

Approved 3-1-89 G. 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

1:40 ~~am~~/p.m. on February 15, 1989 in room 526-S of the Capitol.

All members were present except:

Representative Long - Excused  
Representative Sprague - Excused

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:

Joyce Allegrucci, Kansas Child Abuse Prevention Council  
Sue Lockett, Executive Director, CASA of Shawnee County  
Sally Northcutt, Booth Family Preservation Services  
Gary Sherrer, Chairman, Salvation Army, Sedgwick County  
Sarah Robinson, Executive Director, Wichita Children's Home  
Judy Culley, Administrator, The Shelter, Inc.  
Barbara Jordan, Kansas State Foster Parents Association  
Tamera Upton, Foster Child  
Tanya Jones, Foster Child  
Sharon Russell, Coordinator, Alcohol and Drug Abuse Services, Four County  
Mental Health Center, Inc.  
Phil Kolodziej, Executive Director, United Methodist Youthville, Inc.  
Peg Martin, Executive Director, The Farm, Inc.  
Janice Waide, Director, Division of Children in Need of Care, Department of  
Social and Rehabilitative Services (SRS)  
Robert Barnum, Commissioner, Youth Services, SRS  
Bruce Linhos, Executive Director, Kansas Association of Licensed Private Child  
Care Agencies (KALPCCA)

Joyce Allegrucci presented a chart on "continuum of care" for children's services delivery system; a composite of the healthy child; a composite of the child at risk; Attachment No. 1 and KCAPC legislative priorities.

Sue Lockett expressed concern regarding the increase of incidences of child related issues: crime, teen pregnancy, child abuse and the increased costs of child care, Attachment No. 2.

Sally Northcutt submitted a packet of information which contained in part: family preservation services statistics, statistics regarding foster care, a description of youth served in leveled facilities and copies of related news articles, Attachment No. 3.

Gary Sherrer described what he called a "building crisis in foster care services that will come to a head", Attachment No. 3A.

Sarah Robinson explained emergency temporary care provided by her agency and what situations prompt temporary care. State law provides two days protective custody while children's situations are investigated. After that, a decision is made between the social worker and the district attorney whether or not to file on the children. Also care is provided for children within the system waiting for other services, Attachment No. 4 and 4A.

Judy Culley discussed the Children's Coalition Foster Care Study. She suggested increased funding for the SRS budget, Attachment No. 5.

Barbara Jordan shared experiences as a foster mother, described changes in the system since the implementation of P.L. 96-272, the critical shortage of social

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON FEDERAL AND STATE AFFAIRS

room 526-S, Statehouse, at 1:40 ~~am~~/p.m. on February 15, 1989

workers and training for both social workers and foster parents, and the shortage of reimbursement in foster care funds, Attachment No. 6.

Tami Upton described the foster care system and its inadequacies from the viewpoint of a child in the system for ten years, Attachment No. 7.

Tanya Jones discussed the clothing, medical and entertainment needs and expenses of a foster child and stated the need for more social workers, Attachment No. 8.

Sharon Russell discussed substance abuse and its relationship to dysfunctional families. She emphasized the need for additional state funding for established substance abuse programs, expansion of the programs and a coordinated attack on substance abuse, Attachment No. 9.

Phil Kolodziej explained gaps between costs and reimbursements. He restated that private homes are giving care at a much cheaper rate than state agencies and receive state reimbursement for SRS clients at a rate of 78%, Attachment No. 10.

Peg Martin, a private child care provider, described some incidences encountered with some of the children and the costs and deficits involved in private care, Attachment No. 11.

Janice Waide described dysfunctional families, the Family Support Worker program and the Family Preservation program, Attachment No. 12. She distributed SRS Youth Services statistics for the Division of Children in Need of Care, Attachment No. 13.

Robert Barnum presented an overview of SRS programs to children, Attachment No. 14, demographics on juvenile offender programs, Attachment No. 15 and his written testimony regarding juvenile offenders, Attachment No. 16.

Bruce Linhos described funding problems faced by private agencies and added private donations are dwindling, Attachment No. 17.

Questions to Mrs. Jordan established:

1. Adoption rights for children whose biological families can't be maintained would be all right for pre-teen children but teens often need to maintain family ties and remain in long term foster care.
2. At age 18, most of the children are on their own. Many times girls have babies and depend on ADC.
3. Often these children return to their biological families, an added reason for providing therapy for troubled families.
4. There are many restrictions within the SRS system permitting foster parents and biological parents to cooperate. She reiterated her plea for additional training for social workers.
5. Mrs. Jordan supported having a foster parent's written report included in the administrative review. She advocated a closer working relationship between foster parents and the guardian ad litem.

Judy Culley explained procedures for the removal of a child on an emergency basis from his/her home:

1. SRS protective services has the authority during "business hours" and after that time, law enforcement officials have the authority.
2. After removal, there must be a hearing within 48 business hours.
3. The adjudication hearing is the one that determines that the child is
  - a. in need of care or
  - b. a juvenile offender.
4. Disposition means what happens next - whether the child remains in custody, returns to his home, etc.

Biological parents are subject to reasonable support collection for foster care. There is an automatic referral to child support enforcement with a statement of costs when a child is in SRS custody.

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Effective January 1, 1989, there was a rules and regulation change allowing SRS to be of financial assistance to a child 18 - 21 years of age if the child chose to remain in SRS custody.

Michael Cranston was unable to appear due to the weather and submitted his written testimony regarding chemical dependency, Attachment No. 18.

Robert Heckler submitted written testimony about a specialized foster care program, Attachment No. 19.

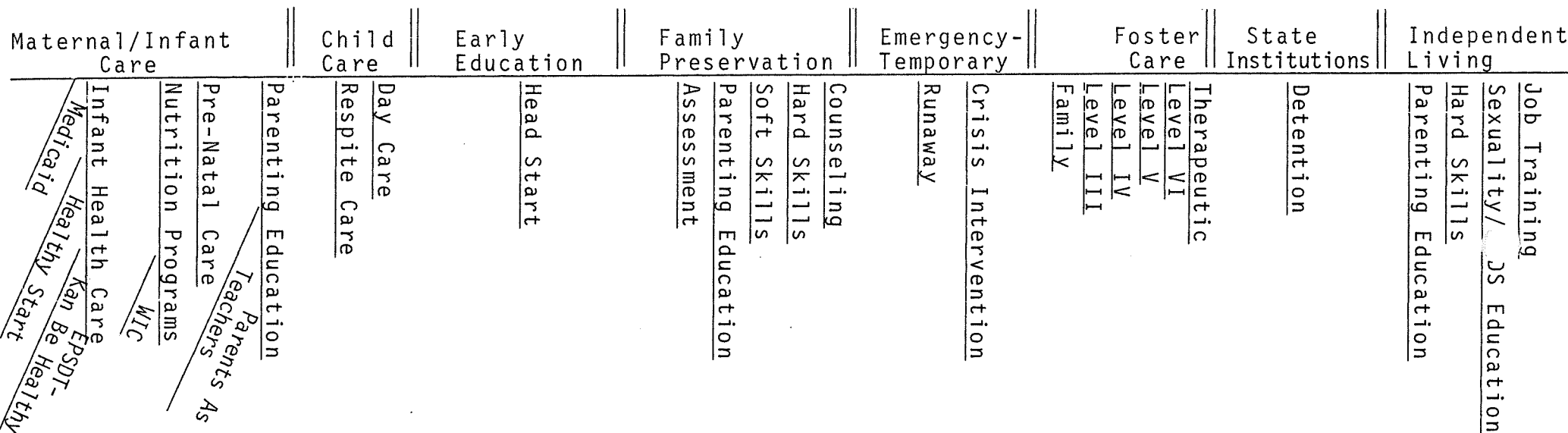
Michael Clarkin, SRS, submitted written material concerning questions asked by the committee at the February 13, 1989, hearing, Attachment No. 20, and a summary of SRS programs that directly impact on children and families, Attachment No. 20A.

The meeting adjourned at 3:25 p.m. The next meeting of the committee will be February 16, 1989, 1:30 p.m. in Room 526-S.



CHILDREN'S SERVICES DELIVERY SYSTEM

CONTINUUM OF CARE

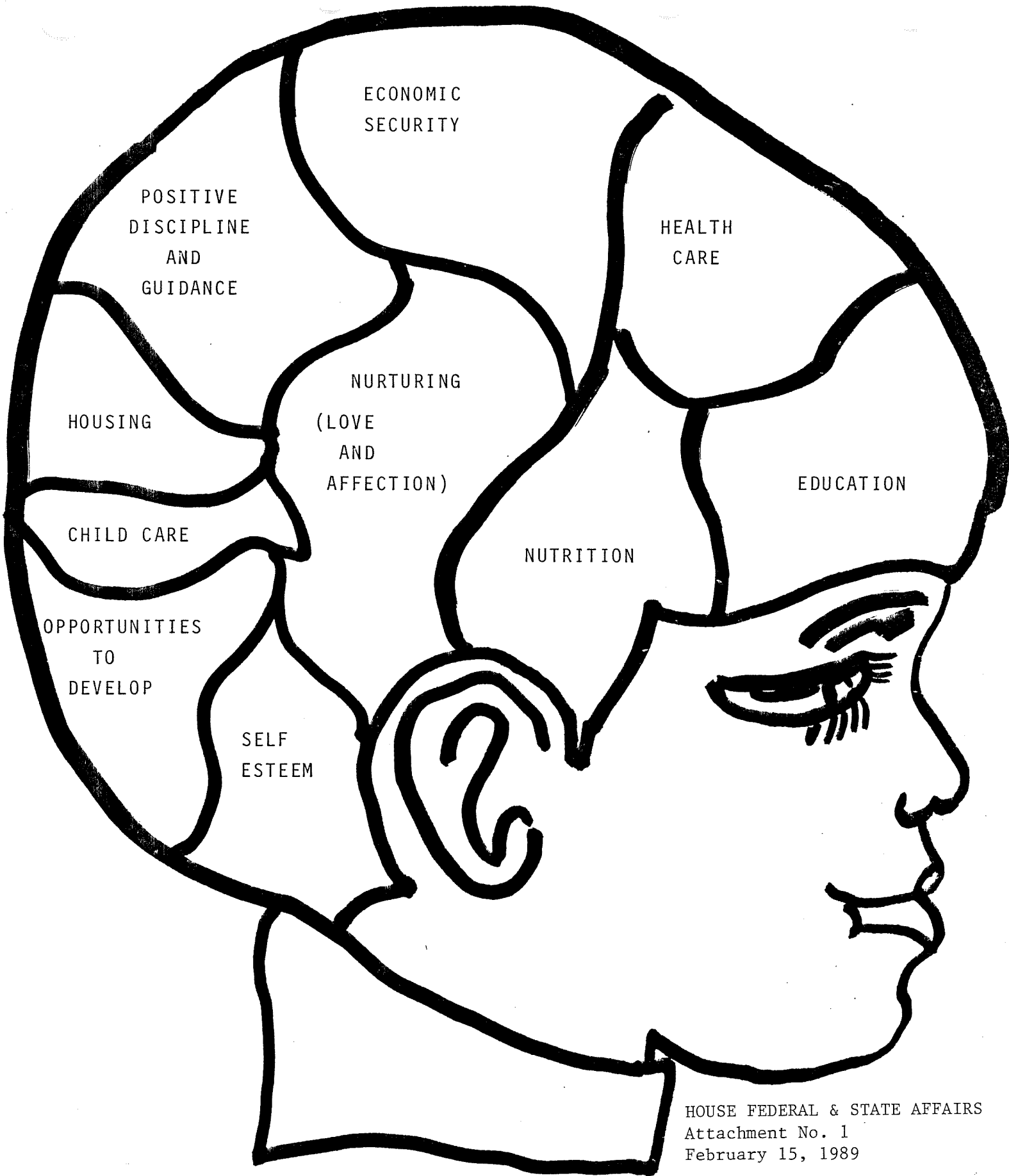


SYSTEMS WHICH MAY BE INVOLVED IN SERVICE DELIVERY TO CHILDREN:

- SRS
- KDHE
- Court System
- Mental Health
- Education System
- Private Providers
- Community-Based Organizations
- Federal Programs

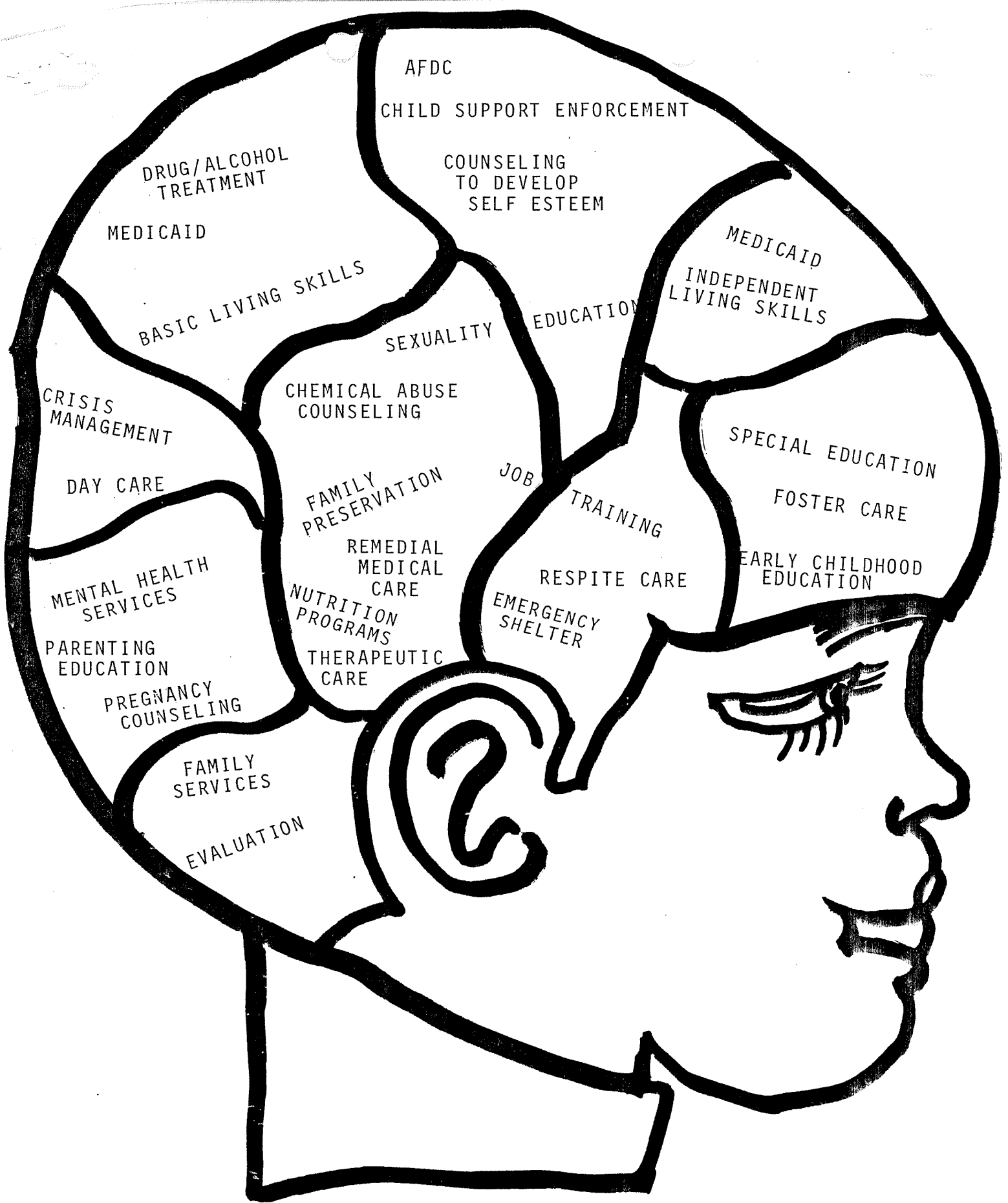
SOME OF THE SPECIAL SERVICES WHICH MAY BE NEEDED AT ANY POINT ALONG CONTINUUM:

- AFDC
- Medicaid
- Family Services
- Special Education
- Drug/Alcohol Abuse Services
- Health Services
- Mental Health
- Crisis Intervention
- Behavior Intervention
- Respite Care
- Sexuality & AIDS Education
- Child Support Enforcement
- Development of Soft Skills (Self Esteem, etc.)



