Approved 2-22-89 Ginger Barr, Chm
Date

MINUTES OF THE HOUSE COMMITTEE ON FEDERAL AND STATE AFFAIRS.

The meeting was called to order by Representative Ginger Barr at
Chairperson

1:33 ~~x.m.~~/p.m. on February 13, 19 89 in room 526-S of the Capitol.

All members were present except:

Committee staff present:
Mary Torrence, Revisor of Statutes' Office
Mary Galligan, Kansas Department of Legislative Research
Juel Bennewitz, Secretary to the Committee

Conferees appearing before the committee:

Winston Barton, Secretary, Kansas Department of Social and Rehabilitative Services (SRS)
Stanley Grant, Secretary, Kansas Department of Health and Environment (KDHE)
Ann Colgan, Special Assistant, Department of Administration
Meredith Moore, Professor of Communications, Washburn University

The meeting was called to order at 1:33 p.m. Chairman Barr explained the purpose of the hearings was for members of the committee to decide if some legislation should be introduced regarding any of the issues to be discussed during the week. The committee will review and discuss those possibilities, Monday, February 20, 1989.

Winston Barton gave an overview of SRS services citing many statistics concerning the numbers of children in SRS care or oversight and the numbers and types of homes involved. He mentioned "Child Tracking System", a monthly SRS report, which includes the aforementioned information and suggested members of the committee might wish to receive it. The Medicaid Program overlaps with KDHE and is known by Can Be Healthy, previously known as Early Periodic Screening Diagnosis and Treatment (EPSDT). He cited the Governor's Report on Children and Families and the recommendations made in it. Kan-Work and the positive aspects of the program were mentioned.

In response to questions regarding Kan-Work, the secretary explained it is in operation in Shawnee, Sedgwick, Barton and Finney counties and the goal is to eventually provide the program in all 105 counties. All applicants have been cared for though there is a need for more social workers. There is an advisory committee of people from the Department of Education on networking with other agencies. The day care program at Topeka High was cited.

The number of children in agency care seems to be on the incline - 3,892 as of December, 1987 to 4,145 as of February, 1989. The agency has a Family Preservation Program which endeavors to work with families and thereby keep the children in their homes.

The 10% increased day care reimbursement will help but Secretary Barton expressed interest in contracting with some private day care providers for a fixed daily rate for "slots". A major concern of providers seemd to be the "red tape" involved in obtaining reimbursement.

SRS handles adoptions for difficult to place children - those with some sort of handicapping condition. The state provides an adoption subsidy for such children as well as paid medical expenses.

Group homes were explained as follows:
level 4 group home - has difficult children, for example: runaways
level 5 group home - has troubled children in a very structured environment, example: St. Francis Boys' Home in Salina
level 6 group home - would be like a psychiatric in-patient facility

Stanley Grant, Secretary of KDHE introduced staff people:
Azzie Young, Ph.D., Director, Bureau of Maternal and Child Health
Richard Morrissey, Director, Adult and Child Care Licensing
Shirley Norris, Director, Child Care Licensing Program

Secretary Grant provided an overview of the agency's involvement in childrens' issues focusing on the Division of Health and its five bureaus. He also reviewed services provided during the life cycle and the programs available for each cycle, Attachment No. 1. Attachment No. 1A is a KDHE organizational chart; Attachment No 1B is a pamphlet regarding the Make A Difference Information Network; Attachment No 1C is a KDHE pamphlet with the names of agencies and phone numbers.

A higher number of women are reflected in maternal/infant care statistics as many will come in for pre-natal care but are "lost to the system" post-partum.

Citing the Governor's Commission on Children and Families report, if care were increased to the level recommended, 5,400 additional people would be served with the additional rebate program bringing the total to 58% leaving 42% unserved.

An employer interested in establishing a day care center would contact KDHE but the department couldn't give tax credit information and would have to refer the employer to the Department of Revenue (KDR). "One stop service" is not available and could be discouraging to an employer.

The law licensing day care in Kansas dates from 1919 and exempts parents or relatives by blood or marriage from having to be licensed. A provider caring for six or fewer children may fill in a checklist and be registered with KDHE, a provider caring for seven or more children would have to be inspected to be licensed. Presently, 8,000 - 9,000 applications are processed by hand as the office is not computerized.

Local health departments can be considered the "gateway" for getting families to Can Be Healthy, though it will be some time before all county health departments are "on line". Staff at SRS and KDHE are working to establish an outreach program.

The issue of teen pregnancy is handled through SRS, KDHE, local health departments, schools and some parent groups. Dr. Azzy Young explained a federal grant program being developed as having two components:

1. a community coalition of organizations within the community, familiar with the informed network and
2. casefinders - home educators working with home residents and the community coalition.

The maternal and infant care program serves 80% of the female population in 37 counties and provides medical, nursing and psycho-social care. The childbearing age in Kansas is considered to be 14 - 44 years.

Ann Colgan reviewed the issues addressed and the priority recommendations of the Governor's Commission on Children and Families, Attachment No. 2.

A great deal of interest has been shown in the work of the commission and funding is necessary for it to continue.

Secretary Barton explained the reporting process on child abuse. A detailed report is required along with confirmation. He suggested using a method wherein reporting abuse has been committed on the child rather than having to prove a certain party responsible. The particular department handling this information is not computerized thus impeding timely imparting of this information.

Meredith Moore presented background and the make-up of the 1989 Women's Agenda, issues it addressed and legislative action it will support during the 1989 session, Attachment No. 3.

The meeting adjourned at 3:10 p.m. The next meeting of the committee will be February 14, 1989, 1:30 p.m. in Room 526-S.

GUEST LIST

FEDERAL & STATE AFFAIRS COMMITTEE

DATE February 13, 1989

(PLEASE PRINT)

| NAME | ADDRESS | WHO YOU REPRESENT |
|---|---|---|
| Mary Morris | Garden Plain | Girl Scouts |
| Frances Shearer | Hays | Girl Scouts |
| Martha Lee | Hutchinson | Girl Scouts |
| Tammy Shearer | Hays | " " |
| Rachael James | Great Bend | " " |
| Nile Clarke | Topeka | Youth Services |
| Ruth Wilkins | Topeka | Girl Scout Council |
| Debra Ott | Wichita | Planned Parenthood of Ks. |
| Kristin Linder | Pittsburg, Ks | Girl Scouts |
| Kamie Jones | Wichita | Girl Scouts |
| April Behrendt | Marysville, KS | Girl Scouts |
| Shayla Morris | KONE - Topeka | |
| Maggie Young | KDHE | Topeka |
| Charles Konigsberg | ~~KDHE~~ Topeka | KDHE |
| Peggy Jarman | WHCS - 5107 E. Kellogg, Wichita, Ks | |
| Richard Morrissey | KDHE | Topeka |
| Carolyn Middendorf | Topeka | KSNA |
| James W Dodge | 1900 Hope Topeka | USD 501 Alternative Educ. |

STATE OF KANSAS

DEPARTMENT OF HEALTH AND ENVIRONMENT
*Forbes Field*
*Topeka, Kansas 66620-0001*
*Phone (913) 296-1500*

Mike Hayden, *Governor*

Stanley C. Grant, Ph.D., *Secretary*
Gary K. Hulett, Ph.D., *Under Secretary*

Testimony Presented to

House Federal and State Affairs Committee

By

Kansas Department of Health and Environment

on Children's Issues

The health and well-being of children and families in Kansas is a part of the Kansas Department of Health and Environment's agenda for the 1980's and beyond. Kansas has a long and rich history of having a very proactive health system that includes both the private and public sectors. This strong system of health delivery has the support of federal, state and local agencies. The need to eliminate barriers to accessible and available health care is an important health delivery priority. Making the health delivery system sensitive to cultural needs is also an important priority.

