htm

18. Outcomes for a New Era in Mental Health Services. SRS Mental Health Five Year Strategic Plan FY 2003-2007
19. Outcomes for the 21st Century – Strategies for Enhancing the Lives of Kansans With DD FYS 97 – 01, November 1996
20. Pattern Apprenticeship and Education Standards for the Ad Astra Direct Support Apprenticeship State Council on Behalf of Organizations and Individuals Employing Direct Support Professionals and Providing Direct Support in Human Services. Develop in Cooperation with the Apprenticeship Training, Employer and Labor Services, U.S. Department of Labor. Registered with the Kansas Apprenticeship Council.
21. Report of the MR/DD Developmental Center Closure Commission – State of Ohio, June 1, 2004, Beyond the Beltway, August 25, 2004
22. Residential Services for Persons with DD: Status & Trends Through 2003, published June 2004. Research & Training Center on Community Living, Institute on Community Integration/UCEDD, The College of Education & Human Development, The University of Minnesota.
23. Supporting Kansans with Developmental Disabilities – State of Kansas SRS mental health and Retardation Services Commission, George D. Vega, Commissioner. Original October, 1991, Update February, 1994
24. The Dental Education in Care of Persons with Disabilities (DECOD, pronounced dee-code) Program at the University of Washington in Seattle. WWW.dental.washington.edu/departments/oralmed/decod/index.htm
25. The Economic Impact of Natural Care Giving Among MRDD and PD Waiver Consumers in Kansas. Fort Hays State University Copyright 2003
26. Washington State Dept. of Social and Health Services; Report to the Legislature – Preliminary Transition Plan Planning for the Downsizing and Closure of Fircrest School, A State Residential Habilitation Center, January 2004.

Glossary

Basic Assessment and Services Information System (BASIS)- a computerized program developed to collect comprehensive information about persons with developmental disabilities, and to provide more timely funding eligibility determinations for individuals in the DD system in Kansas.

Best practices- a guide to delivering, obtaining, and improving services and supports for people with disabilities. Best practices are never static and continue to need work for improvement and change.

Capacity building- refers to the process of stabilizing, improving, and/or expanding the ability of the community to provide responsive, quality supports and services to community members with developmental disabilities. The purpose of capacity building is to build systems of networks that are responsive, flexible, and grow to meet the needs of the entire community.

CFS – Children and Family Services

CMS – Center for Medicare and Medicaid Services

Community Developmental Disability Organization (CDDOS)- Single point of entry (or application)- Each contracting CDDOS shall develop and implement a means by which the CDDOS shall become the single point of application, eligibility determination, and referral for persons desiring to receive community services within the service area of that CDDOS. (See [K.A.R. 30-64-23](#))

Community Mental Retardation Centers (CMRC)- previous name for organizations we now know as Community Developmental Disability Organizations (CDDOs).

Community residential setting- a non-institutional setting that provides assistance, acquisition, retention and/or improvement in skills related to activities of daily living, such as: personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, and the social and adaptive skills.

Community Service Provider (CSP) - an organization that affiliates with a CDDOS to provide direct services to consumers. Some CDDOs also operate as CSPs. Some CSPs only carry a limited license and can serve no more than two individuals.

Day activity (or day service)- regularly occurring activities that provide a sense of participation, accomplishment, personal reward, personal contribution, or remuneration and thereby serve as vehicles to maintain or increase adaptive capabilities, independence or integration and participation in the community.

Developmental disability (DD)- defined in the DD Reform Act as “Mental Retardation (substantial limitations in present functioning that is manifested during the period from birth to age 18 years and is characterized by significantly sub-average intellectual functioning existing concurrently with deficits in adaptive behavior including related limitations in two or more of the following applicable adaptive skill areas:

Communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure and work).”

Developmental Disabilities (DD) Reform Act- In 1995, the Developmental Disabilities Reform Act became law in Kansas. Through this Act, the state redefined its policy to assist persons who have a developmental disability. The provisions of this act are delineated in Kansas Statutes Annotated (K.S.A.) 39-1801 through 39-1810.

DSP – Direct Support Professional

Extraordinary funding- (requires cost proposal) when the person’s served needs require monies above the regular tier rate reimbursement. The person may access extraordinary funding via special tiers or individualized rates.

HCBS/MRDD waiver- a Medicaid program for individuals who are five years of age or older, who are mentally retarded or otherwise developmentally disabled, who meet the criteria for ICF/MR level of care as determined by ICF/MR (HCBS/MRDD) screening, and who choose to receive HCBS/MRDD services rather than ICF/MR services.

Home and Community Based Services (HCBS)- services provided in accordance with a federally approved waiver to the Kansas Medicaid State Plan which are designed to prevent unnecessary use of institutional services at a cost no higher than that of institutional care.

Intermediate Care Facility for persons with Mental Retardation (ICF/MR)- a facility that provides twenty-four hour supervision and training for persons with mental retardation or related conditions and is regulated through requirements established by Medicaid.

KDHE – Kansas Department of Health and Environment

KUAP – Kansas University Affiliated Programs

KDOE – Kansas Department of Education

LEA - Local education authority

MH – Mental Health

Mental Retardation (MR)- the Medicaid definition of conditions related to mental retardation means a severe chronic disability, which requires treatment or services similar to those for persons with mental retardation. Defined by the State of Kansas as significantly sub-average intellectual functioning which: 1) is manifested before the age 22; and 2) is evidenced by: a) A score of 70 or below on any standardized measure of intelligence; and b) Concurrently existing deficits in adaptive behavior. .

Natural supports- non-paid supports such as family, friends, neighbors, co-workers, faith-based organizations, etc.

Person Centered Support Plan (PCSP) or Person Centered Plan (PCP)- document outlining the goals for service provision that focuses on the consumer's wants and needs. Person centered support planning process- the process by which the support team members chosen by the person (i.e., family/guardians, service providers, and other individuals important to the person) plan for and secure supports and services necessary for the person to live the life of their choosing and to ensure success in the community.

Portability- when a person moves from one service area to another and wants to continue receiving community services, the level of state and federal financial support utilized to provide services and supports for that person are transferred to the person's new service area.