HOUSE FEDERAL & STATE AFFAIRS  
Attachment No. 1  
February 15, 1989

REPRESENTATIVE HEALTHY CHILD



COMPOSITE CHILD AT RISK

## Child at Risk

The two diagrams presented to the House Federal and State Affairs Committee on February 15, 1989 represent an emotionally, physically, developmentally "Healthy Child" and a "Child at Risk" in Kansas.

The diagrams are intended to be representative of the needs of children in Kansas and certainly are not all-inclusive. The "Healthy Child" diagram shows a number of tangible needs such as nutrition, health care, housing, etc., and some specific skills such as positive discipline and guidance and nurturing, and some intangible needs such as self-esteem and opportunities. As a general rule, if a child has these needs met, that child will be a "Healthy Child." The needs are all interrelated like the pieces of a puzzle.

As an example of what puts a child "at risk," we know that when a child is the victim of abuse, self-esteem is very often destroyed. And we know that self-esteem is that quality in a child which gives him or her the ability to resist abuse or to resist peer pressure for unhealthy behaviors such as drug/alcohol use, sexual promiscuity, etc. Self-esteem is a key to healthy development and a key to prevention.

For another example, when a child suffers from the effects of poverty, such as poor nutrition or lack of health care, we know that his/her educational development can also be impaired and once again the interrelated pieces of the puzzle do not fit to make a healthy child.

There are many ways in which the pieces of the child puzzle can be upset or destroyed. The abused or neglected child may also suffer poor nutrition and need extraordinary medical care. Certainly for such a child, the need of nurturing is not fulfilled and educational development is often interrupted. That child is "at risk" in numerous ways.

When a child is at risk, then many services may be necessary to help her/him become a healthy child. It takes many, many more pieces of the puzzle for a "Child at Risk" than it takes for a "Healthy Child." In Kansas, those services are provided on a continuum of care.

### Children's Services Delivery System Continuum of Care

Once again, this outline represents a mix of systems, service concepts, provider categories, and specific programs. It is not all-inclusive.



The needs of children at risk begin with prenatal care for the unborn and range through independent living programs for youth who are soon to be adults. In Kansas, there are numerous at-risk children at every step along the continuum and for those who are responsible for the care of these children, it is never possible to adopt an "either/or" position on the need for services. If any step is slighted or omitted, then some children in Kansas are not receiving the services they need to become healthy children.

There is a definite economic impact for the State of Kansas. If children are "at risk" of abuse, neglect, health problems, drug/alcohol abuse, developmental or educational problems, teen pregnancy, truancy, school drop-out, poor or no job skills, underemployment or unemployment, low self-esteem, lives of despair, then Kansas is a "State at Risk" for bulging prisons and criminal justice system, increasing welfare rolls, cycles of family violence and child abuse, an untrained, uneducated, unskilled work force, and tax dependents rather than taxpayers.

It will be costly to provide a complete, quality, effective Continuum of Care for children at risk in Kansas, but we know from experience that an incomplete continuum is not effective. At-Risk Children grow up to be At-Risk or Dysfunctional Adults.

The only cost-effective investment seems to be to keep At-Risk Children from becoming At-Risk Adults. For every at-risk child who becomes healthy, there is a decrease of one at-risk or dysfunctional adult--one less tax dependent to be served by the State.

For many of the At-Risk Children (and their families) in Kansas, we know what can work to help them become Healthy at whatever step they may be on the continuum. However, Kansas as a State has never committed the resources--never made the investment--to make sure that the Continuum of Care is complete and of high quality. It takes services by highly skilled and well-trained people; it takes resources to provide adequate food, shelter, clothing, education and other services; it takes caring and commitment to a Healthy Child and a Healthy Kansas. It takes vision, intellect, and political courage to make an investment on which the payback may not be realized for several years--until the "At-Risk" Children are adults. We have the intellect and the committed people who can obtain the skills. It is hoped that we also have the vision and the political courage.

Respectfully submitted,

Joyce Allegrucci  
February 21, 1989



**Kansas  
Child Abuse  
Prevention Council**

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**KCAPC Legislative Priorities  
1/5/89**

The Kansas Child Abuse Prevention Council recommends the following actions by the 1989 Kansas Legislature:

1. Increase support to Parent Education programs such as Parents As Teachers and the Healthy Start Home Visitor program.
2. Increase support for the SRS Family Preservation program.
3. Increase support for the service system offering therapeutic programs for abused and neglected children. These include the following:
  - a. Provide financial assistance to existing domestic violence programs to support child advocate programs.
  - b. Improve the reimbursement rates for foster care providers and providers of residential services.
  - c. Enhance the training opportunities for family preservation workers, child protection workers, foster parents and child day care providers.

HOUSE FEDERAL & STATE AFFAIRS  
Attachment No. 1  
February 15, 1989

PARENTS AS TEACHERS  
An Overview

The premise of the Parents as Teachers program is that new parents can be assisted in becoming their children's first teachers. Delivered by trained Parent Educators, the program centers around personal visits, preferably in the home, which allow Parent Educators to tailor educational guidance to each family.

Parent Educators observe parent-child interaction, provide timely information on the child's development, and respond to each parent's concerns. Parent Educators are also trained to screen for vision, hearing, and developmental delays and to suggest resources for follow-up if problems surface.

Parent Educators provide printed materials at each developmental level (birth to 3 years). They suggest books, games, and developmental teaching material found in the home, and address other concerns of parents. In addition, group meetings for parents of similarly aged children enable families to share common concerns and successes in rearing and teaching their children.

Parents as Teachers was first piloted in Missouri in 1981. An independent evaluation of the program concluded that "parental participation in a high quality parent education program during a child's first three years of life significantly increases a child's intellectual achievement and language ability at age three above and beyond what can be explained by differences that result from socioeconomic advantage."

Piloted in Kansas by the Kansas Child Abuse Prevention Council with funding from Ronald McDonald's Children's Charities, Parents as Teachers demonstrated an ability to impact at-risk families as well as those not under unusual stress. With a highly trained parent educator in charge, one of the pilots focused on unwed teenage mothers. The teenagers were so pleased with the project, they began referring their friends to the parent educator for help and guidance.

The Parents as Teachers program has been endorsed in Kansas by the Governor's Commission on Children and Families, the State Board of Education, and the Governor's Commission on Education for Parenthood. It is estimated by the Department of Education that the program could be implemented statewide at a cost of \$6.1 million. The program could be phased in over a three year period with an initial allocation of around \$2 million.

For Further Information Contact:

Jim McHenry  
Kansas Child Abuse Prevention Council  
112 West 6th, Suite 305  
Topeka, KS 66603  
tel: 913/354-7738

Families currently enrolled in the program 145

2 Parent 73

Single Parent 64

Teen Parent 46

Children served by the program 166

Children identified as having developmental disabilities 5

Number and type of referrals for ancillary services 13

<u>3</u>	<u>Pre-school</u>
<u>4</u>	<u>Medical</u>
<u>2</u>	<u>Counseling</u>
<u>2</u>	<u>Support Groups</u>
<u>1</u>	<u>Day Care Assistance</u>
<u>1</u>	<u>Housing Assistance</u>

Race of Families:

White 117

Black 25

Hispanic 3

Other Minority 0

Families Receiving SRS assistance 37

Low Income Families 39

Families with disabled or low functioning parent 26

New families this month 28

Families leaving the program this month 3

Home visits this month 51

Group meetings this month 9

	Number Yes	Number No	Other
<b>Educator Observations:</b>			
Do the families in the program			
1. show an increase in their knowledge of child development?	<u>113</u>	<u>10</u>	<u>16</u>
2. demonstrate improved confidence in child-rearing activities?	<u>115</u>	<u>11</u>	<u>11</u>
3. show positive feelings about the program's usefulness?	<u>116</u>	<u>6</u>	<u>18</u>

Were noticeable behavior changes demonstrated during follow-up visits?			
Parents	<u>103</u>	<u>4</u>	<u>1</u>
Children	<u>73</u>	<u>5</u>	<u>    </u>

Number and type of screenings performed this month:

- 6 Hearing
- 2 Denver Developmental
- 1 Other

Types of questions asked by parents this month:

Nutrition	Spitting up
Discipline	Biting
Development	Crying
Breast feeding	
Spouse support	
Purchasing toys	

Number and type of community contacts made to acquire referrals this month:

Health Deptment	Birthright
Doctors	Preschools
Hospitals	Educational Coops
Senator	High School Alternative Education
Disply at mall	Resource Committee
Child abuse coalitions	School teachers and principal
SRS	High School Child Development classes

Success story this month:

See attached.

## December Success Stories

### Hays:

I signed up a teen parent. When I arrived, the teen's mother, older sister, boy friend of the older sister, and a friend were present. Although the visit was primarily with the parent, the others joined in because they all will be helping to rear the child.

### Leavenworth:

A mother who lives in deplorable living conditions gave birth this month. Two other women in the program have stayed close to her since the birth, causing her to clean and debug her place.

### Parsons:

A mother was referred by SRS due to a suspicious accident with her 5 month old. As I left, the mother said, "I wouldn't have wished ever for my baby to take a fall like that, but it did link me to you."

### Topeka:

I suspect that a child has visual problems or brain disfunction. When I pointed out to the mother that the baby did not try to focus and was responding at a Phase I level rather than Phase II, she agreed to check with the pediatrician. The mother's school psychologist will follow-up.

### Salina:

A young mother was very concerned about her ability to form a relationship with her baby since she, herself, was abused as a child. She feels that she needs help in learning how to interact with her daughter. After several visits, she is feeling better about her progress.

### Pratt:

I collected some Christmas toys for some of my families to pick out for their children. Santa visited 3 of my families on Christmas Eve, delivering goodies and posing for pictures. I received a thank you note from one mother - the one that I would least expect to hear from.

DB 1/13/89

## Healthy Start

Provider: Kansas Department of Health and Environment

Contact: Mary Ann Humphries 296-1234

Target Audience: Expectant mothers and mothers of newborns

Delivery Method: Lay Visitors call on new mothers. Follow up visits for high risk families.

Focus of Visit: Health related issues, observation, education, resource linkage, referrals and support.

Number of Repeat Visits: Ideally at least one

Specialized Services: Referrals to local health department and other local resources.

Number presently served: Approximately 15,000 in 49 counties. 26,000 referrals received yearly

Funding: 37 counties are funded by KDHE, 11 counties through Family and Children's Trust Fund. 1 locally funded program \$340,000 state and federal money.

Networking with other parents: None

Training of Lay Visitor: High School Education and have successfully raised a family.

Initial training: Orientation in designated Healthy Start Project and ongoing training by local Health Nurse.

Monitoring: Through community health consultant and state administrator.

Continuing Education: Quarterly training workshops

Evaluation: Client satisfaction cards returned to statewide office. No outside evaluation available.

Cost: \$25-\$30 per family

## Parents As Teachers

Provider: Kansas Child Abuse Prevention Council

Contact: Dr. James McHenry 354-7738

Target Audience: Parents of all children birth to age 3.

Delivery Method: Parent Educators conduct in-home visits and group meetings.

Focus of Visit: Age appropriate developmental education, observation, referral, support, and screening.

Number of Repeat Visits: A minimum of 4/year

Specialized Services: Screening for hearing, vision, and developmental delays.

Number presently served: 6 part-time pilots serve approximately 170 children in Leavenworth, Pratt, Parsons, Hays, Topeka, and Salina.

Funding: 5 pilots through Ronald McDonald Children's Charities for \$45,000; 1 through Family and Children's Trust Fund.

Networking with other parents: Group meetings are held on specific developmental concerns parents share and relate to others.

Training of Parent Educators: High School education: 60 hours of college credits preferred or other work with children.

Initial Training: Intense 1 week training and certification.

Monitoring: Technical assistance provided on an on-going basis.

Continuing Education: 20 hours in-service for yearly recertification.

Evaluation: Missouri Dept. of Education contracted with Research & Training Associates, 10800 Farley, Overland Park, Kansas. Reports are available through them.

Cost: Request for 1990 in Missouri is \$150 per family. There were 192,000 children under age 4 in Kansas in 1987.

## Missouri parents teach their children well

A child's education begins at birth, and parents are the best and earliest teachers. Starting from this basic premise, an innovative Missouri program provides information and educational guidance for parents of young children.

The program is designed to prevent failure in school and to promote the well-being of families, said Debbie Murphy, director of Early Childhood Education in the Missouri Department of Elementary and Secondary Education.

An independent evaluation of the program indicates its remarkable success. By age three, children in the program "were significantly more advanced in language development than the national norms," said Murphy. These children also had made greater strides in basic intellectual skills and in social development, Murphy said.

"We're not a super-baby or hot-house program. We aim to help parents get the most out of the first three years, not to create a 7-year-old out of a 3-year-old," Murphy said.

The program, in its fourth year running statewide, now serves about 35 percent of Missouri families with young children. With intensive recruiting of families from all backgrounds, officials hope to double that

figure for participation in the voluntary program.