The adage "An Ounce of Prevention is Worth a Pound of Cure" has great meaning in the area of public health. Public health is focused on the prevention of disease and promotion of health. In Kansas, public health services are delivered for the most part through local health departments located in 104 of 105 counties. Through our federal, state and local partnership, we have made great advances in the prevention and treatment of many conditions affecting the health and development of infants and children. However, we recognize that many rural and inner-city families lack health services and large segments of the population are unable to pay for costly health services. Compounding this situation is increased competition for public dollars that decreases the amount available for health care. Thus, the problems of today's health care system are economic and ethical, not just medical and technological.

It is now evident that improved health will be obtained only by achieving a better balance between the prevention of illness and the treatment of illness. Many of the maladies that affect modern human kind are best addressed through prevention, not cure.

HOUSE FEDERAL & STATE AFFAIRS
Attachment No. 1
February 13, 1989

We must target our efforts in the most effective ways, coordinate our activities, and assure that all of our children receive basic health and developmental services.

My presentation today will focus on a number of existing public health programs and initiatives that I think are critical to the future of Kansas children and families. The prevailing theme today is prevention!

Prior to giving you programmatic information, permit me to give you a general overview of the organizational structure at KDHE.

The Department consists of four operating divisions: Health, Environment, Information Systems, and Laboratory and Research. In 1988, the Governor and Legislature approved an Advisory Commission on Health and Environment. The commission's role is to consult and advise me on major department policy issues and future agency direction. For the purpose of today's discussion I will focus on the Division of Health which is comprised of five bureaus:

- BUREAU OF MATERNAL AND CHILD HEALTH - This Bureau focuses on promoting and improving the health status of women of childbearing age; infants and children; families; and others with special health care needs.

- BUREAU OF LOCAL HEALTH SERVICES - This Bureau administers a variety of primary prevention and risk reduction programs including: healthy start home visitor; chronic disease; school health; health and fitness program for the elderly; general health promotion programs for the aging; and consultation and technical assistance to local communities, local health departments and schools in developing health services and health education.

- BUREAU OF ADULT AND CHILD CARE - This Bureau is responsible for the licensure or registration of child care facilities, adult care homes and other health care facilities.

- BUREAU OF EPIDEMIOLOGY - This Bureau maintains a continuous surveillance of all infectious and communicable diseases and provides vaccine for the control of tuberculosis and immunizations that are required by law for all children entering school in Kansas for the first time. This Bureau is also involved with: activities to control the spread of sexually transmitted diseases; the surveillance of Acquired Immune Deficiency Syndrome (AIDS); and technical and financial support of Human Immunodeficiency Virus (HIV) antibody testing and counseling sites.

- BUREAU OF FOOD, DRUG AND LODGING - This Bureau is responsible for inspecting and licensing food service and lodging establishments and pharmacies. The Bureau also investigates consumer complaints in regulated establishments, and serves as a contractural arm of the United States Consumer Product Safety Commission.

A frequent question being asked today, on television as well as in the printed media is, "Who's caring for our nation's children?" To address that question from a public health perspective, in Kansas, KDHE's care and concern starts during the preconception period and continues throughout the life cycle.

During the **Preconception Period**, we promote good nutrition, healthy lifestyles and proper spacing of pregnancies through a variety of programs.

For example:

**Family Planning Service** is federally funded preventive health program available in 75 counties which supports maternal and infant health and the emotional well-being of individuals and their families. In calendar year 1988, 46,900 Kansans were served.

**Nutrition Consultation Services** are provided to Maternal and Child Health programs as well as to Children with Special Health Care Needs and other programs in the Division of Health and local health agencies. These federally funded services include nutrition training and technical assistance; assessment of nutrition needs at the state and local level; program planning and evaluation; policy and standard setting for nutrition services; state and local resource development; and liaison with other agencies concerned with human nutrition and nutrition services. State nutrition consultation is designed to meet the needs of nutritionally high-risk clients and the education and health promotion needs of Kansans.

**Prenatal Care (PNC)** - This is an area that has received a lot of attention at both the national and State level. The Governor's Commission on Children and Families listed expansion of prenatal care services through the Maternal and Infant Program as it's top priority recommendation.

It is well documented that early, continuous and comprehensive PNC is a cost effective method of preventing low birth weight and disability. The House Select Committee on Children, Youth and Families, U.S. Congress, 1987 stated that every $1 spent on comprehensive PNC saves $3.38 in the cost of care for low birth weight infants.

In 1987, 5,600 Kansas women did not receive adequate prenatal care. The results of low birth weight are also well documented. Low birth weight relates directly to infant mortality which is one of the most serious problems facing the United States and Kansas today. These low birth weight infants are twice as likely to suffer physical handicaps and/or developmental delays and will be re-hospitalized more than once during their first year of life.

The incidence of low birth weight is significantly lower for women who received prenatal care and again lower for those who began their care prior to the last trimester of pregnancy. In 1985, Kansas Medicaid data indicated that of those women with zero to 3 prenatal visits, 23% gave birth to low birth weight infants; 4 to 6 prenatal visits resulted in 17% low birth weight infants while women with 10 or more prenatal visits had a 7% or less risk of giving birth to a low birth weight infant.

Access to prenatal care is impeded by a number of factors: (1) the Medicaid program is not available to all low income pregnant women and children; (2) the high number of Kansans uninsured and underinsured; (3) Maternal and Infant projects are only available in 37 counties; (4) the WIC program serves 50% of the potentially eligible participants; and (5) some obstetricians and gynecologists (OB-GYNs) are unwilling to accept Medicaid clients.

There are four major programs which provide prenatal care and support services in Kansas. They are: the Maternal and Infant (M & I) Projects; the special Supplemental Food Program for Women, Infants and Children (WIC); the Healthy Start/Lay Home Visitor Program; and Medicaid.

1. **Maternal and Infants Programs** provide comprehensive prenatal care to high-risk mothers and newborns including pre and postnatal supervision, nutrition assessment, consultation and health maintenance. The state and federally funded programs are designed primarily for the prevention of infant mortality, child abuse and neglect and are available in 37 counties. In FY 88, 5,770 women and 3,408 infants were served. Thirty percent of the women served were adolescents.

2. **SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)** is designed to improve the nutritional health status of low-income women who are pregnant, breastfeeding, or newly postpartum; and infants, and children up to age five. Monthly food vouchers are issued that can be presented to any authorized vendor (grocery store) for WIC foods that are selected on the basis of specific nutritional needs. Nutrition education is also provided. This statewide program serves approximately 33,000 participants each month which represents about 50% of the potentially eligible participants. Within the next sixty days, KDHE will be implementing an Infant Formula Rebate Program that will allow expansion of the WIC caseload to an additional 5,400 women and children.

