Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. letter	To constituent from Margaret A. Williams re: personal (1 page)	11/18/1993	b(6)
001b. letter	From constituent re: personal (1 page)	00/00/0000	b(6)
001c. envelope	From consitutent to Maggie Williams (1 page)	10/08/1993	b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Maggie Williams
OA/Box Number: 17603

FOLDER TITLE:
[Correpsondence from 1993]: O [1]

2013-0359-S
ry1805

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
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b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
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THE WHITE HOUSE

WASHINGTON

June 30, 1993

Laurelle O'Leary
6421 Brookside Road
Kansas City, MO 64113

Dear Ms. O'Leary:

Thank you for writing and sharing your thoughts on health care reform. I very much appreciate your valuable input on the importance of home and community-based health care services.

Thank you too for your kind words and good wishes. I remember your nieces from Sion; please extend my greetings to them.

Your articles and letters on adult day care were informative. As you noted, Mrs. Clinton is very interested in options for long term care which help delay or avoid nursing home stays.

There is a growing long-term care crisis in this country, affecting the elderly and disabled as well as their families. Today, frail and disabled seniors who need help with daily tasks often have only one choice, moving into a nursing home. Yet most people would prefer to live at home, near to family, friends and familiar surrounding, for as long as possible.

While it would be too costly to try to meet all of America's long term care needs all at once, it would be irresponsible not to start. A true start on long-term care includes increased funding for home and community-based care -- based on functional need, not income -- and better financial protection for nursing home residents.

For many elderly, particularly those living alone or with a relative, adult day care is all it takes to keep the person in the community and out of a nursing home. Moreover, it has proven to be a cost effective alternative and is credited with helping maintain function and with keeping participants active and involved.

Thank you for writing. Kansas City is fortunate to have so tireless and hard-working an advocate for these important issues.

Sincerely,

Maggie Williams

File
Please send
this
now

June 8, 1993

Laurelle O'Leary
6421 Brookside Road
Kansas City, MO 64113

Dear Ms. O'Leary:

Thank you for writing and sharing your thoughts on health care reform. I very much appreciate your valuable input on the importance of home and community-based care services.

Thank you too for your kind words and good wishes. I remember your nieces from Sion; please extend my greetings to them.

Your articles and letters on adult day care were very informative. As you noted, Mrs. Clinton is very interested in options for long term care which help delay or avoid nursing home stays.

~~I'd like to update you on our health reform~~ project, and ~~particularly the long-term care expansions we hope to include as part of the package we submit to Congress.~~

There is a growing long-term care crisis in this country, affecting the elderly and disabled as well as their families.

~~Many argue that we should put off consideration of this issue. But the growing long-term care problems we face argue the other way: we must begin to confront the long-term care crisis in this country~~. Today, frail and disabled seniors who need help with daily tasks often have only one choice: moving into a nursing home. Yet most people would prefer to live at home, near to family, friends and familiar surroundings, for as long as possible.

While it would be too costly to try to meet all of America's long term care needs all at once, it would irresponsible not to start. A true start on long-term care includes increased funding for home and community-based care-- based on functional need, not income-- and better financial protection for nursing home residents.

The Clinton plan will improve long-term care coverage for elderly and disabled Americans, and will include a new, expanded federal home care benefit. For a small monthly premium, people with severe disabilities, regardless of income, will be entitled to home and community-based services, arranged by a case manager and tailored to individual needs. For many people, individual care plans will include adult day care services such as those you highlight in your letter.

For many elderly, particularly those living alone or with a relative, adult day care is all it takes to keep the person in the community and out of a nursing home. Moreover, it has proven to be a cost effective alternative and is credited with helping maintain function and with keeping participants active and involved.

You can be sure that the President's plan will result in increased opportunities for elderly and disabled Americans to seek inexpensive, home-like care from senior centers, adult day care centers, and visiting nurses, and will result in more people having an alternatives to nursing homes.

Thank you for writing. Kansas City is fortunate to have so tireless and hard-working an advocate for these important issues.

Adult day care is key part of total health system

Kansas City Star 4-14-93

Present bias for institutionalization of elderly might be eliminated with proper focus on community-based care.

JEAN HALEY

Sometimes people who are said to "fall through the cracks" simply don't fit the categories that define a program, much the way many women can't take size 8 dresses off the rack of any store in town and expect all of them to fit.

It's one of the realities the White House Task Force on Health Reform has to consider in making recommendations, particularly about care for the frail elderly. There's a demand that long-term care be included in a new system. There have even been some remarks indicating that it might be.

The next question is how the concept will be truly expanded from its present bias toward institutionalization to include assorted levels of community-based care.

Help in the home and adult day care are two major sub-forms. Yet little reference is made to either, particularly adult day care which addresses several of society's most troubling concerns about nursing homes for the elderly.

Clinicare, a Kansas not-for-profit agency and a leading home care delivery provider in metropolitan Kansas City, has been offering adult day care for many years, and operates one of the largest centers here. Last year 94 clients attended the center.

Judith A. Bellome, executive director of Clinicare, thinks it is important for the option to be part of a total national health system. She is seeking support from the National Association of Adult Day Care at its annual meeting later this month for a petition drive to seek a seat representing adult day care providers on the board of the National Association of Home Care and Hospice.

NAHC is an industry group that's an umbrella for those involved in many aspects of home care, from intravenous providers and durable medical suppliers to hospice. It is one of the strongest advocacy and lobbying groups for home health care.

Bellome, who is also a registered nurse, said it struck her that adult day care is among a few involved left to fend for itself, outside NAHC.

In order to both extend and strengthen national home care, if adult day care were given a board seat, it would be a strong position for adult day care, Bellome said. It would be part of a bigger system to keeping people home.

Bellome, a board member for Region 7 (for Medicare-licensed agencies in Kansas, Missouri, Iowa and Nebraska) of NAHC, said the organization's representatives have met with the task force about the cost-effectiveness and value of various kinds of home care.

Because an almost infinite number of different life situations exist for elderly people, the more variations of help available — sometimes a little help from a handyman, for others intensive service from a medical professional — the greater the chance that people will be able to stay in their own homes much longer.

If only one option is available for people who are convalescing or partly disabled with chronic conditions, the people who need help will have to use that one alternative — even if something less comprehensive and expensive would handle their needs. They end up using a nursing home whether they need it or not.

Adult day care is an in-between. It is for the older person, or a younger one with disabilities, who does not need round-the-clock, full-time nursing but who cannot manage life alone in a home or apartment.

Often it is very suitable to help an older couple, where one monitors and takes care of the other and needs some free time to do normal errands and socialize. It has been a godsend for adult children when their parents live with them but grow too frail or confused to remain alone all day while the children are at work.

Adult day care can provide respite when the very difficult job of taking care of a person with dementia has drained the caretaker to the breaking point. Moreover, adult day care is not as expensive as a nursing home, either for the family or for the government, if the government is picking up the nursing home bill through Medicaid.

The National Institute on Adult Day Care, in its public policy statement on the service, notes that adult day care is "an essential component in the continuum of long-term care." Unfortunately, it is not available, accessible and affordable to everyone who could benefit.

Adult day-centers don't exist in many rural areas, for example. If a city family has no way of getting an elderly relative to a facility and back home every day, it might as well not exist.

"Nursing home care and home care have received greater policy attention and financial support," NIAD notes, "but adult day care represents a significant, economical alternative that combines the best elements of congregate and individualized approaches."

Kansas City has a solid adult day care movement. If the task force includes the option in some form in national health care reform, it will be even more used. What the pioneers have developed will be far more appreciated than it is now, when the public sometimes confuses such facilities with some variation on day care for children.

Nursing Homes are as high as $60,000 a year on the East Coast!
Adult Day Care averages about $7,000 a year in K.C., if the patient attends M-F; Some only attend a few days a week.
L.Ob

INFORMATION ABOUT ADULT DAY CARE - GREATER KANSAS CITY AREA (1993)

	Daily Rate	1/2 Daily Rate	Transportation	Hours	Payment Coverage by Outside Sources	Areas of Specialization
Clinicare Adult Day Care 1017 N. 6th Kansas City, KS 66101 Phone: 621-5500 Dir: Peggy Tener, B.S.W.	$32, $35, $38 + $3 meal $10 round trip transportation if desired.	2/3 daily rate + $3 meal	Center owns its own van equipped for wheelchairs (Wy Co only)	7:30 a.m. - 5:30 p.m.	Mo. & Ks. Medicaid Scholarship Fund - Mo. & Ks. Veterans Admin. - covers daily rate and transportation	Diabetes Stroke Alzheimers Developmental Disabilities Young Head Injuries Arthritis Nutritionist available
Grandview Manor 5301 Harry Truman Dr Grandview, MO 64030 Phone: 763-2855 Dir: Veda Mae Eder, R.N.	$25	None	Salvation Army or Dial-A-Ride $6 round trip	Any hours, daytime, including Sat. and Sun.	Mo. Medicaid	Alzheimers Blind Min. Assistance Stroke Wheelchair Incontinent patients Any disabilities
Kensington Adult Day Care 11625 E. 15th Independence, MO 64052 Phone: 252-5319 Dir: Karen Brown, R.N.	$26 to $40 (depending on level of care) + $3.80 meal	1/2 of daily rate + $3.80 meal	Kensington transportation available $4 each way	7:15 a.m. - 5:30 p.m.	Mo. Medicaid Private Pay Veterans Admin. covers daily rate and transportation	Any disability No restrictions Wheelchair patients Incontinent patients
Life Care 7541 Switzer Overland Park, KS 66214 Phone: 631-2273 Dir: Tandy Reitmeyer, C.N.A.	$28 - $33	$20 - $25	Johnson County Special Svs.	7:30 a.m. - 6:00 p.m. 9 -4 Sat.	Private Pay	Alzheimers Parkinsons Dementia Incontinent patients Hand-fed Blind Wheelchair
Little Sisters of the Poor 8745 James A. Reed Rd. Kansas City, MO 64138 Phone: 761-4744	What family is able to give.		Have a van, if needed - no charge	9:00 a.m. - 5:00 p.m. perhaps summer only	Must be low or no income	Must be ambulatory and alert
Palestine Adult Day Care 3325 Prospect Kansas City, MO Phone: 921-1263	Proposed - no known date of opening as of May 1993.					
Seton Adult Day Care 2816 E. 23rd Kansas City, MO 64127 Phone: 231-0303 Dir: Ernestine Kennedy, B.S.	$32	$16	Seton has its own van - no charge	9:00 a.m. - 3:00 p.m.	Mo. Medicaid Private Pay MARC	Anyone over 55 Blind Disabled Wheelchair (Not incontinency)

(over)

	Daily Rate	1/2 Daily Rate	Transportation	Hours	Payment Coverage by Outside Sources	Areas of Specialization
Shalom Geriatric ADC 7801 Holmes Kansas City, MO 64131 Phone: 333-7800 Dir: Roger Clements	$27 includes meal	$17 includes meal	Share-A-Fare Johnson County Special Svs.	7:00 a.m. - 5:00 p.m.	Mo. Medicaid Private Pay Sliding Scale United Way Title III	Alzheimer Stroke Other disabilities Wheelchair (Not incontinency)
St. Joseph Adult Day Care 621 Carondelet Dr. Kansas City, MO 64114 Phone: 943-4747 Not open as of May 1993.	$24 + $3.50 lunch $10 round trip if desired	$14 - additional charge for meals and transportation	Center has own van - $10 round trip Share-A-Fare Johnson County Special Svs. $9	Full day; 1/2 day; Extended Day	Private Insurance Scholarship Fund Certification for Mo. Medicaid applied for	Accepts many diagnosis Limited incontinence Wheelchair Extended hours and bath available

For more information:

Missouri Medicaid	899-2244
Wyandotte County Medicaid	371-6700
Johnson County Medicaid	782-6600
Johnson County Special Svs.	782-2640
Share-A-Fare	274-1803

5-9-93

Ms. Williams,

Please tell Mrs. Clinton this has been such an uphill battle! We absolutely need to take action now! Four people can be cared for in Adult Day Care, for the cost of 1 person in a nursing home. It has been estimated that 1/3 of (over)

nursing home patients do not need to be there. At a savings of $21,000 per patient, this nation could save $11 billion per year in unnecessary costly health care!