Parents as Teachers operates through Missouri school districts. Each district is required to offer the program. Typically, new parents are contacted by a parent-educator from the district. A home visit follows and a mutual commitment is made. The family promises to participate fully in the program and, in turn, the program promises that the child won't go through three years with undetected educational problems.

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*"We're not a super-baby or hot-house program. We aim to help parents get the most out of the first three years, not to create a 7-year-old out of a 3-year-old."*

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Parents can enter with a child at any stage during the first three years. They join a "parent club" which meets regularly to hear presentations on topics ranging from what behaviors to expect at various stages to what toys can help stimulate development and how. The club also serves as a support group for parents.

The parent-educators who meet with parents must meet one of a variety of certification requirements prior to entering the program. In addition to those requirements, educators must successfully complete a week long pre-service initiation program and then complete a number of hours of in-service over the course of the next five years.

The Parents as Teachers program has gained national and international recognition during the seven years since it was introduced as a pilot project in four Missouri counties. At present, 11 other states have established similar pilot programs. The program has won recognition in numerous ways including being selected as one of the programs to be featured in the CSG Innovations Transfer series during 1989.

Interest in the program is not confined to state officials. Representatives from Japan, New Zealand, Australia and several European nations have inquired about the program.

Parents as Teachers has been featured on network news and in *The New York Times*, *Chicago Tribune*, *Boston Globe*, and numerous other publications. The overwhelming response has exceeded the program developers' highest hopes.

Indeed, "one woman from West Germany offered me an exorbitant amount of money to provide the program for her over the phone," Murphy said. While its broad successes and appeal indicate that the program can be transferred to other states, it's not quite designed for international long distance.



*AT LEFT: Mary Ann Lucas, a parent educator in the Normandy School District in St. Louis County, shows Willie and Lynne Jones how entertaining their daughter Tiffany with a puppet also encourages her to talk and develop language skills. Photo by Michael Feher.*



TESTIMONY FROM SUE LOCKETT - Executive Director of CASA of  
Shawnee County  
Member of Juvenile Offender  
Advisory Commission  
Member of Kansas Supreme Court  
Task Force on Permanency Planning

The problems of many of the children in the state of Kansas are tremendous, overwhelming, and depressing. I believe these problems are multiplying and that we are running out of time to address them in a responsible way. The needed resources to help our children become responsible adults are not there. There are many people trying—doing their best— but it's not enough. The end result of the existing lacks are seen in the headlines of prison overcrowding, crime, teen pregnancy, child abuse, and escalating costs of foster care.

I'm always very proud when I attend national conferences. In many ways Kansas does a much better job than many of the other states. Then I come home and I look at individual children—individual cases and I know we don't do enough. Our problems are multiplying. We're seeing 3rd & 4th generation of abuse. Our children in placement are more deeply troubled. Children still drift through our foster care system with multiple placements. Many children have no permanence in their lives. Children are having children.

There are some bright spots. Family Preservation or intensive family based services exist in some pilot projects around the state but those services which are designed to keep the integrity of the family when appropriate are only available to families who live in certain areas. This has been a nationally proven service to prevent out of home placement when appropriate and is a very small part of the states emphasis.

Secondly, Independent Living Skills training initiatives for older children in foster care are beginning to happen. This is desperately needed for children in the custody of the state.

CASA projects which involve lay citizens in the Juvenile Court system as advocates for children are in 8 areas around the state. This involvement has led to more understanding of the needs of our children and the results

of lack of resources and lack of attention paid to childrens needs.

I see so many needs its difficult to address only a few, but obviously that is necessary.

### Prevention

I see Prevention programs as perhaps the most important need. Sex education, training for foster parents, Parents as teacher program, family skills training in our schools, Nutrition programs, prenatal care are important prevention programs. We all know the huge cost of ignoring these needs-intensive care for a premature baby born to a teen mother whith no prenatal care. We know lots of things about what's wrong. We need to concentrate our resources on preventing later costs which far outweigh preventive costs.

### Adequate Funding

We need adequate funding for Child Protective Service workers, family support workers, Family preservation workers and if a child must be placed outside the home then adequate funding for those placements.

### Resources

The state does not have adequate resources for many special needs kids ie long term mental health treatment centers, adequate number of places for children with drug problems, resources for older or special needs children.

We are involved in a case of a young man whose mother came to SRS a number of years ago saying her child had problems and she did not have the resources to help him . The state had it's chance through 4 years of placement to help him become a productive citizen and blew it. That young man now has a drug problem acquired while in state's custody and is on his way today to YCAT for destruction of property while in drug treatment. There was no other resource for placement for him. Many of the children in our Youth Centers have been in the custody of the state for a number of years. We've had our chance to help them "turn around". It hasn't worked.

## Foster Care System

Our foster care system is necessary for some children to protect them or provide treatment for them. That system is seeing the results of our non-prevention by having to deal with children who have more and deeper problems. In addition to dealing with these greater problems they are not adequately trained or funded.

These are just a few of the problems I see everyday. As a society we criticize "bad parents". When the state intervenes in a family we need to be a "good parent". Unfortunately in many cases I see the opposite. We need to help parents not to victimize their children and if they must be removed from their family we need to prevent the state from re-victimizing the children we are mandated to help.

The legislature hears about many needs. I'm sure they're all important and need attention. The point I would like to make is that if we do not adequately take care of our children - our future - what difference do the other needs make. Children and family problems which continue to escalate without adequate prevention, intervention and resources are like the mushroom shaped cloud over the future. We have to make hard decisions and take care of our childrens needs.

KANSAS FOSTER CARE FACT SHEET

THE FACTS:

State of Kansas:

In 1980, 17,522 complaints of child abuse and neglect were recorded in Kansas, a number that increased by 70% to 24,371 complaints in 1988.

In 1980, 29.8% of the child abuse cases were confirmed, whereas by 1988 11.8% of the child abuse cases were confirmed.

Currently 4,101 children live in out of home placement in the state of Kansas.

Between 1980 and 1988 child abuse was the probable cause of death for 86 Kansas children.

Sedgwick County:

There are 9 facilities in Sedgwick County: 2 serving J.O., 7 serving J.O./C.I.N.C. There are 216 available beds.

Currently 500 children live in out of home placement in Sedgwick County- 9.9% more than a year ago.

Emergency Shelter served 824 children.

In 1988, 700 Wichita children were investigated as victims of Sexual abuse, and 550 were confirmed cases.

(Statistical information - Wichita Eagle Beacon and Kansas S.R.S.)

THE FUNDING DILEMMA:

In a recently released survey dated October, 1988, the office of Juvenile Justice and Delinquency Prevention reported the average annual 1988 cost of youth residential care at \$27,000, with a range of \$16,500 to \$78,000.

In Kansas Annual Amount Paid:	S.R.S. Average Allowable Rate:
Level 3 - \$ 9,924.00	\$10,311.00
Level 4 - \$16,724.00	\$18,162.00
Level 5 - \$21,904.00	\$28,937.00
ET - \$21,904.00	\$22,914.00

In the period 1980-1987, the rate of inflation, as measured by the Consumer Price Index, was 47.6%. But during the same period the reimbursement rates paid to private residential care providers were increased by only 27%.

The SRS Audit Section reported that during fiscal year 1987 private providers of residential programs were reimbursed for only 78% of actual audited costs.

SHORT TERM SOLUTION:

Governor Hayden's proposed increase of 5% would increase the allocation for the Wichita residential child care facilities by 87,515. However our audited allowable costs would be \$117,000. Therefore we ask you to support the funding of SRS residential child care beds based on allowable audited costs.

LONG TERM SOLUTION:

The residential child care reimbursement rate should be determined by the average audited allowable costs plus the inflation factor of the Consumer Price Index.

HOUSE FEDERAL & STATE AFFAIRS  
Attachment No. 3  
February 15, 1989

Audited Allowable reimbursement rates would allow:

- 1) the use of charitable dollars for the development of prevention services.
- 2) the provision of the same services as State facilities at a lower cost- currently the average daily reimbursement is as follows:

State Youth Centers - \$99.11

Psychiatric Hospitals (decertified) - \$131.18

Mental Retardation Facilities (decertified) - \$122.57

- 3) the community to maintain at least \$5,000,000 in revenues, jobs and needed community services

BOOTH FAMILY SERVICE CENTER  
89/90

Programs:

1. BOOTH CHILDREN'S SERVICES

Sally Northcutt, Director

A: Level 5 Residential Services

25 beds for emotionally and behaviorally disturbed youth who are in need of the most restrictive placement.

The cost in 1989 is projected to be \$83.11 per day, per child. The program maintains a 95% occupancy rate. The state of Kansas in state operated programs expend \$122.57 per day for similar programming. Funding from: SRS (77%), United Way and other (23%). Referrals in Dec. 1988 & January 1989 were 55 youth.

The average length of stay was 6.5 months. We served 62 youth: 37 youth from Wichita, 25 from other counties. We served 17.6% Black and 82.4% Caucasian youth

B. BOOTH FOSTER CARE SERVICES & FAMILY PRESERVATION

12 beds in family homes for children who need a less restrictive home setting, 4 homes for AIDS children and youth. In home counselling to prevent out of home placements. See attached Family Preservation report.

The cost in 1989 is projected to be \$17.00 per day, per child for foster care. Funding from: SRS, Robert Wood Johnson Foundation.

The average length of stay is 2 years.

C. S.T.A.Y PROJECT

8 beds for chronic runaways. This program began in FY 89. An S.R.S. grant of \$341,000.00 was awarded to begin this project.

Grants awarded in FY' 89:

S.R.S. - S.T.A.Y. Project	\$341,000.00
Drug & Alcohol Services	30,000.00
Independent Living	10,000.00
Robert Wood Johnson	70,185.00

III. BOOTH EMERGENCY LODGE

24 adult beds, plus beds for children, who are homeless families and single females. These are crisis intervention and task oriented case work services. In 1988 we served 2565 people, 770 were children.

The cost for 1989 is estimated to be \$25.60 per day.

A. TRANSITIONAL HOUSING SERVICES

4 apartments serving homeless families who need continued services prior to achieving independent living. A grant from H.U.D. provides a family therapist to provide services to these families and individuals.

Grants awarded: H.U.D. \$30,000.00 (5 year award)

## BOOTH FAMILY PRESERVATION SERVICES

FAMILIES SERVED 2/1/88- 9/30/88 (with part time worker)

9

People served

23 - children  
15 - adults

In custody when services began 6 ( 4 JO, 2 CINC)

Placed in custody during service 4 (CINC)

16 children (74%) remained at home

7 children (26%) placed (5 were from one home, 3 have been re-  
turned)

Where placed:

TSH - 1  
V - 1  
IV - 1  
foster 3  
emer sh 1

Average length in program - 5.4 months

Average cost per family - \$1,698.00

### FAMILY PROFILE

Two parent family - 6

Single parent family - 5

Working families - 9

ADC recipients - 2

Age of children - 5 youngest, 19 oldest

under 12 - 13 served

over 12 - 14 served

Alcohol use in family - 7

Drug use in family - 5

Currently using - 1

Abuse History: 16 children physically-abused  
5 children sexually abused  
4 children physically abusive to parents (s)

School Placements: 13 Behavior Disorder Classroom  
1 EMH  
1 EMH/BD

Runaway History: 5 children with runaway histories, only 1  
ran during services HOUSE FEDERAL & STATE AFFAIRS  
Attachment No. 3

Reason for Referral: 3 School behavior problems February 15, 1989  
2 truancy  
4 family requested services  
2 neglect/abuse complaint

## DESCRIPTIONS OF YOUTH TO BE SERVED IN LEVELLED FACILITIES

### DESCRIPTION OF YOUTH TO BE SERVED IN A LEVEL 3 FACILITY

Children in this group usually exhibit no "serious" problems other than those related to current stress which reflect parental or caretaker inadequacy. These children and youth require a supportive living environment which provides direction and guidance. Family foster care is not appropriate for these children and youth because they have difficulty in sustaining relationships with parental figures.

### DESCRIPTION OF YOUTH TO BE SERVED IN A LEVEL 4 FACILITY

The Kansas Department of Social and Rehabilitation Services recognizes the need for resources for child and youth, male and female, who are in need of individually designed programs. These youth may be deprived, runaways or truant, miscreant or delinquent and usually have poor relationships with authority figures and possibly with peers. These children are unable to participate in existing Kansas programs due to their individual multiple problems and therefore frequently are incarcerated in detention or jails. For many of these children, this may be their only resource available to reach their potential. Facility shall accept and maintain all SRS youth referred by SRS when there is a vacancy.

### DESCRIPTION OF YOUTH TO BE SERVED IN A LEVEL 5 FACILITY

Children and youth in this group frequently exhibit serious behavioral problems which are typically anti-social and aggressive. These acts may relate to peer group pressures, other external pressures, or may be reflective of an emotional disturbance. They require a controlled environment with a high degree of supervision and intensive services and usually have failed in other less structured placements.

### DESCRIPTION OF YOUTH TO BE SERVED IN A LEVEL 6 FACILITY

Children and youth in this group display behavioral problems which may include difficulty with authority figures, repeated minor criminal offenses, difficulty in school, involvement with drugs and/or alcohol. These youth require a structured program with controlled activities and a moderate level of services.

### DESCRIPTION OF YOUTH TO BE SERVED IN EMERGENCY/TEMPORARY CARE

Children and youth to be served in Emergency Shelter and Temporary Care are infants to 18 years of age, male and female, who may be deprived and/or abused youth. In addition referrals may include runaways, status offenders, wayward, miscreant, or delinquent youth. Agencies shall accept every SRS referral and Law Enforcement referral when space permits except where documentation exists that a youth is dangerous to self or others.