   The State WIC program was recognized recently at the National Association of WIC Director's meeting in Washington with an award for work in the area of nutrition. We are very proud of this cost effective program and the quality of services provided to eligible citizens by state and local WIC staff.

3. **Healthy Start Program** provides support to pregnant women and new mothers through visits by carefully selected and trained lay visitors. It is available in 49 counties.

4. **Medicaid**

   This program is administered by SRS, but let me point out that the SRS' medical assistance program currently reimburses physicians and local health departments for selected prenatal care services.

One important **milestone** and an example of coordination between KDHE and SRS was the development of a Comprehensive Interagency Agreement in 1986.

The latest major accomplishment was the 1988 implementation of the **Prenatal Express Initiative** which is a joint project to significantly improve pregnancy outcomes with low income populations.

There are a number of other KDHE/SRS cooperative projects were are designed to maximize health services for children and families in the state.

**Infants:**

In many cases the survival of infants during the first year of life presents a challenge to parents, health care providers, the health care system as well as the social service systems.

In addition to the M & I program and Healthy Start Home Visitor program, KDHE directly supports a number of other programs.

1. **Newborn screening** for PKU, hypothyroidism and galactosemia. This is a statewide program with centralized analysis done in the State laboratory.

2. The Kansas Black and Hispanic Community Health Coalition Demonstration Project will utilize federal funding to address the high infant mortality rate in the Black and Hispanic communities in the three major urban counties of the State (Wyandotte, Shawnee, and Sedgwick).

   I will point out some data here to demonstrate the major problem we have in the state relative to keeping Black and Hispanic babies alive during the neonatal and post-neonatal period. The overall infant mortality rate in Kansas rose slightly to 9.2 in 1987 from 8.6 in 1986. However, if we analyze the Black infant mortality rate we find that the rate increased from 13.9 in 1986 to 18.7 in 1987 whereas the rate for whites remained essentially constant (8.2 in 1986, 8.3 in 1987).

   The major goal of this new, 2 year grant program is to develop a Black and Hispanic Community Health Coalition structured around a community-based/home management/prevention model for reducing infant mortality. The intervention strategies of the project will capitalize on informal family and friendship networks already established in the Black and Hispanic communities.

**Children from age one to the beginning of adolescence:**

KDHE supports programs that provide health assessments, including immunizations and a variety of screening. For example:

1. **The Early Periodic Screening Diagnosis and Treatment Program (Kan/Be/Healthy)** is a program which promotes good health by identifying and treating health problems that could become handicaps, lead to illness, slow growth or eventually affect school or work performance. It is available statewide.

2. **The Immunization Program** provides county health departments with childhood and adult vaccines, printed materials, and technical assistance in maintaining local immunization programs. The program also provides oversight responsibility for compliance with state immunization requirements for school entry. Services are available statewide.

3. **The School Health Program** provides consultation to school health nurses, and health education activities or programs across the State. Comprehensive school health education is especially important for today's young people when the following facts are considered:

    1) More school-aged children now die of accidents than of diseases.

    2) Alcohol abuse is common for many school age children and alcohol related accidents are the leading cause of death among adolescents. Sixty percent of all highway traffic fatalities among young people are related to alcohol. Kansas statistics are reflective of national statistics in this area.

    3) During 1986, 1,671 children in Kansas between 10-17 years of age were treated for one or more sexually transmitted diseases.

    A current need exists to determine the assistance local schools would require to improve health education and physical education programs. Data can be utilized to determine the additional technical assistance and/or funding necessary to improve local programs.

    In order to achieve the 1990 exercise health objectives, it is important to encourage and support the development of a partnership among parents, schools and community organizations to increase the number of programs teaching lifetime fitness and nutritional habits conducive to health.

Currently, SRS through the Alcohol and Drug Abuse Services Section provides training on substance abuse prevention to schools. The Kansas State Department of Education also provides technical assistance and staff training on issues related to health education, human sexuality and AIDS education, and physical education in Kansas schools.

**Child Care:**

In January, 1988, Representative Bob Miller, Wellington, and Representative Kathleen Sebelius, Topeka, issued a press release which included the following statement:

> "One of the major social changes in America in the last ten years is the number of women in the work force. Today, only 11% of the American families fit the traditional mold of a husband working with a wife and two kids in the home. In the majority of families, both parents work, and someone else takes care of the children during the day. Currently, the fastest growing segment of the U.S. labor force is women with preschool children."

The statement is still accurate a year later. The need for child day care which meets the requirements of working parents and which also protects the health and safety of children continues to increase, not only because of more and more women entering the work force, but also as a result of the KANWork Act in Kansas and the Welfare Reform Act nationally.

Kansans willing to provide child day care are responding to the need in ever increasing numbers as is indicated by the growth of the child care regulatory program. In December, 1987, just prior to the press release, there were 6,374 child day care facilities (5,815 homes and 559 centers) caring for approximately 73,600 children. By December, 1988, this number had increased to 7,151 facilities, (6,573 homes and 578 centers) expanding the number of day care slots to approximately 80,720. However, demand still exceeds supply, according to information from local health departments and from day care referral agencies licensed by the Kansas Department of Health and Environment. Employers are just beginning to consider child care as an employee benefit, and care for SRS eligible children is difficult to find because the authorized provider rate is lower than the cost to the facility of providing the service. Care for infants and toddlers and for school age children is in particularly short supply, as is care for ill children and children with special needs.

Although KDHE is not a recruitment agency, the child care regulatory program does contribute to the availability of day care by endeavoring to make a timely response to applications for licenses and certificates of registration, and keeping the licenses and certificates current. In addition, regulations are amended to reflect changing child care needs.

In the concern about the need for safe, healthy, and available day care, we should not overlook the growing need for quality foster care and residential care which provide protection, treatment and support to children and youth who are not living with their parents. There are significant concerns about inadequate foster care placement and services, and criticism has been directed at the service delivery system designed to implement programs for severely emotionally disturbed youngsters. The state however, has begun to address two serious problems -- children in adult jails, and chronic runaways by establishing two new residential care programs -- "attendant care" which is

designed to meet the need for immediate placement to avoid detaining youth in adult jails, and "secure care center" which permit residential facilities other than detention centers to hold chronic runaway youth is a secure environment for a limited period of time. Both types of care are licensed by KDHE, following adoption of appropriate regulations. Also, residential substance abuse treatment programs are on the increase, and there is growing interest in the private sector in developing residential services for severely emotionally disturbed children.

Child care - both day care and residential care - is an issue which will continue to command the attention of governmental agencies as partners in addressing the full range of child care needs.

**Adolescence:**

It is our view that all adolescents and young people should live in an environment that recognizes their special health, personal and social needs. Let me give you some data relative to Adolescent Pregnancy in Kansas.