Laurelle O'Leary

ps. The nursing home industry has fought this!!

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION
1849 Gwynn Oak Avenue
Baltimore, Maryland 21207

REPLY TO

Health Standards and Quality Bureau
Office of Standards and Certification

August, 1980

Ms.
~~Mrs.~~ Laurelle O'Leary
6421 Brookside Road
Kansas City, Missouri 64113

Dear ~~Mrs.~~ Ms. O'Leary:

Your letter to President and Mrs. Carter concerning the need for adult day care centers was forwarded to me by Mr. Donald D. Smith, Director of the National Clearinghouse on Aging.

Your interest in this vital area is most commendable. The field has grown enormously in the United States -- today there are more than 600 programs in the country. Sadly, though, this number hardly begins to fill the need. In Missouri, there are only five programs. Now 3000!

There is no Federal funding for Adult Day Care, and there is no Congressional mandate to create a program at the Federal level to provide the essential resource material and technical assistance. Thus an important starting place for such interest would be at the grassroots level. I know, for example, that Senator Eagleton has long been concerned with the problems of the aging. You also might want to contact your State legislators to start the ball rolling.

Many States have provided support for Adult Day Care activities through provision of Title XX funds (Social Services Amendment of the Social Security Act). Missouri has not chosen to do so. This is a State decision. An updated Directory of Adult Day Care programs will be available in the fall showing the locations and funding sources of programs throughout the country. You can use this as a tool to show what Missouri is not doing.

Another possible source of reimbursement for Adult Day Care is through Medicaid. Eight States are now providing reimbursement through this source -- but Missouri is not one of the States. Again, this is strictly at State option.

I am putting your name on the mailing list to receive an announcement on the availability of the Adult Day Care Directory. You might also wish to contact Annabel Seidman, Nursing Home Information Service, National Council of Senior Citizens, 1511 K Street, N.W., Washington, D.C. 20005. She is

From: Mrs. Edith Robins
Deputy Director, Long Term Care
Health Care Financing Admin
(now retired; we are now dear friends

P.S. Mrs. Robins is called Horton
the "Mother of Adult
Day Care in America!"
She lives at 9616 Lansdale Dr.
Silver Springs, Md. 20901

On the other hand . . .

Kansas City Star
April 23, 1982

Day care program for the elderly would fill a real need

On the other hand . . . is written by invitation about a subject chosen by the writer. Ms. Laurelle O'Leary is an advocate of day care for the elderly.

For the past five years, whenever I have read of or heard the phrase "day care," something has welled up within me, then suddenly died; almost always the reference is to

Ms. Laurelle O'Leary

the care of children, which without question is an essential service for the young parents of our country.

The reference to another kind of day care which I and others long to see developed is that kind of care so sorely needed, yet essentially unavailable to the disabled and elderly of our country. There are over 800 such centers in the United States; Massachusetts has 53, Missouri has five and will have only three after May 1 when two in St. Louis are to be closed.

At this moment, H.B. 1086 is due to be debated before the Missouri Senate, which will decide the fate of the bill. It was originally co-sponsored by Rep. DeVerne Calloway of St. Louis and Rep. Jack Campbell of Kansas City. Both legislators have successfully guided it through the House, and on April 6, it was promptly and favorably voted upon by the Senate Public Health Committee of which Sen. Harry Wiggins is chairman. Now it rests under the sponsorship of Sen. George E. Murray of Creve Coeur and Mr. Wiggins of Kansas City.

The bill specifically relates to the payment by Medicaid for day care "for those eligible needy persons who are unable to provide in whole or in part, who (otherwise) require placement in an intermediate care facility or skilled nursing home."

The importance of this bill is that, by its passage, the state will give its endorsement to an option in care which is 66 percent less costly to the state than nursing home care. In the nine states which have previously passed such legislation, it has provided a funding base which has stimulated support from the private sector. It has encouraged attendance by those who are able to pay, and has served to demonstrate the role that a public and private partnership can play.

Day care is a program of protective and, if possible, rehabilitative service to accident victims, those injured in the Vietnam War, stroke and aphasia victims, the frail and confused elderly, those who have congestive heart disease, and Parkinson's disease; it is helpful in the care of those having Alzheimer's disease, which affects all ages of adult life by eroding the memory and ability to function independently. The need for day care cross-cuts all socioeconomic levels.

Day care is cost effective. The national average daily cost is $20 per day. The average weekly attendance is 2.8 days, or $53 per week, $243 per month, and $2,916 per year. In some instances the cost is as low as $10 per day. The remaining hours of care are usually borne by the family.

By contrast, nursing home care, as paid by Medicaid in Missouri, is as high as $44.83 per day, or $15,425 per year; or a total cost to the state of $156 million annually.

Based on the average cost of nursing home care, as paid by Medicaid ($10,000 per year), three day care patients could receive care for the cost of one patient in a nursing home.

Comparing Massachusetts, where day care is funded by Medicaid, with Missouri, it is significant that Massachusetts, with a comparable number of elderly over 65, serves approximately 1,000 persons daily in 53 day care centers at a savings to the state of $3.5 million per year in Medicaid funds.

Missouri, with no Medicaid funding for day care, serves approximately 100 persons now (75 after May 1), with no savings to the state. At present 66 percent of all nursing home beds in Missouri are paid for by Medicaid. The national average is 50 percent or below.

The real tragedy is that, as cited recently by one well-operated day care center in this area, in one year of operation they have been unable to accept two out of three applicants because of lack of personal or family funds. Yet those same patients, in many instances, will in turn apply for nursing home care and, if eligible, all costs will be paid by Medicaid.

If the day care bill is successful, it will be incumbent upon business and community leaders to step forward the most constructive way possible to lend the necessary assistance to make this dream a reality. With the deepening concern on the part of community leaders about curtailment of health care costs, it seems that those who are simultaneously expressing the great need for day care are saying the same thing. Furthermore, the individual's right to remain in his own home or in that of a family member, is a right the disabled or elderly person should not be deprived of.

If you support this issue, let your state senator, and Mr. Murray and Mr. Wiggins know.

Laurelle O'Leary
6421 Brookside Road
Kansas City, MO 64113

5-9-93

Ms. Williams,

I am sorry about the delay in mailing this. I was waiting for the updated Adult Day Care chart, which I had revised, to be typed.

Laurelle O'Leary

Evelyn
I want
a

6421 Brookside Rd.
Kansas City, Mo 64113
April 28, 1993
(816) 444-1241

Dear Ms. Williams:

I read the most interesting feature story about you in the Kansas City Star on April 17th, and your wonderful position as Mrs. Clinton's chief of staff. May I extend heartiest congratulations! On Sunday, I learned that my nieces attended Sion with you, and that you were in the same class as Rosemary O'Leary. Kathleen and Eileen also knew you.

It is for this reason, that I am writing to you directly to ask your help related to the issue of long-term care, and mostly specifically about the importance of Adult Day Care, as an alternative to costly nursing home placement! I became interested and very much involved both locally and somewhat nationally, beginning in 1976, when I was suddenly faced with the care of my 86 year old father, who did not need to be in a nursing home. I was also employed.

Attached is some related material which I am sending, which, if possible, I would appreciate your sharing with Mrs. Clinton. I have heard she is quite supportive of this alternative, which is $\frac{1}{3}$ to $\frac{1}{4}$ the cost of nursing home care! Billions could be saved, if the 35 To unnecessarily now in nursing homes, could be cared for at home, with the help of Adult Day Care!

I do want to say that I feel that President and Mrs. Clinton are right in forging ahead with their goal of a national health care plan, which I would hope would include addressing the long-term illnesses of citizens

of all ages, not just the elderly. It should be done because it is Right. I know it will not be easy, but if they wait, the enthusiasm for the idea of health insurance for all, will die down or be side-tracked by special interest groups. And as the President gets into his second or third year, I feel it will be harder to achieve the momentum and national support for his wonderful idea, which he presently has in his favor now. I also think that the nation is fully behind Mrs. Clinton and that it respects her tremendous background, both educationally and experience wise.

The additional Reason I am writing at this time is to make a suggestion, which may be helpful to Mrs. Clinton. Mrs. Judy Bellamy, executive director of Clinicare, a non-profit home health care agency, which also directs a fine Adult Day Care center here, is going to be in Washington, to attend a board meeting of the American Association of Home Care. She will arrive Saturday, May 22, and will leave late Monday, May 24th. The organization, on whose board she has been for the past four years, is considering lending more support to the Adult Day Care Concept. She is spearheading this idea, because she is such a strong believer in as many options as possible to help people remain in their own homes as long as possible. Judy is an RN and has a Masters in Education. I feel She could be a tremendous help to Mrs. Clinton and her committee. She is willing to adjust her schedule, should Mrs. Clinton wish her to come to the White House. Judys number is (913) 262-6048.

Sincerely, Laurelle O'Leary

5-9-93

This is a copy of the Cost-Effectiveness Statement which I prepared at the Request of my dear friend Rep. DeVerne Callaway in 1982. It was distributed to all members of the Mo. Senate and House in March 82. Her bill passed at midnight

(over)

of April 30, 1982, the last day of her remarkable 20 year career!