HOUSE FEDERAL & STATE AFFAIRS  
Attachment No. 3  
February 15, 1989

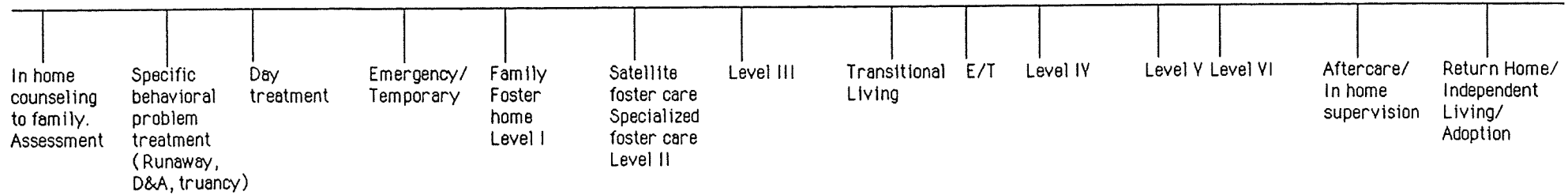


## Proposed Continuum of Care

### Services to prevent or facilitate placement

### Less intensive services

### Intensive Services



**May occur at any point on the continuum:**

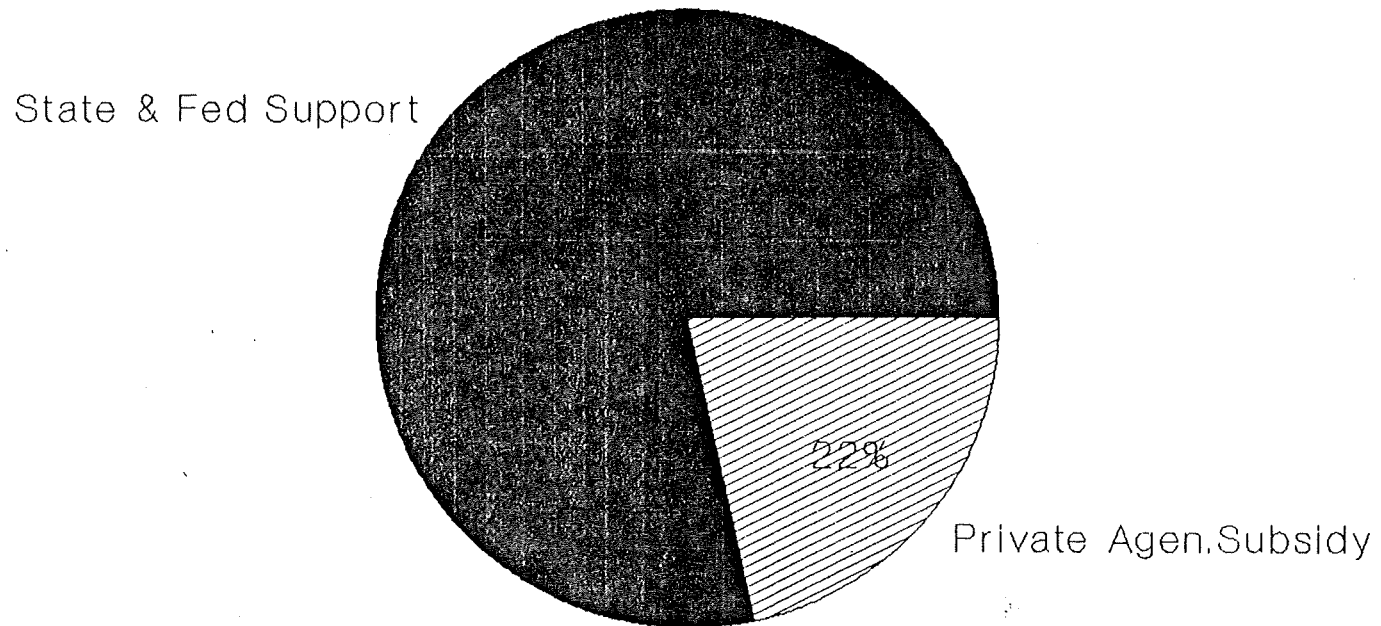
- Emergency/ Temporary
- Transitional Living
- Return home
- Independent living preparation
- Adoption

KALPCCA Levels of Care Subcommittee

RLG

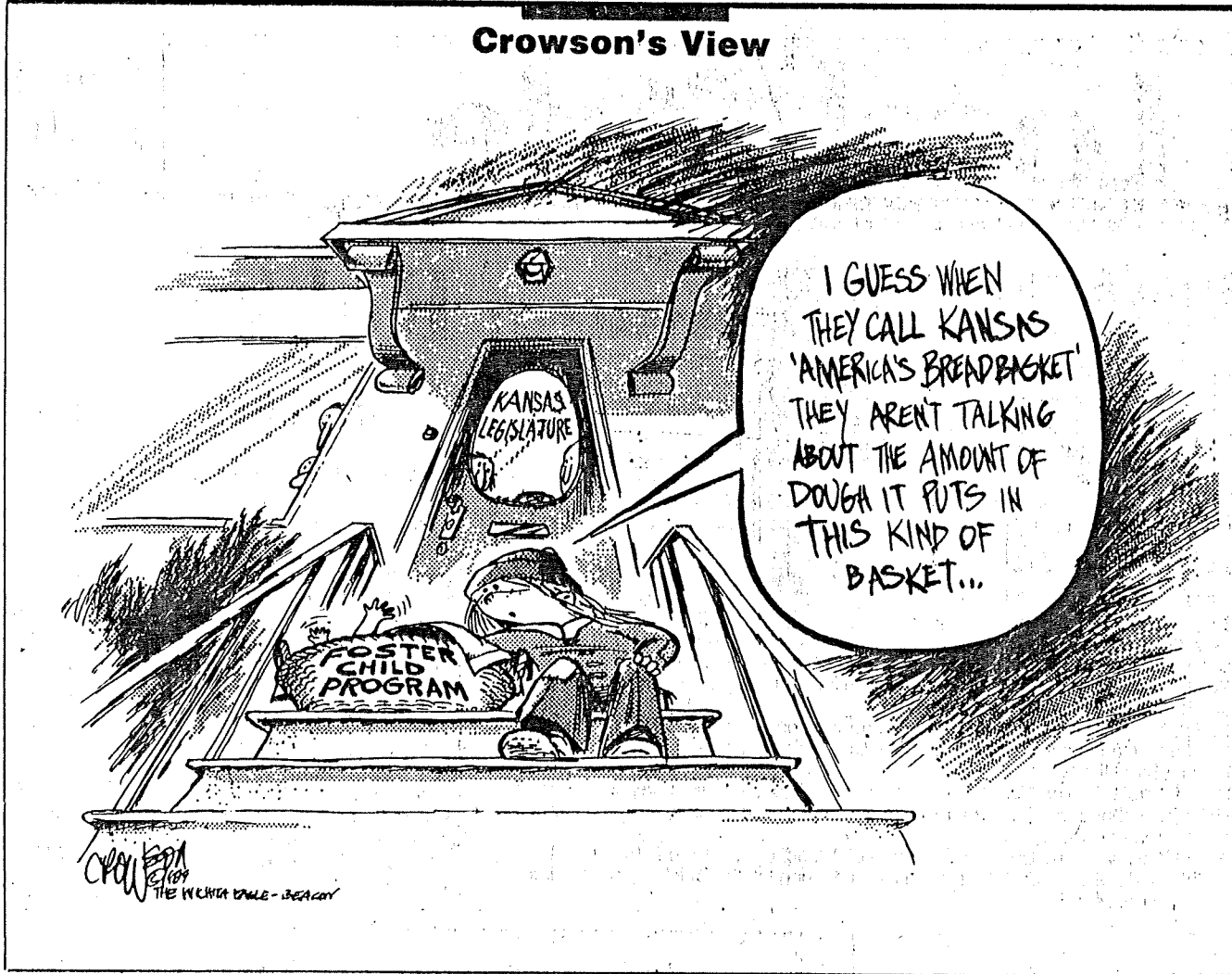
# Foster Care

## Funding for Children in States Custody



2-10-89 WEB

### Crowson's View



# Too little spent on foster care by state, system workers say

By Betsy Rubiner  
Staff Writer

TOPEKA — Abused and neglected children in Kansas are inadequately served by the state's protective and foster-care system, according to some people who work in that system.

Social workers, judges, foster parents and other people who work with children said in an opinion survey released Thursday that insufficient spending hampers their ability to help neglected and abused children who have been removed from their homes and placed in the state's custody.

Nearly 600 people who work in the elaborate system designed to protect children responded to the survey, which was conducted by the Kansas Children's Coalition, a collection of 27 child advocacy groups.

The coalition has called for a \$7 million increase in the state's spending on foster care. That money would be used to increase foster-care slots, provide more training to foster-care parents and increase the reimbursement to foster-care providers by 10 percent.



**Bogina ... Says more funding for foster care is not very probable.**

Gov. Mike Hayden proposed in his 1990 budget that foster-care providers be reimbursed an additional 5 percent. The cost would be \$27 million — \$19.1 million in state money, the rest federal dollars. His budget does not include money to hire additional social workers.

Sen. Gus Bogina, R-Lenexa, chairman of the Ways and Means Committee, said passage of the Coalition's \$7 million foster-care package was not very probable.

He did say that an increase in reimbursement of 5 percent was feasible but 10 percent was too much.

Phil Kolodjiec, executive director of Youthville, the largest chain

of private residential centers in Kansas, said the state pays for only 78 percent of his costs. He must pay for the rest by raising money through charity.

A group of foster-care parents who were at Thursday's gathering cited several problems in addition to lack of money.

They talked about foster children who have trouble receiving proper medical care because their Medicaid cards are not honored by some doctors. They also talked about spending large amounts of their own time, and sometimes money, trying to get help for foster-care children that should come from social workers and from the Department of Social and Rehabilitation Services.

"We're in a crisis right now with foster care," said Deanna Budahl, president of the Kansas State Association of Foster Parents. "We're not in it to make money, but we do need enough to raise these kids."

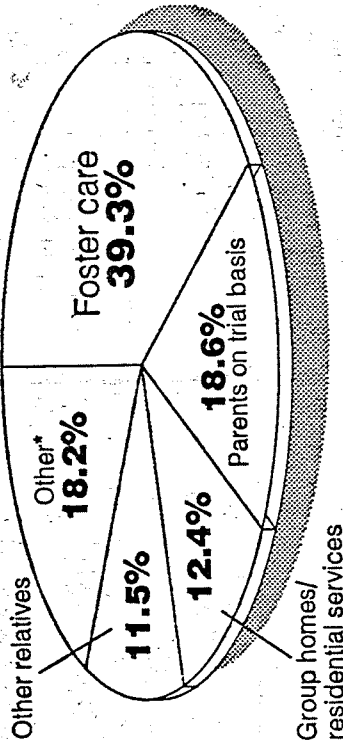
There are 4,101 children in the state's custody, according to the latest figures from SRS.

More than half live with a foster parent. **FOSTER, 4D, Col. 2**

HOUSE FEDERAL & STATE AFFAIRS  
Attachment No. 3 2/15/89

## Children In State Custody

As of Oct. 31, more than 4,100 children were under the supervision of the state. About 2 in 5 were living in foster homes. Here is where the state placed children in its care.



\* - Includes unfinalized adoptions, runaways, state institutions, emergency shelters, treatment centers.  
SOURCE: State Department of Social and Rehabilitation Services

Todd McArtor/Staff Artist

## Money for foster care inadequate, survey says

protective and foster-care system is fair and relatively effective but can't fully help children because of inadequate resources.

Between 1980 and 1986, the number of children in foster care dropped as the state devised alternatives. Children in foster homes were moved into adoptive homes. A new approach, the family support program, was developed that allowed more children to remain in their homes with SRS services and supervision.

Because of inadequate money and staffing, even SRS administrators fear that some of this success has eroded in the last two years. And some children's advocates question the effectiveness of the family support program and other family services that are supposed to allow children to remain home safely.

FOSTER, from 1D  
family or in a group home or residential center.

Almost 19 percent of these children still live with their parents but are supposed to receive counseling and supervision through SRS.

An additional 11 percent live with a relative other than their parents. The rest of the children in state custody are in a variety of state institutions and programs. A child who has been removed from his home will see a parade of people who are supposed to help him — SRS social workers, police officers, court-appointed attorneys and volunteers, juvenile court judges and court service officers, foster parents and mental health professionals.

In the survey, some of these people agreed that the child pro-

# State finds it difficult to compete for smaller pool of social workers

By Betsy Rubiner  
Staff Writer

Even the most dedicated veterans at the Department of Social and Rehabilitation Services are hard-pressed to come up with a good reason why anybody would want to be a social worker for the state.

When Carolyn Risley Hill and Jean Hogan of the Wichita office of SRS ponder the question, there is a long pause.

They mention that the agency offers good benefits, training and supervision. Then they talk about the rewards of helping families, of seeing a child's home life improve.

"I think we can make a difference in the lives of children," says Hogan, a social worker for 15 years. She oversees the child protective workers who investigate reports of child abuse or neglect.

But Hill and Hogan agree: Recruiting social workers to come to the SRS is an increasingly difficult task. They say fewer students are going into social work; those who do shy away from the overcrowded, stressful conditions found at a state agency such as the SRS. Social workers would rather work in a private hospital or a school that offers lower caseloads and — sometimes — better pay.

"It's just not cool to be a social worker," says Barry Bertrum, director of the Wichita office of the

Kansas Children's Service League, a private child welfare group.

"When something goes wrong with the kids, they don't even look at parents anymore. They look at SRS. It just seems that social-work bashing is popular right now. ..."

The starting annual salary for an entry-level SRS social worker with a bachelor's degree is \$18,996. With 23 years on the job,

a social worker now can earn about \$25,452.

To relieve the shortage of social workers, the SRS is beefing up its recruiting. The agency also is considering other measures: Cutting the red tape and testing required for social worker licenses and hiring support staff and paraprofessionals who can take over some of the paperwork.

# Attorney to file suit against SRS

By MICHAEL RYAN  
*Capital-Journal courthouse writer*

A Topeka attorney plans to file a class-action lawsuit claiming that the state is doing an inadequate job of caring for its troubled children.

Rene Netherton, a private attorney who serves as a guardian ad litem for troubled children in Shawnee County District Court's juvenile division, said she plans to file the lawsuit next week against the state Department of Social and Rehabilitation Services.

Netherton said that because of underfunding or mismanagement, SRS is failing to provide her 467 clients and other troubled children around the state with appropriate care. She said the department is leaving children in abusive homes too long, is failing to provide enough temporary foster homes, and has failed to provide any long-term facility for children who are in need of inpatient psychiatric treatment.

Earlier this week, Shawnee County Juvenile Judge Daniel Mitchell termed it an "embarrassment to the juvenile system" that he had to allow a 17-year-old to be tried as an adult largely because the youth may need long-term psychiatric treatment that is unavailable for juveniles.

One aim of Netherton's lawsuit will be to try to force the state to establish a "regional runaway center" where runaways can be detained for longer periods of time, if necessary, than in existing facilities, such as the Shawnee County Youth Center, where runaways can legally

Topeka Capital Journal  
il, Friday, January 6, 1989

# Attorney to file suit against SRS

*Continued from page 1-A*

be held for only 48 hours.

Other children often are placed in temporary shelters, although their stays sometimes stretch to a year. And though the shelters do their best to help, Netherton said, they are usually "incredibly unstructured."

She said SRS in Topeka, while staffed with caring workers, has been miserably slow in responding to orders from Judge Mitchell to the point of sometimes being confronted with the equivalent of contempt charges.