# ADOLESCENT PREGNANCY IN KANSAS

## LIVE BIRTHS BY SELECTED AGE GROUP OF MOTHER

| Year | Live Births | Age 17 & Under No. | Age 17 & Under % | Age 19 & Under No. | Age 19 & Under % |
|---|---|---|---|---|---|
| 1982 | 40,757 | 1,654 | 4.1 | 5,451 | 13.4 |
| 1984 | 39,954 | 1,429 | 3.6 | 4,710 | 11.9 |
| 1986 | 39,177 | 1,546 | 4.0 | 4,490 | 11.5 |
| 1987 | 38,435 | 1,471 | 3.8 | 4,329 | 11.2 |

## SELECTED STATISTICS FOR MOTHERS UNDER 20

| Vital Event | 1982 | 1984 | 1986 | 1987 |
|---|---|---|---|---|
| Live Births | 5,451 | 4,710 | 4,490 | 4,329 |
| Stillbirths | 50 | 35 | 41 | 46 |
| Abortions (Induced)* | 2,006 | 1,598 | 1,245 | 1,207 |
| Total Pregnancies ** | 7,507 | 6,343 | 5,776 | 5,582 |
| Out of Wedlock Births | 2,146 | 2,083 | 2,413 | 2,432 |

* Numbers represent the induced abortions reported.
** Totals do not include the number of spontaneous terminations or unreported induced terminations of pregnancy.

## KANSAS TRENDS IN 1987

- 10.7% of births to mothers under 18 were of low birth weight (less than 5.5 lbs.) as compared to the state percent of 6.1.
- 18.2% of all fetal deaths (stillbirths) occurred to mothers 14-19 years of age yet only 11.3% of total live births were delivered by this age group.
- 17.0% of mothers under 18, who delivered a liveborn infant, had a previous pregnancy.
- 13.6% of mothers under 18, who delivered a liveborn infant had 3 or more previous pregnancies.
- 37.1% of the out-of-wedlock live births were to mothers under 20 years of age.
- 29.8% of reported induced terminations of pregnancies were to mothers under 20 years of age.

Source: Bureau of Maternal and Child Health
Kansas Department of Health and Environment
1/89

**Adolescent Health Promotion** emphasizes good health habits among the youth. KDHE is using a Primary Care and a Health Promotion/Assessment Model to determine the one most effective for Kansas.

The Primary Care model is located in Sedgwick County which has a large adolescent population and it has been documented that significant health problems exist among that group. An adolescent station has been established in close proximity to a high school and two middle schools. The health station is part of the outreach efforts of the local health department. It provides health assessments, diagnosis and treatment services on an outpatient basis.

The Health Assessment Model is designed to provide health assessments, education and referral for high school students in Wyandotte County. The health assessments will be carried out in physical education classes in a pilot high school.

**Children with special health needs:**

The state supports Services for children with Special Health Care needs (formerly the Crippled and Chronically Ill Program). This program provides screening, diagnostic and treatment services. Other major activities are: patient tracking, case management, outreach clinics, and services for infants and toddlers (0-2 years of age). The Department along with other agencies also supports a Network toll-free telephone line and operator.

**Conclusion:**

Finally, KDHE is one of the two agencies in Kansas directed to address health promotion and disease prevention as well as the quality of life for Kansas children and families. We are committed to the well being of our state's children, making them one of our highest priority. We want to guarantee them an opportunity to begin a healthy life by preventing: low birth weight and morbidity and disability, thus enabling them to reach their full potential as individuals and as productive citizens.

Bottom line -- KDHE feels that it is in the public interest to Care for Children in the State.

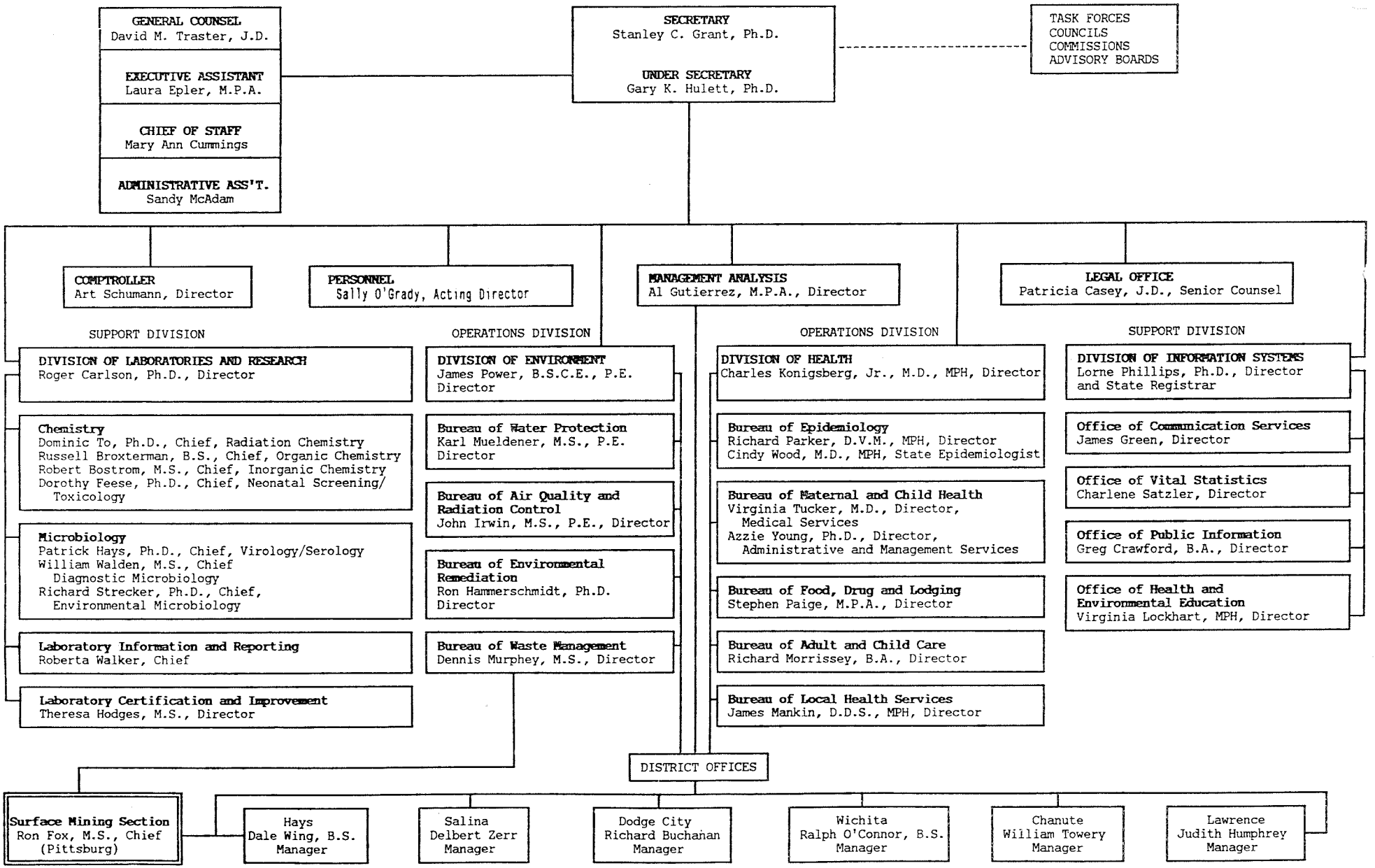
Thank you and I appreciate the opportunity to share some of our Department's efforts in caring for our state's children.

