MINUTES

JOINT COMMITTEE ON CHILDREN'S ISSUES

October 24-26, 2001
Room 231-N—Statehouse

Members Present

Representative Brenda Landwehr, Chair
Senator Sandy Praeger, Vice Chair
Senator Paul Feleciano, Jr.
Senator David D. Jackson
Senator Nick Jordan
Senator Janis K. Lee
Representative Sue Storm
Representative Dixie Toelkes
Representative Bob Tomlinson

Members Absent

Representative Gerry Ray

Staff Present

Emalene Correll, Kansas Legislative Research Department
Hank Avila, Kansas Legislative Research Department
Rae Anne Davis, Kansas Legislative Research Department
Mike Corrigan, Revisor of Statutes Office
Renae Jefferies, Revisor of Statutes Office
Almira Collier, Committee Secretary

October 24
Morning Session

The meeting was called to order by the Chair at 10:00 a.m.

A motion was made and seconded to approve the minutes of the August 15-16, 2001 meeting. Motion carried.

Staff reviewed the Committee agenda and noted the following items in the Committee folders:

- Notes from the Breakout Discussion Groups at the Kansas Child Welfare Summit held October 6, 2000, in Salina, Kansas (Attachment 1).

- "The Kansas Child Welfare System Where Are We; Where Should We Be Going?" published by Kansas Action for Children Inc. (Attachment 2).

The Chair asked Committee members to submit possible dates for a two or three-day meeting in November since the scheduled dates are not feasible. Committee recommendations and requests for proposed legislation drafts will be discussed at this meeting. Copies of recommendations and bill drafts can be mailed in December.

HealthWave

First Guard. Joy Wheeler, Executive Director, FirstGuard Health Plan, a managed care organization sponsored by Swope Parkway Health Center, a federally qualified community health center in Kansas City, presented written testimony (Attachment 3). The testimony included information about FirstGuard, how FirstGuard became involved in Kansas, and FirstGuard's involvement in Kansas over the past two years. Ms. Wheeler noted, since taking over Horizon Health Plan, membership has increased 148 percent for a total enrollment of 72,600 – 49,000 in Title XIX and 23,600 in Title XXI. Initiatives and activities pursued by FirstGuard have included establishing offices in Topeka and Wichita, participating with the Department of Social and Rehabilitation Services in marketing efforts, increasing the provider network, conducting provider education meetings, expanding the website to support physician's needs, and revising the membership ID card. All new members receive a welcome call from Customer Care representatives who also access transportation providers to arrange transportation to and from providers and for prescription pick-up, assist people through the new program transition issues, and assist members to get appropriate response from MAXIMUS, Doral Dental, or the Consortium. Satisfaction survey results are above the national average for children and at the national average for adults. It is generally understood that adults are much less satisfied with the experience they have, particularly in encounters with providers, as compared with their satisfaction for the provider encounters with their children.

The following challenges, which require aggressive and ongoing focus, were noted by Ms. Wheeler:

1. Eligibility gaps and changes which cause breaks in continuity of care;

2. Network stability;

3. Developing a seamless network;

4. Status of future financial intermediary;

5. Immediate stabilization of enrollment processes by the new processor;

6. Service issues with other vendors beyond FirstGuard's control, that reflect adversely on FirstGuard Health Plan;

7. HIPAA implementation deadlines; and

8. Provider reimbursement levels well below the national average.

In response to questions relating to 2 and 3 above, the conferee stated some reasons providers do not participate are their perception of and total lack of experience with managed care and HMO processes, reimbursement issues, and varying degrees of acceptance about serving children in the Title XIX and Title XXI population. Addressing these issues requires educating physicians. Physician willingness to participate in both programs is needed to provide a seamless network which is important since a family may have children in both programs. There is a Title XXI program in every county, but not all programs are at the desired level. Salina, Garden City, Liberal, and rural health clinics are challenging markets since there has been little if any experience with managed care, making it difficult to understand the system. Hospitals particularly have had a very difficult time understanding pre-authorization and how the hospital interfaces with health plan programs. However, progress is being made in these geographic areas. Another issue is concern about the change in the financial intermediary, especially to providers in one area.

Ms. Wheeler, answering a question relating to 4 above, stated, although historically the financial intermediary has been Blue Cross, the contract is up for bid and there will be systems changes July 1, 2002, that can have major impacts on the health plan and providers who have a long standing relationship with Blue Cross as the intermediary.

Later in the meeting, Brad Smoot, Blue Cross-Blue Shield, in responding to the status of Blue Cross on the fiscal provider issue, said Blue Cross of Kansas is part owner of Premier Blue, an HMO. A federal regulation prohibits any entity having an HMO from being the Medicaid Management Information Systems administrator. When Blue Cross entered the partnership to create Premier Blue, it was not aware it would be precluded from bidding. Although lawyers disagree about the proper interpretation of the federal regulation, the interpretation of the Department of Social and Rehabilitation Services has precluded Blue Cross from bidding this year. There have been at least two responses – First Health and EDS – to the request for bids. Regardless of who receives the contract, there will have to be systems changes due to the requirements of the Health Insurance Portability and

Accountability Act and the administrative simplification requirements the federal government is imposing on everyone, including Medicaid. Any change creates concern, but the concerns are probably greater when there is also a change in provider.

Mr. Smoot distributed a copy of an article entitled, "Federal act, state RFP determine company's future with Medicaid program" to the Committee (Attachment 4) .

Dr. Day, later in the meeting, explained the Department of Social and Rehabilitation Services began getting ready for the changes made by the federal privacy legislation two years ago. When the plan and cost estimate to become compliant with the required changes was submitted to the federal agency by Blue Cross, the fiscal intermediary, as required, the federal agency refused to pay for the conversion because of the high cost and suggested the procurement of a new system. The current Blue Cross system utilizes Legacy, a hard code system based on an old technology, that has made it difficult and time consuming to make changes or additions to the system. A request for proposals has been issued for a new system with specific criteria, including a relational table driven system, allowing changes to be made more rapidly, and a pharmacy management component. The requirements include a mandate for the successful bidder to run the current system from July 1, 2002 to June 30, 2003, and then bring up the new system. Blue Cross was precluded from bidding based on federal rules prohibiting a managed care company from serving as the fiscal intermediary because, in essence, it would be handling eligibility, enrollment processes, and payments for what could be considered a competitive provider.

In response to a question, Ms. Wheeler stated a grassroots marketing campaign is important to the success of HealthWave. Working through local groups is most effective since these groups know and understand the populations the program is trying to reach and are trusted by these populations. Responding to further questions, she stated the claims timely filing requirement for HealthWave was extended in answer to physicians' concerns that it would be more difficult and take more time to validate eligibility in the combined program. In relation to number 6 of challenges listed above, the conferee stated the dental and mental health areas are carved out of HealthWave. A prior authorization is not needed to access these services. Material given to FirstGuard members includes how to access these services. However, the ID card says FirstGuard Health Plan on the front so even though Doral Dental and the Consortium are listed on the back of the card, people tend to call FirstGuard. FirstGuard refers them to the appropriate vendor, but people will call FirstGuard again if they are dissatisfied. These calls are difficult for FirstGuard's Customer Care staff since they cannot resolve the issues or meet the customer's expectations that the health plan provider will help them with whatever their needs are. The conferee was asked to provide the Committee with the number of calls referred to Doral Dental and the Consortium, how many call back indicating dissatisfaction with the vendor's response, and a list of the reasons given for the dissatisfaction.

Noting a major concern when starting Title XXI was that each child have a medical home, a question was raised about how this is to be achieved when two services are carved out of the Health Plan. Ms. Wheeler stated, for physical health, the primary care physician is the medical home, but no managed care program requires the primary care physician to make a referral for dental or mental health services. Inclusion of a record of dental or mental health services in the primary care physician's records depends on communication from the dentist or the mental health provider and, in the latter instance, the recipient must give approval for the sharing of information. It was also noted FirstGuard has no control over the

medications prescribed by the dentist or mental health provider, but is responsible for the cost of these medications which can be high. Sometimes, through the management of pharmacy records, FirstGuard can pick up on issues such as a patient being prescribed a medication that is in conflict with a prescription from another provider. In this instance, FirstGuard calls and asks if the provider is aware of the situation.

Ms. Wheeler stated the Guardian Angel Program, a response to the need for timely prenatal care and low birth weight issues for the populations served, includes various sources for identifying pregnant women early in the pregnancy; prenatal outreach; identifying high risk and priority cases; providing appropriate services, post-partum follow-up, and discharge planning; well child care management; and data collection. Services are provided by obstetricians and gynecologists in the network in conjunction with FirstGuard's maternal and child health care nurses. A key to this program is the physician notifying FirstGuard a member is pregnant. FirstGuard also has a medical social case management program to utilize a network of people, including organizations and agencies, to provide direct services in all the markets across the state. Ms. Wheeler was asked to provide the Committee with a list of organizations FirstGuard nurses call to provide direct services.

In response to a question, the conferee stated FirstGuard continues to work on eligibility for pregnant women, getting them into the network immediately, and making sure there is continuous care when eligibility status changes. There is a significant cost that relates to pregnancy when the woman does not get into the system early for adequate prenatal care.

The following materials were included in the FirstGuard packet distributed to Committee members:

- Provider Directory (available from FirstGuard);
- Member Handbook (available from FirstGuard);
- Map showing location of Kansas Title XIX Primary Care Physicians (Attachment 5);
- Map showing location of Kansas Title XXI Primary Care Providers (Attachment 6);
- Material on the Guardian Angel Program, a maternal-child health program (Attachment 7);
- The Web Site User Manual for Providers (available from FirstGuard);
- The Credo of the FirstGuard Health Plan (Attachment 8);
- Copy of the Winter/Spring 2001 FirstGuard newsletter for members, "Heart and Soul" (Attachment 9); and
- Copy of the Summer 2001 FirstGuard newsletter for providers, "First News" (Attachment 10).