Netherton also noted that for some reason, SRS in Wichita apparently has simply refused to take referrals from Sedgwick County District Court, something that is done here "at the drop of a hat."

An SRS spokesman could not be reached for comment late Thursday.

Netherton said she will seek to have her lawsuit certified as a class action to represent all children in the care of SRS.

The lawsuit will seek a writ of mandamus ordering the state to provide appropriate treatment for the children; establish a regional runaway center; provide more emergency shelters and foster care placements; and try to keep Shawnee County's "HARTS" program afloat.

County officials have considered

closing the Holistic Adolescent Residential Treatment Services (HARTS) facility because they say SRS doesn't pay the county enough to run the center for behavior modification.

The lawsuit also is expected to ask for an order requiring the state, if need be, to hire more social workers and commit more resources to SRS. Netherton said she has not researched what the cost of the improvements might be if they are implemented by SRS or ordered by a court.

The attorney compared her law-

suit with one on behalf of state prison inmates complaining of unconstitutional living conditions in the state's overcrowded prisons. A federal judge last year issued several orders directing the state to reduce the inmate population.

In addition, Shawnee County was faced with a similar class action in the 1970s brought by inmates who claimed the old county jail was unconstitutionally overcrowded. That lawsuit, which is still active, led to an agreement by the county to build a new jail.

# State's child protection services unraveling, workers say

Thurs. Feb 2 WEB

By Betsy Rubiner  
Staff Writer

Ann Mar-Mason has seen some horrible sights. A child's badly bruised body. A baby hooked on cocaine. A toddler wandering in a busy Wichita street.

During her 9½ years as a social worker at the Department of Social and Rehabilitation Services, Mar-Mason also has had some fitful nights.

"I dream about some kids getting hurt and not being able to do anything about it," she says.

Her fears and frustrations are shared by people working at all levels of the intricate system designed to protect children from abuse and neglect — by other social workers, by volunteers and lawyers who work with children, by judges and foster parents.

They worry that, because the state does not have enough resources, the huge safety net that should help some of Kansas' most desperately needy and defenseless children is full of holes.

"We think that maybe children are be-

ing left in some pretty dangerous situations," says Jim McHenry, executive director of the Kansas Child Abuse Prevention Council.

McHenry's group is part of the Kansas Children's Coalition, which will release an opinion survey in Topeka today, identifying problems cited by people who work with abused and neglected children.

No one is sure how to prove that some Kansas children are being ill-served, but several recent trends have triggered this fear. While the number of reports of child

abuse and neglect has risen:

- The number of social workers has dropped.

- A smaller percentage of reports is being confirmed.

In 1980, there were 17,522 reports of child abuse or neglect in Kansas. The SRS had about 490 social workers working on child abuse or neglect cases. In 1988, there were 24,371 reports of child abuse or neglect across the state. But the SRS could afford only 460 social workers for those cases — with nearly 30 of those

positions vacant.

The department also is having trouble filling its existing positions. The SRS expects a 30 percent turnover statewide among its social workers this year.

In Wichita, the youth services division is short seven of its 48.5 positions. These workers investigate reports of child abuse and neglect. They oversee troubled families. They monitor foster-care families.

● CASELOADS, 4D, Col. 1

4D THE WICHITA EAGLE-BEACON

Thursday, February 2, 1989

## Vigilance suffers as caseloads overwhelm staff, critics say

● CASELOADS, from 1D

They seek out adoptive homes.

It's a huge job. And because of the staff shortage, the job is even larger. SRS administrators say some social workers in Kansas have as many as 80 troubled families to watch over, well in excess of the advised caseload of 25. Understaffed, overloaded — and in some instances, inadequately prepared — the SRS admits social workers can't always give families the attention they need.

"I think the problems we're seeing are more difficult to deal with in the past year, and so the frustration is with large caseloads and with not (having) the time to adequately work with families," says Carolyn Risley Hill, director of Sedgwick County's SRS office.

Children's advocates, social workers and SRS administrators disagree about the consequences the staff shortages have for children. McHenry and some other children's advocates fear more children are left in dangerous homes without adequate protection or family services. SRS officials deny this and say the greater concern is their fear that more children enter — and stay longer — in the traumatic limbo known as foster care.

Statistics on the number of Kansas children who died of child abuse or neglect shed little light on the system's effectiveness. Since 1980, this has fluctuated slightly, from 13 deaths to seven deaths in 1988.

An SRS study of 22 deaths that resulted from child abuse or neglect between January 1986 and June 1987 showed that in three cases, social workers had been involved with the victim and confirmed a previous case of child abuse or neglect. The study didn't determine whether in the 19 other cases, the SRS had prior contact.

In Wichita during the past four years, 11 children died of child abuse or neglect. In five of those cases, the SRS had been involved with the victim and confirmed child abuse or neglect. One case was still open; four others had been closed by the SRS.

What social workers do know is that the problems they see are increasingly severe. More sexual abuse and more drug abuse involving younger children.

"The children are more disturbed. The families have more needs," says Hill. "... A lot of stress comes with economic difficulties. Some people strike out at their children at times like that.

"Kids are getting into drugs earlier. They're getting pregnant younger. They're acting out younger. We have 11, 12, 13-year-olds getting pregnant by the droves. And teenagers don't know how to parent. What a lot of the abuse and neglect problems come back to is people who don't know how to parent."

What particularly troubles children's advocates is that 12 percent of the child abuse and neglect reports in fiscal year 1988 were confirmed, compared with 30 percent eight years earlier.

SRS administrators say tighter due process laws and legal requirements make reports harder to confirm. But some children's advocates suggest it's linked to the shortage of social workers.

"When you put together a very heavy caseload, workers that feel inadequately trained for the complexity of the cases and an appeal process that workers feel, rightly or wrongly, may not sustain them, then you've got a springboard for that drastic decline in confirmation that appears to be going on,"

McHenry says.

Jan Waide, director of Children In Need of Care services for the SRS, says the agency has shifted resources to ensure that reports are thoroughly investigated.

But because social workers are so bogged down with investigating cases, they can't keep as close an eye on individual families, SRS administrators say. So the safest route is to remove a child from the home.

"When you're short staffed, you're more likely to remove children to protect them. ... You don't have the resources to protect them in their own home," says Hill.

Children may also be staying in foster care longer as a result of the department's short staffing. Because social workers are spending so much time on investigations, they don't see foster families as much. They have less time to recruit more foster families and adoptive families.

"That is going to clog children up in the foster-care system," says Waide. "Because if there's not (an adoptive) home readily available for them to move into, then they're going to have to stay in foster care."

Between 1980 and 1986, the SRS managed to reduce the number of children in foster care. But administrators fear that during the last year this success is slowly eroding. In Sedgwick County, 500 children are in SRS custody — 9.9 percent more than a year ago.

Even with all the social work positions filled, the SRS says it still would be understaffed. "The state would spend a lot less money on foster care if they'd spend more on social workers," says Judge Robert Morrison of Sedgwick County's juvenile court.

The agency has never fully recovered from the 60 social work positions it lost in 1981 because of federal budget cuts. Last year, the Legislature approved 30 new positions, but this year, Gov. Mike Hayden's budget recommendations included no additional positions.

"The system is overwhelmed and ... is probably near some sort of breaking point," said Lynn Barclay, a lobbyist in Topeka for the Kansas Children's Service League.

### Suffer the children

Since 1980, the number of state social workers who investigate child-abuse cases has dropped about 6 percent — from 490 to 460. But reports of child abuse and neglect have swelled. Critics say a reduced confirmation rate shows that the state hasn't enough resources to investigate the extra cases.

### Child abuse, neglect

HOUSE FEDERAL & STATE AFFAIRS  
Attachment No. 3  
February 15, 1989

Year	Cases reported	Confirmed	Percent confirmed	Deaths
1988	24,371	2,896	11.8%	7
1987	27,814	5,156	20.8%	12
1986	22,292	5,192	23.3%	12
1985	24,551	7,724	31.5%	9
1984	22,450	7,647	34.1%	5
1983	19,498	6,439	33.0%	8
1982	18,661	6,272	33.6%	10
1981	19,783	6,698	33.9%	10
1980	17,522	5,230	29.8%	13

Source: State Department of Social and Rehabilitation Services

# Kansas City Times

Monday, January 9, 1989

## Two children are dead; did the system fail them?

### Both investigated as possible abuse cases

By Lynn Byczynski  
Topeka Correspondent  
© 1989, The Kansas City Times

TOPEKA — Two children died last year while in the care of the Kansas Department of Social and Rehabilitation Services, the agency whose duty it is to protect abused children. Both deaths are being investigated as child-abuse homicides.

Charlie Walker, 3, of Topeka, died on Nov. 9, 1988, of acute blood loss because of a ruptured liver, a coroner's report shows. At the time of his death, his family was participating in a new program in which a social worker visits the home several times a week instead of removing children from a home where abuse is suspected, the boy's mother confirmed.

Jeremy Parker, 3, of Girard in Crawford County, died June 27, 1988, of head injuries, according

■ **Three-year-old Charlie Walker**, who died of blood loss, had been kept in his family under supervision of the state.

Jeremy Parker, 3, who died of head injuries, was in foster care at the time he died.

to a coroner's report. He was in foster care because the Social and Rehabilitation Services Department had removed him from home, a coroner's report said.

Winston Barton, department secretary, could not comment specifically on the cases because of confidentiality laws. But he responded generally to situations in which children die while in his agency's care.

"I'm a parent, and I get as

heartbroken as anyone does when things like this happen," Barton said. "We try to foresee things like this, but we're not going to make the right decision 100 percent of the time."

But several people familiar with the cases said the two deaths pointed to wider failures in the agency's child protective services, including overloaded and poorly trained case workers.

No criminal charges have been filed in either case, and both are under investigation.

Charlie Walker's death was ruled a homicide on Nov. 17 by Shawnee County coroner Dr. Roman Hiszczynskij.

The Shawnee County district attorney's office did not return repeated phone calls last week.

The Crawford County coroner, Dr. Fred Tweet, said Jeremy's death could have been caused by

See DEATHS, A-4, Col. 1



# Deaths of two Kansas boys raise questions

Continued from Page A-1

self-abuse, as reported by his foster parents. But Attorney General Bob Stephan's staff reviewed the case and concluded that charges could be filed, said assistant attorney general Ed Van Petten.

The Crawford County attorney could not be reached for comment last week.

Because state laws make the Social and Rehabilitation Services Department's child-abuse reports private, accounts of the two boys' deaths were gathered from coroners' reports and interviews.

## Weeks of warning

The state agency received an abuse report on Charlie Walker as early as August 1988, Charlie's grandfather, Phillip Walker of Topeka, said in a recent interview.

A social worker called him as part of her investigation, he said, and he confirmed that the boy was frequently bruised.

Walker said he called the Social and Rehabilitation Services Department four times in the next months to report new suspicions of abuse.

On Oct. 3, Charlie was admitted to Stormont-Vail Regional Medical Center in Topeka with burns on his chest, arms and leg and suffering fever and dehydration, according to the coroner's report. The boy spent 11 days in the hospital.

"The main concern during the hospitalization was his home disposition," Hiszczynskij wrote. "There was concern on the part of the health-care providers, but the SRS ruled that the child be returned to the home."

Walker said he and his ex-wife also urged that Charlie be removed from the home.

"To my way of thinking, there should have been enough evidence prior to Charlie's first injuries to warrant an investigation, and certainly to warrant an investigation after his injuries," the grandfather said. "The child should have been removed from the home until they ferreted out information about why he received those injuries."

Eva Walker, Charlie's mother, said in an interview that a social worker visited twice a week after the boy was sent home from the hospital. A 5-year-old son and the mother's boyfriend continued to live in the house. Another man, an unrelated boarder, also lived in the house.

On Nov. 3, Eva Walker and her boyfriend took Charlie to a preschool project run by the Topeka School District. Lynne Bourne, the speech and language therapist who tested Charlie, said she immediately suspected that he was abused, because of a swollen bump on his head, bruises and burns on his arms, and because of his unresponsive, passive behavior.

Educators are required by law to report suspicions of child abuse, so Bourne had her supervisor call the

Department of Social and Rehabilitation Services. A social worker said that the department had the family in its pilot family preservation program, in which the department works intensively in the home rather than putting children into foster care, Bourne said.

On Nov. 8, doctors at the Shawnee County Health Department saw the boy because the bump was still swollen. On Nov. 9, Charlie was taken to another pediatrician for treatment of the bump.

At 10:30 that night, someone called for an ambulance at Charlie's house. The child was taken to Stormont-Vail, but attempts to revive him failed. He was pronounced dead at 11:23 p.m.

Charlie's brother was removed from the home that night, and he remains in foster care, Eva Walker said.

She said Charlie was not abused. "He had a hematoma on his forehead, and the doctor that was taking care of him didn't treat it," she said. "I say Charlie blacked out from that, and that's what caused him to fall down the steps."

The coroner, however, concluded that the child's death was not accidental. Hiszczynskij reported that he called Dr. William Eckert of Wichita, an internationally known forensic pathologist, to describe the bruises and ruptured liver the child suffered.

Eckert "stated that the type of injuries that I described could have occurred only if the child had fallen 20 stories rather than just a flight of stairs," Hiszczynskij wrote.

The coroner's conclusion: "The death is ruled homicide until proven otherwise."

Topeka police Detective Robert Robinson said the case was still under investigation.

## Self-inflicted injuries?

On the day Jeremy Parker died, he saw his mother and stepfather in the presence of his Social and Rehabilitation Services Department caseworker, according to the report by Crawford County Coroner Tweet. The caseworker told Tweet that Jeremy often became agitated and self-abusive after visiting with his parents.

"The caseworker relates that she had her back turned for a small period of time, she heard a noise and when she turned back, Jeremy was up against the wall," Tweet wrote. "He then exhibited his usual frightened behavior wherein he accuses himself of being a bad person and begins self-abusive behavior."

Jeremy's foster mother took him home, put him down for a nap at 11:45 a.m. and left the house at 1:30 p.m. with her 15-year-old daughter in charge, the coroner's report states.

At 3:11 p.m., an ambulance was called. Jeremy was pronounced dead at a Pittsburg hospital.

Tweet concluded that the numerous injuries on Jeremy's head could have been caused by self-abusive behavior. Tweet noted that the foster father said Jeremy hit his head hard on the back of his truck just one day before his death.

When the Crawford County attorney did not file charges last summer, someone asked the attorney general to investigate, said Van Petten, the head of Stephan's criminal division. Under state law, the attorney general can take over child abuse cases when local prosecutors don't act.

Van Petten said his staff concluded the case could be prosecuted, and referred it to a newly elected Crawford County prosecutor. A spokesman in her office said that charges had not been filed but that the case was still under investigation.