Maurella O'Leary

Rough Draft March, 1982

TO: ALL MEMBERS OF THE MISSOURI SENATE AND HOUSE OF REPRESENTATIVES

FROM: LAURELLE O'LEARY (Thru the Kindness of Rep. Calloway and Rep. Campbell)

RE: COST-EFFECTIVENESS OF DAY CARE FOR THE DISABLED AND ELDERLY FOR THE STATE OF MISSOURI, AS RELATED TO H.B. 1086, H.C.A. 2, Section 189.545, Page 44

Laurelle O'Leary
6421 Brookside Road
Kansas City, MO 64113

FACTS AND FIGURES

In order to obtain tangible facts and figures related to the above, we asked the following questions of Mrs. Sharon Marcum (314) 751-4815, of the Department of Social Services. To be accurate in quoting MRS. Marcum, we have placed an asterisk by figures given by her:

1. How many people are in nursing homes in Missouri?

   Based on the figures below, it would seem there are approximately *40,000 people. (12% or 4,800 are under 65)

2. Of these, for how many is the total cost of care paid for by Medicaid?

   *22,569 people (12% or 2,700 are under age 65)

3. What is the total cost for nursing home care in Missouri, paid for by Medicaid?

   *$156 million, plus *$44 million for the mentally illl and retarded

4. What percentage of all nursing home beds in Missouri is financed by Medicaid?

   *66% (the national average is 50% or below)

5. What is the highest total amount paid for a nursing home patient in Missouri under Medicaid?

   *$44.83 daily or $15,425 per year

   What is the lowest amount paid under Medicaid?

   *$19.94 daily or $7,300 per year

   What is the average cost paid for a Medicaid patient?

   *$35.86 or $12,775 per year

6. What is the average cost, utilizing the above figures of a Medicaid patient in a nursing home?

   *$10,000 per year

MRS. Marcum further told us that Missouri, at present, has *62 nursing home beds, per 1,000 people, but that only *50 per 1,000 are needed. She further said that recently *5,600 new nursing home beds have been approved for construction in Missouri. She stated that the State is already "over-bedded" which is driving up the overall cost of Health Care, thus creating "a serious problem." Screening of patients, prior to admission to a nursing home, as well as developing alternatives to care, would be two steps, which would hold down health care costs, she said. When there are no options, nursing home care is the only choice.

IMPLICATIONS:

With regard to Day Care costs, we have assembled the following information from a Director of a well-operated Day Care Center in the Kansas City area and will give some specific information from Mrs. Edith Robins, former Deptuy Director, Long Term Care, H.H.S. (telephone (301) 589-8833) as well as other scientific sources:

1. The national average cost for Day Care on a daily basis is $20 per day;

2. The weekly attendance at a day care center is 2.8 days per week - $53 per week, $243 per month, or $2,916 per year. The remaining days of care are provided by the family or supplementary services, such as home health care, sitters, etc.

3. Based on a national estimate, and recently stated by Senator John Heinz III Chairman of the Senate Committee on Aging, 35% of those in nursing homes could be cared for by alternative services if available; therefore, 7,899 persons in nursing homes under Medicaid in Missouri could be cared for in less costly ways, if Day Care or other services were available.

4. Based on the pending Day Care Funding Bill estimate for Missouri, of $2 million, approximately 200 people are cared for in nursing homes for this amount of money; whereas if cared for in Day Care, 666 persons could be cared for, for the same amount. Of course, it is not known how many would elect to attend Day Care Centers.

5. There are now over 800 such centers in the U.S.; Massachusetts has 53 - Missouri has 5!

6. The cost of care for the 7,899 persons (35%) in nursing homes (who could be cared for in other ways) is $83 million under Medicaid; the same number could be cared for @ $19 million in Day Care for a possible savings of $34 million, as estimated by the GAO.

7. Although it has been said that those in the rural areas could not utilize Day Care, the total cost saving to the State of Missouri is important to weigh.

8. Many people are forced to apply for Medicaid coverage for nursing home care when their private savings are exhausted. California is doing an in-depth evaluation of their "Medical" program. Preliminary findings show that Adult Day Care delays institutionalization an average of 19 months! Therefore, if private funds can be stretched over a greater period of care, the time for need for Medicaid-provided services, will have been postponed, thus, delaying, and shortening the time and cost necessary to be provided by Medicaid.

9. The State Department of Social Services in Kansas has already begun a cost saving mechanism under Medicaid by coordinating preadmission screening to nursing homes, so that unnecessary and inappropriate nursing home placement can be avoided. Mrs. Harriet Nehring, Executive Secretary of the Kansans Improvement of Nursing Homes Inc. states: "This success of the new directions will depend upon the effective development of community programs (such as day care) when Medicaid funds can be allocated to a wider variety of community services that should encourage their development."

* Other estimates at cost-savings (based on 5% who could be cared for in other ways) are in the Range of $8 million.

CONCLUSIONS:

1. Day Care Centers for the disabled (there are many young people in nursing homes resultant from automobile accidents, the Vietnam War, etc.) and the elderly can provide a formalized, dependable, cost-effective and humane service for families, as well as the state, just as day care centers for the children of young parents, provide an essential service in our country.

2. Day Care Centers would be cost-effective for business and industry. Employees who are able to send their spouses, sons, daughters, or elderly parents to a day care center, as an option in care, will be less anxious about knowing their loved ones are well cared for, and, in some cases, that their health is monitored where necessary. They will, therefore, be more effective and efficient employees, and should miss fewer days of employment.

3. Providing Day Care as a much needed option to families, will help keep total health care costs down, and serve as an honest competitive option to other kinds of care.

4. As Jean Haley, of the Kansas City Star said in her Editorial Column on 2/3/82, "what happens" to the present day care bill "will affect not only lower-income families, but everyone, because passage should encourage the establishment of centers; if they don't exist, thousands won't have that alternative."

5. In the nine states, which provide funding of Day Care thru Medicaid, for those unable to pay, this source has provided a funding base, which has stimulated contributions from the private sector; it has encouraged attendance by those who are able to pay on a private basis, and serves to demonstrate the role that a public and private partnership can play.

   The foregoing statistics are particularly significant in our state, which according to the 1980 census shares with South Dakota, 4th place among the states, or 13.2% of the population, in the 65 and older group.

6. The writer would like to point out that the assembled material has been done in the best of faith, with the best information available, since heretofore there has been no statement of cost-effectiveness developed as related to the State of Missouri.

7. In a letter just received from Mrs. Marcum, she states:

It is my view that adult day care and other alternative services are extremely desirable as a result of the potential to reduce the rate of growth in institutional services. Such services can also increase the Missouri Medicaid program's ability, given a set amount of dollars, to serve a larger number of elderly recipients.

My address:
6421 Brookside Rd.
Kansas City, Mo. 64113

3-3-82

K.C. Star 6-20-93

NKC Hospital chief has a lucrative deal

A $350,000 package and a golden parachute push the limit, board members and experts say.

By J.D. MOORE JR.
Staff Writer

Les Haymons, outgoing president of the non-profit North Kansas City Hospital, earned more in 1991 than the chief executives of much larger hospitals in Kansas City.

Haymons, 55, earned $347,496 last year — $200,476 in base salary, $80,670 in bonuses and other cash compensation, plus $66,350 in benefits. No other executive in *The Kansas City Star*'s survey earned more than $295,000 overall.

Haymons' compensation became a public issue when he was dismissed by the hospital board of trustees Sunday night, after turning down a severance offer of $1 million in cash. The board is still obligated to pay him two years' salary, or $750,000.

Compensation experts and North Kansas City Hospital's board say Haymons' salary and benefits pushed the limits for chief executives of non-profit institutions.

"What is he being rewarded for?" asks Claudia Wyatt, a principal with the Wyatt company, a Chicago compensation consulting firm.

"A (tax-exempt) institution is designed to serve the public. If we see an incentive plan based exclusively on profitability, then something is out of sync."

Terry Myers, board chairman, said he had attended a seminar on hospital executive compensation in Chicago and could find no hospital of comparable size that paid its CEO anything near what Haymons gets.

But Haymons said North Kansas City Hospital's stellar performance, financial and otherwise, justifies his compensation.

"All one has to do is look at the results," Haymons said in an

See HOSPITAL, A-14, Col. 1

Hospital chief has lucrative deal

Continued from A-1

interview.

"His compensation is directly related to the success of that hospital," agrees Tom Flannery of Hay Management Consultants, who arranged Haymons' package.

But that success, Flannery said, is defined not only as financial performance "but operating results and quality of care and other factors."

By almost any measure, North Kansas City Hospital's performance under Haymons has been extraordinary. In 1990 it earned $16 million on revenues of $95 million, more profit than any Kansas City area hospital. Other hospitals with vastly greater revenues made much less in profits.

From 1978, the year before Haymons arrived, to 1991, hospital assets rose from $23 million to $152 million. In the same period, long-term debt was reduced from $10 million to zero.

In the last four years, the hospital has added a medical office building and a six-story patient tower with 172 new beds. It paid for both in cash. In addition, the hospital initiated programs such as open-heart surgery and raised the variety and standards of its medical services.

"Good talent is really hard to find," Flannery said. "You have someone who is able to produce significant positive results, they're worth their weight in gold."

In fact, the competition for competent health-care executives in the United States has caused their price to rise at a rate far higher than that of gold. The average base salary for hospital CEOs rose 9.7 percent in 1992, to $150,800, according to *Modern Healthcare* magazine.

Executive compensation at nonprofit organizations recently has come under national scrutiny. In February, William Aramony, president of United Way of America, resigned after reports that he earned $436,000 a year.

Rich humanitarian

Early this year, Haymons told *The Kansas City Business Journal* how he got involved in health care:

"While working a summer job as an orderly in the surgery department of my hometown hospital, I recognized that the hospital chief executive officer's role would permit me to fulfill my objective of entering a humanitarian career."

That career has taken a turn that now rewards him more handsomely than many administrators at much larger, more complex institutions, according to compensation figures derived from IRS Form 990, which nonprofit organizations must file and keep on hand for public inspection.

A survey of area hospitals shows Haymons was paid more than six executives who each operate nonprofit health-care enterprises that are larger than North Kansas City Hospital.

In Kansas City, the hospital executive with the next-highest pay package was E. Wynn Presson, who earned $294,183, including salary and benefits, in 1990. Presson is president of Health Midwest, a holding company that at that time owned seven hospitals, including Research, Lee's Summit and Trinity Lutheran, and managed 8,400 employees.

Haymons, by contrast, administers one hospital with 360 licensed beds and 1,200 employees.

Although they concede that North Kansas City Hospital is more profitable than others in the area, the new board of trustees — and some compensation experts — say Haymons' lucrative financial arrangement appears overly generous.

Haymons' agreement provides for the following:

- $216,900 in base salary this year.
- $700 a month automobile allowance.
- Around $500 for income-tax preparation.
- Paid memberships in the Barrybrooke Tennis Club and Old Pike Country Club.
- A tax-deferred annuity of 7 percent of base pay plus bonus. A second annuity of 5 percent.
- Health, life and disability insurance policies. On the health insurance plan, Haymons pays no deductible.
- A lucrative incentive bonus based on the hospital's profitability and overall performance.

Under the bonus plan, Haymons can be paid as much as an additional 75 percent of his base salary. Based on the hospital's results so far this year, he would receive 64 percent, or $139,000. If he received the same benefits as last year, that would push his compensation over $400,000.