Kansas Children's Service League. Jim Redmon, Vice President for Prevention and Community Services, Kansas Children's Service League, presented written testimony, including background information on the Kansas Children's Service League, its range of programs, and information relating to the Kansas Covering Kids program, and what has been accomplished through this program (Attachment 11). The continuum of care at the Kansas Children's Service League begins with recognition of the investment value of prevention and early intervention programs. The next level of the integrated continuum is support services to help families build on their strengths, stay together if possible, and become more self-sufficient. The continuum extends to direct community-based services for children in need of care and juvenile offenders. The Kansas Children's Service League Advocacy Department has led the way in defining child advocacy among not-for-profit service providers in Kansas and throughout the United States.

Speaking directly about the Kansas Covering Kids Project, Mr. Redmon noted many Americans are not aware of public and private sector health coverage available for children in working families. Under enrollment is also due to the complexity of the application process, the perceived stigma attached to public coverage, disruption of continuous coverage due to categorical changes in eligibility, and the lack of seamless coordination across public and private sector programs that provide services for children. To address the compelling need to reduce the number of uninsured children, The Robert Wood Johnson Foundation in 1997 established "Covering Kids: A National Health Access Initiative for Low-Income, Uninsured Children" to help states and local communities address the issue. Kansas Covering Kids initiative focuses on three goals:

1. The design and conduct of outreach programs that identify and enroll eligible children in Medicaid and other health coverage programs;

2. A simplified enrollment process; and

3. The coordination of existing programs for low-income children.

The Kansas Covering Kids project, designed to increase enrollment of hard-to-reach uninsured families in HealthWave, includes local pilot sites in three areas of the state, statewide marketing and technical assistance to local sites, and a close working relationship with the Department of Social and Rehabilitation Services to ensure eligible children are enrolled. Since funding for this project ends in January 2002, application for a new grant has been submitted. However, the Foundation has reduced the amount of funds available which will mean the grant, if received, will be about half the current grant. In response to a question, the conferee stated not receiving a grant would mean the special outreach program would cease to exist. The original grant was $750,000 which became $2.2 million with the state match. The current grant will be about $800,000 over four years which, with some local match, will total about $1.2 million.

One of the chief accomplishments of Kansas Covering Kids was the extensive dissemination of information about HealthWave and the success in engaging citizens to serve as volunteers in the outreach effort. The Health Care Policy section of the Department of Social and Rehabilitation Services has reported applications in the pilot areas of the

project increased at a higher rate than in other areas of Kansas. A primary lesson learned through the project is a data collection system must be developed in cooperation with the state to definitively assess the outcomes of Robert Wood Johnson funded outreach efforts. Other findings are: avoid duplicative media marketing efforts; media marketing should be left to the state in future years; and providers can be more involved partners in outreach, especially considering the financial incentives HealthWave enrollments promise.

The Kansas Children's Service League Covering Kids Project has also funded two research projects. One, which is being completed by the Kansas Health Institute, is an analysis of dis-enrollment in the program to give people involved in HealthWave a better understanding of children who enroll and then either dis-enroll or do not re-enroll for the program. The second is to look at different ways in which outreach could be done in other "catchment sites," such as pharmacies and other places uninsured families may frequent. The University of Kansas School of Medicine in Wichita has developed "kits" based on research that will be distributed to these sites.

The Consortium, Inc. Jan Clay, President and CEO of The Consortium, Inc., an entity created by the community mental health centers presented written testimony giving the history and services of and the services provided by The Consortium. The latter was created in 1987 as an alternative for the state to consider in contracting for administrative services for Medicaid mental health benefits (Attachment 12). In 1992, the Department of Social and Rehabilitation Services contracted with the Consortium to provide screening for admission to private inpatient mental health services. A 24-hour call center provides around-the-clock intake services for Medicaid, HealthWave, and child welfare clients as well as emergency after-hours support for about 25 percent of the state's population. The Automated Information Management System provides the Department of Social and Rehabilitation Services with statewide data on populations being served through the community mental health centers. The Consortium's statewide telepsychiatry network currently serves clients of two mental health centers.

Mr. Clay stated The Consortium and its provider network have provided managed mental health services to Title XXI participants at a capitated rate. The community mental health centers receive a sub-capitated payment for outpatient services. Beginning July 1, 2001, under a new Administrative Services Organization contract, The Consortium provides access, referral, and reporting services for the Title XIX population on a fee-for-service basis. The access standards, included in the testimony, are the same for both Title XIX and Title XXI participants. The Consortium now has a contract with the Kansas Children's Service League to manage outpatient mental health services for adoption clients and has contracts with The Farm, Inc. and the Kansas Children's Service League for foster care children in Regions 1and 3, respectively. In October, 2001, the Department of Social and Rehabilitation Services, through an amendment, included adoptive children and foster care children eligible for intensive community services in the contract. Major tasks for the coming year include a focus on access standards, system coordination between mental health and child welfare services, and improved reporting that meets the needs of the purchaser and federal privacy requirements.

Responding to a question, Mr. Clay noted the new program for foster care children has been implemented in four regions with four contractors, Kansas Children's Service League, The Farm, United Methodist Youthville, and St. Francis. Implementation with

United Methodist Youthville, which became a part of the program October 1, 2001, has just started to look at SED children in foster care who need specialized services. Each of the contractors, through an agreement with the Department of Social and Rehabilitation Services, is developing a local planning agreement with the local community mental health centers. Each contractor is at a different point in this process. One problem has been finding a time to get the contractor, mental health center, and Department of Social and Rehabilitation Services staff together. The Consortium has given the definition for severely emotionally disturbed to both contractors and community mental health centers so theoretically there should be agreement on the diagnosis and the necessity of Consortium intervention should be minimal. Discussions about doing the entire mental health piece have taken place with St. Francis and United Methodist Youthville.

Mr. Clay referred to a map showing The Consortium's provider network with an asterisk indicating there are 400 physicians and PhD psychologists who also participate in Title XIX (Attachment 13) along with a copy of the "Second Quarter, 2001 HealthWave Reports" issued by the Consortium. (Copies of the latter report are available from The Consortium.) Any Medicaid qualified provider will be participating in the Title XIX side of HealthWave.

Responding to a question, the conferee stated in western Kansas there may be some issues relating to the adequacy of the provider network, and this is an issue for SED children throughout the state. It should not be an issue for Title XIX children who need only counseling since the program includes qualified providers other than community mental health centers. To date, other providers have asked for clarification on how the system works, but there has been no indication they would not participate. Community mental health centers, because of the mandatory capitated rate, are the only providers for Title XXI children, although other providers may become a part of the exclusive network by affiliating with a community mental health center. To date, the system has been able to meet the demand for services.

Services are accessed in the same way in both HealthWave and Title XXI population, Mr. Clay stated in answer to a question. The difference between the two is the payment arrangement. A capitated approach is used for the Title XXI population. A lump sum per month goes to The Consortium for inpatient and outpatient care. Inpatient care is managed by The Consortium through contracts with hospitals and substance abuse residential programs throughout Kansas. These providers are paid on a per-diem fee for service basis. The other part of the capitation goes to community mental health centers for outpatient programs on a sub-capitation of the total amount The Consortium receives. Title XIX is based on a fee-for-service arrangement with community mental health centers and hospitals which continue to bill Medicaid. The Consortium functions as an access and referral entity for the Title XIX population. Title XIX recipients throughout the state, who do not know where to go for mental health services, can call an 800 number and be referred to the appropriate community mental health center or a private provider, based on the recipient's choice. The seamless part is that each individual under Title XXI and Title XIX has a card issued by FirstGuard, the state contractor for health services, which has The Consortium phone number on the back.

Mr. Clay, in answer to a question, stated continuity of care has always been a focus, especially for foster children. For example, contracts with the foster care contractors include

all The Consortium's network providers thereby enhancing the ability to transfer information to an accepting community mental health center in a timely manner. Communication between the receiving therapist and the prior therapist is possible and is encouraged. Utilization of telepsychiatry through a telemedicine approach to enable the child to keep the same therapist is also being considered.

Responding to questions, Mr. Clay stated The Consortium feels confident the child welfare system has the expertise to deal with children's behavioral issues, the mental health system is expert in treatment issues. Sometimes these overlap or one may cause the other, which underscores the importance of coordination between the two systems and the development of a single plan of care by all the players, including education and juvenile justice. The Consortium has master level professionals and a director who make the determination of whether a request is routine, urgent, or emergent based on information from a provider or beneficiary. Historical data, if any, can be accessed through the data base by the professional making the determination. First time requests are assessed on the phone. Law enforcement can be utilized if the assessment warrants. Mr. Clay noted The Consortium has a sophisticated system enabling monitoring of compliance with the access standards. Feedback is given to the provider as a first line of improving any problem. If a trend of non-compliance emerges, The Consortium asks the provider for a plan of correction which is expected to be implemented within two weeks.

The conferee was asked to provide the Committee with any data collected relating to children's moves in the foster care system and the impact of such moves on continuity of care; with specific information relating to what questions are asked and what method is used to determine if a request for mental health service is routine, urgent, or emergent; and with any updates on accessibility and availability of providers.

The Committee recessed for lunch.

Afternoon Session

The Committee was reconvened by the Chair at 1:35 p.m.

Response to Requests from the September Committee Meeting

Department of Social and Rehabilitation Services. Robert M. Day, Director of Health Policy and Medicaid, presented written testimony (Attachment 14), including information on the Florida benefit package; consumer education activities of the contractors and the Department of Social and Rehabilitation Services; access standards for mental health services in the new program; a comparison of service delivery options, eligibility, funding, and services in the Title XIX and Title XXI programs; and a comparison of service delivery, eligibility, and funding in the HealthConnect and HealthWave programs. Dr. Day stated data on uninsured children appearing in emergency rooms was not available from the Kansas Hospital Association. However, the Kansas Health Insurance study indicates, based

on sample data, that 17.3 percent of uninsured versus 15.5 percent of insured Kansans accessed emergency room services at least once during the past year. The 2.3 percent difference may seem small, but it can be significant in terms of costs. In September 2001, 64,318 children and youth were enrolled in HealthWave, the blended program. Of these 23,042 were enrolled in Title XXI and 41,276 were enrolled in Title XIX. In response to a question, it was noted that the higher enrollment figures given earlier by Joy Wheeler from FirstGuard include adults.