Presented by: Stanley C. Grant, Ph.D.
Secretary
Kansas Department of Health and Environment

STATE OF KANSAS
Mike Hayden, Governor

October, 1988

# KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT




HOUSE FEDERAL & STATE AFFAIRS
Attachment No. 1A
February 13, 1989

The Make A Difference Information Network is made possible by the following sponsors

Kansas State Department of Health and Environment
Advisory Commission on Crippled Children

Kansas State Department of Education
State Plan Grant

Comprehensive State Delivery System For Severely Handicapped Children & Youth

Kansas State Department Of Social and Rehabilitation Services
Office of Child and Adolescent Mental Health Services Program

Families Together Parent Center

Kansas Planning Council On Developmental Disabilities Services
Self Advocacy Consultation Service
Exceptional Family Information Network

Personnel Development Resource System

Funds for this brochure were provided through the U.S. Department of Education, Part C, Education of All Handicapped Children Act, Kansas State Plan Grant, #G008435083.

•MAKE A• Difference INFORMATION •NETWORK•

TTD/TTY

An Information Service for Children and Adults with Disabilities, their families, and their service providers.

•MAKE A• Difference INFORMATION •NETWORK•

1-800-332-6262

HOUSE FEDERAL & STATE AFFAIRS
Attachment No. 1B
February 13, 1989

# MAKE A Difference INFORMATION NETWORK

**The Make A Difference Information Network For Children And Adults With Disabilities** is for anyone seeking information about the services and resources that are available in Kansas. It is a network of many cooperating programs. One phone call will reach all of these programs.

Information is available about:

- advocacy and legal organizations
- respite care during vacations, weekends or family emergencies
- screening, diagnosis, evaluation
- early intervention for infants and preschool children
- education, public health and social service agencies
- counseling
- living arrangements
- parent support groups
- resource materials for families
- training resources and materials for service providers

## Why Call The Make A Difference Information Network?

Information about services has been collected into one computerized system so that individuals and their families will not have to search for the services that they may need. The Make A Difference Information Network can help you find the right agency in your community to contact.

## How Does The Network Help?

One toll free call will activate a computer search through the agencies and programs in your community and in the state which may be able to help you.

Then you will know:

- What is available
- Whom to call
- Where to go for help

## What Will Happen Then?

You can decide what services to contact. No one will call or write to you unless you ask them to do so.

## So Make That Call

Call if you need help finding information about services and resources for persons with disabilities.

**Make A Difference Information Network**

**1-800-332-6262**

## INFORMATION SYSTEMS

Maintaining and transmitting information about health and environment to the public and within the agency, our services include:

**Communication Services** **913/296-5620**
Monitoring and timely reporting of health and environmental data can help keep Kansans healthy. This office provides analytical, computing and telecommunication support services for program staff.

**Vital Statistics** **913/296-1400**
This office maintains records of births and deaths (since1911), marriages (since 1913) and divorces (since 1951) occurring in Kansas. For a nominal fee, certified copies are provided in accordance with statutory authority.

**Public Information Services** **913/296-1529**
Accurate, timely information about agency plans and activities is provided to the public and to government agencies through news releases, public-service announcements and other informational materials.

**Health and Environmental Education 913/296-1216**
Films, pamphlets, educational services and consultation about environmental and health issues are available through this office.

Film/Video Lending Library 913/296-1215
Literature Distribution Center 913/296-1214

**KANSAS PUBLIC HEALTH**
**More than 100 years**
**of**

Kansas Department of Health and Environment
Topeka, Kansas 66620-0001
913/296-1500

## DISTRICT OFFICES

**North Central**
2501 Market Place, Suite D
Salina, Kansas 67401-7699
913/827-9639

**South Central**
3244 East Douglas, Room 103
Wichita, Kansas 67208-3309
316/651-5500

**Northeast**
808 West 24th Street
Lawrence, Kansas 66046-9417
913/842-4600

**Southeast**
1500 West 7th
P.O. Box 888
Chanute, Kansas 66720-0888
316/431-2390

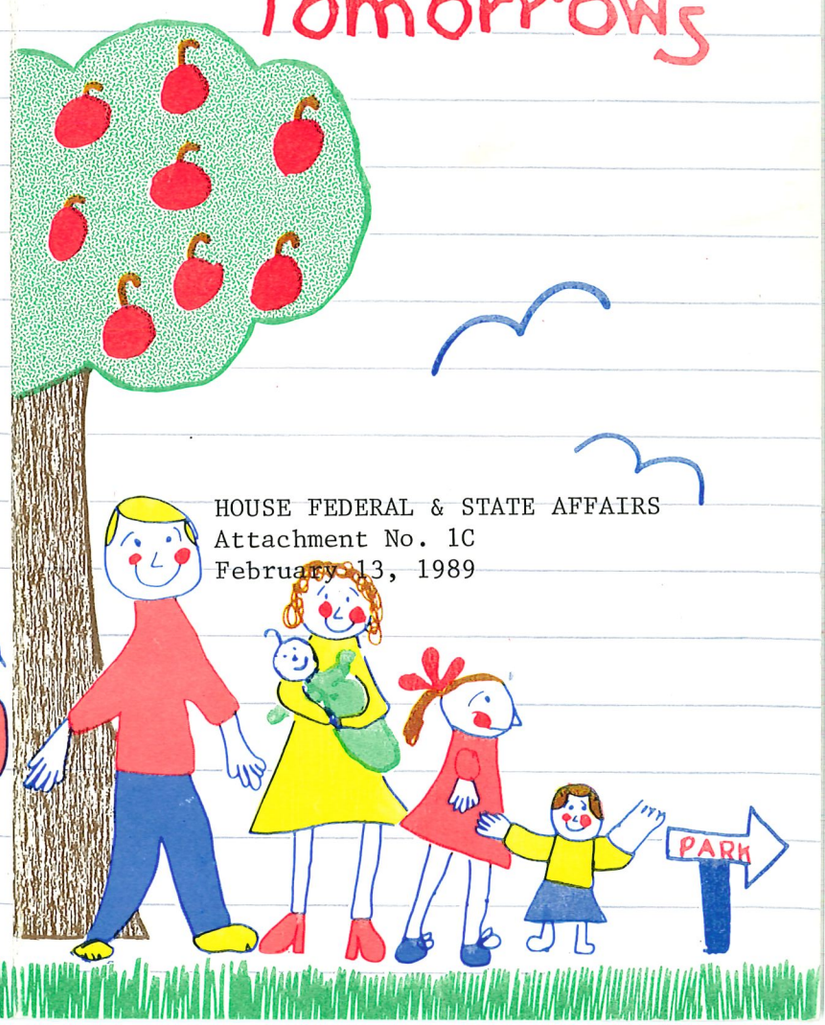
**Northwest**
2301 East 13th
Hays, Kansas 67601-2651
913/625-5664

**Southwest**
302 West McArtor Road
Dodge City, Kansas 67801-6098
316/225-0596



# KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

## ...building healthier tomorrows



# HEALTH

Ensuring high standards and access to care for you and your family, our health programs focus on:

**Adult and Child Care Facilities** **913/296-1240**
Facilities caring for children, as well as adult-care and medical institutions, are held to high standards of safety, care and cleanliness.

| | |
|---|---|
| Adult Care Homes | 913/296-1240 |
| Hospital and Medical Programs | 913/296-1240 |
| Child Care Facilities | 913/296-1240 |
| Health Occupation Credentialing | 913/296-1240 |

**Local Health Services** **913/296-1200**
Promoting a healthy lifestyle through prevention and risk reduction, this bureau provides services for community health programs serving infants, children, families and the elderly.

| | |
|---|---|
| Community Health Nursing | 913/296-1202 |
| Healthy Start/Home Visitor | 913/296-1234 |
| Health Promotion | 913/296-1227 |
| Dental Health | 913/296-1200 |
| School Health | 913/296-1237 |
| Diabetes Control | 913/296-1207 |
| Lively (Adult Health Promotion) | 913/296-1210 |
| Aid to Counties | 913/296-1210 |

**Food, Drug and Lodging** **913/296-5600**
Dedicated to ensuring safety in food, medicines and accommodations, Kansas food and drug investigators also monitor potentially dangerous consumer products, including toys, power tools and household appliances.