Quality assurance- The HCBS/MRDD waiver requires the state to evaluate the effectiveness of its HCBS programs to ensure that the services provided meet the needs of the consumer; that the consumer's basic health and safety are protected; and that consumers who receive these services meet the level of care criteria of the institutional care model.

Service delivery system- the network of state, federal, and community social programs and services that are provided to people with disabilities to support them in their preferred lifestyle.

SGF – State General Funds

Special tier rate- special tier rates may be requested for persons who need increased staff support beyond that provided within the regular tier rates. Also known as extraordinary funding.

SRS/HCP/CSS- an acronym for the State of Kansas Department of Social and Rehabilitation Services, Division of Health Care Policy, Community Supports & Services.

State Mental Retardation Hospital (SMRH)- also considered and certified as a *public* ICFsMR, there are two SMRHs in Kansas: Parsons State Hospital and Training Center, and the Kansas Neurological Institute.

Supports Intensity Scale (SIS) is a unique, scientific assessment tool *specifically designed to* measure the level of practical supports required by people with intellectual disabilities (i.e., mental retardation) to lead normal, independent, and quality lives in society.

Support network- means the one or more individuals selected by a person or by the person and the person's guardian, if one has been appointed, to provide assistance and guidance to that person in understanding issues, making plans for the future, or making complex decisions.

TCM – Targeted Case Management (manager)

Tier rate- reimbursement for HCBS/MRDD waiver services in which the rate increases as the person with the disability's level of needs increases.

Additional Agencies, and Projects which support/impact this Strategic Plan

Alliance for full participation - <http://www.allianceforfullparticipation.org/main/>

Mission: To dream, plan, work, mobilize and organize people with developmental disabilities, their families, and supporting communities and organizations to make the promise of integration, productivity, independence and quality of life a reality in policy and practice.

Big Tent Coalition <http://www.bigtentcoalition.org/>

To raise sufficient revenue for the purpose of decreasing the impact of budget cuts and ensure access to the state's human services to allow choice, dignity and self determination for those Kansans most in need; To restore and protect essential services for Kansas' most vulnerable citizens; and To ensure continued participation by service providers in fiscal years 2003 and 2004; and To further use this revenue to secure independent living for all Kansas citizens.

Real Choices <http://www.cms.hhs.gov/systemschange/default.asp> sponsored Real Choice Systems Change Grant is an initiative focusing on designing and improving community supports and services which will enable those with a disability or long-term care needs to live more self-directed lives in their homes and communities.

Waiver Rewrite: <http://www.srskansas.org/hcp/css/MRDDWaiverDefWorkGroup.html>

This Stakeholder group is charged with reviewing the current HCBS-MR/DD waiver service definitions and recommending changes to SRS/HCP Leadership. The group will complete its work by August 15, 2004 with a targeted implementation date for changes of January 1, 2005.

KU Extraordinary Funding - The purpose of this research study is to examine the utility of the Supports Intensity Scale (AAMR, 2003) to evaluate the need for "extraordinary" funding through the Kansas Department of Social and Rehabilitation Services (KS SRS). This study will examine differences in the support needs of adults with developmental disabilities (16 and older) using the SIS, described in the abstract, who are either currently receiving extraordinary supports or who are receiving SRS services, but not extraordinary support funds. The intent is to validate the SIS for this use, and to examine factors that predict the need for extraordinary supports.

Targeted case management <http://www.srskansas.org/hcp/css/DDCM.htm>

MH Health Strategic Plan: <http://www.srskansas.org/hcp/MHSIP/5yrStrategicPlan.pdf>

The mission of the department of Mental Health in the Division of Health Care Policy is to provide individuals and families who experience mental illness alone or in combination with substance abuse problems, the support they need in order to achieve their personal goals.

Child Welfare Contracts

- <http://www.srskansas.org/CFS/Outcome%20Performance/SRS%20Child%20Welfare%20Partnership%20Summary.htm>
- <http://www.srskansas.org/testimony/2004/ChildWelfareCBSRFPs062304.pdf>

Department of Education <http://www.ksbe.state.ks.us/Welcome.html>

The Kansas State Board of Education is charged with the general supervision of public education and other educational interests in the state. While clearly acknowledging the role and importance of local control, the State Board of Education has the responsibility to provide direction and leadership for the supervision of all state educational institutions under its jurisdiction

Vocational Rehabilitation Services (VR) <http://www.srskansas.org/rehab/text/VR.htm>

VR services are the cornerstone of our efforts to help people with disabilities become gainfully employed and self-sufficient.

Tiny K KDHE: <http://www.tiny-k.org/networks.html>

Kansas Department of Aging - (Intermediate care facilities for the mentally retarded ICFMR) <http://www.agingkansas.org/kdoa/> Mission: The Kansas Department on Aging (*KDOA*) uses public and private resources to improve the security, dignity and independence of Kansas seniors, their families, seniors' caregivers, and all Kansans living in adult care homes. *KDOA* subcontracts with SRS –(the State Mental Health & Mental Retardation Authority) to perform Federal Certification, State Licensure and Utilization reviews of all public and private ICFsMR.