Noting it appears the Florida passive health insurance enrollment program does not include re-verifying recipient information, Dr. Day stated he would not recommend a passive enrollment program for Kansas at this time since it could result in the state paying for persons no longer eligible. Kansas has an active program utilizing phone calls and mailings to get people to re-enroll, but at some point people have to be responsible for their own behavior.

The conferee noted it is extremely labor intensive to determine the actual number of children moving between Medicaid and HealthWave. However, from a rough sample, it appears about 30 percent of those who drop from one program, enter the other. The number who drop out and enroll a month later is another difficult number to determine.

Finney, Saline, Gray, and Ottawa counties currently have a shortage of primary care physicians according to Dr. Day. Contacts are planned with physicians in Saline County in an attempt to increase the number participating. In Finney County, there is a sufficient number of physicians, but a large percentage are specialists. The shortage in Liberal is primarily in managed care because of problems with access to a hospital.

Dr. Day summarized the educational components of the contracts with FirstGuard, The Consortium, and Doral Dental. Since these components did not take effect until October 1, 2001, information about performance will probably be available in a year. Important to the physical health contract is a goal of 80 percent for the KanBeHealthy screens which become the key source of information for children and parents. Time will be spent with FirstGuard during this first year to identify and provide early intervention for problematic pregnancies. This will include wrapping social services around the individual as appropriate. In the future other populations identified in terms of specific diseases will be targeted. Attention was called to the enrollment packet sent out by FirstGuard. Copies are available from the Department of Social and Rehabilitation Services or FirstGuard.

Dr. Day, responding to a question, stated the Department is looking at every program to insure it is managed according to the critical business needs and values of the agency. The Department has submitted a list to the Governor of things the Department is going to do now. One of these would raise the HealthWave insurance premiums, one of the lowest in the nation, to $30 or $40, a figure that is within the federal limits. The maximum a family would pay, no matter how many children were included, would be $45 a month. The income level at which payment of a premium begins would not be changed. None of the things being proposed at the 2 percent and 4 percent cut requested by the Governor for budget submissions are things the Department wants to do, but being realistic is a necessity.

Doral Dental. Staff called attention to the map showing the location of the 232 providers of dental services (Attachment 15) submitted by Doral Dental in response to the Committee's request at the September meeting.

Transition to Independent Living

Kansas Children's Service League. Sandra Dixon, Vice President of Adoption Services, Kansas Children's Service League, presented written testimony (Attachment 16) including background information on independent living services, access to, and gaps in the services. Ms. Dixon concluded her testimony by noting the hope for the number of children within the foster care and adoption systems for whom adoption or reunification is not a feasible permanency goal lies in being able to learn skills that will enable them to function independently in the community. There are few community-based programs in this state that provide these skills to the range of youth needing them. In partnership, we must research, develop, and implement effective programs that fill the gaps that exist.

Responding to a question, Ms. Dixon stated the League has identified approximately 10 percent of the youth in the adoption contract (approximately 200 youth at any given time) over the age of 14 who have removed their consent to adoption or have high special needs which make it difficult for an adoptive family to assume responsibility. For some of these youth, independent living is not a viable option either. There are approximately 45 to 50 youth in the adoption program who were in the state system when privatization started in 1996. Some of these youth are in group settings which would indicate the feasibility of independent living is less likely, but there are some group facilities that focus attention on independent living skills.

The conferee, in answer to a question, stated the three adoption subcontractors are Temporary Lodging for Children in Olathe, The Shelter, Inc. in Lawrence, and Lutheran Social Services located in Wichita with an office in Topeka. In further response to questions, Ms. Dixon stated there is a document in the contract, "Transition to Adult Life Checklist," completed for youth over 18 leaving the system or released from custody, which is used to determine how able they are to live independently. When foster care youth are preparing for independent living, the League includes the foster care family in plan development and works with the family in helping the youth build needed skills. However, the agency does not have a program to train specific foster care families for this task. The contract says it is the agency's responsibility to follow a youth who achieves permanency through independent living prior to age 18 for 12 months. Youth who age out at age 18 are also followed for a period of time although this is not a contract requirement. There are staff who contact such youth twice a month for the first three months and once a month thereafter. Data regarding these youth could be extracted from the case logs but would cover only one year. Before youth leave the program, the League tries to link them with needed resources, and gives them a League phone number. For youth 14 or over who opt out of adoption, staff try to help the youth identify an adult resource.

Department of Social and Rehabilitation Services. Jennifer Propp, Assistant Director for Child Welfare, Department of Social and Rehabilitation Services, presented written testimony in response to questions relative to the independent living program raised

by the Committee at the September meeting (Attachment 17) and distributed a copy of the Kansas Youth Advisory Council's newsletter, "The Unforgotten" (Attachment 18).

In response to questions, Ms. Propp stated youth are allowed to stay in custody until they are 21. For youth who leave custody at 18, there are services available until the age of 21. Under the Chaffee legislation, Social and Rehabilitation Services is supposed to provide services such as housing assistance and subsidy for education and vocational training to the group no longer in custody. She stated about $70,000 is allotted to the Juvenile Justice Authority for their independent living program. About $25,000 to $50,000 a year is spent directly from Social and Rehabilitation Services funds for conferences, training, and technical assistance. The rest of the moneys go to the contractors to provide services. Provision of these services is included in the rate established in the foster care contract.

In answer to a question about verification that services are actually being provided, Ms. Propp stated currently contractors submit an annual report that includes services provided and the types of clients served. The report form is being revised and contractors will be asked to submit quarterly reports. Also, to enhance communication and to get a better idea of where attention needs to be focused, regional meetings are being held to talk about issues and to identify gaps in services. The Chaffee legislation will require Social and Rehabilitation Services to keep accurate outcomes on what is happening in this population in order to receive funds. Piloting of the data elements to be used and the process by which information will be gathered has been done at the federal level. Once the pilots are completed, states will be required to report outcomes, *i.e.*, where the youth was three months prior to discharge; did the youth have a job, a place to live, knowledge of medical resources, and a sufficient savings account to make it on his or her own. Mandated follow-up at specified times after the youth left care was a provision included in the original legislation, but the mandate was dropped prior to enactment of the final legislation.

Staff noted the memorandum from Trudy Racine, Office of Planning and Policy Coordination, Department of Social and Rehabilitation Services, giving information regarding funding for family preservation contracts requested by the Committee at the September meeting (Attachment 19).

The Farm, Inc. Keith Entress, Pathway Program Manager, The Farm, Inc., presented written testimony (Attachment 20) that included background information on The Farm; the basis for the independent living program; the Pathways Outreach Program which includes the Daniel Memorial Independent Living Skills Assessment and The Farm's workbook; the Pathways Transitional Living Program, including scattered site apartments, which serves youth 18 to 23 years of age; and the professionals involved with the services each provides. Emphasis is placed on the inclusion and utilization of foster parents in all stages of the program. Mr. Entress concluded by stating that the Pathways Transitional Living Program strives to maintain a structure of policies and procedures for residents that minimizes unrealistic rules, but promotes responsible behavior by the residents for themselves and toward others. There is a balance between teaching and guiding residents moving toward independence that will allow them to make their own life choices.

Responding to a question, the conferee stated The Farm pays the apartment rent while the youth is in the transitional living program. Apartments are in areas in which the

person can afford to continue to live. The possibility of utilizing Section 8 certificates was noted. Mr. Entress stated staff check on those living in the apartments. Night staff have keys to the apartments and do spot checks. Also, the youth are required to report in at specified times such as when they get home from work. Staff members meet with each youth on a regular basis to check on progress and any problems that occur. Currently, the program is able to function on the $75.00 a day provided by the state for each youth.

Kaw Valley Center. Maureen Mahoney, General Counsel, Kaw Valley Center, presented written testimony (Attachment 21) about the agency's transition to independent living program, including the number of youth served, services provided, training provided to staff and foster parents, subsidies provided, services for special populations, and the Transitional Living Program funded by a federal grant. Kaw Valley Center also utilizes the Daniel Memorial Independent Living Skills Assessment and a workbook. In discussing services for special populations, Ms. Mahoney stated Kaw Valley works with other agencies to help youth make a smooth transition to needed adult services. More resources are needed in this area, especially community group homes for adults with mental health issues so individuals do not need to be placed in homeless shelters.

Ms. Mahoney referred to the following documents included in the packet distributed to Committee members:

- "On Your Own, A Guide to Your Legal Rights and Responsibilities as an Adult" available from the Kansas Bar Foundation;
- "Independent Living, A Program for Teenagers in Foster Care" (see Attachment 21);
- Pages from a KVC Behavioral HealthCare manual entitled, "Independent Living Services" (see Attachment 21).

In answer to a question, the conferee stated youth wanting a postsecondary education are given assistance with applications and finding financial aid. The majority, if not all, of those who have the ability are going on to school. She stated she did not know if other contractors would be eligible to receive federal grants like that referred to in her testimony, but she would provide the Committee information about the source of the federal grant.

After School Child Care

Department of Health and Environment. Chris Ross-Baze, Director, Child Care Licensing and Registration Section, presented written testimony in response to questions regarding age requirements for volunteers in licensed school age programs and the locations of licensed Boys and Girls Clubs raised at the September meeting (Attachment 22).

Responding to questions relating to foster care, the conferee stated the foster care family, issued a license by the Department of Health and Environment, is the licensee. Each

foster care family must be affiliated with a sponsoring agency that is responsible for training and for conducting an initial family assessment. The sponsoring agency is required annually to assess the licensee's parenting abilities and the abilities of the family to care for foster children. Foster parents are free to go to any sponsoring agency, either a contractor or a subcontractor, and are free to change the agency with which they contract. A sponsoring agency can terminate or not renew a contract with a foster parent, but only the Department of Health and Environment has the authority to revoke a license. Revocation must be based on a statutory or regulation violation. A license cannot be revoked based on a contract requirement. Agency Child Placement regulations require a sponsoring agency to establish a training plan for foster parents and assure that foster parents comply with the plan. In addition, with children in Social and Rehabilitation Services custody, there is a MAP training and a 16 hour in-service training requirement. Most sponsoring agencies include these requirements, but agency requirements can be and often are different from the Department of Social and Rehabilitation Services requirements. The regulations also spell out the services a sponsoring agency is required to provide to foster parents.