According to an article by the Hay consulting firm in *Hospitals* magazine, the average maximum incentive for hospital CEOs in the United States is 31.1 percent of base salary.

Haymons' contract gives him more than twice that. That's extraordinary, said Wyatt, the compensation consultant in Chicago.

"A 75 percent incentive bonus is a very unusual bonus opportunity in a non-profit environment. That's what you might find in a for-profit, risk-oriented company," she said.

Such high perks have recently drawn the attention of the IRS and local taxing authorities, Wyatt said. Several hospitals in Pennsylvania, for example, have had their tax-exempt status challenged by local taxing authorities because of excessive executive compensation and lack of indigent care.

"The IRS is looking very seriously at these issues these days," she said.

Other concerns

The actual dollar figures for Haymons' compensation were determined by the Hay consulting firm based on a national salary survey. The company collects data on executive compensation in many fields and calculates average pay according to size and complexity of the institution, and financial results.

The former board of trustees instructed Hay to establish Haymons' remuneration at the 75th percentile of the Hay survey. That means Haymons should be paid better than three-quarters of executives overseeing a hospital of similar size, complexity and profitability.

But William Quirk, a compensation specialist in Atlanta for Towers Perrin, an international consulting firm, said national statistics show Haymons may be getting compensated at a rate even higher than the 75th percentile.

Quirk also expressed concern over an unusual provision in Haymons' "golden parachute."

In 1986 Haymons asked the former board of trustees to provide him some security in case he was dismissed. At the time, the City Council of North Kansas

See EXECUTIVE, A-15, Col. 1

My questions:
Who is paying for this?

What hospital administrators make

Tax yr.	Hospital	CEO	Compensation	Benefits	Total compensation	Total revenue (millions)	Profit (millions)	Employees/ beds
'90	North Kansas City	**Les Haymons**	$281,146	$66,350	**$347,496**	$95.1	$16.2	1200/360
'90	Health Midwest **	**E. Wynn Presson**	284,183	10,000	**294,183**	1.6	(5.2)	na
'90	Research	**Richard Brown**	259,461	8,920	**268,380**	268	11.8	2500/531
'90	St. Luke's	**Charles Lindstrom**	215,000	34,730	**249,730**	254	12.8	2500/686
'89	Baptist	**Dan Anderson**	201,233	5,036	**206,269**	70.8	3.1	1500/401
'90	KU	**Glenn E. Potter**	151,452	23,685	**175,137**	177	0.5	2144/488
'90	Truman *	**James J. Mongan**	136,677	1,050	**137,727**	171	6.3	2000/605
'90	Liberty *	**Joseph Crossett**	80,797	8,678	**89,478**	46.2	7.3	880/202

* Note: For Liberty and Truman hospitals, certain paid expenses have been included under the Benefits column.

** Note: Health Midwest is a holding company that owned seven hospitals as of 12/31/90, including Research, Trinity Lutheran and Lee's Summit hospitals.

Source: IRS Form 990 and information from hospitals

The Star

Executive to receive at least two years' pay

Continued from A-14

City," which owns the hospital, had considered leasing or selling the facility.

Because of that uncertainty, Haymons said, he needed a financial guarantee if he were to stay at the hospital.

"The facts are that the board made a good decision in providing some safety, so to speak, for the management staff that stayed here and accomplished these results for the hospital," Haymons said Friday.

Haymons' golden parachute calls for two years of full salary, bonus and benefits if he is dismissed from the board with or without cause.

It also calls for a third year of full salary, bonus and benefits if the hospital changes hands, or if it is sold or leased within 18 months after he leaves.

Two years of severance pay for top executives is standard, Quirk said. But paying Haymons extra for something that occurs after he leaves? "I've never seen that in any other contract of a tax-exempt CEO," he said.

The three-year payout clause could have been activated earlier this year. In February, the former board of trustees sent the North Kansas City Council a buyout offer that would have in effect made the hospital a private institution. In exchange for annual payments to the city, the hospital would have become self-governing, with a self-perpetuating board of trustees.

The city turned down the offer. If the deal had been accepted, Haymons could have collected three years of full compensation and still retained his position as hospital president.

The discussion over his compensation is deeply embarrassing to him. A soft-spoken, dignified man, Haymons thinks he is being penalized by the new board and crucified by the media for having earned the hospital so much money, when that is clearly what his contract encouraged him to do.

The reason the hospital piled up such reserves, Haymons said, was to accumulate a cushion to fall back on in the coming financial crunch, when governmental reimbursements to hospitals decline.

Instead, he believes, the hospital's success made him the target of elected officials in North Kansas City who wanted to plunder the hospital for political purposes.

"Would all of this have come about if it weren't for the money?" he asked. "If we had operated like some other hospitals in town, and we had nothing?"

5-9-93

Ms. Williams,

Here is Kathleen (O'Leary) now Morgan. They have 2 children now! They publish "Health Care State Rankings" and wanted to include Adult Day Care (Ranking the states) for me!! But were told by the Natl. Coun. on the Aging they had "no good statistics" (yuck)

I am trying to get them myself, for next years publication!

LOL

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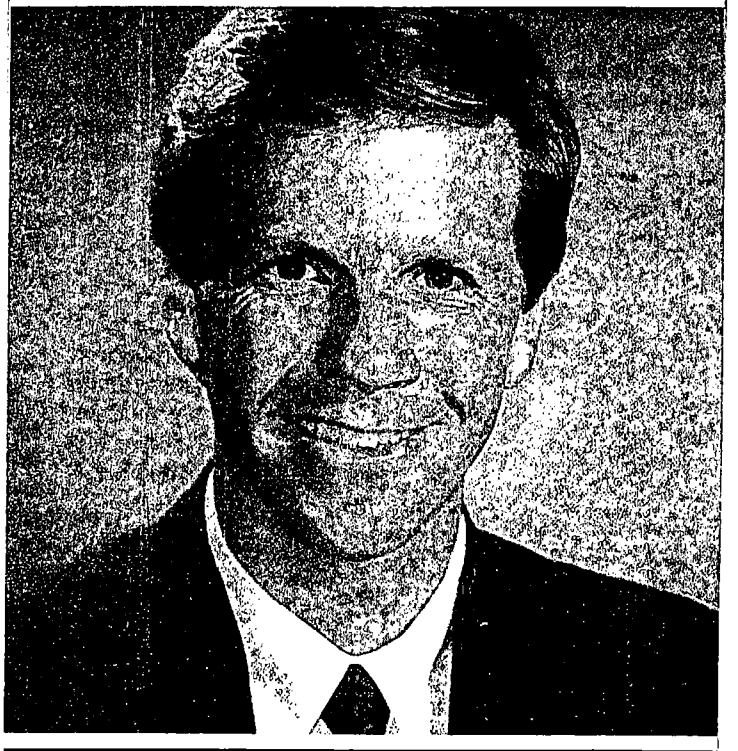

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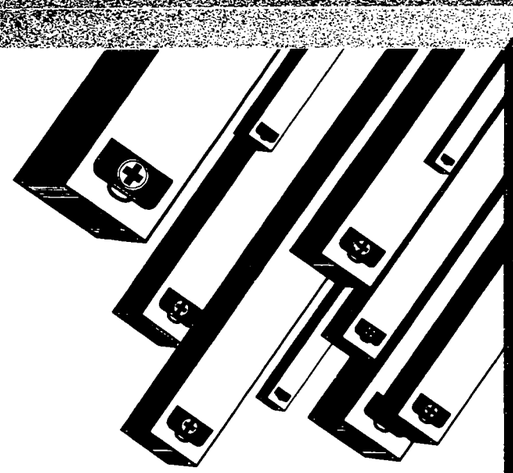

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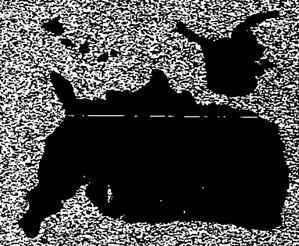

HEALTH CARE STATE RANKINGS 1993

Percent of Persons Not Covered by Health Insurance in 1991

National Rate = 14.1% Not Covered by Health Insurance

RANK	STATE	PERCENT
1	Texas	22.1
2	New Mexico	21.5
3	Louisiana	20.7
4	Mississippi	18.9
5	California	18.7
5	Nevada	18.7
7	Florida	18.6
8	Oklahoma	18.2
9	Alabama	17.9
10	Idaho	17.8
11	Arizona	16.9
12	Virginia	16.3
13	Arkansas	15.7
13	West Virginia	15.7
15	North Carolina	14.9
16	Oregon	14.2
17	Georgia	14.1
18	Utah	13.9
19	Tennessee	13.4
20	Delaware	13.2
21	Alaska	13.1
21	Kentucky	13.1
21	Maryland	13.1
21	South Carolina	13.1
25	Indiana	13.0
26	Montana	12.7
26	Vermont	12.7
28	New York	12.3
29	Missouri	12.2
30	Illinois	11.5
31	Kansas	11.4
32	Wyoming	11.3
33	Maine	11.1
34	Massachusetts	10.9
35	New Jersey	10.8
36	Washington	10.4
37	Ohio	10.3
38	Colorado	10.1
38	New Hampshire	10.1
38	Rhode Island	10.1
41	South Dakota	9.9
42	Minnesota	9.3
43	Michigan	9.0
44	Iowa	8.8
45	Nebraska	8.2
46	Wisconsin	8.0
47	Pennsylvania	7.8
48	North Dakota	7.6
49	Connecticut	7.5
50	Hawaii	7.0
	District of Columbia	25.7

Source: U.S. Bureau of the Census
"Money Income of Households, Families and Persons in the United States: 1991" (P-60, No. 180)