**Epidemiology** **913/296-5586**
Immunizations, especially for children, and careful monitoring of communicable diseases help protect Kansans against illness. Besides dealing specifically with sexually transmitted diseases, AIDS and tuberculosis, the bureau investigates outbreaks and clusters of other diseases.

| | |
|---|---|
| AIDS | 913/296-5587 |
| Sexually Transmitted Diseases | 913/296-5597 |
| Tuberculosis | 913/296-5590 |
| Immunization | 913/296-5593 |

**Maternal and Child Health** **913/296-1300**
Focusing on illness prevention and promoting access to care, these programs serve children and families, including migrants and children with special health care needs.

| | |
|---|---|
| Services for Children with Special Health Care Needs | 913/296-1313 |
| Supplemental Food for Women, Infants and Children (WIC) | 913/296-1320 |
| Maternal, Infant and Child Health | 913/296-1300 |

# ENVIRONMENT

A healthy life, a healthy environment...Because the two are inseparable, we provide environmental services including:

**Air Quality and Radiation Control** **913/296-1540**
Ensuring high standards for the air we breathe, this program preserves air quality by controlling harmful environmental agents and controlling and reporting hazardous chemicals emitted into the air.

| | |
|---|---|
| Air Quality | 913/296-1570 |
| Asbestos Control | 913/296-1550 |
| Radiation Control | 913/296-1560 |
| Right-to-Know | 913/296-1690 |

**Environmental Remediation** **913/296-1660**
To promote environmental health and water purity through pollution cleanup, the remediation program prevents the spread of chemical contaminants in surface and groundwater.

| | |
|---|---|
| Pre-Superfund Investigations | 913/296-6242 |
| Spill Response | 913/296-1678 |
| Site Remediation | 913/296-1675 |

**Waste Management** **913/296-1593**
Regulating storage, collection, transportation and disposal of solid and hazardous waste materials, this bureau offers education programs encouraging the use of nonhazardous waste for materials and energy, regulates about 18,000 underground storage tanks and reclaims mined lands.

| | |
|---|---|
| Solid Waste | 913/296-1594 |
| Inspections and Enforcement | 913/296-1603 |
| Hazardous Waste | 913/296-1607 |
| Surface Mining | 316/231-8540 |

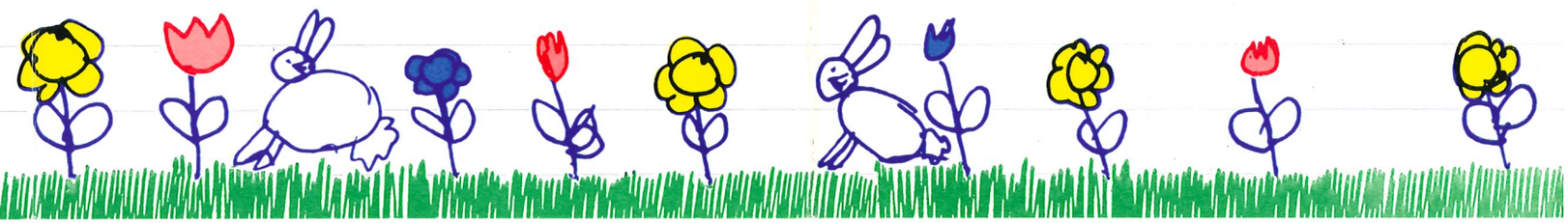
**Water Protection** **913/296-5500**
Kansas streams, lakes, groundwater, water and wastewater treatment facilities, and injection wells are monitored to prevent pollution and ensure safety.

| | |
|---|---|
| Industrial | 913/296-5545 |
| Municipal | 913/296-5525 |
| Technical Services/Permits and Compliance | 913/296-5506 |
| Water Quality Assessment | 913/296-5565 |

# LABORATORIES & RESEARCH

Conducting about 750,000 tests annually, the state laboratory assists in disease prevention and control and detects environmental contaminants. One section monitors the proficiency of clinical and environmental laboratories and administers breath alcohol programs. Every newborn baby in the state is tested for three genetic deficiency diseases which, if undetected, can lead to mental retardation.

| | |
|---|---|
| Laboratories and Research | 913/296-1620 |



Testimony by Ann K. Colgan
February 13, 1989

On May 23, 1988, Governor Mike Hayden signed Executive Order 88-110 establishing the Governor's Commission on Children and Families. The Commission was tasked with the responsibility of identifying public issues most critical to the future of the children and families in Kansas and making recommendations by December 1, 1988, to counter those problems.

The Governor asked First Lady Patti Hayden to serve as co-chair along with Wint Winter, Sr., former State Senator from Ottawa. Appointed to the Commission were 19 citizens - representatives from private industry and education and community leaders interested in children and family issues. They were joined by four ex-officio members: the cabinet secretaries from the Department of Social and Rehabilitation Services, Department of Health and Environment, and the Department of Human Resources, and the Commissioner of Education.

To learn about the problems facing children and families in Kansas, the Commission held six community hearings: Garden City on July 14th, Wichita on July 20th, Hays on July 27th, Pittsburg on August 3rd, and Johnson and Wyandotte Counties on August 10th. In addition, over 500 letters were received advising the Commission on the problems facing the children and families in Kansas.

HOUSE FEDERAL & STATE AFFAIRS
Attachment No. 2
February 13, 1989

Based on the testimony and written correspondence, the Commission chose to focus its attention on three areas: child care, maternal and infant health, and child abuse. The Commission realizes this report does not address all the problems facing the children and families in Kansas. Rather, it is intended to serve as a strong beginning - a foundation on which to build to improve conditions for our children and families.

The three committees worked diligently to develop preliminary recommendations, and on October 11, the Commission met to consider committee reports. Each committee brought to the Commission a number of proposals for discussion and consideration. The Commission voted on the proposals and selected four priority recommendations for the Governor to consider, which were:

- **Offer tax incentives to encourage private employers to provide employee child care assistance.**
- **Expand and enhance the Maternal and Infant program**
- **Expand and enhance the existing Healthy Start program**
- **Raise the rate of SRS child care reimbursement and increase the number of SRS child care slots.**

In the Governor's State of the State address, Governor Hayden endorsed all four of the Commission's priority recommendations.

I'd like to briefly go over the Commission's findings on each of these recommendations.

## Child Care

As the Commission conducted community hearings across the State, the number one concern voiced by Kansans was a plea for affordable, quality child care. Child care in the 80s is a topic that concerns virtually every working parent, regardless of economic or social status.

Many Kansas families are unable to afford quality child care and must leave their children at home alone or in unsafe conditions to pursue employment. Low-income families need access to child care to break the cycle of poverty and public assistance. Yet many families find themselves trapped in a welfare system which exhorts parents to work but does not pay adequately for the child care that would let them work.