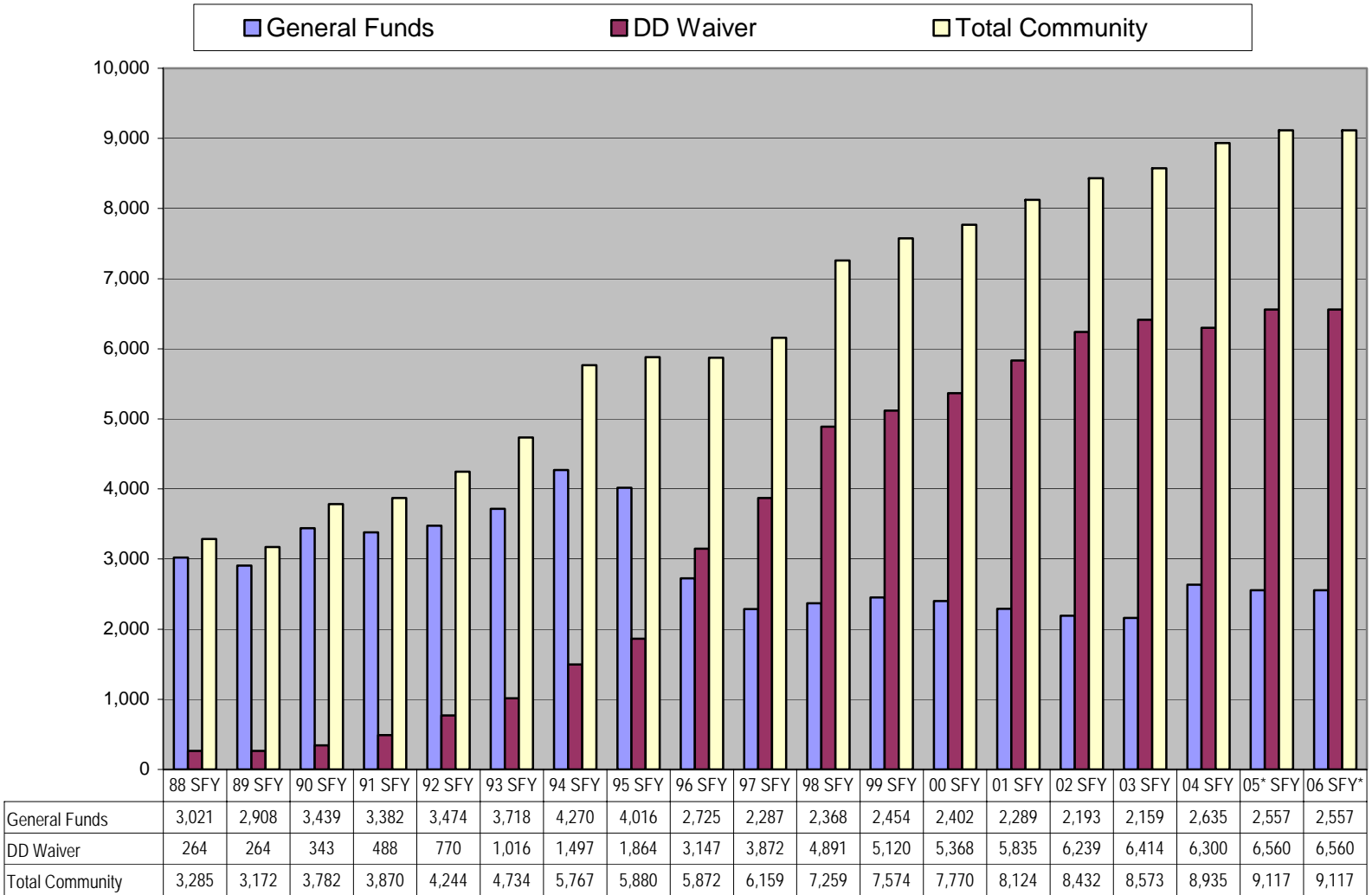
Kansas Department of Labor, http://www.dol.ks.gov/Home/html/about_ALL.html The Department of Labor was created by 2004 Executive Order Number 31. Prior to that time, the department was named the Kansas Department of Human Resources. *KDOL* is administered under the direction and supervisions of the secretary of labor who is appointed by the governor, subject to confirmation by the senate. *KDOL* has many important responsibilities. The agency administers the unemployment insurance program and processes claims for unemployment benefits. *KDOL* operates the state's workers compensation system and enforces Kansas's employment standards including wage and hour laws and child labor laws. The agency also houses a research unit that compiles critical data on employment in Kansas. **Mission Statement:** We advance the economic well being of all Kansans through responsive workforce services. Please review also: Labor Market Information Services Outlook 2010: <http://laborstats.hr.state.ks.us/occupatn/oo2010/2010%20outlook.pdf>

Housing, <http://www.kshousingcorp.org/> The Kansas Housing Resources Corporation mission is to enhance Kansas communities with housing opportunities. This goal is achieved through using a variety of strategies and approaches, including increasing homeownership opportunities, leveraging the construction of more affordable rental housing, promoting energy efficiency improvements for owner-occupied and rental housing, providing affordable housing through rent assistance to low-income families and senior citizens, and creating housing opportunities for previously underserved persons and communities.

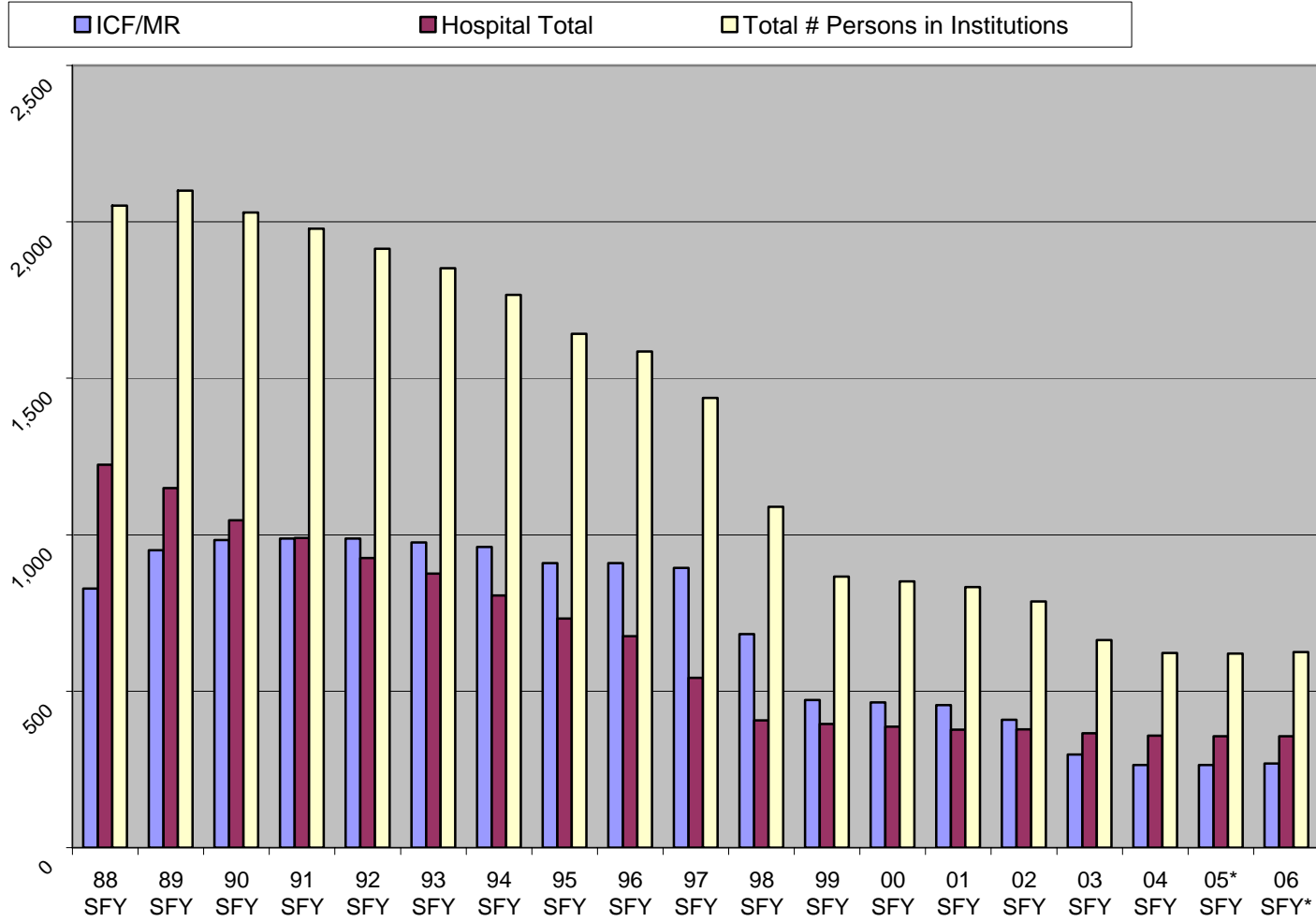
Kansas Department of Commerce <http://kdoch.state.ks.us/public/> As the lead agency for economic development in Kansas, our responsibilities are to foster economic development through the promotion of business, commerce and the industry.