Jeremy's natural mother, Beverly Richling, declined to comment. The boy's foster parents were not named in the coroner's report and could not be contacted.

## An overloaded system?

Lynn Zeller Barclay, director of child advocacy for Kansas Children's Service League, a private social service agency, said the deaths "raise questions about the ability of the system to respond quickly."

"We're concerned that SRS does not have adequate resources to respond in child protection cases," she said.

The Children's Coalition, an umbrella group of professionals who work with children, will ask the Legislature to order an outside study of the department's child protective services.

James McHenry, executive director of the Kansas Child Abuse Prevention Council, complained of a shortage of caseworkers and inadequate training for those in the family preservation program.

"It's our opinion that when you don't have enough staff workers to cover the cases, it increases the danger of a fatality," McHenry said. "I think that it's true the state has not over the last five or six years attempted seriously to confront that issue of case overload."

Barton, the department secretary, agreed that caseloads — as high as 80 per social worker in recent months — were too high and that training was not always adequate.

"You can be assured I am personally and seriously looking at this," Barton said.

The agency has requested 24 new social workers and 49 workers to do non-social work tasks that social workers must now do, such as driving clients to counseling. It also has asked for \$1.9 million to improve and expand the family preservation program and \$3.6 million for additional foster care.

MEMO TO: Members of the Federal and State Affairs Committee

FROM: Gary Sherrer, Chairman Salvation Army of Wichita and  
former Booth Childrens Services Board member

DATE: February 17, 1989

First, I again want to thank you for your concern and time regarding these important issues that impact the children of Kansas. I have tried to summarize the statement I made in appearance before your committee on February 15.

It is my belief that a crisis is about to surface, a crisis created as much by how you fund childrens programs as by how much you fund them. Let me give you an example:

A few years ago Booth agreed to establish a program for a group of mildly retarded boys, ages 13-18, that were at Parsons State Hospital. It was felt by both Booth and the State that the boys would be better served in an environment designed to give individual attention without an institutional environment. The Per Diem rates in 1986 were:

Parsons	\$111.00
Booth	\$ 60.00

Thus the state saves \$51.00. Booth's actual costs were more like \$75.00, a figure much lower than the Parsons' cost. We cannot understand why the burden of the difference in what is paid and what our actual costs are must be made up by those offering a less expensive solution.

Compound this with the low increases of the budget the past two years, and you can understand our apprehension at a system in which the "gap" is widening and our burden is growing. This is particularly distressing when your allocations to state institutions far exceed in percentage what you grant to those of us doing exactly the same thing and often doing it better! Why are those employees in state facilities needing a raise and more money to operate, but our people are ignored unless groups such as mine are willing to accept even more financial burdens?

I have often heard legislators complain about the Federal Government starting programs that become a financial burden to the State. In child care, I feel the State is doing the same thing to private agencies.

Our board is at a place where demands on our limited resources are growing faster than we can raise funds. Legislators often say "we only have so much money" and "we must set priorities." Those of us in private charitable organizations now must say the same thing. We cannot continue to subsidise

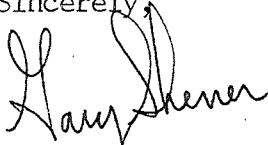
HOUSE FEDERAL & STATE AFFAIRS  
Attachment 3A  
February 15, 1989

State programs, no matter how needed or worthy, because we do not have the resources. When I look at all the "things" the State funds at 100% and then see the children it funds at 78%, I know somebody has a sense of priorities that is simply wrong.

Time is running out--too many hearings--too much rhetoric has gone on with too little impact.

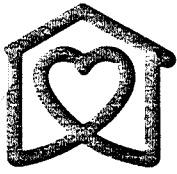
Your budget action will tell those of us in private charities what our action will be. In any case, I can only assure you it cannot be "child care funding as usual."

Sincerely,

A handwritten signature in cursive script that reads "Gary Sherrer". The signature is written in black ink and is positioned above the printed name.

Gary Sherrer

GS/11c



# The Wichita Childrens Home

810 North Holyoke • Wichita, Kansas 67208 • 316-684-6581

## 1988 ADMISSION DATA

### BOARD OF DIRECTORS

Patricia Hobson  
President  
Kay Arvin  
1st Vice President  
Beth James  
2nd Vice President  
Mary Ann Ranney  
3rd Vice President  
Jane Spurrier  
Recording Secretary  
Cindy Roach  
Corresponding Secretary  
Jerry Simpson  
Financial Secretary  
Kathy Arbuckle  
Asst. Financial Secretary  
Joan Gegen  
Treasurer  
Patricia Poore  
Development  
  
Virginia Auerbach  
Glenola Bachmann  
Sally Bell  
Jecca Evers  
Linda Fritzemeier  
Wanda Fuller  
Margaret Houston  
Berdean Isham  
Betty Minkler  
Dot Osburn  
Helen Piper  
Mindy Sutherland

ADVISOR  
Karla Walsh

EXECUTIVE DIRECTOR  
Sarah Robinson, M.A.

The Wichita Children's Home staff provided quality care for 824 admissions in 1988. This total included 360 boys and 464 girls. The number of admissions in each home was as follows: Nursery - 153, Little Boys and Girls - 131, Teenage Girls - 330, and Teenage Boys - 210. Law Enforcement placed 459 admissions with us for protective custody. Of these admissions, Social Rehabilitation Services placed 52 in custody, and returned 416 to their parents. Social Rehabilitation Services placed 267 admissions with us, of those, 20 were brought in by law enforcement and 247 were placed by social workers. Parents placed 64 children at the Home. There were 34 children admitted to the CrossRoads Runaway Program. The Wichita Children's Home provided 13,171 days of care in 1988.

The children were placed for the following reasons:

32%-----Runaways  
22%-----Had parents who were unable to care for them.  
08%-----Physically abused  
07%-----Neglected  
07%-----Abandoned  
07%-----Considered to have ungovernable behavior.  
06%-----Deprived  
05%-----Sexually abused  
03%-----Juvenile Offenders and the remaining  
03%-----Included children who had curfew violations or probation violation, were mentally abused or had substandard housing.

25.26 children per day were in Wichita Area SRS Custody  
4.32 children per day were in SRS Custody from other Kansas Counties and States  
2.93 children per day were admitted via law enforcement  
2.71 children per day were admitted by parents  
.86 children per day were CrossRoads admissions  
36.08 children per day lived at the Wichita Children's Home in 1988

### 1989 Operating Expenses

The projected daily operating expenses total \$2,627. These expenses are allocated as follows:

Salaries & Related Expense (Staffed 24 hrs. a day, 7 days a week).....	65%	Specific Assistance to Residents (Food, Clothing, Recreation, etc.).....	12%
Professional Fees.....	1%	Organization Dues & Staff Development.....	2%
Office Expense.....	3%	Investment & Miscellaneous Expense.....	1%
Utilities, Insurance, Building Repair.....	12%	Depreciation.....	4%
		TOTAL.....	100%

## How do we care for the children?

The childcare staff of the Wichita Childrens Home are called Teaching Parents. They provide a safe and home-like environment for the children and are responsible for them 24 hours a day. There are four teaching parent supervisors, eighteen full-time teaching parents and one part-time teaching parent.

Often children are admitted from a traumatic situation and need comfort and reassurance. All the staff of the Childrens Home are trained in crisis intervention and can help the children cope with the stress of admission. After the initial fear lessens, the staff teach the children basic skills and alternative behaviors to help them succeed in their next placement. The four basic social skills taught at the Home are following instructions, accepting criticism, accepting "no" for an answer and solving problems rationally.

The Home utilizes a data based, systematic treatment program called the Teaching Family Model. This model, developed by the University of Kansas Bureau of Child Research, has been shown to be highly reliable in changing inappropriate behaviors. The point system that rewards the children and the daily schedule provides some of the children with the first stable structure they have ever had.

The experienced administrative staff includes a Director, Administrative Assistant and bookkeepers. The Front Desk staff greet guests, answer the phone and complete clerical work during the day and the Night Monitor answers the phone and keeps watch while the children and staff sleep at night. Other staff members include a Home Coordinator, Health Coordinator, several cooks, two laundresses and a Maintenance Superintendent to keep the Home running on a daily basis.

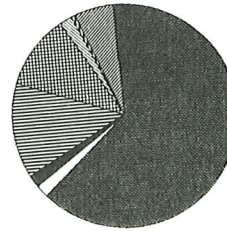
## How you can help us care for children in crisis.

For the last five years, the number of children we serve has been steadily increasing toward 1000 children a year. Caring for 46 children at one time is not an easy or an inexpensive task. The Home must function like an emergency room and be fully staffed 24 hours a day, seven days a week.

Currently we are supported by the United Way, SRS funding, the Federal Runaway and Homeless Youth Act and private contributions. However, these sources do not fully cover our costs and as the needs of children increase, our costs will increase also.

Below is a graph illustrating the expenses of the Wichita Childrens Home for the year ended December 31, 1987.

### The Wichita Childrens Home Categories for the year ended December 31, 1987



<ul style="list-style-type: none"> <li>☒ Salaries and Related Expense (Staffed 24 hrs. a day, 7 days a week) . . . . . 64.00%</li> <li>☐ Professional Fees . . . . . 1.69%</li> <li>■ Office Expense . . . . . 2.04%</li> <li>☒ Utilities, Insurance, Building Repair, Grounds Upkeep, Supplies and Equipment Maintenance . . . . . 13.46%</li> </ul>	<ul style="list-style-type: none"> <li>☒ Specific Assistance to Residents (Food, Clothing, Recreation, etc.) . . . . . 10.95%</li> <li>☒ Organization Dues and Staff Development . . . . . 1.65%</li> <li>☒ Investment and Miscellaneous Expense . . . . . .62%</li> <li>☒ Depreciation . . . . . 5.59%</li> </ul>
	<u>100.00%</u>

If you are interested in helping us provide quality services to children in crisis for another century, please send your tax deductible contribution to:

Wichita Childrens Home  
810 N. Holyoke  
Wichita, Kansas 67208  
(316) 684-6581



The Home with a Heart

# The Wichita Childrens Home



The Home with a Heart

# A century of caring for children in crisis

HOUSE FEDERAL & STATE AFFAIRS  
Attachment No. 4A  
February 15, 1989

## The Beginning

After his wife died early in 1888, a Wichita farmer, Oliver Heady, needed a place where his seven small children could receive 24 hour care. Mr. Heady came to Mrs. M.L. Garver, who was a neighbor and also a mother of four, and said if she could help him through this crisis, he was willing to contribute to the cost of his children's care.

Mrs. Garver recognized a need in the community and gathered other local women together to help her. On August 2, 1888, the Wichita Childrens Home was founded. The purpose of the Home was stated in the charter as "the support and care of destitute children."

For many years the Childrens Home functioned as an orphanage. For a short time, the Home even acted as an adoption agency for some of the children brought there. Other children were placed at the Home temporarily when their parents couldn't provide care and were eventually reunited with their families.

Mrs. Garver insisted that the atmosphere would always be like a home and we still follow that tradition. Just as it was 100 years ago, there are always white tablecloths on the dining room tables. The children attend school, are furnished with clothing and can receive visits from friends and family if appropriate.

## Today

As the needs of the community changed, the services of the Wichita Childrens Home was modified to better serve the local youth. In 1965 the Home became the only emergency shelter in Sedgwick County open 24 hours a day to accept children ages 3 days to 17 years. This allowed us to care for children who were "dependent, neglected, abandoned or in need of temporary care."

Up to 46 children can be cared for at one time. Because we are an emergency shelter, the children are usually only with us for a short time ranging from 48 hours to 3 months. Residents are admitted by the police, Social and Rehabilitation Services, parents or relatives and some runaways admit themselves. All the children receive medical and dental care in addition to food, shelter and clothes.

## Who are these children in crisis?

Below are some typical case histories of children that need temporary or emergency shelter and could be admitted into the Wichita Childrens Home:

- *Linda has become pale and thin and she often comes to school with bruises. Her fourth grade teacher suspects child abuse and neglect so she calls the police.*

- *Susie knows her parents have been gone a long time and her little brother Tommy is getting hungry so she takes him to a next door neighbor and asks for food. The neighbor saw the mother and her new boyfriend leave two days ago and thought the children were with them. Suspecting abandonment, the neighbor calls the police.*

- *Joan loves her three year old, but lately, the stress of being a single mother and having financial difficulties has become too much for her. Her little boy's seemingly constant whining just makes it worse. She's afraid she will hurt her child if she doesn't get help.*

- *Tracy has run away from her home in Dallas, again. This time she gets as far as Wichita before she realizes she needs help. She has no money, no food and no friends. At a Quiktrip, she makes a phone call to the National Runaway Hotline.*

- *Joe needs an operation and there will be a lengthy recovery period afterwards. It will be a few days until a relative can arrive from another state to care for his 8 year old son and 6 year old twins.*

- *Cindy, an eleven year old, tells her best friend's mother that she doesn't want to go home because at night her mother's boyfriend comes into her bedroom and touches her and it makes her feel dirty.*

- *Mary has a drug addiction and her boss told her if she doesn't enter a drug rehabilitation program she will be fired. She has no friends or family willing to take care of her four children ranging in age from 4-12 years old during the treatment time.*

## How are these children admitted into the Wichita Childrens Home.

Law enforcement officers admit children they think are in danger. Neighbors, relatives, friends or teachers may have called police when they suspected abuse or neglect or the children may have been truant frequently or have run away. These children are placed in Protective Custody at the Home for 48 hours until Social and Rehabilitation Services can investigate the situation and determine whether the children should be returned home or placed in the custody of the state. During this time, the children cannot receive phone calls or have any contact with the outside world for their own safety.

Parents or legal guardians can admit their children when they are temporarily unable to provide care for them. The reasons may include loss of employment, family emergency, utilities being shut off or the need of the caregiver to attend drug or alcohol rehabilitation programs or stress management programs. These children stay until their family can again care for them.

Social workers can admit children to the Home for 90 days. These children are awaiting placement in a group home, with foster parents or into drug treatment programs. They are enrolled into the schools in our district and can receive phone calls from anyone their social worker advises.

Parents may admit their children with us or the children may admit themselves into the CrossRoads Program. This program is designed for children who have run away from home or who need "time out" from family problems. During their two week stay at the Childrens Home, the whole family will receive counseling from the Kansas Children's Service League.

# CHILDREN'S COALITION

P.O. Box 5314  
Topeka, Kansas 66605  
913-232-0543

Date: February 15, 1989  
From: Judy Culley, Administrator, The Shelter, Inc.  
Re: Children's Coalition Foster Care Study, A Look at Services  
for Children in State Custody

As a representative of KALPCCA, Kansas Association of Licensed Private Child Care Agencies, I have served on a Children's Coalition committee to study services to children in the state's custody. In my opinion, this study, attached, provides useful information about this very special population.