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5-9-93

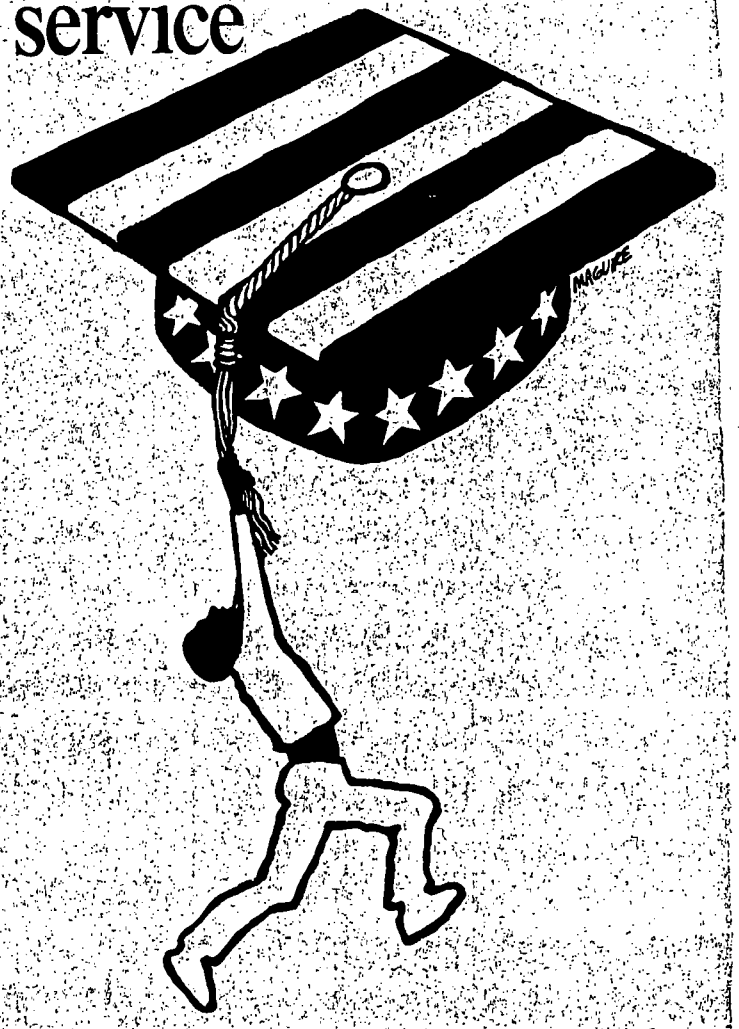
Ms. Williams –

Here is a suggestion combining President Clinton's idea for a National Service Corps, to enable young people to go to college and helping to provide for Long-Term Care than less costly Adult Day Care Centers. The money that could be saved (over)

by young college students working part-time in these centers, would meet both needs, and save a great deal in our national budget. It would be a wonderful learning experience as well! Pres. Clinton could start in D.C.!! L. O'Leary

A vision for national service

New model needs to be a joint, bipartisan venture capitalizing on the nation's diverse strengths.



By ROGER LANDRUM

WASHINGTON — President Clinton's proposal to link National Service with federal college scholarships or loan forgiveness packs a powerful political punch. It evokes memories of a GI bill rewarding the young men who won World War II with a college education — a venture that also revitalized American higher education. For younger voters and their parents, a National Service Trust Fund is also the modern political equivalent of "a chicken in every pot."

But with the size of the federal deficit and competing priorities for human resources investment, skeptics say that fulfilling a pledge to reward civic service with federal education assistance is impossible beyond a token effort. Not so. A transforming social initiative can be forged if a new kind of national service vision comes to the fore.

The good news for the president is that the new national service has been taking shape in the nonprofit sector for a decade. The scale is still small, but most of the pieces are in place. A new model of national service that will last for generations, far beyond the Clinton administration, cannot be built overnight; nor can it carry only the Clinton imprint; it must be bipartisan. And to capitalize on the strengths of our society, it needs to be a joint venture of corporations, foundations, educational institutions, the nonprofit sector and government at all levels.

One thing is certain: The new national service cannot be created with a stroke of the presidential pen or constructed with old habits of federal action.

National service used to be defined as a monolithic and one-dimensional federal program following the models of military forces, Franklin D. Roosevelt's Civilian Conservation Corps, and John F. Kennedy's Peace Corps. These programs were built on the guiding assumption that these were activities to be undertaken by young people roughly 18 to 25 years of age in projects funded and administered by government on a full-time basis during a period spent away from civilian life.

The new national service is based on a different set of assumptions. Young participants represent a wider range of ages and come from a variety of backgrounds. Some are serving full-time, others part-time. There are many successful program models, organized by different kinds of institutions and supported by different funding sources, public and private. The operations are decentralized, and the leadership is primarily non-governmental. The next steps forward must build on this foundation.

The president needs to help lay out strategies that persuade corporations, foundations, state and local governments and individuals to at least match the federal government's outlays in direct support of a national service initiative of their choice.

The process is already under way; it only needs to be accelerated. Private foundations such as Ford, Kellogg, DeWitt Wallace-Reader's Digest, MacArthur, AT&T, Bonner Foundation, Reebok and others are already large investors in national service. So are the state governments of Pennsylvania, California and Minnesota.

In addition, the president's proposed National Service Trust Fund — post-service college scholarships for those who serve — could be doubled or tripled by private contributions. If every college and university in the nation engages in the process by establishing its own National Service Trust Fund to augment the federal scholarships, many more young people will be able to gain educational assistance through joining service programs.

The president will have an opportunity to pioneer a set of innovative federal investment strategies for building the new national service, rather than creating a government monopoly. They should include:

▶ A federalism strategy of investing on a competitive basis in state plans. This approach is already under way on a modest scale through the Commission on National and Community Service; up this year for reauthorization. The commission should be continued, but it is essential that this not be the only investment strategy, because this would place all leadership and direction in the hands of government agencies.

© A franchise strategy of investing in generic youth service models developed and tested by entrepreneurs. The goal would be to replicate them nationally.

© A hub strategy of investing large block grants in national and regional non-profits with important zones of expertise and excellence, which are essential for improving and ensuring the quality of the new national service. These areas include evaluation research, leadership development; strategic planning and management; replication, communications and promotion, and technical assistance. The Clinton administration should take the step of farming out venture capital to the non-governmental leadership that organized and led the movement before government became a partner.

Other investment strategies are feasible, but the key is to build the new national service with much broader ownership, diversity and innovation.

President Clinton deserves great credit for moving ahead so boldly, but he should not be expected to carry the entire responsibility for building national service. This is the chance of a lifetime to give a great many young people more active and positive roles in our society. Now is the time for all of the country's major institutions to join in creating the new national service.

Roger Landrum is executive director, Youth Service America, a national policy, training and public education organization.

Non-profit org.
U.S. Postage
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Kansas City, MO
Permit #6113

An early childhood center for today's family

The Edgar L. and Rheta A. Berkley Child and Family Development Center

University of Missouri-Kansas City
Berkley Child and Family Development Center
5100 Rockhill Road
Kansas City, MO 64110-2499

UMKC

Cooperative Concept

On June 1, a unique child care center will open in Kansas City. The University of Missouri-Kansas City and Menorah Medical Center have joined forces to provide early childhood services for children 12 months to 12 years old.

This partnership will enable the Berkley Child and Family Development Center to benefit from the expertise of two respected institutions. Early childhood education specialists from the UMKC School of Education and other University departments will design innovative programs for children and families, and skilled medical professionals from Menorah will care for your child's physical needs.

Because of the center's ties to the university, students from a variety of disciplines will work with your child as part of their own learning experience.

This is child care! Pres Clinton might expand this idea to include sound child care and Adult Day Care, as part of the Natl Service Corp.

Child-Centered

The curriculum is designed to encourage problem solving, independence and cooperation. Teachers trained and experienced in early childhood education will support your child's learning in an atmosphere that encourages children to be active participants in what and how they learn.

A Pleasant Environment

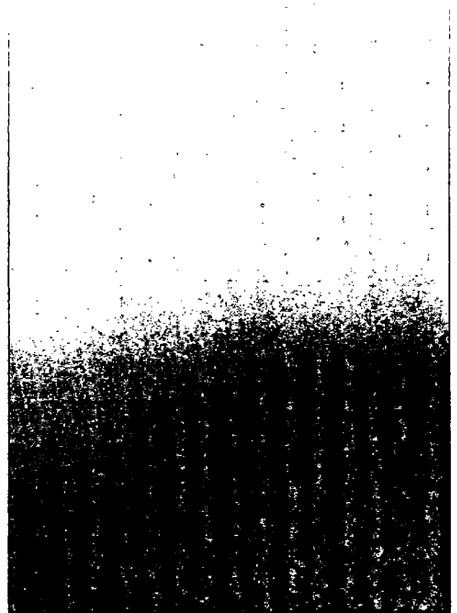
The center will be located on the UMKC campus at 1012 E. 52nd St. in a building designed specifically for young children, and is open to all families in the community.

Experience Counts

Mary Beth Mann, assistant professor of education, will serve as director of the center. Mann holds a Ph.D. in child and family development from the University of Missouri-Columbia and has spent the past 15 years working the field of child development directing and implementing programs for young children and their families.

Hours

Created with working families in mind, the center will be open from 6 a.m. to midnight Monday through Friday. Daytime child care can be scheduled for 10 hours daily between 6 a.m. and 5:30 p.m. Evening child care can be scheduled for 10 hours daily between 2:30 p.m. and midnight. A two-and-one-half-hour preschool program in the morning or afternoon will follow the university semester schedule.



Programs

- The infant program is available for children 12-23 months.
- The toddler program is available for children 24-35 months.
- The preschool program is available for children 36 months to kindergarten entrance.
- The preschool part-day program is available for children 36 months to kindergarten entrance.
- A full-day kindergarten program is under consideration and may be added if enough interest is expressed.
- The school age program is available for children kindergarten to 12 years (summer program, before and after school, breaks).

Registration

Applications for enrollment and fee schedules will be available in March 1993. Tuition rates will be based on full-time enrollment and the program in which your child is enrolled.

For more information, call 235-2452.

Interest Survey

Help us determine enrollment needs — please complete the information below and return to:

University of Missouri-Kansas City
355 School of Education
5100 Rockhill Road
Kansas City, MO 64110-2499

☐ Yes, I am interested in the Berkley Child and Family Development Center.

Name _____

Address _____

City _____ State _____ Zip _____

Phone (day) _____ (evening) _____

I am affiliated with
☐ Menorah
☐ UMKC
☐ I am a community member.

My children who would use the center are:

Name	Birthdate	Days	Hours

My child care needs include
☐ All-day infant ☐ evening infant
☐ All-day toddler ☐ evening toddler
☐ All-day preschool ☐ evening preschool
☐ All-day kindergarten (tentative)
☐ 9-11:30 a.m. preschool ☐ 12:30-3 p.m. preschool

School age
☐ 6-8:30 a.m. before school ☐ 3:30-6 p.m. after school
☐ Evenings ☐ summer ☐ breaks

5-9-93

I went on Amtrak after work, to Jefferson City! Arrived at 9pm in a terrible blizzard, with no boots! Couldnt get how until the next afternoon. They held up the hearing until I got there!! I mention this because we have had such a struggle to get Adult Day Care started, and Covered to keep it afloat. IF it took 10 years for 10 states to pass legislation to allow people eligible for Medicaid funding to choose the alternative of Adult Day Care instead of nursing homes, it will take 30 years to have Universal Coverage. Mo was the 10th State to

1983

"Will he see me through life?"
My dear father said
He was thinking of his son
As I helped him to bed
Tears came to his eyes
As he asked once again
I told him with a hug
We would do all that we can
We knew that we could not
Do it all by ourselves
That we needed the help
Of other kind souls
For weeks we sought help
That was seven years ago.
We searched and we searched
But there was no where to go
Then suddenly we thought
ADULT Day Care would help.
But when we inquired
There was nothing about
Today there are centers
In all fifty states
To the delight of those "children"
A dilemma to face
Whose parents may ask
"Will you see me through life?"
They may answer and say
Alas! Yes at last!