Mandated Immunizations

Department of Health and Environment. Sharon Patnode, Assistant Secretary, Department of Health and Environment, presented written testimony responding to the Committee's inquiry regarding the Department's policy on mandating Hepatitis B immunizations at school entry with cost estimates of such a mandate (Attachment 23). While the Department strongly supports and recommends that parents have their children immunized against Hepatitis B and provides vaccine for children born after January 1, 1991 and for 11-year-olds, it does not support an immunization mandate for school entry. With one-time federal moneys a voluntary immunization program for adolescents, a population more at risk than younger children, has been launched. In protecting children from vaccine-preventable diseases, the Department feels Varicella (chicken pox) is more deserving of a mandate since the spread of the disease can be airborne, it can be a more complicated illness, and children are more easily infected. The Advisory Committee on Immunization Practices for the U.S. Centers for Disease Control and Prevention has recommended that Varicella immunization be required for all children entering elementary school. A budget enhancement of $176,000 has been submitted to make Varicella vaccinations available. If the Legislature decides that Hepatitis B should be mandated at school entry, the Department of Health and Environment will support and accomplish that goal as long as the required funding is provided. Staff noted statutory authority is given to the Secretary of Health and Environment to establish mandatory immunizations. This has been done through the adoption of rules and regulations in the past.

In answer to a question, Vivian Kuawogai, Immunization Section, Epidemiology and Disease Prevention, Department of Health and Environment, stated the Department of Health and Environment has a Perinatal Hepatitis B Program, operated through an agreement with certain hospitals in the state to provide the Hepatitis B vaccine to babies at birth. The first dose is administered in the hospital and the second and third dose is given at the doctor's office or at the health department. There is also an adolescent Hepatitis B campaign administered through the local health departments. All vaccines are purchased through the federal Public Health Service Contract with the Vaccines for Children Program also providing Hepatitis B vaccines for eligible children.

Other Information

In response to a question raised at the September meeting, staff, referring to the chart, "Analysis of Expenditures for Foster Care & Adoption: Pre and Post Privatization" (Attachment 24), also distributed at the September meeting, noted that adult and child protective services were in the same organizational entity within Social and Rehabilitation Services in 1995. However, there was a reorganization about the time privatization of child welfare services was implemented that placed adult and child protective services in separate organizational entities. Therefore, in order to provide comparable figures in the analysis starting in 1995 as requested by the Committee, adult protective services had to be included in the chart.

A letter Senator Janis Lee had received from Phyllis Grover, CASA Director, was distributed to the Committee (Attachment 25).

The meeting was adjourned until 9:00 a.m., October 15.

October 25
Morning Session

Child Welfare Services

Representative C. Frank Miller presented written testimony relative to the removal of a child from her home by the Department of Social and Rehabilitation Services based on a babysitter's accusation (Attachment 26). The father was later found innocent of all charges and the child returned to the home. Representative Miller expressed his belief that the state should reimburse the family for all expenses, his support of revisions to state or federal laws as recommended by lawyers and judges who believe some restraints are needed on the authority of the Department of Social and Rehabilitation Services, and his intent to ask for a state financial audit of Kaw Valley Center. Representative Miller then introduced Mrs. Joan Gordon, the grandmother of the child involved.

Mrs. Joan Gordon presented written testimony (Attachment 27) relating the story of her family's experience from the time her granddaughter was removed from her parent's home based on a babysitter's call to the child abuse hotline until her return to the home after seven months when charges against the father were dismissed in court. Mrs. Gordon stated there needs to be some legislative checks and balances applied to the Department of Social and Rehabilitation Services system so one or two people cannot control the whole. Situations such as the one experienced by their family, with the devastation and frustration it caused and the scars it has left on both young and old, should not take seven months and over $30,000 to solve.

In response to a question, Mrs. Gordon stated they are in the process of completing the forms to file a claim against the state.

Kansas Youth Advisory Council. Joyce Allegrucci, Assistant Secretary, Children and Family Policy, Department of Social and Rehabilitation Services, told the Committee that for several years the agency has convened a conference for older youth in foster care to share their experiences and suggestions about ways to improve the system. Some of the youth, on learning of youth advisory councils in other states, asked to form a council in Kansas. The Youth Advisory Council is a group of young people who either are still in foster care or have aged out of the system. The Council meets bi-monthly, and with Ms. Allegrucci several times a year, to represent their peers in the foster care system and to make suggestions for improving the system. Jennifer Propp, Department of Social and Rehabilitation Services, introduced the members who were present: Brenda, Chair; Michael, Co-Chair; Rachel, a member, and their sponsor Deanna Joss.

Attention was called to the first issue of the Council's newsletter distributed earlier (see Attachment 18). This newsletter includes a mission statement, goals, information about each of the members, and an education survey for youth.

One conferee entered foster care in 1994 and started an independent living program in 1997. Another, who came into the system in 1994, had been in one foster home and four group homes and then moved to a relative placement. The third conferee entered the system at six months of age and had been in both foster and group homes with several attempts at reintegration which were unsuccessful because of abuse. Parental rights were finally severed at age eight. An adoption at age 14 failed, resulting in placement in an independent living program and aging out of the system at age 18. All of the youth stated they joined the Advisory Council as the first step toward giving something back to the community and to show appreciation for the people who helped them. They stated the six members of the Council represent the voices of the youth in foster care in Kansas who will be some of the decision makers, leaders, workers, and parents of the future. All three youth are currently in postsecondary education and two of them have plans to enter a graduate education program.

In answer to a question, one conferee stated approximately 80 to 100 youth have attended the annual statewide meetings sponsored by the Department of Social and Rehabilitation Services. At these meetings youth share experiences, concerns, positive aspects of the foster care system, and feelings and ideas about what they see as issues in the system. The Council hopes to increase attendance at these meetings and to include a wider range of participants. Creating a regional council in each of the five contractor districts to insure feedback from youth throughout the state is another goal. Youth who have been or are in the system can feel they have some input in recognizing issues and in decisions through the Council and the statewide meetings. The Council is also an avenue through which ideas can be shared with Legislators and the Department of Social and Rehabilitation Services.

In response to the request for concerns and suggestions, the following points were shared. One positive aspect of the system noted at the conferences is the support to get through high school and the options provided to reach this goal. Every youth, even if in the system for only a short time, should be able to go through a basic skills for living program so he or she would be better prepared when they leave the system. Usually a person does not go into independent living until six months before aging out. More time than this is needed if the person is to become a successful adult in the community. There needs to be

more publicity about the independent skills and independent living programs so youth know what is available.

Communication barriers between all parties involved are a major concern. Under privatization if a foster child moves from one region to another or if the contractor or subcontractor changes, the professionals and the rules change. The guidelines and expectations should be the same throughout the state. In response to a question, two examples were given. In one region the clothing allowance was $99.99 while in another region it was $250.00 per year. In some agencies 72 hours are needed to arrange transportation, in others 48 hours, and in some it is immediate.

Tuition waivers for those who are or have been in the system and want to attend college need to be considered. Higher education can give youth an opportunity to become more successful and to contribute more. Responding to a question, the youth stated they are using student loans for their education, but hope to get good paying positions to pay them off. The youth have scholarships and Pell grants, have had state stipends and medical cards until age 21, and are working one or two jobs. In one case, foster parents are helping. Since an individual has been in foster care and probably in a number of schools he or she already has had a hard time with school so it can be more difficult to develop and carry out educational goals. People do not have high expectations for youth in foster care. There is a stigma and people make assumptions without asking why you act out or why you have a difficult time achieving. Foster kids are not bad kids. They are kids that got dealt some bad cards.

The youth felt group home placements were more difficult than family foster home placements. There can be all ages and all types of persons from a child-in-need-of-care to a juvenile offender in a group home. A child of 11, who is trying to grow up to be a productive adult, can be in with 17 and 18-year old youth who are sexually active and involved with drugs. A younger child can feel the need to prove himself to those who are older in order to survive or to be accepted. Children and youth need to be separated by age and by the reason they are in the system. This was a major issue at the youth conference.

Better and more complete information needs to be given to those in the system. Many foster children do not know they have a guardian ad litem. Knowing you have someone on your side, someone you can go to, makes a difference. You also need to know that subsidies are available for those going on to school. Knowing what is available would encourage more youth to go to college. The Council plans are to have information about programs and what is available for foster children and youth in future issues of the newsletter which is sent to those who have attended the youth conferences, foster parents, and agencies. Plans are to send it directly to all persons in foster care. It was suggested that Legislators be included on the mailing list. There are also plans to have a website up by February.

There was a feeling the state sometimes pushes youth into adoption when that is not what the youth wants. One conferee, who had no parents because parental rights had been severed, did not want to be adopted when taken to court at age 14, but the social worker said staying in a group home until aging out at 18 was not an option. Not wanting to return to possibly more than one foster home, adoption was chosen. The adoption was not successful and the youth eventually participated in training for independent living.

Caseloads that are too large are another area that can impact negatively on a person in the system. A child or youth is supposed to see a social worker at least once a month, but this does not always happen which means everyone's needs are not being met.

There is a need for more good foster parents who understand youth and what it has meant to be in the system. There is a need to find people who are patient and willing to find something in each youth that will empower him. Publicity on radio and TV would help. People need to understand that foster children and youth are like other children and not make assumptions about them. People also have low expectations for foster children which makes it difficult. Support, training, and good communication that includes everything known about the child needs to be provided for foster parents, not only before, but after the child is placed in the home. In response to a question, each indicated there had been an individual who had made a difference for them.