The study was designed to reflect the perceptions and attitudes of professionals who work with these children across the state. The geography of the state and sizes of counties were considered in the distribution. The 590 respondents included the following:

Court Services Officers	37
School Personnel	100
Foster Parents	64
Private Non-Residential Agencies	42
Guardian Ad Litems	22
Institutions, Hospitals, etc.	40
Judges	10
Law Enforcement Officers	39
Mental Health Centers	37
Prosecuting Attorneys	12
Licensed Residential Facilities	81
SRS workers	87
Other	19

These responses were analyzed by Capital Research Services, Inc. The overriding conclusion that was drawn from these results is that, in the opinion of professionals who work with children, the lack of resources, specifically funding, inhibits the effectiveness of the services being delivered. As a result, children in the state's custody are not being adequately served.

The attached material includes not only an analysis of the study, but also responses to individual questions. Of those responding 62% agreed if there were more money for out-of-home placement, children would be better served. Sixty-eight per cent felt there are not enough follow-up services provided to the family after a child returned from placement. Additionally, 56% agreed that inadequate funding for needed support services often causes family foster placements to fail. Coupled with the lack of funding, 55% believe children entering SRS custody now have more serious emotional and/or behavioral problems than children who entered custody three years ago.

Based on these findings, the Children's Coalition has asked the Governor and the legislature to commit funds to all the component parts of the child welfare system. Specifically, the Coalition requests upgrading the level of services and funding in the areas of foster care, child protective services, and family preservation.

HOUSE FEDERAL & STATE AFFAIRS  
Attachment No. 5  
February 15, 1989

CHILDREN'S COALITION  
FOSTER CARE STUDY  
A LOOK AT SERVICES FOR CHILDREN  
IN STATE CUSTODY

WINTER, 1989



# CAPITAL RESEARCH SERVICES, INC.

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3715 S.W. 29th Topeka, Kansas 66614 (913) 271-6242

14621 Titus Street, Suite 206 Van Nuys, CA 91402 (818) 908-1318

January 18, 1989

Dear Coalition Members:

I have recently reviewed the report on the Foster Care Study issued by The Children's Coalition. As a professional researcher with nearly 20 years of experience in statistics and research methodology, I believe that this report is a fair and accurate representation of the attitudes of professionals who work with children in the foster care system toward foster care in the State of Kansas.

Although the data is now over a year old, I believe the results are still valid. The data represent the opinions of professionals who work in this field and are not likely to change over relatively short periods of time, particularly in the absence of any major changes in the environment in which these people work.

I would be happy to answer any questions about the methodology employed in this survey or the conclusions based on the analysis.

Sincerely,



Dr. John A. Shoemaker  
President

## EXECUTIVE SUMMARY

The CHILDREN'S COALITION is a group of private, not-for-profit organizations whose mission is to promote laws, policies and services that address the needs of vulnerable children in Kansas.

Based on that mission, the Coalition formed a committee to study services to children in the state's custody. This committee chose to focus on the opinions of professionals who work with these children, as this perspective has not been previously studied in Kansas

## SURVEY

A 50 question survey was developed by the Coalition's committee, and critiqued by three research consultants. It was then distributed to 1500 professionals, including judges, attorneys, court services officers, SRS workers, educators, law enforcement officers, private residential and non-residential providers, foster parents, mental health professionals, employees of state institutions, CASA volunteers, and health care professionals. The geography of the state and the sizes of counties were considered in the distribution.

## RESPONSE

We received 590 responses (40% return) to the survey, which was adequate to produce results representative of the population of professionals who work with children. These responses were analyzed by Capital Research Services, Inc.

## CONCLUSION

The overriding conclusion drawn from these results is that, in the opinion of professionals working with children, the lack of resources, specifically funding, inhibits the effectiveness of the services being delivered. As a result, children in the state's custody are not being served adequately.

## RECOMMENDATIONS BY FOSTER CARE STUDY COMMITTEE

The results of this study are consistent with a great deal of the testimony heard by the Governor's Commission on Children and Families earlier this year. Based on this study and that testimony, the Foster Care Study Committee of the Children's Coalition recommends that the state commit funds to all the component parts of the child welfare system in an amount sufficient to upgrade the overall level of services to children in the state's custody.

## BACKGROUND

The Children's Coalition was formed in 1984 in an attempt to better coordinate and develop a constituency for the needs of children in Kansas. At the present time, there are 27 member agencies statewide. Each year, foster care has been selected as one of the issues identified by the Coalition as most critical to children at risk. In an attempt to learn more about foster care and services to children at risk in their own homes, an ambitious statewide study was undertaken by the Coalition two years ago.

It was the goal of this study to learn what people from around the state thought about foster care and the general protective services delivery system. The vehicle developed to gather this information was a written survey. The instrument itself was developed by a committee working with a social scientist from Kansas State University. Prior to distribution, the questionnaire was reviewed by the Central Research Corporation and the Institute for Public Policy and Business Research at the University of Kansas.

The survey was then distributed in randomly selected counties across the state. There were approximately 1500 questionnaires given to judges, court service officers, prosecutors, law enforcement officers, SRS workers, school personnel, private residential service personnel, foster parents, mental health professionals, and others who have contact with children who are in need of care or who are juvenile offenders.

590 people from the selected counties responded to the questionnaire. To our knowledge, this represents the largest group of professionals ever polled on a specific child welfare issue. The data was analyzed by Capital Research Services, Inc. a private research and polling firm located in Topeka.

## DISTRIBUTION OF THE SURVEY

The first step taken in distribution of the survey was to select the professions to be contacted. The goal was to get the widest representation possible, and the following groups were specifically targeted:

CASA volunteers	Judges
Non-residential private agencies	Law enforcement agencies
Court Services Officers	Mental health centers
Education/Schools	Prosecutors
Foster parents	Residential facilities
Guardians <u>Ad Litem</u> (attorneys)	SRS workers
Institutions/Other residential	Health Care Professionals
	Other

The second step was to select the counties, with a goal of representation from all parts of Kansas. The 105 counties in the state were divided into three categories by population - large, medium, and small. The four large counties (Shawnee, Wyandotte, Johnson, and Sedgwick) were automatically selected, upon the advice of a researcher at Kansas State University.

The state was then divided into four quadrants - southeast, northeast, southwest, and northwest. One medium-size county was randomly selected from each quadrant, and they were Douglas, Crawford, Barton, and Finney. Two small counties were randomly selected from each quadrant, and those eight small counties were Elk, Linn, Nemaha, Cloud, Lincoln, Rawlins, Stafford, and Gray.

Two hundred surveys were distributed in each large county, and 125 surveys to each medium-size county. Twenty-five surveys were distributed in each of the small counties, for all total distribution of 1500 surveys.

An individual was selected in each of the sixteen targeted counties to coordinate all distribution within that county. "Tutors" were established to assure that members of all targeted groups were surveyed. Distribution was done in person, except to foster parents and CASA volunteers, where surveys were mailed. Respondents mailed the completed surveys directly to the Children's Coalition in Topeka, so that they would be assured that no one in their county could read their anonymous responses.

## THE SAMPLE

A total of 1500 surveys were distributed, of which 590 (40%) were completed and returned. Of those responding 71% work directly with children, while 28% are primarily administrators.

Experience levels of respondents range from 1 to 50 years, with a median of 9 years. Respondents have been employed in their current position for an average of 5 years.

Analysis of the sample and the data suggests that the results are representative of people who work with children. Because random sampling was not employed, the percentages may vary slightly from actual population figures.

## RESULTS

The number of responses to this survey was adequate to produce results representative of the population of people who work with children. However, sample sizes from individual counties were small. This made it virtually impossible to pick out differences from county to county. Where it was possible to analyze differences, there appeared to be no discernible pattern in those responses. Additionally, there was not a sufficient number of responses to determine if there were attitudinal differences among the professions represented by those responding to the survey.

Respondents to the survey were asked to express their agreement or disagreement with 50 statements on a five-point scale. (See Appendix I for complete list of questions and responses.) The statements were then categorized as those with which the majority agreed, those which received mixed responses, and those with which the majority disagreed.

There were 26 questions that produced responses considered significant. An examination of these statements suggests some basic themes. The questions with general agreement indicate that respondents think the system works relatively well (statements 1, 2, 7, 30, 39). They believe that it is fair and relatively effective. But respondents also believe that the social service needs of children are not being adequately met (6, 8, 10, 12, 13, 26, 27, 28). These responses suggest that the problem is primarily one of insufficient resources due to a lack of funds. Respondents tended to disagree with statements which question the ability of providers to understand the needs of children and to provide effective services to them (3, 5). Respondents also reject the notion that foster care services are over-used (29, 38).

Those questions receiving mixed responses indicate a variety of opinions reflected by different professions. Though no attempt was made to draw conclusions from these responses, the information contained should be considered on an individual basis. (See appendix.)

In addition to the analysis of each question individually, a factor analysis of the questions was done to examine their inter-relationships. Essentially, this means the data was reviewed to determine which themes or patterns emerged from the data. The results indicated 14 patterns of responses as opposed to the usual 3 or 4 patterns, indicating the complexity of the ways that respondents viewed the topic. The factors are groups of questions whose answers correlated with each other. A correlation coefficient indicates that people who tend to agree with one statement within a factor group will also agree with other respondents on other questions within the factor group. These factors were determined statistically, solely on the basis of how respondents answered the questions. The 4 most salient factors are listed below.

Factor # 1 - Resources (question #8, 11, 26, 27, 28, 41, 46, 48)

Each questions in this cluster dealt with time, funding, availability of programs, etc. Essentially, people who have similar attitudes on one issue will share similar attitudes on others in that cluster.

Because of the way a factor analysis works, the first factor is the most important. It appears, based on the responses to the survey, that the availability of resources dominates the thinking about social services. Given the responses, it seems reasonable to conclude that social service personnel believe the lack of resources, primarily money, has hurt the quality of programs directed toward children.

Factor #2 - Legal Institutions (questions #2, 5, 7, 21, 32)

Another factor which emerged addressed the role of legal institutions in the child welfare system. All of the statements in the cluster had to do with judges, district attorneys, and the juvenile court system. Looking at these statements, it appears that respondents agree with statements which assert that the legal system is fair in dealing with juvenile issues and disagree with those that express critical opinions.

As the second extracted from these data, the role of legal institutions is the second most important aspect of respondents' perceptions of the child welfare system.

Factor #3 - Placement (questions #4, 10, 13, 18, 29)

The third factor consists of statements which deal with child placement. Based on an examination of the statements which make up this factor, it appears that respondents believe that the placement system is working well.

Factor #4 - Bureaucracy (questions #1, 11, 14, 15, 20, 24, 31, 35, 43, 47)

Factor #4 dealt with the state agency, SRS. The combined responses to the questions in this factor indicate that respondents believe SRS is doing a relatively good job, although its effectiveness is hampered by a lack of funding.

The last section of the questionnaire asked for responses to a number of open-ended questions. Due to the complex nature of statistical analysis for that type of question, the responses to that section were not analyzed as a group. (See Appendix II for a list of questions and sample of response patterns.)

## CONCLUSION

The overriding conclusion drawn from these results is that, in the opinion of professionals working with children, the lack of resources, specifically funding, inhibits the effectiveness of the services being delivered. As a result, children in the state's custody are not being served adequately.

## ACKNOWLEDGEMENTS

This information was obtained as a result of the combined efforts of the following people and groups.

Lynn Barclay	Kansas Children's Service League	Planning Committee
Mike Clarkin	SRS Youth Services	Planning Committee
Judy Culley	The Shelter, Inc.	Planning Committee
Tom Edminster	Catholic Social Services, Kansas City, KS	Planning Committee
Jack Gibbons	Kansas State University, Sociology Department	Research Consultant
Don Hall	Family Service and Guidance Center	Planning Committee
Robert Heckler	Catholic Social Services, Topeka, KS	Planning Committee
Marcia Hooper	Catholic Social Services, Topeka, KS	Planning Committee
Jim Johnson	Youth Center at Topeka	Planning Committee
Sydney Karr	Kansas Assoc. of Child Care Workers	Planning Committee
Phil Lange	Office of Judicial Administration	Research Consultant
Bruce Linhos	Central Research Corp., Inc.	Planning Committee
Steve Maynard- Moody	Kansas Assoc. of Licensed Private Child Care Agencies	Research Consultant
Steve Maynard- Moody	Kansas University Institute for Public Policy & Business Research	Research Consultant
Melissa Ness	Kansas Children's Service League	Planning Committee
Bob Rooks	The Villages Inc.	Planning Committee
Chris Ross	Kansas State Foster Parents Assoc.	Planning Committee
Terry Showalter	Kansas Dept. of Health & Environment	Planning Committee
John Shoemaker	Wyandotte County Court Services	Planning Committee
Carrie Stutzman	Capital Research Services, Inc.	Research Analysis
Henry Wigington	Catholic Social Services, Topeka, KS	Planning Committee
Henry Wigington	Kansas University School of Education	Research Analysis

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Finally, many dedicated individuals worked hours on the distribution and collection of surveys. Their efforts and the efforts of those who responded to the survey are greatly appreciated.