By his daughter Laurelle O'Leary

DE VERNE CALLOWAY
81ST DISTRICT, ST. LOUIS CITY
4309 ENRIGHT
ST. LOUIS, MISSOURI 63108

COMMITTEES:
CHAIRMAN – EDUCATION
ELECTIONS – STATE
INSTITUTIONS and PROPERTIES

Missouri House of Representatives

JEFFERSON CITY

February 3, 1981

Ms. Laurelle O'Leary
6421 Brookside Road
Kansas City, Missouri 64113

Dear Ms. O'Leary:

Thank you very much for your letter of concern about Day Treatment for the Elderly in Missouri. The information you enclosed is very helpful, and I am trying to follow through on some of the points you raised. (For instance, why was the money Karen Benson fought for not taken from the $795,000 that Senator Eagleton's letter indicated Missouri had received.)

I would really appreciate your testimony as a witness for my bill if you can do it. The bill will be heard Monday night, February 9, at 8 p.m., in Room 131. You may call me collect at my office number (314) 751-3282, to notify us of your response. Once again, thank you for your interest.

Sincerely,

De Verne Calloway

DC:jw

Missouri House of Representatives

JEFFERSON CITY

February 10, 1981

Ms. Laurelle O'Leary
6421 Brookside Road
Kansas City, Missouri

Dear Ms. O'Leary:

If anyone could be called the star witness of a public hearing, then I certainly feel you are that person. It was very commendable that you would come out in extreme winter weather and speak in favor of an issue which is so close to your personal life. I am sure that the committee was impressed with your examples of the human element involved with caring for an elderly relative. We will keep you informed of the progress (or lack of progress) of this bill. Once again, my sincere thanks.

Sincerely,

De Verne Calloway

4-20-82

DE VERNE CALLOWAY
81ST DISTRICT, ST. LOUIS CITY
4309 ENRIGHT
ST. LOUIS, MISSOURI 63108

COMMITTEES:
VICE-CHAIRMAN—ETHICS
STATE INSTITUTIONS & PROPERTIES
RETIREMENT
EDUCATION-ELEMENTARY & SECONDARY

MISSOURI
HOUSE OF REPRESENTATIVES

Dear Alderman

For years, as a matter of record, St. Louis officials have engaged in an unusual, and often hysterical, dialogue regarding the delivery of acute care medical service, as though it is the only service needed, by the City's indigent. We write to point out to you that "acute care", although costlier, is proportionately only a small percentage of the total health care needs.

We are urging you to take this and other factors into consideration before you vote to eliminate the small Program of Alternative Care for the Elderly (P.A.C.E.) currently operating at Homer Phillips Hospital.

It is our understanding that the 47 people in this program, serviced by 8 employees, includes persons suffering from the following: Arthritis, Strokes, Heart Disease, Diabetes, Parkinsons and Alzheimer Diseases, and Amputations. Day Care forestalls, and for some prevents, need of acute care in a hospital.

Surely, the economic dictate to stretch available dollars to maximum use should influence you to conclude that the other available methods of caring for these frail, elderly people has a higher price tag.

We are urging you to maintain P.A.C.E. because the State of Missouri has finally begun to realize that it can support 3 persons in the Day Care/Day Treatment setting for the same amount of money required to support persons in a nursing home. This provides the potential of financial help to P.A.C.E.

Presently, there is a bill in the Legislature very near passage which would provide some state funds for the City's P.A.C.E. program. Even without this bill, the recent Block Grant Federal Funding process provides authority for the State to spend its money on alternatives to nursing home care. Several of us in the Legislature are working to get this kind of help for P.A.C.E.

Because P.A.C.E. is a more humane approach, because once it is dismantled, it will be very difficult to reorganize, and because you are naturally quite concerned about people, we recommend that you read the enclosed material about P.A.C.E. and exert all the influence you have to continue and even increase its use. The need in North St. Louis is reportedly very pressing.

Sincerely,

Russell Goward

De Verne Calloway

Charles Q. Troupe

Johnnie S. Aikens

DC:jw

Enc.

She used Mrs. Robins letter and other material I sent her and their center was Saved! LOL

5-9-93

Ms. Williams,

Sometime, if Mrs Clinton would wish to do this, it would be wonderful to honor Rep. Be Verne Collaway posthoursmously, for her Superb efforts in health care, but most especially for making it possible for people to remain home.

(sic) LOL

I have much information from the papers in D.C. and St. Louis at the time of her death last Jan.

She was the first black woman member of the Mo. Leg! We kept in touch until she died.

LOL

February 2, 1993

Ms. Laurelle O'Leary
6421 Brookside
Kansas City, Missouri 64113

Dear Ms. O'Leary:

Here is the information about DeVerne Calloway that I promised to send to you. I'm sorry it took me so long to get it in the mail; I wanted to send you as much as I could possibly find.

I checked into the tribute "bust" that I mentioned (I walked around the Capitol building looking for it!) and found out that Ms. Calloway's name was submitted for consideration of a tribute bust, but she has not been selected as of yet.

I hope that you find this information both informative and helpful. I think it is really neat that you were lucky enough to know such a wonderful, ambitious lady! If I can be of any further assistance to you, please contact me in Representative Scheve's office at (314) 751-9472.

Sincerely,

Dayna M. Stock

Dayna M. Stock
Legislative Intern

cc: Jean Haley

Politics

ANNIE WHITE BAXTER

ANNIE WHITE BAXTER

Annie White Baxter made history in Carthage, Missouri, on November 4, 1890, when she won election to the office of Jasper County Clerk – thirty years before women could vote. She ran on the Democratic ticket and was elected by the men of Jasper County. She became the first woman in Missouri elected to a public office; the second in American history.

Annie White was born in Pittsburgh, Pennsylvania, on March 2, 1864, the daughter of John B. and Jennie Black White. Her father worked as a cabinetmaker.

The family moved in 1866 to Newark, Ohio, and ten years later to Carthage. John White opened a furniture factory at Mound and Meridian in Carthage.

Annie attended Carthage High School, where she graduated in 1882 as one of six graduates. The first person to speak at the exercises, she used a "Bunch of Keys" as her subject.

After graduation, she went to work as a clerk for County Clerk George Blakeney. She later served in the offices of Recorder J. P. Newell, Collector J. F. Daugherty, and County Clerks John N. Wilson and Jesse Rhoads.

On January 19, 1888, Annie White married Charles W. Baxter, an employee of R. H. Rose Department Store. They lived on Howard Street. Annie quit working briefly but resumed employment on a temporary basis and eventually accepted the position of deputy to County Clerk Rhoads. At the county convention in 1890, the Democrats, all men, nominated Annie Baxter as county clerk.

The *Carthage Press* (Republican) and the *Democrat* picked up on the campaign, with the *Democrat* praising Annie. The *Press* cited the use of the pronoun "he" in the statutes dealing with public office which would make it illegal for a woman to hold office. When the votes were counted, Annie won by a plurality of 438 votes. Julius Fischer, a clerk in a bank in Joplin, who was defeated by Annie, filed an election challenge on the grounds that Annie's votes were not legal because of her sex.

The challenge went to Greene County Circuit Court, which court ruled that "Fischer did not receive a plurality of the legal votes cast for the office of county clerk of Jasper County, Missouri . . . Baxter . . . did receive a plurality of the legal votes cast . . . and is now holding said office." In other words, Fischer, having lost the election, was not entitled to the office. Annie Baxter had been elected. Fischer became liable for the costs Mrs. Baxter had incurred in defending herself.

State officers commended Annie as the best county clerk in the state, and the governor appointed her an honorary colonel. She later became known as Colonel Baxter.

During her term of office, the county completed the plans for construction of a courthouse and the work began. A secondary courthouse in Joplin also was started. She supervised elections required to approve bonds and authorized courthouse construction. Renominated for a second term, she lost to a Republican landslide.

The Baxters moved to Jefferson City, and Annie found employment in state government. When Cornelious Roach became Missouri's secretary of state, Annie worked for him from 1908 to 1916 as registrar of lands. She received praise for her unusual efficiency and particularly for a complete reorganization of the staff and record-keeping techniques.

Annie later worked as personal secretary for Dean James T. Quarrels of the School of Fine Arts at the University of Missouri, Columbia. She died June 28, 1944, at Jefferson City.

—Eleanor Coffield

REFERENCES

Carthage Evening Press, March 2, 1971.

Priddy, Bob, "Across our wide Missouri, God Bless Annie Baxter! - before women could vote, she won elected office," *Missouri Life* 10 (May-June 1982): 20-22.

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DEVERNE LEE CALLOWAY

India DeVerne Lee was born on June 17, 1916, in Memphis, Tennessee, the oldest of the four children of Charles Howard and Sadie Mae White Lee. She attended the Seventh Day Adventist Grammar School, Booker Washington High School, and Lemoyne-Owen College in Memphis. DeVerne majored in sociology and English at Lemoyne and received the A.B. degree in 1938. While in college, she did volunteer work with a settlement house in Memphis and with the Southern Tenant Farmers Union, organizing sharecroppers. She later did graduate work at Atlanta University and Northwestern University, Evanston, Illinois, and took special courses at Pioneer Business Institute in Philadelphia, Pennsylvania, and at Pendle Hill, a Quaker school in Pennsylvania.

After receiving the A.B. degree, DeVerne taught school in Vicksburg, Mississippi, and at the Hasley Institute in Cordele, Georgia. She moved to Pennsylvania and worked as a secre-

tary for a judge in Philadelphia from 1940 to 1941; through her work she became interested in politics. During her stay in Philadelphia, she helped arrange precinct meetings and worked for the reelection of a Republican judge.

DeVERNE CALLOWAY

After the United States entered World War II, DeVerne combined her desire to serve her country and to travel by working for the USO in Philadelphia and Fort Huachuca, Arizona. In 1942, she joined the American Red Cross and worked in Calcutta, India, the headquarters of the China-Burma-India theater during the war. Her work with black soldiers reinforced her awareness of and outrage at the discrimination against and segregation of blacks by the Red Cross clubs in Calcutta, and she led a protest against the segregation.

After the war, DeVerne moved to Chicago and began working as a writer. She worked for *Our World* magazine, supplying stories with photographs to the New York headquarters. When the magazine went out of business, she worked as a secretary and bookkeeper for the Fair Employment Practices Council, the Jewish Welfare Fund, and the Health Department of Chicago. She continued writing in her spare time. DeVerne met Ernest Calloway, a union organizer, while working as a secretary, and they were married in Chicago in 1948. Ernest later became the director of research for Teamsters Local 688 in St. Louis and a professor of Urban Studies at Saint Louis University.

The Calloways moved to St. Louis in 1950, and DeVerne became involved in Democratic party politics, the NAACP, and other civil rights activities in the city. She worked as a volunteer on both the Adlai Stevenson and the W. Averell Harriman 1952 primary presidential campaigns. Ernest was elected president of the St. Louis NAACP in 1955. The Calloways edited and copublished the *Citizen Crusader* (later the *New Citizen*) from 1961 to 1962, which covered black politics and civil rights activities in St. Louis.