HISTORICAL CHARTS AND GRAPHS
WITH INFORMATION RELATED TO THE NUMBER OF PERSONS
SERVED AND THE COSTS OF THE DD SYSTEM

Persons Served 1988 to Present - Community Based



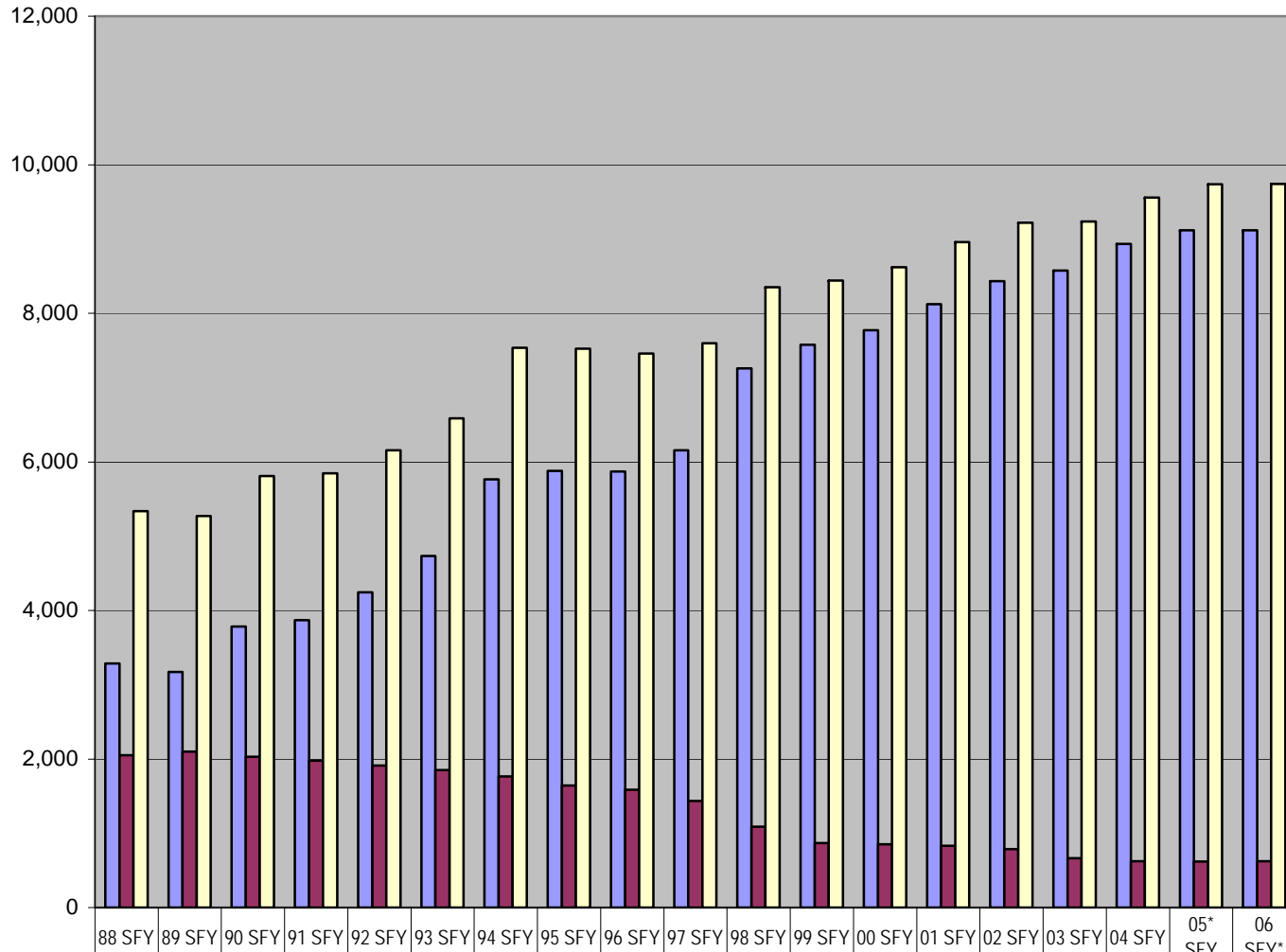
Persons Served 1988 to Present - Institution Based