It was noted that one of the conferees has been hired by the University of Kansas to consult in developing a curriculum and to be a co-trainer in training sessions to be sure the youth perspective is included. Through a federal grant training sessions will be held throughout the state for foster parents, Social and Rehabilitation staff, and contractors. It is planned to do a segment for school personnel at a later time. Some of the Youth Advisory Council members participated in a workshop in Florida. Deanna Joss, the Council sponsor, stated she had received a letter from the National Independent Living Association stating the group's workshop in Florida had been rated excellent and inviting them to participate in a conference in Kansas City, Missouri next year.

It was noted the persons who had been foster parents of one of the conferees who continue to support and keep in contact were present and they were asked if they had comments. One stated foster parents, who are on the front line, need to know everything they can before the child is placed in the home in order to prepare themselves and other children in the home for the new child. The foster parent needs to be able to tell foster children when plans are being made for them. For example, a child in their home was going to be placed with adoptive parents. The child was an intelligent eight year old who knew something was going on, but the agencies involved said the foster parents could not tell the child anything. Working with multiple agencies who each have their own rules is difficult, and sometimes one cannot get an answer from any of them. Foster parents need to have some input regarding reintegration since they know the child better than anyone else. The foster parents stated they inform children placed in their home they have a guardian ad litem and set up a meeting for them. These children are good kids underneath and they need to be given a chance.

Ms. Joss stated one of the biggest obstacles for children and youth in foster care is the lack of consistency. There needs to be a consistency of placement and of those who work with these children and youth. The youth also emphasized the need for stability in the life of foster children and youth.

The Department of Social and Rehabilitation Services was asked to provide the Committee a report on what other states are doing relative to tuition waivers, how many Kansas youth might be included in a waiver program, and information about the new report to be shared with schools on foster children coming into the system which was shared earlier with a budget committee.

Representative Storm introduced Susan and Steven Moore from Johnson County who have had both good and bad experiences as foster parents over the last four years. The Moores have been helpful to the Legislators in Johnson County through sharing information. A letter from Senator Karin Brownlee to the Committee relative to the Moore family and the privatization issues being raised was distributed (Attachment 28).

Susan Moore presented written testimony (Attachment 29) explaining how she and her husband became involved in foster parenting, narrating the background of five foster children placed in their home, and relating subsequent experiences following the emergency removal of the children a day after a Department of Social and Rehabilitation Services social worker interviewed the 4 and 5 year old foster children. The Moores believed the way in which two of the children were removed was in violation of KSA 38-1566 and hired an attorney. A judge later ruled that one child had been taken from the Moore's home illegally, but there was no legal remedy given to him under the law to order the child's return to the Moore's care. The teen later returned to the Moore's home with the support of his parents and guardian ad litem. Ms. Moore stated their foster care license issued by the Department of Health and Environment has never been threatened, and the central office of the Department of Social and Rehabilitation Services has taken the position that any and all abuse or neglect allegations have been totally unsubstantiated. Based on their experience, the Moores would like to see more accountability placed on the agencies that are charged with acting in the best interest of the child; a higher standard of practice for social workers; and a provision in the law giving a judge power to order a child removed from a home illegally be placed back in the foster home from which the child was removed.

In response to a question, Ms. Moore stated a foster home is licensed for a specific number of children. In January when the Moores were asked to take a sibling set which would put them one over their licensed limit, they were told an exception would be made so the siblings could stay together. The Moore's did not understand it was their responsibility, not the contractor's, to get the exemption. None of the social workers who were in their home questioned the number of children. The Department of Social and Rehabilitation Services notified the Moores, after the investigation of the removal of the children from their home had started, they were in violation of their license. There was an indication that Department of Social and Rehabilitation Services had told the judge the Moores would lose their license. The Department of Health and Environment explained the procedure for getting an exemption and that issuing or revoking foster care licenses is the prerogative of the Department of Health and Environment. The only way the Department of Social and Rehabilitation Services affects the revocation of a license is if they validate and substantiate a foster parent is the perpetrator of abuse and the foster parent's name goes on the child abuse registry. Ms. Moore stated the Department of Social and Rehabilitation Services did validate and substantiate them on all five children for abuse, physical neglect, and lack of supervision, but their names never appeared on the abuse registry. In a meeting later most charges were removed, those remaining were grouped into substantiation and a corrective action plan was offered. Since then the Social and Rehabilitation central office has sent notice totally exonerating the Moores in terms of child abuse. On paper it may be as if nothing happened, but in the lives of those affected something did happen.

The Committee was recessed until 1:30.

Afternoon Session

The Chair reconvened the meeting at 1:40 p.m.

Response of Contractors to Requests from the August Meeting

Kansas Children's Service League. Melissa Ness, Executive Vice President of Services and Advocacy and Chief Operating Officer, Kansas Children's Service League, presented written testimony containing the information the Committee requested at the August meeting and a copy of the testimony given by Robert L. Hartman, President/CEO at that meeting (Attachment 30).

Ms. Ness noted that while the agency expected 40 to 50 foster care referrals per month, in August there were 32 referrals and in September 19. This shows success in getting children diverted from the foster care system but poses a challenge for the provider in terms of staff adjustments. Meeting the contractual outcome of 85 percent of children in out-of-home care remains a challenge. The statewide adoption contract accounts for most of the agency's budget and staff growth during the last year. In response to a question, Ms. Ness stated there is a committee looking at the current and future needs for levels 4, 5, and 6 children. The problem may not be that the population needing level 5 and 6 facilities has grown, but rather that the placement options are not there for them. Approximately 123 of the children in the adoption contract are children with high needs. She stated the Kansas Children's Service League was the first provider agency to contract with The Consortium to broker mental health services, thereby enabling the agency to go from negotiating with 17 mental health centers to working with one entity. The new mental health requirements directed by the state will impact their relationship with The Consortium. There is concern about The Consortium's ability to provide adequate services because other Medicaid certified providers who are currently providing services will no longer be able to do so. Ms. Ness was asked to provide the Committee with the rate in the new contract which includes the new mental health requirements.

Ms. Ness stated she would share information about a gap in service being created in Shawnee County since she would be unable to attend the Committee meeting the next day. On October 15, the League's Board of Directors voted to close their emergency shelter after 25 years of service to Shawnee County. Originally the shelter served youth who had no other place to go with an average stay of 60 to 90 days. Many who left the shelter went to a shelter in another community. As changes were made in the system, the population of youth served changed, the length of stay shortened, and the range of services and staff needed increased. Shelter costs were $172.00 a day, with a $72.00 a day reimbursement for Department of Social and Rehabilitation Services placements. In the last three years, the Kansas Children's Service League put over $1 million into sustaining the shelter. Each year they had to raise about $211,000 for shelter services while struggling to raise $25,000 to support the Healthy Families Program, a prevention program. Now any additional funds raised are targeted for prevention services such as Headstart, Healthy Families, Parent-Adolescent Mediation, and Kinship Program. The agency went to its community partners to tell them of the pending decision and express the need for working together to find a

solution to fill the gap in services that would be created. Ms. Ness emphasized that when looking at gaps in service, it is necessary to look at each community to determine the needs of that community, what services are available to meet the needs, where gaps in service exist, and how the gaps can be filled.

Kaw Valley Center. Maureen Mahoney, General Counsel, Kaw Valley Center, presented written testimony relating to information requested at the August meeting of the Committee, including statistics relating to what has happened since 1977 (Attachment 31). Making reference to two items from yesterday's hearings, Ms. Mahoney stated Section 8 housing as a possibility for youth 16 or older was looked into. There are some age and financial requirements, but the biggest problem in Johnson, Douglas, and Wyandotte counties is a huge waiting list.

Referring to the higher education issue, the conferee stated that a child 18, including those in custody on the day of the18th birthday, automatically are eligible for a Pell grant for college. Through high school counselors, Kaw Valley Center has made arrangements for every child in the Center's caseload to access a free SAT test. Of the180 children in the independent living program, only 8 were interested in gong to a traditional four-year college. Some went to other schools such as vocational technical school and cosmetology school. There is one staff who does nothing but help students with educational plans.

Ms. Mahoney, referring to No. 3 in the written testimony, stated as of July 1 a change in the contract allows the contractor to be paid for a child to be sent home for a 30-day trial period. Previously, payments stopped when a child went home even if the child came back into the system. As of yesterday, 8 out of 600 were AWOL. Other programs offered by the agency include a TLP program, level 6 placements, operation of a JIAC in Wyandotte County, a runaway and emergency shelter, and a crisis stabilization program.

Ms. Mahoney noted the Kaw Valley Center has not signed a new contract with the Department of Social and Rehabilitation Services because of the change in the way in which mental health services are to be provided. The agency provides some in-house mental health services, contracts with mental health centers in some areas, and uses private providers. The Center wants to look at the impact the new contract would have on this successful model. If the contract could be set up by regions, then the Center could continue with its current model. It is hoped something can be worked out by the end of the year.

The conferee, answering a question, stated in the first year of the current contract, any child in aftercare in Region I became a new referral to The Farm and Kaw Valley's aftercare costs for these children stopped. A contractor is paid per month per child until the child goes home. After the child goes home, the contractor is responsible for a year of aftercare from the time the child goes home but does not receive any additional payment. If the child comes back into the system during that year, there is no payment for the services provided. This is a good thing in terms of motivation to keep children from coming back into the system, but there is some financial risk. Children who go home are eligible for a medical card which means all mental health services from that point on will be provided by a mental health center or a mental health center affiliate neither of which shares in the financial risk factor. Since the goal of safety and permanency are not always the same for the contractor and the mental health provider, this lack of financial risk sharing is a concern.

The Farm. Dale Bell, Senior Vice President, The Farm, presented written testimony providing the information requested by the Committee at the August meeting (Attachment 32). Referring to No. 3 in his written testimony, Mr. Bell noted 22 to 23 percent of the children are in relative placement. Some of these, but not all, would be counted in foster care placements.

In answer to a question, the conferee stated current costs were not calculated, but this figure would be sent to the Committee.