DeVerne ran for her first elective office as state representative from the former 13th District (later the 70th and 81st districts) in November 1962 and won, becoming the first black woman elected to the Missouri legislature. DeVerne saw her role as "an advocate of the urban area" and as a catalyst within the black legislative caucus. While in the house, she worked to increase state aid to public education and to improve welfare grants and services for dependent children, the blind, disabled, and elderly.

President John F. Kennedy invited her to meet with three hundred other women leaders in 1963 at the White House to discuss legislative proposals relating to civil rights that the president felt women's organizations could address. In 1978, President Jimmy Carter named her to a presidential advisory commission to recommend a replacement for William H. Webster's vacant judicial seat on the 8th U.S. Circuit of Appeals.

As an advocate of reproductive rights for women, she cosponsored a bill to reform Missouri's abortion law in 1970. Her committee assignments reflected her interests and she served on the house committees on education, public health and safety, social security, welfare, Medicaid, insurance, elections, and accounts. She chaired the federal-state relations, education, and state institutions and properties committees, and served as secretary of the legislature's Democratic caucus.

Mrs. Calloway won her tenth consecutive term to the Missouri house in November 1980, and retired after twenty years of public service. During her two decades of legislative service, she defended the rights of African-Americans, the elderly, the poor, and women. She received over fifty awards for her civic and legislative work, including an honorary Doctor of Laws degree from the University of Missouri-St. Louis.

DeVerne served on community boards, including the Leukemia Guild, St. Louis Nursery Foundation, and the Union-Sarah Economic Development Corporation. She has been a member of the YWCA, National Council of Negro Women, Order of Women Legislators, Americans for Democratic Action, the 18th Ward Regular Democratic Organization, and a life member of the National Association for the Advancement of Colored People.

—*Patricia L. Adams*

REFERENCES

Calloway, DeVerne. Papers. Western Historical Manuscript Collection, University of Missouri-St. Louis.

——. Oral history interviews, September 9, 1971, and February 23, 1983, WHMC-St. Louis.

State of Missouri, Official Manual, 1981-1982. Jefferson City: Von Hoffman Press, Inc.

Who's Who Among Black Americans, 1980-1981. Lake Forest, Ill.: Who's Who Among Black Americans, Inc.

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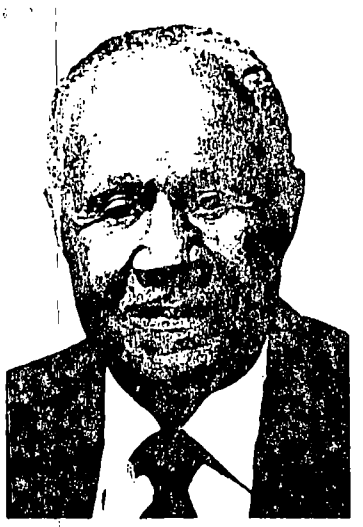
District Number 79—Part of St. Louis City. Population, 28,719.



NATHANIEL (NAT) J. RIVERS (Democrat), born in Cache, IL. Educated in the Sumner High School, Cairo, IL, Southern Illinois University-Carbondale and St. Louis University. Married Audrey T. McCoy, June 1, 1940, at Union. They have one daughter. He is a real estate and insurance broker; member, board of directors of Mid-City Rental Co., Union-Sarah Community Corporation, West Side Redevelopment Corporation, West End Congress, Union-Sarah Economic Development Corporation, and West Side Community Gardens; member, Masonic Lodge; Elks; 79th District Civic and Improvement Organization; 26th Ward Social Club, Inc. Recipient of the St. Louis, Citizens Award in Community Service, 1979; Harris-Stowe College Award in recognition of concern for Higher Education and Human Development, 1978 and the Dr. Martin Lugher King Jr. Human Rights Award, 1979. Elected to the House of Representatives in 1968, reelected in 1970, 1972, 1974, 1976, 1978 and 1980. Address: 5475 Cabanne Ave., Apt. 814, St. Louis 63112.

Committees: Interstate Cooperation (chairman); Fees and Salaries; Motor Vehicle and Traffic Regulations; Revenue and Economics; Missouri and St. Louis Airport; Interstate Human Resource.

District Number 80—Part of St. Louis City. Population, 28,947.

ELBERT A. WALTON JR. (Democrat), born February 21, 1942. Attended Harris Teachers College, St. Louis, A.A. degree, University of Missouri-St. Louis, B.A., Washington University, M.B.A., and St. Louis University School of Law, J.D. He is a practicing attorney and at the time of his election was provisional judge of the Municipal Court, City of St. Louis. Married, he and his wife Juanita have three daughters. Served in U.S. Naval Reserve. Member of Mound City, Missouri and National bar associations; Accounting Associations; Omega Psi Phi and Phi Delta Phi legal and Beta Alpha Psi accounting fraternities; and Wesley House Neighborhood Services Corp. board. Recipient of "Outstanding Young Man of America", "Citizen of the Year", "Outstanding Achievement" and "Outstanding Service" awards. Elected to the House of Representatives in 1978 and reelected in 1980. Address: 2735 Coleman, St. Louis 63106.

Committees: Judiciary (vice chairman); Civil and Criminal Justice; Elections; Fees and Salaries.

District Number 81—Part of St. Louis City. Population, 28,844.

DeVERNE LEE CALLOWAY (Democrat), born June 17, 1916, in Memphis, TN. Educated in the Seventh Day Adventist Grammer School and LeMoyne College, Memphis. She did graduate work at Atlanta University, Atlanta, GA, and Northwestern University, Chicago, IL, special courses at Pioneer Business Institute, Philadelphia, PA, and Pendle Hill, a Quaker School in Wallingford, PA. She has an A.B. degree in English. Married to Ernest A. Calloway. She is a member of the Eighteenth Ward Regular Democratic Organization. Was elected to the House of Representatives in November 1962. Now serving her tenth term. Address: 4309 Enright, St. Louis 63108.

Committees: Ethics (vice chairman); Education-Elementary and Secondary; Retirement; State Institutions and Property.

5-9-93

Ms. Williams,

I regret to have to say that I trust that Mrs. Clinton's Task Force, will not embrace gigantic hospital systems such as this one!

We have had a bad experience with their sponsorship of four Adult Day Care Centers, which they heartlessly opened, Covers and then closed, throwing many of the patients into nursing homes. Usually they gave less than a 30 day notice!

The final center was their first, which they used to obtain a Certificate of need to build an out-patient clinic! After being turned down 3 times by the State!

Laurelle Oleary

Kansas City Star — by Jean Haley 10-1-94

Unfortunate closing

It's not true that most families using the Research Adult Day Center in Downtown Kansas City have found other services to take care of their frail relatives. Health Midwest, operators of the facility, decided to close it and gave people less than a month to make other arrangements. Yesterday was its final day.

Respite help, by its nature, is almost an emergency service. The good people who are the caregivers for their elderly parents, grandparents and other relatives or families with developmentally disabled members must budget their time religiously.

They don't have the leisure to spend days putting together a collection of helpers to step in and take care of the dependent relative; if they did, they wouldn't need day care in the first place. Moreover, the number and geographical location of adult centers is limited.

The truth is, the matter was an economic decision. The corporate entity, Health Midwest, couldn't make a profit on the specialized service. In the world of competitive health care, such a cut is just one of those things. For public consumption, a rosy picture of clients happily settled elsewhere has been painted. It's a fake.

Most of the 52 people were forced into nursing homes!!

BEGINNING TODAY, KANSAS CITY HAS 11 FEWER HOSPITALS COMPETING FOR YOUR BUSINESS.

ESCALATING COSTS. LIMITED ACCESS. MILLIONS WITHOUT INSURANCE. TOO MANY TESTS. TOO LITTLE CARE. THESE ARE SYMPTOMS OF A SICK HEALTH-CARE SYSTEM. AND IT'S NOT IN SOME UNDEVELOPED COUNTRY, BUT RIGHT

AS THE AREA'S LARGEST HEALTH-CARE PROVIDER, WE HAVE THE RESOURCES AND THE RESPONSIBILITY TO DO SO: 11 HOSPITALS, 1,500

WE PLEDGE: TO MAKE OUR HOSPITALS RESPONSIVE BY MATCHING OUR PRIORITIES TO YOURS.

TO HELP YOU STAY HEALTHIER WITH SCREENINGS, PROGRAMS AND CLASSES.

TO TREAT YOU WITH FRIENDLINESS,

UNDEVELOPED COUNTRY, BUT RIGHT HERE IN AMERICA.

YET, WHILE THIS FEVER RAGES, HOSPITALS ARE FIGHTING ONE ANOTHER TO FILL BEDS. IT'S WRONG. THAT'S WHY THE HOSPITALS OF HEALTH MIDWEST WILL NO LONGER COMPETE AGAINST EACH OTHER. RATHER, WE WILL COMPETE TOGETHER FOR YOUR HEALTH. WE WILL DIRECT OUR EFFORTS TO FIGHT THE REAL COMPETITION: ILLNESS, INJURY, SPIRALING COSTS AND ALL THAT STANDS IN THE WAY OF OUR COMMUNITY'S WELL-BEING.

PHYSICIANS AND 8,400 NURSES, TECHNOLOGISTS AND EMPLOYEES.

IN THE COMING WEEKS, WE'LL BE SPEAKING OUT ON HOW WE INTEND TO BE A PART OF THE SOLUTION, NOT THE PROBLEM.

TO TREAT YOU WITH FRIENDLINESS, SENSITIVITY AND COMPASSION.

TO REDUCE COSTS THROUGH EFFICIENCIES THAT ONLY A SYSTEM SUCH AS OURS CAN ACHIEVE.

FINALLY, TO WORK WITH ANYONE AND EVERYONE, IN AN EFFORT TO MAKE HEALTHCARE IN KANSAS CITY WORK BETTER FOR US ALL.

HEALTHCARE MUST CHANGE FOR THE BETTER. IT STARTS HERE WITH OUR 11 HOSPITALS, AND IT STARTS TODAY. BECAUSE THE REAL COMPETITION – ALL THAT KEEPS US FROM GOOD HEALTH – DEMANDS IT.

HEALTH MIDWEST

They operate 11 hospitals here!

Research Medical Center · Baptist Medical Center · Trinity Lutheran Hospital · Medical Center of Independence · Lee's Summit Hospital
Research Belton Hospital · Cass Medical Center · Lafayette Regional Health Center · Research Psychiatric Center · Allen County Hospital · The Rehabilitation Institute
Affiliated with: American Healthcare Systems · Association of Independent Hospitals · Park Lane Medical Center · University of Kansas Medical Center

WHAT HOSPITALS OUGHT TO BE FILLING ARE THEIR COMMUNITIES' NEEDS.

LET'S PUT ONE THING TO REST RIGHT NOW. HOW MANY BEDS A HOSPITAL FILLS HAS LITTLE TO DO WITH HOW RESPONSIVE IT IS TO THE COMMUNITY. UNFORTUNATELY, TOO MANY HOSPITALS ARE STILL PREOCCUPIED BY OCCUPANCY RATES.