	88 SFY	89 SFY	90 SFY	91 SFY	92 SFY	93 SFY	94 SFY	95 SFY	96 SFY	97 SFY	98 SFY	99 SFY	00 SFY	01 SFY	02 SFY	03 SFY	04 SFY	05* SFY	06 SFY*
ICF/MR	828	951	983	988	988	976	961	910	910	894	683	472	464	456	409	298	264	264	269
Hospital Total	1,224	1,149	1,047	990	926	876	806	732	676	543	407	395	387	377	378	366	358	356	356
Total # Persons in Institutions	2,052	2,100	2,030	1,978	1,914	1,852	1,767	1,642	1,586	1,437	1,090	867	851	833	787	664	622	620	625

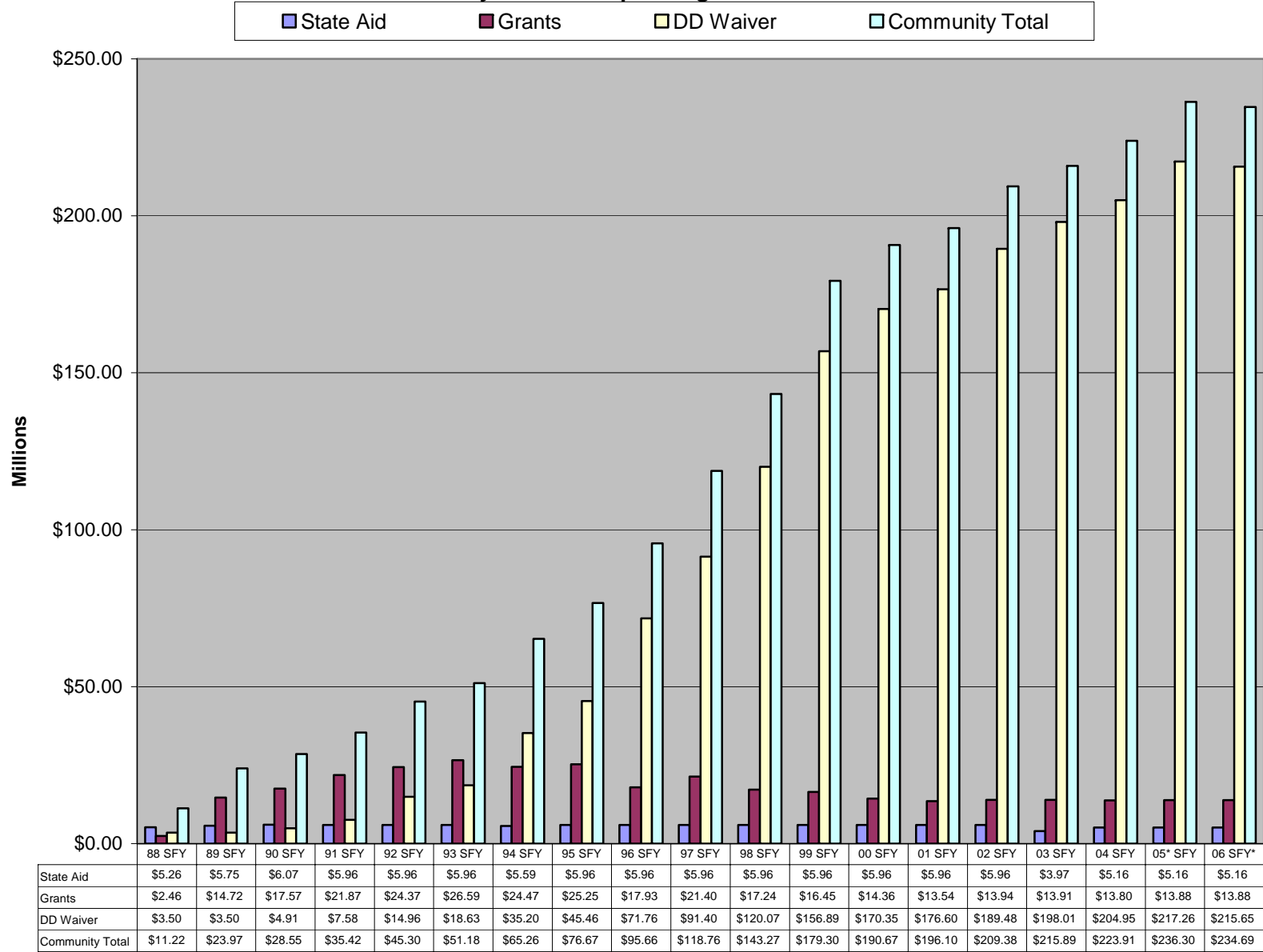
TOTAL MR/DD Persons Served In Kansas - 1988 to Present