Quality infant care in Kansas costs an average of $3,640 a year for one child - more than half the median wage for a single working mother with a child under the age of six.* If this typical mother has more than one child, holding down a job would mean spending her entire wages on child care - with nothing left for food, shelter and clothing.

For Kansas families who can afford child care there looms the additional problem of availability. Like the rest of the nation, Kansas is caught in a child care shortage that is staggering. The availability of infant care is so scarce that many parents reserve child care slots before their babies are even born.

The Commission believes private sector involvement in employee child care assistance would greatly benefit Kansas families. Consequently, the Commission recommended:

**Priority Recommendation: Offer tax incentives to encourage private employers to provide employee child care assistance.**

The State already has taken the initiative in implementing its own employee child care assistance plan. The State currently offers on-site child care through the KanWork program. In addition, the State has approved a special benefit plan that will let state employees exempt child care expenses from state taxation.

The proliferation of two income and single-parent families during the past twenty years has changed the character of the nation's workforce. Labor force participation rates for mothers have climbed steadily.

Today, 57 percent of all women with children younger than six work outside the home; in 1950, only 12 percent did.* The need for child care will continue to increase.

Experts estimate that by 1995, two-thirds of all preschool children and four out of five school-aged children will have mothers in the work force.*

In response to these demographic trends, private business and industry can realize tangible benefits by providing child care assistance for employees. Employers report decreased absenteeism, increased productivity and lower turnover rates linked directly to employee child care assistance programs. Research shows that employers lose an average of eight working days per year, per parent-employee, due to child care difficulties.*

More than 80,000 private businesses are located in Kansas. These include corporations, sole-proprietors, industries and professional partnerships. Approximately half of these businesses do not pay income tax. Therefore, a refundable tax credit would best appeal to a broad spectrum of Kansas businesses.

H.B. 2032 is currently working its way through the legislative process. 2032 allows credits for child day care assistance to employers that provide facilities and necessary equipment for child day care services.

**The Governor has recommended $3 million for day care business tax credits.***

**Priority Recommendation: Raise the rate of SRS child care reimbursement and increase the number of SRS child care slots.**

Adequate, affordable child care is important for all families, but it is especially crucial for low-income families. Without child care, poor families with young children are unable to find and keep jobs that would let them break out of poverty and leave the rolls of public assistance.

The State does provide some subsidy for child care for low-income families, but state reimbursement rates are considerably below market value and the number of subsidized child care slots is limited. Almost half of the licensed child care centers in Kansas will not accept SRS-subsidized children because the reimbursement rates are so low. Consequently, even parents who qualify for SRS child care assistance often have trouble finding child care.

Quality infant care in Kansas costs an average of $70 a week, $3,640 annually, for one child. The median annual

income for a single mother with at least one child under the age of six is $6,400, well below the federal poverty line.*

Child care for one infant represents 57 percent of the typical single mother's income.* If she has more children needing child care, her limited resources are quickly exhausted.

"If you have to pay for rent, heat, food, shoes and clothing for your children, diapers, medicine, transportation to and from work and other necessities, and you come to the end of the month and have $5 or $10 left until your next check - what do the think you'd spend that money on?" asks one SRS official. "If it's a choice of food or child care, you know it's going to go to food."*

The Commission recommends making SRS child care reimbursement rates more comparable to market rates, which should encourage child care providers to accept SRS-subsidized, low-income children. Increased funding for additional SRS child care slots would further reduce the shortage of child care for low-income families. **The Governor addressed our recommendation by proposing to increase the amount of reimbursement paid by SRS to day care providers by 10% as well as recommending $145,348 to increase the number of state subsidized child care slots.***

M & I Health

Recent figures show that Kansas has a statewide infant mortality rate of 9.3 per 1,000 live births. Only nine states report lower infant mortality rates. Kansas ranks thirteenth nationally in providing early prenatal care, with 81.1 percent of mothers in the State beginning prenatal care in the first trimester of pregnancy. Early prenatal care significantly reduces both maternal and infant mortality.*

These figures are encouraging and reflect the State's strong commitment to quality health care for mothers and children. But additional efforts are needed. Large segments of the State's population - primarily women and children - continue to lack adequate health care. Many Kansas families cannot afford health insurance yet do not qualify for Medicaid coverage. Low-paying jobs typically provide no health benefits or very minimal benefits. Migrant or immigrant families are sometimes fearful of applying for public health assistance, leaving additional numbers of children and pregnant women without care.

An estimated 13.8 percent of the State's population lived in poverty in 1985. The outlook is even worse for children - more than 17 percent of children under the age of five live in poverty.* Many of these children may

never see a doctor until their health problems become life-threatening. Many of them have mothers who did not receive adequate prenatal care - a factor highly correlated to poor infant health and development. Some of these children may suffer life-long disabilities because their parents could not afford early diagnostic screenings or medical intervention.

Many Kansas families cannot afford adequate prenatal care. Early and continuous prenatal care is effective in reducing the incidence of infant mortality and low-birthweight babies. The Kansas Department of Health and Environment estimates 30 - 50 percent of the State's population is medically indigent, or unable to afford health care.*

**Priority Recommendation: Expand and enhance the Maternal and Infant (M & I) program.**

The Kansas Maternal and Infant (M&I) program serves low-income families in a variety of ways. The program provides free prenatal care for qualified expectant mothers and free well-baby check-ups for infants up to one year of age. M&I also puts low-income families in touch with community pediatricians who have agreed to take non-paying or deferred-payment patients when additional

medical care is necessary. Based on the Commission's report, the Governor is recommending that the M&I program, administered by KDHE, be increased by $200,000 in FY'90.

**Priority Recommendation: Expand and enhance the existing Healthy Start program.**

The Kansas Healthy Start program provides support to new and expectant parents through visits by carefully selected and trained lay visitors. Parents are assisted with prenatal care, infant immunizations, infant health care and healthy parenting techniques.

Healthy Start is administered by the Kansas Department of Health and Environment on a county-by-county basis. KDHE contracts for the program with local county health departments. Lay visitors work under the direction of public health nurses. Currently, Healthy Start is available in 49 Kansas counties.

Ideally, Healthy Start serves all new and prospective parents. But when funding constraints exist, the program is targeted at high-risk, low-income families.

The Commission believes Healthy Start serves a dual function of improving infant health while reducing the incidence of child abuse through parent education.

Based on the Commission's recommendation, the Governor is recommending an increase of $125,000 for FY 89 for Healthy Start which is administered by the KDHE through local county health departments.

Additional Recommendations

The Governor also endorsed three additional recommendations of the Commission.