THESE UNUSED BEDS TO OUTPATIENT SERVICES AND TESTING UNITS.

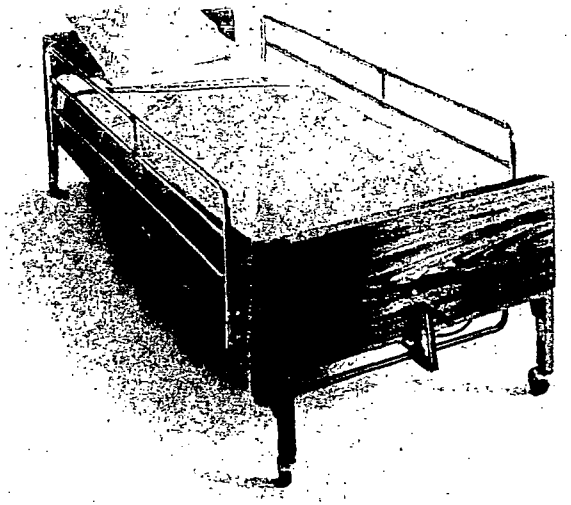
OUR SYSTEM INCLUDES SPECIALTY SERVICES AND HOSPITALS FOR PSYCHIATRIC CARE AND REHABILITATION. HERE, EXPERIENCE IS CONCENTRATED

EVEN MORE. OUR CONSOLIDATED OWNERSHIP ENABLES US TO ACQUIRE IT, WHEN MANY INDIVIDUAL HOSPITALS MIGHT NOT BE ABLE TO.

WELLNESS AND PREVENTION PROGRAMS ARE KEEPING OUR COMMUNITY *OUT* OF HOSPITAL BEDS. FROM HEALTH EDUCA-

HEALTH MIDWEST, HOWEVER, HAS CREATED A HEALTHCARE SYSTEM TO SERVE THE PUBLIC, NOT SUPPLY ROOM AND BOARD. WE'VE REDEFINED OUR HOSPITALS FOR THE FUTURE. CONSEQUENTLY, WE CAN BEGIN DOING WHAT IS GOOD FOR THE COMMUNITY, NOT JUST WHAT IS GOOD FOR THE HOSPITALS.

MORE OUTPATIENT CARE IS ONE OF THOSE THINGS. NEARLY HALF OF OUR COMMUNITY'S HOSPITAL BEDS ARE EMPTY. HEALTH MIDWEST HAS BEEN AGGRESSIVE IN CONVERTING



TO PROVIDE THE MOST EXPERT TREATMENT POSSIBLE.

CERTAINLY THE COMMUNITY NEEDS ACCESS TO THE LATEST TECHNOLOGY THAT CAN REDUCE HOSPITAL STAYS

HEALTH MIDWEST

TION FOR TEACHERS, TO FREE HEALTH SCREENINGS FOR THE PUBLIC, TO WOMEN'S SYMPOSIUMS, TO OSTEOPOROSIS EDUCATION, TO CENTRAL CITY PHYSICIAN OFFICES, HEALTH MIDWEST IS PROMOTING THE COMMUNITY'S WELL-BEING.

ADVANCES IN CARE AND CONCERNS OVER COST WILL CONTINUE TO DRIVE HOSPITAL OCCUPANCY RATES DOWN. AT HEALTH MIDWEST, WE'RE NOT LOSING SLEEP OVER EMPTY BEDS. RESPONDING TO OUR COMMUNITIES' NEEDS KEEPS US QUITE OCCUPIED.

Research Medical Center · Baptist Medical Center · Trinity Lutheran Hospital · Medical Center of Independence · Lee's Summit Hospital
Research Belton Hospital · Cass Medical Center · Lafayette Regional Health Center · Research Psychiatric Center · Allen County Hospital · The Rehabilitation Institute
Affiliated with · American Healthcare Systems · Association of Independent Hospitals · Park Lane Medical Center · University of Kansas Medical Center

5-9-93

Ms. Williams:

Rosemary O'Leary, who was in your class at Siena, wrote this. I am only including the 1st page. She wrote the top award in her field of Public Admin for her publication. She is a lawyer and a Ph.D.

Laurelle O'Leary

Public Managers, Judges, and Legislators: Redefining the "New Partnership"

Rosemary O'Leary, Syracuse University

Charles R. Wise, Indiana University, Bloomington

What are the implications of the Supreme Court's Missouri *v.* Jenkins *decision for American public administration? In that landmark 1990 decision, the Court affirmed a federal district court order imposing local property tax increases for Kansas City, Missouri, residents as a means of raising funds for desegregation efforts by the local school district. In this article, Rosemary O'Leary and Charles Wise examine the significance of that decision for the "new partnership" that has emerged in recent decades between judges and administrators. Based on interviews with residents and school district personnel as well as archival and legal research, the authors find that the decision has recast the role of public administrators operating under court orders. In this case, court decisions empowered and legitimized actions by school administrators, as well as enhanced resources available to the school system. Equally important were the decision's impacts on the ability of local administrators to set priorities and control implementation. In addition, interorganization relations have become problematic and new accountability mechanisms pose constant challenges. O'Leary and Wise also observe that by sanctioning court-ordered taxation,* Missouri *v.* Jenkins *may have also expanded the new partnership into a "new triumvirate" that includes legislative bodies. Whatever form these new relationships take, however, it is clear to the authors that the courts are the senior partners.*

On September 15, 1987, United States District Court Judge Russell Clark ordered a doubling of property taxes in Kansas City, Missouri, in order to aid in the desegregation of the school system. Nine thousand Kansas Citians voiced their disapproval by paying their property taxes under protest, while others responded by staging a series of "tea parties" to complain about "taxation without representation." Two and one-half years later in the landmark decision of *Missouri* v. *Jenkins*, a majority of the U.S. Supreme Court surprised many by supporting Judge Clark's actions in part. It upheld the authority of a federal judge to order a local government to levy a tax increase in order to remedy constitutional violations, even though state laws prohibited such a tax increase.

Although the case has immense fiscal implications, the significance of *Missouri* v. *Jenkins* for public administration extends beyond its consequences for fiscal policy. It has broad implications for the increasingly important aspect of American governance embodied in the relationships between judges and public administrators—the so-called "new partnership." The thrust of this article is that *Missouri* v. *Jenkins* demonstrates that the relationship between judges and public administrators has evolved to a new level with profound effects.

The New Partnership

Judge Bazelon (1976), who coined the term "new partnership," called for judges and administrators to work collaboratively to assure fair implementation of public policies. The view of harmonious collaboration has not gone unchallenged. Melnick (1985), among others, held a little over a decade later that the new partnership had evolved into a cover for judicial usurpation of administrative power. The evolution of the new partnership has proceeded apace in many areas of public administration including schools, prisons and jails, and mental health facilities. An examination of *Missouri* v. *Jenkins*, however, yields the conclusion that the new partnership involves a more complex set of relationships than connoted by either simple collaboration or usurpation; rather, the case signifies a transformation of the positions of judges, administrators, and also legislators brought about by the evolution of the new partnership.

5-8-93

This will open this summer and will be intergenerational with their fabulous Child Development Centers (Child Care)

Lauralee O'Leary

I like my friends, here. They've lived through the same things I have. They don't let me give up.

-- Participant

I used to worry about Mom being alone in the house, especially when she started using the wheelchair. I'd come home from work feeling guilty and she'd feel lonely. Now that she's going to the adult day center, she's so full of news of her day that I can't get a word in edgewise!

-- Participant's daughter

Saint Joseph Adult Day Center
621 Carondelet Drive
Kansas City, MO 64114

Saint Joseph Adult Day Center

SHARING THE CARING: We help you care for a family member or friend. Our professional staff work with you in defining individual needs and planning how to best meet those needs through Saint Joseph Adult Day Center. Participants may come to the center full- or part-time for activities and health services. This is their opportunity to find new friends and a new focus. They are encouraged to enter into life to the fullest extent of their abilities, while getting the support and supervision they may require.

GROWING THROUGH DOING: Each day is a time of motivation and enrichment. Group and individual activities include discussions, exercise, music, drama, reminiscence, outings, volunteer projects, cooking, adapted sports, card games, holiday projects, and more! A special feature is our activities with the children from Saint Joseph Health Center Child Development Center.

Services also include nursing supervision; help with medicines; help in the restroom; other personal care; physical, occupational, and speech therapy; and a meal and snack adapted for special diets. Transportation is available.

WHO ATTENDS? Most participants need some help with activities of daily living or use walkers or wheelchairs. Some require rehabilitation therapy. Some may be incontinent or just need reminders to go to the restroom. Some may need special guidance to deal with confusion. Many need the structure our day offers.

FAMILY FOCUS: Caregiving at home can be one of the most demanding experiences your family will ever face. As we become part of your caregiving team, we are here for you, to listen and encourage. We can help you learn more about coping with your situation and help you find other needed resources.

Adult day care gives John the structure he needs in his day. It also gives his wife some time to rest, so that she can have more strength for caregiving when he comes home.

-- Participant's physician

Marge has really blossomed in the adult day center. Their expectation that she can do things helps her so much.

--Participant's pastor

Saint Joseph Adult Day Center

943-4747

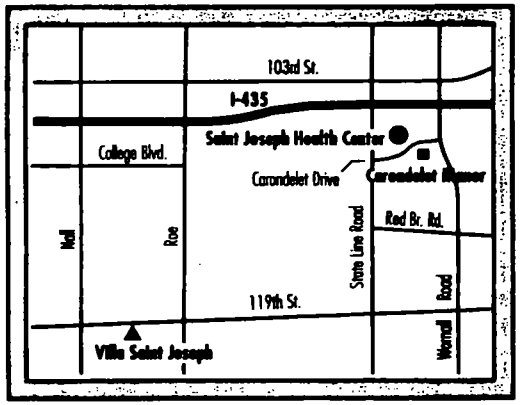
when it's time to care for someone who cared for you

STAFF: We are all specially trained to understand aging and disabilities. We know how to sensitively respond to frailties, communication problems, occasional agitation or depression, and low motivation in participants. Staff are also trained in CPR and first aid.

GETTING STARTED: We try to make admissions as easy as possible. We can meet with you at home, in the hospital, or at the center. You decide how much care is needed. Half-day or full-day services are tailored to your schedule. There is a small scholarship fund for those who need help with adult day center fees. We are also applying to become a Missouri Medicaid provider.

CALL TODAY! 943-4747

LOCATION: You can find us accross the street from Saint Joseph Health Center, in Carondelet Manor. Park in the lower lot and enter through the Saint Joseph Adult Day Center door on the south side of Carondelet Manor.



Admission and services are provided without regard to race, color, national origin, sex, age, disability, or religious preference.

Saint Joseph Adult Day Center

Affiliated with
Saint Joseph Health System,
part of a national network
sponsored by the
Sisters of Saint Joseph
of Carondelet