■ Total Community
 ■ Total # Persons in Institutions
 ■ TOTAL



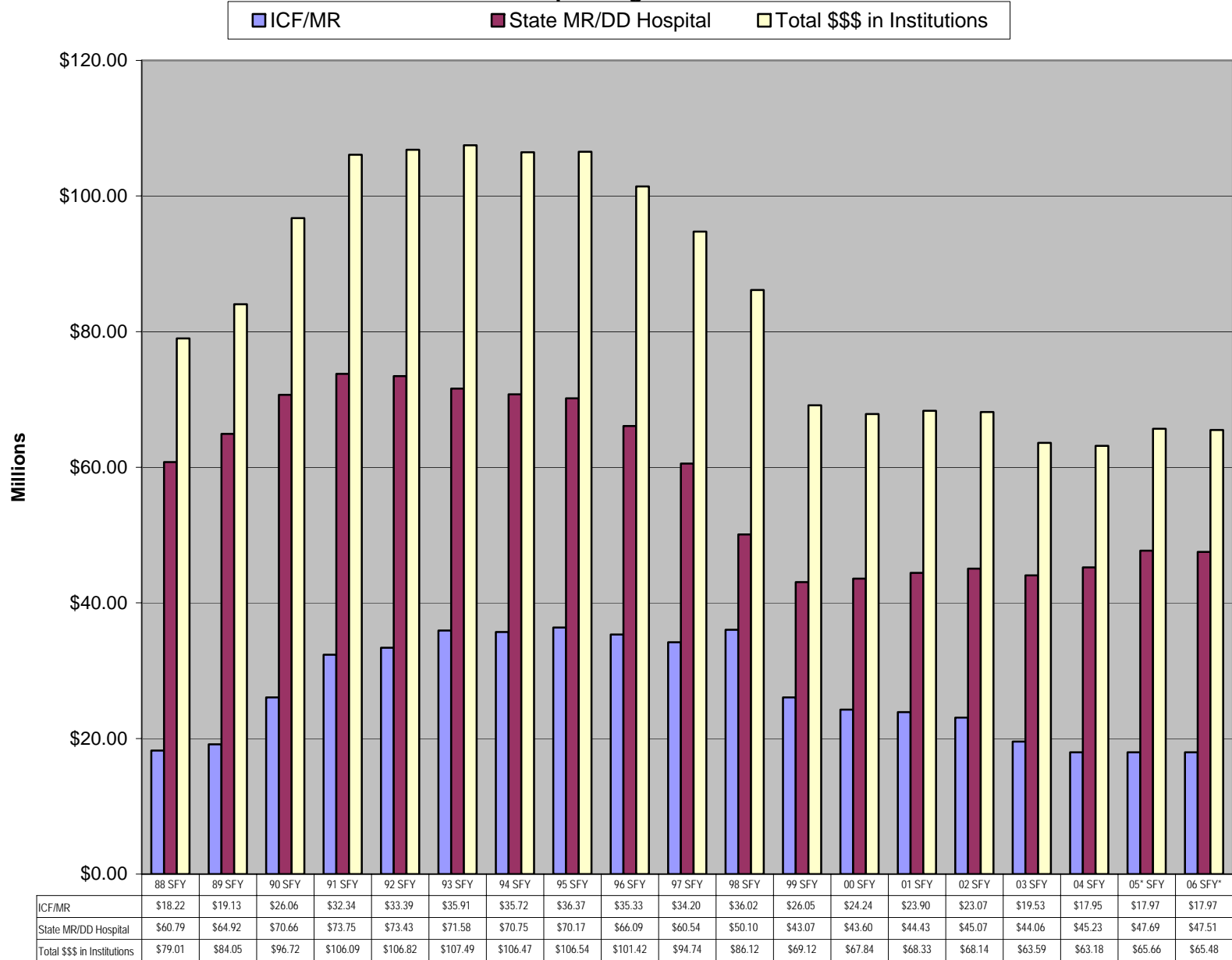
Total Community	3,285	3,172	3,782	3,870	4,244	4,734	5,767	5,880	5,872	6,159	7,259	7,574	7,770	8,124	8,432	8,573	8,935	9,117	9,117
Total # Persons in Institutions	2,052	2,100	2,030	1,978	1,914	1,852	1,767	1,642	1,586	1,437	1,090	867	851	833	787	664	622	620	625
TOTAL	5,337	5,272	5,812	5,848	6,158	6,586	7,534	7,522	7,458	7,596	8,349	8,441	8,621	8,957	9,219	9,237	9,557	9,737	9,742