Mr. Bell, responding to a question, stated the Department of Social and Rehabilitation Services noted that each contract has certain fixed costs that exist irrespective of the number of children being served. Through negotiations at the beginning of the second contract year, a fixed amount of 32 percent was set for all contractors. The number of children the contractor is expected to have is multiplied by the bid amount over an annualized basis. Thirty-two percent is applied to the annualized amount and reduced to a monthly amount called the fixed rate. This fixed rate amount is received at the beginning of each month. The fixed rate is subtracted from the contract rate to determine the variable amount which changes each month based on the actual population. That is how the $1,358 shown in the written testimony was calculated.

St. Francis Academy. John Cosco, Senior Vice President and Chief Operating Officer, St. Francis Academy, presented written testimony in response to the information requested at the August meeting of the Committee (Attachment 33).

In response to a question, Mr. Cosco stated the gap of approximately $500 between the contracted rate and costs is paid from reserves and a line of credit. As the Academy gains an understanding of the dynamics in Region IV and working with the Department of Social and Rehabilitation Services, a plan has been initiated to close the gap. The $1,997 contract figure given in the written testimony includes both the fixed and the variable amount. Responding to further questions, he said the number in foster care includes all those in therapeutic, specialized, and family foster care. The remainder are in kinship homes, independent living, or AWOL. St. Francis Academy and United Methodist Youthville have some children placed in each other's foster homes.

United Methodist Youthville. Dan Eigsti, Interim CEO, United Methodist Youthville, presented written testimony in response to the information requested by the Committee at the August meeting (Attachment 34). The written testimony includes an update on the payments to creditors and an outline of how expenses have been cut. Mr. Eigsti noted the figures for years 3 and 4 are based on a projected 3 percent increase per year. Noting the importance of foster homes to the program, the conferee stated the agency is looking for new foster homes and hoping to upgrade some homes to therapeutic or specialized homes to meet the needs of some children currently in residential care. There are presently 1,035 children in out-of-home care. Ten of the 40 children who have come back into the system have returned home leaving 30 children for which United Methodist Youthville is receiving no payment. The current contract is based on a per child per month rate, not on a fixed and variable rate option. Referring to how expenses have been cut, Mr. Eigsti noted that services to children reintegrated in a family will continue but services previously offered to the parents were discontinued in October. The cuts in expenses should mean that services provided will be within the contracted rate. Debts incurred in the first four years have been

paid, with the exception of the amount advanced by the state which is being negotiated and two other exceptions.

In response to a question, Mr. Eigsti stated that mental health services are provided both in-house and through contracts with providers. However, it has been found that timeliness and quality can often be delivered better in-house than trying to find the services in The Consortium network. The present concern is whether there is a sufficient capacity in The Consortium to absorb the children identified as severely emotionally disturbed. If the rate is cut and children are referred to The Consortium for screening and assessment, how many of those children will be accepted and is there capacity in the system to give timely effective treatment for the children. If not, the child's behavior could escalate causing a progression up the continuum of care model and United Methodist Youthville could still be responsible for them. This is the risk piece that needs to be addressed.

The conferee, answering a question, stated it is difficult to find families in Wichita who are willing to take older children so some children have had to be placed in other areas in western Kansas where more families are willing to take such children. Visits are made at least monthly and sometimes more often if therapy is involved. The satisfaction rate from families is high. Efforts are being make to recruit more foster families in the Wichita area so the children can be brought back closer to their families.

In response to a question, Ms. Mahoney stated the fact the mental health centers are responsible for a total population makes it difficult for staff to go into the home which is seen as an important part of providing service. If you go into the home to see the child you end up giving therapy to everybody in the home which Kaw Valley Center has found is effective. Mr. Eigsti stated that quality of care under The Consortium may stay the same. The concern is that the mental health centers are not financial stakeholders in the contract which may make it difficult to have the same level of passion.

Foster Parent Advisory Council

A letter from Francis White, a Foster Parent Advisory Council member who was unable to attend, was distributed (Attachment 35). In the letter, Ms. White shared observations about the privatization of foster care, noting some improvements which have occurred and problems in the educational, social, and medical areas which need to be addressed.

The following panel of members of the Foster Parent Advisory Council appeared:

- Janet Bartram, a foster parent for 12 ½ years, first with the Department of Social and Rehabilitation Services and then with two contractors, who has done emergency, children-in need-of- care, juvenile offender, and therapeutic foster care.

- Joe Schultz, who started in foster care in 1951 and is currently a therapeutic foster parent for teens (Attachment 36).

- Sue Henry, a foster parent for 13 years, who is a therapeutic foster parent for older boys.

- Janet Tjelmeland, a foster parent for six years under several agencies, an adoptive parent, and currently the President of Kansas Foster and Adoptive Families which has 375 members.

Panel members expressed the belief the Council gives foster and adoptive parents who are involved on a daily basis a place to be heard and to realize that foster parents from other parts of the state have the same problems, an opportunity to interact with the Department of Social and Rehabilitation Services and service providers, and an opportunity to make suggestions, some of which have been acted on.

Panel members related stories of their experiences with the system since privatization. Some have had experiences of being reported on the abuse hot line and having children removed from the home. The feeling that privatization can work was expressed, but there are issues that need to be addressed and changes made if this is to happen. The state probably bit off more than it was ready for when the move to privatization was made. One factor which has impacted the system is the inability to estimate costs accurately. The following concerns and issues were shared.

There was a feeling expressed that children are sometimes short-changed and that money is sometimes a deciding factor rather than the best interests of the child. Foster parents find themselves, rather than the social workers, being the advocate for the child which can create tensions at times. Also, teaching of independent living skills needs to start earlier and foster parents need to be included in the program.

It is difficult to get authorization for extra services, especially mental health services, the children may need and there is not a continuity of therapists. Paper work does not always come through when it is needed.

Children are being returned to their parents too soon, sometimes to parents who are abusive, and a change in a child's classification does not always seem to be based on facts. One problem is when a classification is changed from therapeutic to adoptive and some services which the child still needs are dropped.

A significant issue is the lack of continuity and consistency. There is a multiplicity of social workers, frequent changes of social workers, changes in contractors, and a lack of uniformity in rules and guidelines among contractors. Each time a contractor changes there are new rules. Problems are also created because of the inexperience of many of the social workers. A family may be dealing with several social workers for the children and the social worker assigned to them which can make it difficult to know which social worker to call for what. Continuity is also disrupted when a child's classification is changed. For example, when a child was changed from therapeutic to adoptive because parental rights were severed, there was a different contractor with different rules, a different case worker who did not know the child, and a different attitude. Payments were also changed although the child was in the same home and still needed the same services, some of which were dropped. There is the appearance that because a therapeutic child becomes pre-adoptive the child

is no longer considered therapeutic. There needs to be consistency among agencies throughout the state instead of each contractor, subcontractor, and county doing things differently and having a different set of rules.

A disturbing factor is that foster parents are not included as knowledgeable members of the team, are sometimes made to feel like second class citizens, and are sometimes referred to as "just" foster parents by social workers and other professionals. Foster parents are required to complete 40 hours of training each year and many have had years of experience making it difficult sometimes to relate to a young newly graduated social worker who tells foster parents how to do it before giving the foster parents a chance for any input. Foster parents need to be involved in case planning and case planning meetings as participants, not as spectators. Foster parents also need to be a part of courtroom proceedings. Foster parents are allowed in the courtroom in some counties but not in other counties, by some judges but not by others, and are sometimes asked by an attorney to leave. Some judges will let the foster parents address the court but this is rare. Yet these are the people who probably know the child and the child's needs better than anyone else involved.

Additional training for new social workers and support for all social workers is needed. Suggestions given for consideration were requiring every new social worker to do five observations of two and a half hours each at different times of the day in a foster care home within 30 days of entering the foster care field and requiring these social workers to complete the MAP training. Other possibilities are establishing a mentoring program, attending the Foster and Adoptive Parents Conference where social workers could work with the foster children who would be present, and serving in respite care. Social workers also need time management training. Providing opportunities for foster parents and social workers to understand what each does and the responsibilities of each would be helpful in fostering communication and lessening tensions.

Attention needs to be paid to how children are picked up by foster parents when being placed in their home or brought to a foster home and how they are removed from the home. A social worker needs to be sure about a placement before making arrangements with a foster parent to bring a child to the home and, if plans are changed, should notify the foster parent right away. More than one social worker should be involved in making the decision to remove a child. Social workers who have been involved with the child should be included in the process. Social workers need to verify communications which supposedly have come from foster parents.

The need for adequate clothing allowances which are the same for all contractors needs to be addressed. Clothing allowances have not been raised for years and do not take into the account the needs of children who are growing rapidly or need hard to find and more expensive sizes. Sometimes children are brought with little or no extra clothing. Providing $50 at the time the child is brought to buy necessities was suggested. Clothing is important because it is related to self esteem which is already a problem for many of these children.

Large caseloads is another issue which foster parents feel affect the social worker's ability to get to know the child and to make decisions about the child. Personal examples given were a social worker who was never in the home and saw the child only in a case meeting every three months. This raises the question of how, in instances such as these,

the case worker can write a report for the court. Also social workers may appear in court without the necessary paperwork or the foster parent has had to get the paper work. Social workers should have a reasonable case load and paper work, some of which is duplicative, should be reduced.

There needs to be a smooth transition into a foster home when reintegration fails. For example, a child was placed in a home by one agency, but when the child needed to come back into the foster home, the contractor had changed, necessitating the foster parent changing the license to the new contractor. Since this took some time, the child was placed in a temporary foster home. There needs to be a way for situations like this to be worked out without adding another disruption for the child. Some foster parents hold places in their homes for children who have been reintegrated and are willing to take them back if reintegration does not work, but the system sometimes impedes this.

The loss of subsidies when a child is adopted creates problems in accomplishing permanency for a child. In the case of a foster parent willing to adopt a child, the situation of the family or the needs of the child have not changed. Guardianship is no longer a way to avoid this situation since a new law states that a guardianship is considered the same as an adoption. In one case, a friend became the guardian and the foster family views the children as if they were adopted.

There needs to be a place for foster parents to go when they have reached the end of their chain of command and nothing has been resolved. There appears to be some evidence that foster parents are being threatened by both Department of Social and Rehabilitation Services and contractor social workers with the removal of children from their homes or with the loss of their license if they speak out or differ with a social worker's suggestions. The response to these concerns is that they are isolated cases. Foster parents need some place to go when there is no response to this concern or when children are not receiving needed services.