The first deals with child abuse:

**Proposal: Amend Kansas law to classify the killing of a child through abuse as a Class-A felony murder. Create a new crime of aggravated child abuse, a Class-B felony, to address cases where abuse results in serious or permanent injury.**

The nation as a whole, and Kansas in particular, has witnessed an alarming increase in the incidence of child abuse and neglect. In 1987, Kansas officials received 27,814 reports of child abuse and neglect - 7.2 reports for every 10 babies born. Between 1983 and 1987, reports of child abuse in Kansas jumped 42.6 percent.*

Kansas also suffers by comparison to the national average in the incidence of sexual and physical abuse of children. Nationally, sexual abuse cases comprise 11

percent of all child abuse reports. The rate of sexual abuse in Kansas is more than double the national average - 27 percent. Kansas also reports a higher-than-average incidence of physical abuse requiring medical attention. Approximately 41 percent of Kansas child abuse victims need medical aid or are hospitalized, compared to 30 percent nationwide.*

The Commission acknowledges the need for stiffer penalties for child abuse and believes the killing of a child during child abuse should carry the strictest penalty available under the law. To sanction anything less is to victimize that child a second time. Child abuse should elicit the full vigilance of society and the gravest penalties of our judicial system.

**The Governor supports the Commission's recommendation and so has the Legislature. Currently, three bills are being actively worked through the legislative process that relate to murder in the first degree for child abuse.** In addition, the Governor agreed with the Commission's recommendation to aggressively pursue rebates from manufacturers of infant formula purchased by WIC recipients and use the rebate revenue to expand the Special Supplemental Food Program for Women, Infants and Children (WIC).

WIC is a federally funded, supplemental food program for low-income mothers and children. The program serves pregnant, post-partum or nursing mothers and children up to age five. Participants must be poor and nutritionally at risk.

Because there is not enough federal funding to serve all of the State's needy population, most low-income Kansas mothers and children are left out of WIC. Only an estimated 34.6 percent of eligible Kansas mothers and children are served by the program.*

A state program that aggressively pursues rebates from infant formula companies would fund a sizeable expansion of the WIC program in Kansas. The Governor's Commission estimates as many as 5,400 additional mothers and children could be served during the first year through funding from infant formula rebates.*

**It is estimated that Kansas could receive as much as $2.3 million in rebates each year. Sixteen other states operate similar rebate programs.* The FY 90 recommendation by the Governor will serve 38,180 program participants. This is an increase of 9.1% over FY 1989.**

Finally, the Governor agreed with the recommendation of the Commission to review the State's foster care system. On any given day, roughly 5,500 children will be

in state custody in Kansas. Almost three-quarters of these children enter state custody because of abuse or neglect at home. Approximately 3 percent of these children will be placed in adoptive homes.* The remainder will be returned to their families or stay in state custody. Some of these children move from foster home to foster home with little permanency. **Because of these concerns, the Commission's recommendation was taken a step further, the Governor recommended increased funding for foster care providers by 5%, as well as increasing the number of eligible foster care recipients by nearly 4,000.**

Thank you for the opportunity to discuss issues facing the children and families of Kansas. I would be happy to address any questions you may have.

* Refer to the Governor's Commission on Children and Families report.

6400A

# 1989 WOMEN'S AGENDA

## Background

The past ten years has seen a great deal of change in the patterns of advocacy for women's issues. While those changes have for the most part been positive; one deficit women currently experience is that of having no single rallying point such as the ERA. Since the demise of the ERA as a viable legislative option, women's advocates have continued to press for individual issues which collectively affect the standard of every woman's life (e.g., child-support enforcement, pay equity, adequate health care, etc.). Success has been a mixed bag.

While some issues have experienced legislative support, others have not. This may be due to the fact that, when viewed externally, the diversity of needs expressed by women creates an impression of competing interests. Consequently, the individual issues of women, each critical in its own right, run the legislative gauntlet, one traded off against another. While this may be true to the nature of the legislative beast, the resources necessary to insure a more positive approach do exist and can be drawn together to support a cohesive agenda. One powerful resource women now have is numbers. 25% of the legislature is female. Additionally, local women's groups, with state and national affiliates, annually study the issues, know the solutions, and are willing to advocate their concerns. The one element lacking is an agenda common to the diverse interests of women.

## Organization

A group of women met as a steering committee to develop a one-day conference which would write such an agenda. The conference was designed to function as a working group which would write a public policy platform, setting out specific achievable actions for the coming 1989 legislative session. The steering committee members were:

Dr. Dianne Garner, Washburn University
Dr. Meredith Moore, Washburn University
Barbara Smith, Black Women's Network
Martha Hodgesmith, Women Attorneys
Betsy Rohleder, AAUW, ERC, YWCA
Arlene Fredricks, CWU
Jean E. White, Black Women's Network
Shirley Allen, YWCA
Mary Torrence, YWCA and Women Attorneys

HOUSE FEDERAL & STATE AFFAIRS
Attachment No. 3
February 13, 1989

Lou Graumann, YWCA
Joan Wagnon, YWCA

During these organizational meetings, a great deal of energy was devoted to developing a process which would identify and prioritize issues and, at the same time, build consensus. The final copy of the workshop outline is attached.

Participants were invited to attend as representatives of women's groups who maintain active concerns in public policy or social issues of all ages of women. The steering committee identified approximately a dozen groups which could be contacted, rendering an estimated total of 40 - 50 persons. After a list was developed, invitations were sent approximately 6 weeks before the date of the conference.

35 women attended the conference representing the following groups:

Topeka YWCA
Mayor's Commission on the Status of Women
League of Women Voters
American Business Women's Association
Church Women United
American Association of University Women
Junior League
Black Women's Network
Everywoman's Resource Center
Women Attorneys

Issues

Four topic areas were set out to capture the variety of women's concerns, those areas being: Health, Education, Employment, and Social Supports. Break-out groups for each area identified numerous issues. After the Reporting Out phase, a shortened list was developed using those issues which were appropriate to state legislative action. Additionally, cross-cutting issues were identified. A primary concern being that women, though increasing in elected representation, still lack full access to the power systems which affect their lives.

After much discussion it was the consensus of the group that the following issues will advance women in the 1990's:

1. A State Commission on the status of women, families, and children be appointed. The charge and function of the commission will be to oversee pay equity for state workers; serve as a resource

to business and employers on pay equity; and fund information and referral for childcare.

2. Gender balance legislation should be introduced which will insure appointments to state boards and commissions.

3. Maintain commitment to the issue of reproductive freedom through opposition to such legislation as the parental consent bill.

4. A continuing concern for pregnant and parenting teens, as well as the danger of AIDS, demonstrates the need for school based health clinics.

5. Education and prevention of drug and substance problems.

6. Increasing costs of health services and the problem of medical indigency point to the need for increased home health services for persons of all ages.

7. Alternative educational program for parenting and pregnant teens are needed to insure the continued education of this at risk population.

8. Increased access for all women to health maintenance programs dictates the need for local health departments performing basic cancer screening.

9. Public transportation is critical to the needs of the poor for access to health care, employment, and social services. Funding should insure the availability of transportation.

10. Legislation should be passed to mandate employers to provide family leave.

11. There is a critical need for adequate, affordable housing. This problem most directly affects female single heads of household.

12. Increased the SRS per day fee for child care assistance. The present allotment is so low, few child care centers can provide services to the children of the poor.

13. School based child care program should be

instituted for pregnant and parenting teens.

The final discussion centered on the development of a an agenda for the coming legislative session. The following statement received unanimous support of the group:

The Women's Agenda Coalition will support legislative action during 1989 session which will insure:

1. The establishment of a State Commission on Women and Families. This commission should be funded by the Kansas Legislature and shall address itself to such issues as those which will insure the equity of women, families, and children.

2. A gender balance on all local and state committees and boards by appointment and/or election.