Community Services' Spending - 1988 to Present

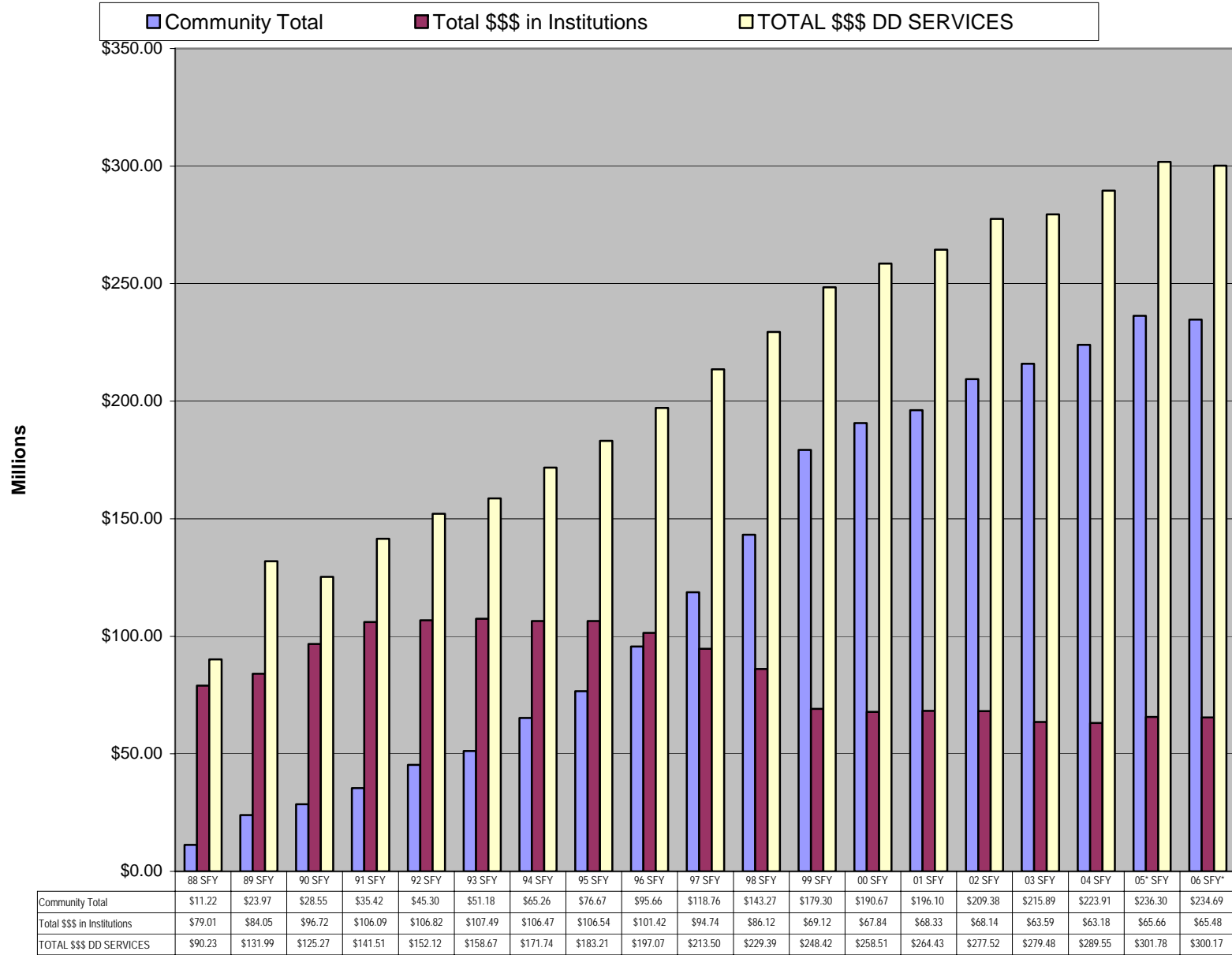


Funding Type

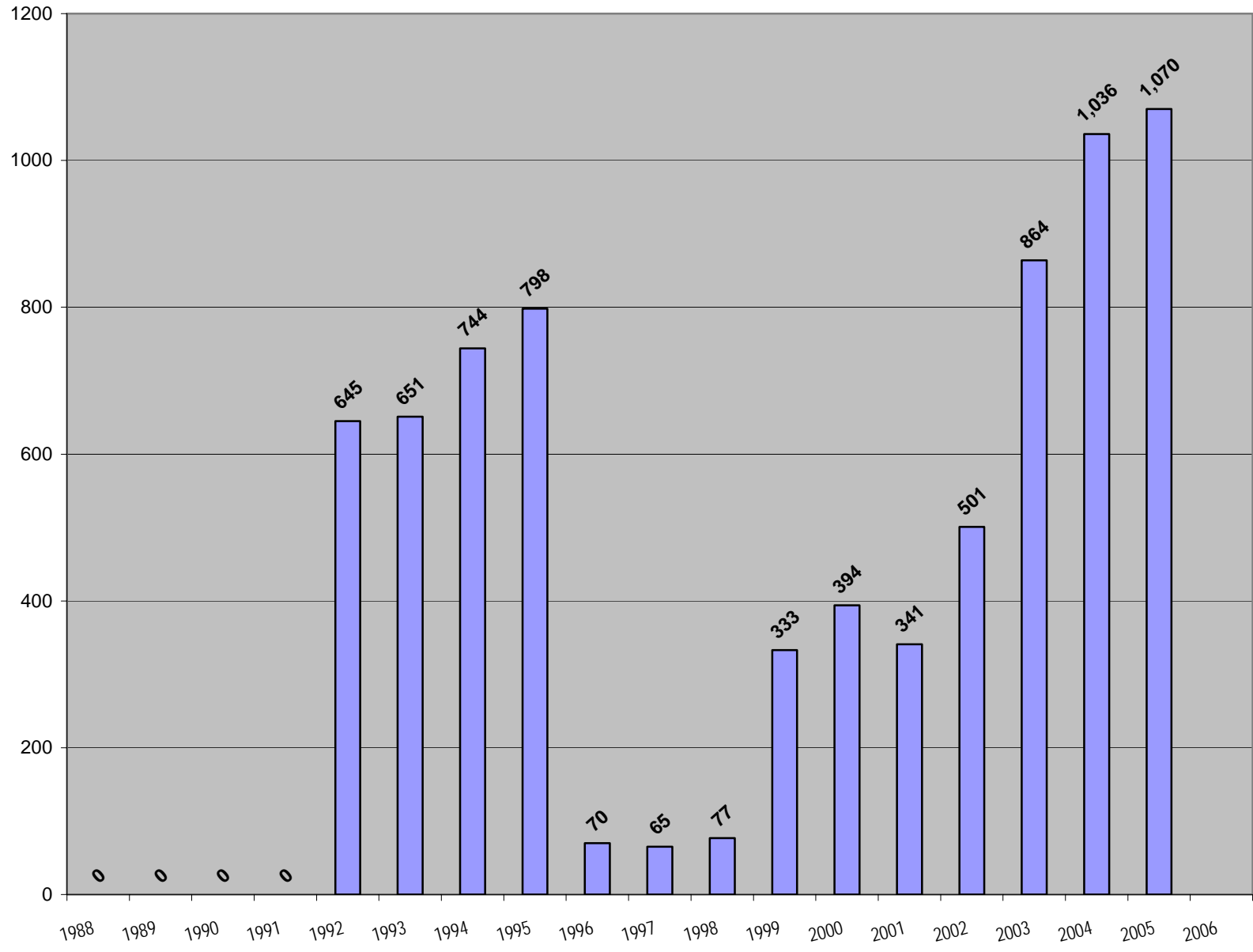
Institutional Spending - 1988 to Present