The Council members offered to send Committee members the Council newsletter and reports of the Council's meetings.

It was decided the federal audit review would be done on the following day.

The meeting was adjourned until 9:00 a.m., October 26, 2001.

October 26
Morning Session

The meeting was called to order at 9:05 a.m. by the Chair.

A motion was made and seconded to approve the minutes of the September meeting. The motion carried.

October 2000 Salina Meeting

Overview: Kansas Action for Children. Gary Brunk, Executive Director, Kansas Action for Children, presented written testimony (Attachment 37) relative to the October 2000 Child Welfare Summit and the Child and Family Services Review. Attention was called to Attachment 1, "Notes from the Breakout Discussion Groups at the Kansas Child Welfare Summit held October 6, 2000, in Salina, Kansas." A pamphlet about Kansas Action for Children was also distributed (Attachment 38).

Mr. Brunk stated the meeting in Salina brought together a cross section of all the sectors making up the child welfare system. The agenda was structured around two plenary presentations followed by breakout sessions to discuss the strengths and weaknesses of the system and to make recommendations for improvements. A report was published titled *The Kansas Child Welfare System: Where are we? Where should we be going?"* (See Attachment 2). Recurring themes at the Salina meeting related to training, services and supports for families, hearing the voices of those who are often not heard, and open communication.

The recently completed federal Child and Family Services review, the conferee noted, had two phases. The self assessment phase included goals placing a greater emphasis on prevention of the risk factors that bring children into foster care, a greater reliance on community-based programs, more family-focused services, and detailed initiatives that have the potential for helping reach these goals. Given the state's financial crisis, there is concern over the fate of some programs such as the Permanency Medication Program targeted to be cut as of December 1, 2001. Since the Kansas child welfare system is a work in progress, a "yes/but" theme recurs throughout the written document.

The document from the second phase can provide guidance for where to focus efforts. The review points to three areas of need: stability in the living situations of foster children, supports to families, and training needs.

Key recommendations on where to focus attention can be drawn from the Summit and the Child and Family Services Review. One is the creation of a family-focused system defining all aspects of the system, from the front end of child protective services to adoption services, and including all families, birth, foster, and adoptive, touched by the system. Another is the provision of additional comprehensive and coordinated training for Social and Rehabilitation Services, contractor, and subcontractor staff; foster parents; judges, court service staff, and guardians ad litem. Given the call from all stakeholders for more training, the lion's share of limited training dollars should be focused on the front line of the system, foster parents, and social workers. A third area, where there is significant disagreement, is accountability. Perhaps the "accountability" issue needs to be re-framed. Because sound policy is based on sound information, there is a need for information that is currently unavailable and a more appropriate system of checks and balances. The written testimony (Attachment 37) lists the questions that need to be considered in this area.

In closing, Mr. Brunk stated all the groups involved in the child welfare system, including the Legislature, are responsible for the system. The Legislature needs to see there are adequate checks and balances in the system, that ways to determine accountabil-

ity are in place, and that the system has sufficient funding to carry out its responsibilities to the children of Kansas.

Responses and Recommendations

Doug Bowman, Coordinating Council on Early Childhood Development, presented written testimony (Attachment 39) which focused on the prevention aspect of the Kansas child welfare system and discussed the Healthy Start Home Visitors and the Infant-Toddler Services programs noting the intent and the limitations of these programs, especially in terms of those who can be served, availability of services in all communities, and funding restrictions. Mr. Bowman stated the availability of quality, affordable, child services is problematic for all young Kansans.

Lisa Shikles, Foster Parent, representing Foster Children of Johnson County, Inc., an independent foster parent support group, presented written testimony (Attachment 40) touching on four areas, information, training, adoption issues, and services for children drawing from personal experiences and experiences of the foster parents in Foster Children of Johnson County, an organization of foster parents. Included are ideas for possible solutions to problems which exist. Ms. Shikles distributed a copy of an article appearing in the Spring 2001 UMKC Law Review, "Tiny Little Shoes: The Privatization of Child Welfare Services in Kansas" (Attachment 41). The article examines why Kansas chose to privatize its child welfare services, outlines the problems caused by the rapid movement to privatization, suggests legal and legislative solutions, and outlines some of the program and policy changes that may help ease the transition into privatization while ensuring the well-being of the children the system is designed to protect.

Maureen Mahoney, Kaw Valley Center, stated there are foster parents who have had good experiences but others echo what the Committee has heard during this meeting. If foster parents are not being treated with dignity and respect, agencies need to acknowledge this and address the issue. Foster parents are asked to bring these children into their home and love them and treat them as if they were their own while being told a child may go back to the biological home putting the foster parent in a difficult position. A relative of the child may appear at the last minute and the law requires that an investigation be made to determine if the relative is entitled to be considered as a placement. This can be difficult for foster parents, especially for those hoping to adopt the child. The system is complex, and the contractor has to listen to many different players. Ms. Mahoney urged the Committee to realize there are some issues that are global and need to be addressed as such. However, there are some issues that are different in different places which cannot be addressed with global solutions. Mr. Brunk noted, although not all foster parents have the same experiences, there are themes which emerge from what they are saying which need to be heard in determining what is wrong with the system.

In discussion, concern was expressed that it appears there are workers in the system who are not carrying out their responsibilities or who may be as guilty, or more guilty of mental and emotional abuse than some parents who have their children removed from the home. This reflects badly on contractors, Social and Rehabilitation Services, and other workers who are going above and beyond to meet the needs of children and of foster families. The challenge is how to get people on the front line to identify those persons who

are not doing their job and to access the information necessary to make corrections without violating confidentiality. There need to be safeguards so people will not be afraid or feel threatened if they do speak out or come forward. There needs to be a willingness to admit, that while there are good services being given by good workers, the other side of the coin is also a reality and to address the issues this raises. The need for representatives of all the parties involved in the system to sit down cooperatively and not as adversaries, to be realistic about goals and what can be achieved, to face what the real issues are, and to work together to find solutions was noted. A need to build in some flexibility and to resort to legislation only when no less flexible approach works was noted. Another need is to find out what services are being offered by Social and Rehabilitation Services and by contractors that are outside the foster care system, what services are offered by other state and local agencies, and by other organizations in the community so solutions do not involve a duplication of existing services and how these services can be accessed for foster children.

Family Preservation Services

Staff referred the Committee to a memorandum from Trudy Racine, Office of Planning and Policy Coordination, Department of Social and Rehabilitation Services, regarding allocations for the family preservation contract with a copy of the memorandum sent to area offices showing the estimated and the approved amounts for FY 2002 in the file folders (see Attachment 19).

DCCCA, Inc. Bruce Beale, Executive Director of DCCCA, Inc., and Pauline Patterson, presented written testimony (Attachment 42) giving information about the organization and the services provided, the types of families referred for services, the model of family preservation DCCCA implements, statistics relating to outcomes and costs, and the impact of the Department of Social and Rehabilitation Services decision to cut FY 2002 spending by targeting "front-end child welfare services to families most likely to benefit." Mr. Beal stated, out of 3,812 high-risk families served in FY 2001, only 5.7 percent had a substantiated case of abuse and neglect in the first 90 days of referral, and preliminary data indicates this percentage remains about the same at the end of one year. Of these 3,812 families, 94.6 percent remained intact, with no children placed outside the home during the first 90 days after referral, and preliminary data indicate that more than 90 percent remain intact after one year. These outcomes exceed those required in the contract. Family preservation services cost an average of $3,800 per family, which may include several children, for a year of services compared to a cost to the state of about $26,000 per child for a year in the foster care system. In October, a directive to Social and Rehabilitation Services area offices capped family preservation referrals at 2,686, a reduction of 33 percent from August estimates, effective immediately. A possible scenario of this cut, based on 1,350 families with an average of 2.6 children per family means that 3,500 at risk children will not be served this year. If only 20 percent (700) of these children end up in foster care as a result of the cuts, a conservative estimate, it will cost the state approximately $17.6 million or more than three times the $5 million budget cut implemented recently. The conferee noted the issue is whether or not this is the wisest place to make the necessary budget cuts. Does it make sense to cut the program designed to keep a family together that works.

Ms. Patterson stated that services are intensive, crisis oriented, and focused on the strengths of the family. Referrals are usually received within 10 to 14 days of the reporting of an incident to Social and Rehabilitation Services, and the first contact by DCCCA is made in person within 48 hours. The DCCCA staff is on call 24 hours a day, 7 days a week, and 90 percent of the services are provided in the home. The other 10 percent are usually offered in a family service center operated by educators. The agency specialists are limited to ten cases and the support worker is limited to 20 cases.

Mr. Beale, responding to questions, said the 33 percent cut was for a 12-month period. Since referrals prior to the October decision were running at last year's referral levels, the reduction in the next eight months will be more than the 33 percent. Steps are being taken to keep the infrastructure of family preservation intact. If decreases exceed $2.2 million, however, family preservation will collapse. Approximately 10 percent of the families are re-referred. Another funding allocation is received for those re-referred.

In response to questions, Joyce Allegrucci, Department of Social and Rehabilitation Services, said the Department is funded based on the actual number of children in foster care so the savings realized when the number of children in foster care drops is a savings to the state, but not necessarily to the Department. In a previous year, $5.1 million of a $15.3 million cut came back to the Department for the family preservation program. However, this is no longer an option. She stated Kansas has one of the broadest definitions of abuse and neglect in the nation – perhaps too broad. Any separation is traumatic for a child and impacts on behavior so the goal is to keep a child in the family home if it is possible to do so without endangering the child.

Child Welfare

Vicki Burris presented written testimony (Attachment 43) relating to the removal of her daughter from the home after an initial contact with the Department of Social and Rehabilitation Services for assistance in providing the daughter the long-term care deemed necessary by her attending physician and her subsequent experiences with the system since that time. She expressed the feeling it is difficult to provide a solution for the problems encountered with agencies that apparently can abuse families and defy the law. Ms. Burris stated there should be an external control process that would be applied to each case and requested a thorough, external, unbiased investigation into the action of the Department of Social and Rehabilitation Services and the private agencies involved with a commitment to a fair and prompt resolution. Included with the testimony is a timeline of events from December 1999 to August 29, 2001. Ms. Burris provided Committee members with a copy of the "Indian Child Welfare Act" applicable to her daughter who is registered on the Navajo Rolls and has a Certificate of Indian Blood, noting the federal act has not been followed.

Responding to a question, Ms. Burris stated a Social and Rehabilitation Services social worker and a police officer appeared at her door to take her other two children, one a six-year old girl with cerebral palsy. The children were frightened and the six-year old ran to the neighbors. Eventually the police officer refused to take the children, and there has been no communication from the social worker since. The conferee stated she understands there were allegations she had abused the daughter who had been removed from the home. Staff at Larned State Hospital told her the daughter had stated there had been no abuse.

The Committee recessed for lunch.

Afternoon Session

Proposed Legislation

Staff referred to copies of HB 2438, SB 289, HB 2555, and HB 2556 in the Committee folders. (Copies are available through the Kansas State Library or on the Internet.)

HB 2438 and SB 289. Representative Jim Garner presented written testimony (Attachment 44) speaking to three issues: the creation of a Child Protective Services Commission, reforming the child welfare laws, and the creation of an Ombudsman or Advocate for the child welfare system independent of the Department of Social and Rehabilitation Services and the Executive branch. Representative Garner stated there is a real need for a meaningful, independent oversight entity for the currently fragmented child welfare system. HB 2438 creates the Children's Protective Services Commission and sets out the duties of the Commission, including serving as the Ombudsman for the child welfare system, providing an ongoing review of the appropriateness of placement and types and quality of services provided to each child; reviewing cost accounting of services and compliance with contracts; audits of financial operations of service providers; reviews of the Department of Social and Rehabilitation Services to assure compliance with applicable laws, policies, and rules and regulations, and assessments of the Department and providers relative to outcome achievement. The bill also provides that the rates of compensation for service providers under the child welfare system proposed by the Child Protective Services shall be used as the rates of compensation by the Secretary of the Department of Social and Rehabilitation Services. The Commission would investigate the use of moneys appropriated for the child welfare system, create and maintain a uniform information collection system and database, assess needs of children in the child welfare system and the quality and availability of needed services, assess housing needs of foster children, and send reports and recommendations to designated entities. SB 289 is identical to HB 2438. It was suggested that an advocacy program might be more effective if it was regional based rather than statewide.

Two sources of funding for implementing the provisions of the bill might be the Children's Trust Fund and money allocated for administrative costs of the child welfare program. It was noted there are some restrictions established by law on allocation from the Children's Trust Fund. Information on the funds is to be made available to the Committee.

Responding to a question, Representative Garner stated the oversight and ombudsman programs would have to look at the total system with the courts and the guardian ad litem system included since these programs are part of the system. While the financial support for the guardian ad litem program may be through local funding, some statewide standards or expectations could be set.

Joyce Allegrucci, Assistant Secretary, Department of Social and Rehabilitation Services, presented written testimony (Attachment 45) suggesting the Committee may wish

to consider the final results of the Judicial Council's study of the Child in Need of Care and Juvenile Offender Codes requested by the 2000 Legislature before proceeding to make any major changes in the child welfare system.

HB 2555 and HB 2556. The Committee's attention was called to a comparison of the two bills (Attachment 46). Representative Rocky Nichols presented written testimony (Attachment 47) setting out issues to contemplate in a discussion of child welfare reform and the highlights of HB 2556 relating to financial accountability, child well-being accountability, establishment of a help line, clarification of who has the ultimate accountability, establishment of a dispute resolution procedure, and placement of contractors under the state's prompt pay act. Attached to the testimony is a copy of a presentation by Representatives Nichols and Landwehr on HB 2556 giving the background for development of the bill, outlining things both contractors and the Department of Social and Rehabilitation Services stated they would change if starting over, and setting forth the purpose of each section of the bill and why the section was in the bill.

Representative Nichols stated no one is arguing in favor of going back to the old system. It is a moot point and probably would not be in the best interests of those being served. However, there is a need for a child welfare reform act, as there was for mental health and developmental disability services, to establish the new system by law, to build in accountability, and to indicate broad legislative support. Until this happens, Legislators and the Department of Social and Rehabilitation Services are placed in a combative relationship and the accountability piece, which is crucial, is missing. HB 2556 places the focus on the children and youth in the system rather than on turf battles. Until the Legislature debates this as a public policy issue, really tries to determine and understand what the outcomes of the system should be, deals with the difficult issues involved, and reaches a consensus on a bill, there will continue to be tensions within the child welfare system that are not in the best interest of the children and families in the system.

The conferee, in answer to a question, stated when legislation was introduced two years ago and again last year, the response from the Department of Social and Rehabilitation Services was the current system is adequate, reforms were not needed, and legislative debate would hurt the children served by the system and would open up old wounds. Yet there is some indication the Department of Social and Rehabilitation Services listened. Some reforms from the proposed legislation have been implemented.

Responding to a question, Representative Nichols stated the time for finger pointing and for trying to deal with the issue through provisos and allocation of funds is past. The Legislature needs to debate the issue and through the debate reach a consensus that codifies the system, determines what is expected of the system, and builds in accountability.

Joyce Allegrucci asked that the second paragraph of the fiscal note be written into the record (Attachment 48). It should also be noted the Department is currently working with mental health centers and the foster care and adoption contractors to find ways to expand services and accountability for mental health services. Part of this process will include determining the most appropriate and cost effective ways to achieve these goals. On October 1, a new system for providing mental health services for children with severe emotional disturbances was implemented.

Ms. Allegrucci presented written testimony (Attachment 49) relative to HB 2555 and HB 2556, along with the testimony presented to the Special Appropriations Subcommittee on SRS in opposition to these bills during the last legislative session. Ms. Allegrucci stated the Department can report significant progress has been made through the Child and Family Services Review toward an integrated strategic plan and quality assurance process. The proposed legislation places a heavy emphasis on adding process measures to an oversight system already replete with process review. There is uncertainty about what specific concerns related to outcomes and processes the bills are intended to address. A special project manager has recently been hired to research and recommend ways to provide an ombudsman-type review for individuals who have exhausted existing appeal and review processes. Foster families are not yet aware of the appeals processes that have been put in place for their use.

It was noted most of the programs operated by the Department fall under the authority of statutes that set out the powers and duties of the Secretary, but there is nothing similar relating to the child welfare programs, making it difficult for persons in the system or their attorneys to find out about the process and procedures. Perhaps having something in the statutes would be beneficial for all parties. Ms. Allegrucci stated the process is spelled out in rules and regulations. Another factor is when minor children are involved, confidentiality becomes a major issue. Sometimes contractors and the Department are accused of hiding behind confidentiality. However, it is the law and only a judge can give permission for any of the providers to discuss a minor child's business with other parties.

Ms. Allegrucci introduced Janet Kerr from the Washburn Law School, the special project manager referred to earlier in her testimony. Ms. Kerr has two specific assignments, coordination of HIPAA and research on ombudsman programs around the country. There has been concern that an ombudsman program would add another layer of bureaucracy at a time when efforts are being made to simplify the system. The research will be shared with the Committee as it is developed.

Concern was expressed that a system has been developed in which a parent is guilty until proven innocent, which is the opposite of the criminal system, and which is stacked against a parent. Some, including judges, feel something is wrong with the process. Ms. Allegrucci stated the Department of Social and Rehabilitation Services system is an administrative, not a criminal system. The level of evidence to remove a child from the home is not based on "beyond a reasonable doubt" but on "more likely than not" which is determined by the Department. However, the checks and balances in this system are greater than in the criminal system.

Children and Family Services Review (Federal Audit)

Joyce Allegrucci presented written testimony (Attachment 50) giving the background for the Child and Family Services Review created by the Adoption and Safe Families Act of 1997, and a summary of the various aspects of the review and the findings. The review process involved three major components, a statewide self assessment, comparison of Kansas performance on specific outcomes with the established national standards, and a one-week onsite review by federal and state reviewers. Kansas needs improvement in three outcome performance areas: maltreatment in foster care, length of time to achieve

reunification, and stability of foster care placements. Ms. Allegrucci pointed out Kansas uses a likelihood of harm standard for abuse, one of the broadest in the country, while other states use physical evidence of harm. Looking at the results of performance measures from the final report, the conferee stated in response to the low rating on training, a four-year training program is being implemented to retrain everyone in the system. The Department found, in reviewing all the findings, the Kansas program had centered on the child and the safety of the child with very little regard for the families around the child. The training program will have an emphasis on responding in a family centered way, which will start with the Department's and contractor's staff and will be available to every other partner in the system depending on available resources.

Responding to some of the issues raised in testimony during the Committee meeting, Ms. Allegrucci stated the Department will be asking for a narrowing of the definition of abuse and neglect. Every child coming into the system has a guardian ad litem appointed. However, in one county there were only two guardians ad litem for a caseload of 1,250 children. There are places in the system which need to be improved and there are plans to bring all of the players to the table to move toward improvements.

Working with the schools training social workers needs to be pursued so social workers entering the foster care field are better trained. If schools are not willing to develop programs to do this, the reasons why need to be determined. Ms. Allegrucci stated there had been a meeting with schools throughout the country asking them to add a track for students interested in this area. Schools said they could not because the accreditation standards require a general social work degree and the training for specialization is up to the employers.

Staff called attention to a memorandum from Melvin Goering, CEO, Prairie View, Inc., giving information requested relative to amount contractors owe Prairie View, Inc. (Attachment 51).

Committee members were asked to notify the Chair of any areas they would like to have included at the next meeting. Staff was asked to invite a representative from the Children's Cabinet, a charge of this Committee, to appear at the November meeting.

The meeting was adjourned.

Prepared by Almira Collier
Edited by Emalene Correll

Approved by Committee on:

November 28, 2001