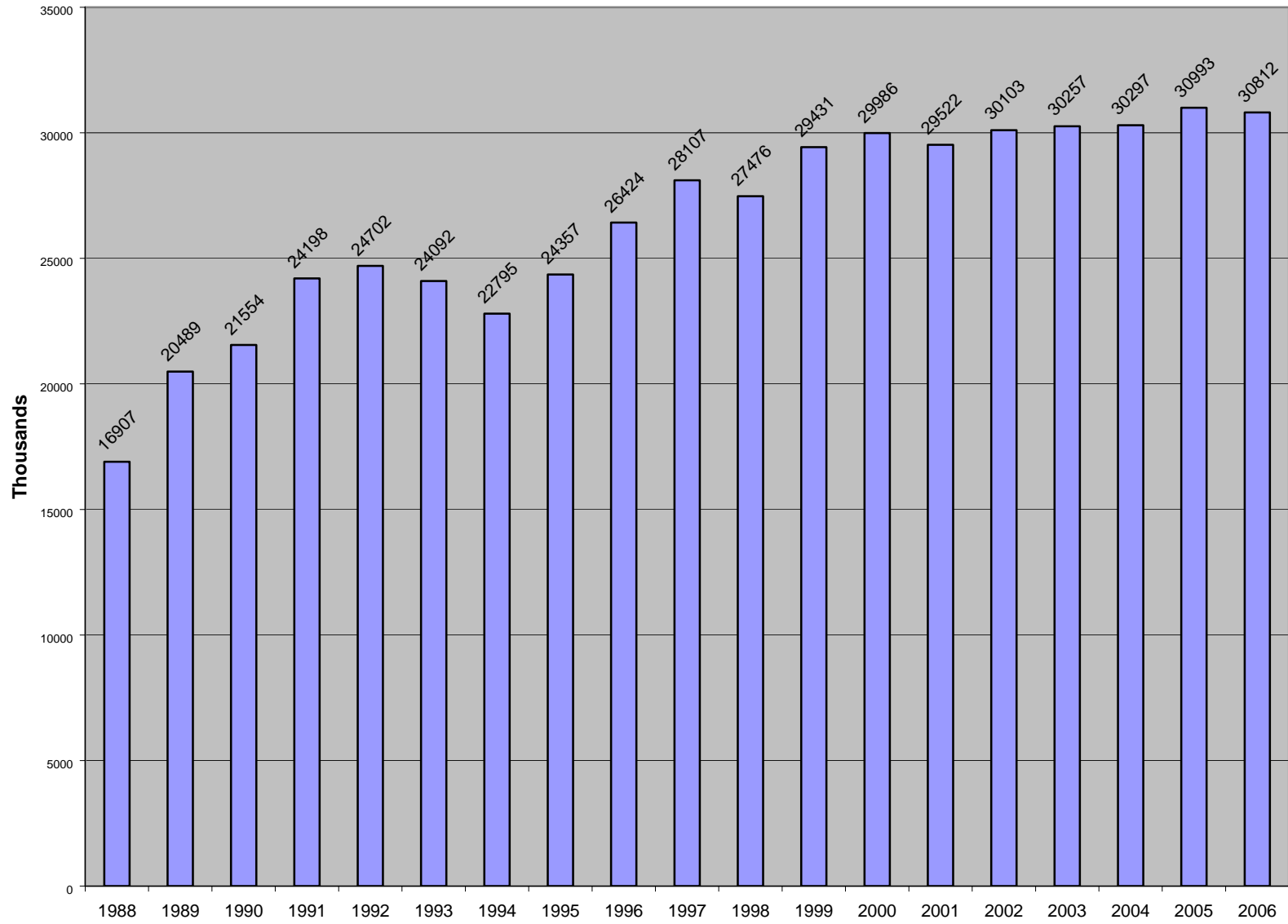
TOTAL SPENDING - 1988 to Present



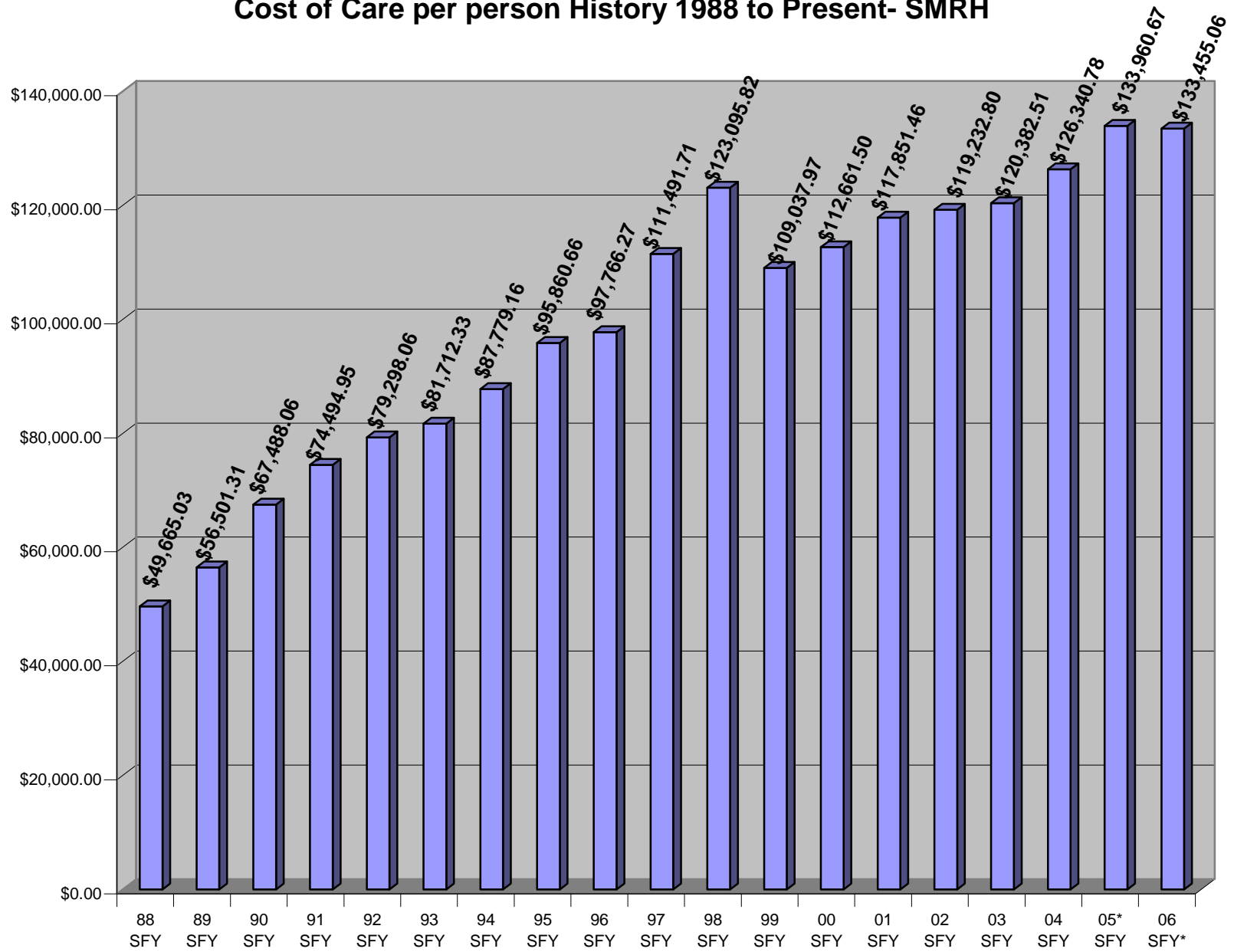
Persons Waiting



Total Spending Per Person - Community



Cost of Care per person History 1988 to Present- SMRH



Cost of Care per person 1988 to Present - Private ICFsMR