QUESTIONS	STRONGLY DISAGREE	DISAGREE	NO OPINIO	DN'T KNOW	AGREE	STRONGLY A
1. Generally in my experience, the protective service investigations done by SRS are thorough.	5%	24%	17%		49%	5%
	29				54	
2. The district attorney/county attorney in my county is usually <u>very effective</u> in responding to children's issues.	5%	18%	23%		45%	9%
	23				54	
3. Private residential providers generally <u>don't provide effective services</u> to children.	13%	48%	25%		12%	2%
	51				14	
4. In those cases I've seen where the child was kept in the home effective services were delivered and the <u>family ended up better off</u> .	11%	33%	30%		23%	3%
	44				26	
5. Judges <u>do not understand</u> children's needs well enough to make the critical decisions.	9%	42%	18%		25%	6%
	51				31	
6. Long-term foster care is generally <u>not available</u> to children who need it.	3%	26%	18%		40%	13%
	29				53	
7. In dealing with the court systems, I feel confident that decisions will be <u>fair</u> .	4%	26%	18%		40%	13%
	30				53	
8. Children entering SRS custody now have <u>more serious emotional and/or behavioral problems</u> than children who entered custody three years ago.	3%	14%	28%		30%	25%
	17				55	
9. Treatment beds in state psychiatric hospitals are available <u>when needed</u> for children.	19%	31%	38%		11%	1%
	50				12	
10. Children in out-of-home placement are often <u>returned home prematurely</u> .	1%	26%	19%		38%	16%
	27				54	
11. SRS structure and policy facilitate the <u>timely provision of services</u> to children.	16%	40%	17%		24%	3%
	56				27	
12. SRS workers <u>do not have enough time</u> to do a good job helping children and families.	2%	11%	12%		38%	37%
	13				75	

SURVEY RESULTS

QUESTIONS	STRONGLY DISAGREE	DISAGREE	NO OPINION	I'T KNOW	AGREE	STRONGLY
13. Kids are frequently being <u>kept in the home when they should be removed.</u>	2%	22%	18%		38%	20%
	24				58	
14. Children are <u>adequately being served</u> inspite of funding limitations.	26%	43%	15%		14%	2%
	69				16	
15. Children are <u>getting lost</u> in the foster care system.	5%	26%	28%		30%	11%
	31				41	
16. Private residential providers <u>effectively prepare</u> children to return home after placement.	4%	25%	40%		28%	3%
	29				31	
17. It is usually possible to get an <u>in-patient evaluation in a timely fashion</u> for a child in SRS custody.	9%	30%	29%		30%	2%
	39				32	
18. Even if there were more services available to intact families, many <u>children would still have to be placed outside</u> of their homes.	2%	16%	12%		57%	13%
	18				70	
19. Children are often <u>harmed</u> because of <u>delays</u> in the court process.	1%	14%	14%		48%	23%
	15				71	
20. Children in placement are usually <u>moved only when there is a need.</u>	5%	25%	21%		44%	5%
	30				49	
21. Decisions by the juvenile judge in our county are <u>consistent.</u>	4%	17%	32%		39%	7%
	21				46	
22. I would make more reports to SRS of suspected abuse/neglect if I were sure something would really be done to <u>help the child.</u>	15%	30%	25%		18%	12%
	45				30	
23. The attorneys/guardians ad litem representing children <u>spend less time</u> on a case than is necessary for the child's good.	2%	14%	31%		33%	20%
	16				53	

SURVEY RESULTS

QUESTIONS	STRONGLY DISAGREE	DISAGREE	NO OPIN.	DON'T KNOW	AGREE	STRONGLY
24. There are many types of services for children which can be done <u>more effectively</u> by private agencies than by SRS.	3%	16%	35%		32%	14%
	19				46	
25. There are <u>adequate after-care programs available</u> to assist youth leaving state youth centers and state hospitals.	26%	38%	30%		5%	1%
	64				6	
26. <u>Inadequate funding</u> for needed support services often causes family foster home placements to fail.	2%	13%	29%		40%	16%
	15				56	
27. <u>Not enough follow-up services</u> are provided to the family after a child has returned from placement.	1%	10%	21%		47%	21%
	11				68	
28. In my county, only those children <u>at extreme risk</u> are put into placement.	4%	22%	21%		39%	14%
	26				53	
29. Many children seem to stay in placement <u>longer than necessary</u> .	9%	47%	22%		17%	4%
	56				21	
30. Law enforcement in my area is <u>helpful</u> in working with juvenile problems.	3%	12%	20%		56%	9%
	15				65	
31. Many children in out-of-home care would benefit by the appointment of a court appointed special advocate ( <u>CASA</u> ) volunteer.	4%	8%	30%		44%	14%
	12				58	
32. The district attorney/county attorney doesn't <u>spend enough time</u> on children's cases.	4%	24%	40%		24%	8%
	28				32	
33. Programming for juvenile offenders in the state youth centers is <u>effective</u> in meeting the youth's needs.	8%	24%	52%		15%	1%
	32				16	

SURVEY RESULTS

QUESTIONS	STRONGLY DISAGREE	DISAGREE	NO OPINION	NOT KNOW	AGREE	STRONGLY
34. The court does <u>not</u> have <u>enough authority</u> in the out-of-home placement decisions for a child.	9%	35%	35%		16%	5%
	44				21	
35. Usually when a child is returned home after a period of placement, it is because the most serious <u>problems have been effectively handled</u> .	6%	30%	20%		41%	3%
	36				44	
36. There are agencies in this community which provide a <u>check-and-balance</u> in assuring that children in SRS custody are served well.	10%	26%	39%		23%	2%
	36				25	
37. Schools have a <u>positive attitude</u> toward foster children.	7%	23%	32%		32%	6%
	30				38	
38. Many children in out-of-home placement would be <u>better served</u> if they remained in their own home.	10%	49%	17%		21%	3%
	59				24	
39. Generally, the children who are in SRS custody are <u>better off</u> than before SRS was given custody.	4%	18%	18%		51%	9%
	22				60	
40. The kinds of placement which children need are almost <u>never available</u> in this community.	4%	42%	20%		25%	9%
	46				34	
41. Due to lack of foster care funds, many juvenile offenders are being <u>sent to state youth centers</u> .	4%	19%	47%		21%	9%
	23				30	
42. Agencies <u>under utilize</u> school personnel as part of the treatment team for children in SRS custody.	1%	21%	30%		39%	9%
	22				48	
43. In my experience, the protective service investigations done by SRS are <u>not timely</u> .	6%	38%	29%		20%	7%
	44				27	

SURVEY RESULTS

QUESTIONS	STRONGLY DISAGREE	DISAGREE	NO OPIN.	DON'T KNOW	AGREE	STRONGLY
44. Most dysfunctional families I see will probably <u>never progress</u> to the point that they no longer need service.	2%	28%	13%		44%	13%
	30				57	
45. Schools <u>do not actively involve</u> themselves in the treatment for children in SRS custody.	3%	26%	25%		39%	7%
	29				46	
46. If there were <u>more money</u> for out-of-home placement, children would be better served.	2%	14%	22%		42%	20%
	16				62	
47. There is an <u>effective check-and-balance</u> system between SRS and the courts.	9%	21%	39%		28%	3%
	30				31	
48. Generally, children are currently being left in their own home who, <u>three years ago</u> , would have been removed.	2%	12%	40%		34%	12%
	14				46	
49. Recommendations made in in-patient evaluations for children in SRS custody are usually <u>being followed</u> .	4%	17%	38%		40%	1%
	21				41	
50. Agencies that work with children <u>communicate well</u> at the local level.	9%	28%	18%		42%	3%
	37				45	

## APPENDIX II

### SAMPLE PATTERNS OF RESPONSES TO OPEN-ENDED QUESTIONS

(Sample: Wyandotte, Shawnee, Linn, and Lincoln Counties)

What is the major change you would like to see in the following areas of child welfare services? (answer any or all)

1) Intake/Child Protection Service

Respondents (15) - More line staff  
(11) - Quicker Response Time  
( 9) - Better Communication  
( 8) - Improve Quality of Care

2) In-Home Services to Prevent Out-of-Home Placement

Respondents (48) - More Resources are needed  
(11) - Qualified staff  
( 3) - Earlier intervention  
( 2) - Concept will not work  
( 5) - Miscellaneous

3) Family Foster Care

Respondents (32) - More training  
(25) - More Foster Families/Increase Funding  
(12) - Better screening of Foster Parents  
( 4) - Recognize Foster Parents or Team Members  
( 3) - More effective recruitment  
(21) - More involvement with biological family

4) Residential Foster Care (Group Home)

Respondents (19) - More available beds  
(12) - Additional funding  
( 9) - Better services to prepare the child to return home  
( 8) - Better communications with community services.  
(Schools, Mental Health facilities, etc.)  
( 6) - Need for more qualified staff

5) Emergency Placements

Respondents (24) - More available beds  
(11) - Additional services to children

6) Institutions (State hospital or youth center)

Respondents (22) - Adequate staffing/programming  
(14) - More beds  
( 7) - More humane treatment of residents  
( 6) - Adequate pre-admission assessment  
( 8) - Miscellaneous

7) Transitional Services (Independent living or return home)

Respondents (20) - More services needed  
( 9) - More follow-up needed  
( 9) - Services are non-existent

8) Other Stages

- Too many children get "bogged down" within the system.
- Not enough foster homes to care for disturbed children.
- Follow-up for children who have been severed/adopted.
- More effective check and balance between SRS and foster parents.
- Better coordination of services between agencies providing child welfare services.
- Better parent education program needs to be provided.
- Establish an OMBUDSMAN office with enforcement authority to force accountability with SRS system.
- More alternative schools and educational opportunities.
- More funds for transportation of children in foster care.
- "Return of the old orphanage system - it probably provides more stability for children."
- Less movement of children once they are in SRS custody.
- More responsibility needs to be placed on parents when children have problems.
- More programs for truants.

## SAMPLE QUOTES FROM OPEN-ENDED QUESTIONS

There is an inherent conflict, if not hypocrisy, in the child welfare system that pays four times the amount of money to an institutional setting over that paid to foster families. (We) say the least restrictive environment is best, yet do not develop highly trained, specialized foster homes.

We would like to see more and better training, support, and supervision of foster parents.  
- Emergency shelter houseparents

(We) need more transitional services in our county.

There is a great need for more intensive in-home services.  
- School psychologist

(State hospitals should have the) ability to accept children more quickly for evaluation.

Decisions for out-of-home placements are influenced too much by finances.  
- School counselor

The system is overloaded with cases and doesn't have enough (SRS) workers to properly handle the load.  
- Foster parent

There is no support for a teenager leaving a foster home to live life on their own.  
- Foster parent

(We) need a stronger system to work with truancies.  
- School Principal

(State hospital placements are) usually unavoidable and (involve) long delays.  
- Psychiatrist in private practice

(One) 13 year old has not ~~been~~ to school in 2½ months (and is still) waiting for a court date.  
- Assistant Principal

It appears that there are not enough people willing to take foster children, so anybody can qualify. More funding should be available to attract more capable people.  
- School counselor

Respite care (is) very much needed and a way to pay for it.  
- Mental Health Center therapist

I feel that we aren't correcting the original problem.  
- Foster parent

The waiting list (for a state hospital) is so long only the severe are served. (A) small problem can become a major one before you can get proper help.  
- Foster parent

(We need) a place to take a child when out of control, rather than adult jail.

This community needs professional foster families so that children who graduate from a group home can live with a more normalized family.



Much more funding and trained staff are necessary to give (in-home services) a chance of succeeding.

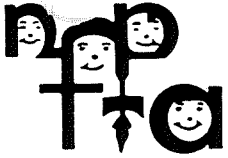
- Health Clinic worker

The main problems seem to stem from each (SRS) worker carrying too large a caseload. (There) is not enough time to give each case the attention it may require.

- Assistant District Attorney

## RECOMMENDATIONS BY FOSTER CARE STUDY COMMITTEE

The results of this study are consistent with a great deal of the testimony heard by the Governor's Commission on Children and Families earlier this year. Based on this study and that testimony, the Foster Care Study Committee of the Children's Coalition recommends that the state commit funds to all the component parts of the child welfare system in an amount sufficient to upgrade the overall level of services to children in the state's custody.



# National Foster Parents Association, Inc.

Awards Committee Chair — Barbara Jordan  
113 West C — Box 365, Ellinwood, KS 67526  
(316) 564-3278

DATE: February 15, 1989

TO: Federal and State Affairs Committee

FROM: Barbara Jordan, foster parent

HOUSE FEDERAL & STATE AFFAIRS  
Attachment No. 6  
February 15, 1989

My husband and I became licensed foster parents about 24 years ago. In that time, we have cared for over 200 youth, mostly teenagers. We have been active in the local, State and National foster parent associations for over 10 years and are well acquainted with a large number of foster parents.

## THE SITUATION:

In recent months, I have concluded that foster care services to youth at the 'hands on' level have actually gone backward. In 1982, with the implementation of PL 96-272, state agencies made a concerted effort to upgrade foster care services. The number of youth lost in the 'cracks' was greatly decreased. Training was found to be important and a number of new programs were started.

Meanwhile, as programs increased, in most cases, the number of social workers to implement those programs did not increase. Social workers have become so overloaded that they do not have time to do really good casework and certainly do not have time to provide support to each other or to foster parents. There has not been time or personnel to provide adequate training for social workers to learn how to do foster care casework. This lack of support and skills by social workers, coupled with the fact that the economy has forced many more families to be two-paycheck families, has caused a severe shortage of foster parents. The shortage of foster parents puts that much more stress on social workers in their efforts to provide services to youth who can not be in their homes and it seems the system is caught in a vicious circle.

In the Great Bend office of the Pratt area of SRS, during the month of July, three of the best, long term, social workers left the office to take higher status, less stressful, lower caseload positions. All three positions were vacant for several months. There is a new supervisor and three new social workers in the last six months. NONE OF THEM HAVE HAD ANY PRE-SERVICE OR INSERVICE TRAINING IN FOSTER CARE ISSUES.

Foster parents become discouraged, burn out and quit. A few foster parents who are committed to children and families, are finding themselves overloaded with 5, 7 and sometimes 9 children or youth in the home at one time. Youth are placed in group homes because there is no foster home available. This is more expensive and oftentimes not the most appropriate placement.

At midnight this last October, I was faced with the dilemma of whether to take six teenage girls in an emergency placement when I already had 5 teens in my home, or should the girls spend the night in jail. The police had exhausted every possible resource in Barton County and these were girls who had not committed a crime. I took the girls. The next day, places were found for two of the girls, but I had nine youth in my home for almost 2 months as workers tried to find appropriate places for them. Right now, I am down to four, but I do have three empty beds and I am sure as soon as a worker can find me home, we will be asked to take a placement.

**People Working Together for America's Children**

H. F + S A  
Att. 6  
2/15/89

Foster parents MUST have training, support and financial reimbursement sufficient to cover expenses if they are going to be able to continue to care for children and youth in out of home placement. The SRS Central Office is working on developing a pilot pre-service training project, which, if successful, should be expanded to cover the entire state and train social workers and foster parents. A major barrier to getting the training expanded and getting every foster parent and social worker trained, however, is funding. Without that training and support, however, I foresee a major increase in systems abuse to children and youth who have already abused in their homes.

I just had a 17 year old in my home in an emergency placement who needed glasses. But he hadn't been able to stay in one place long enough or have the same social worker long enough in the past 4 months to get the glasses. When I took him to the youth center at Larned on Monday, the social worker there promised to work on it right away.

Foster parents also need reimbursement sufficient to cover expenses. I look around at our house and then visit the homes of friends in our circle and realize that the money that our friends have put into nice furnishings, travel and landscaping, we have put into kids. That's why our furniture is worn out, carpets are 20 years old, house needs painting and we don't have any savings. We don't expect to make money, but it would be nice to come close to breaking even.

#### SUGGESTIONS FOR IMPROVEMENT:

Increase the number of skilled line workers. Case loads of 100 are impossible to service.

Establish a foster care training and recruitment coordinator on the state level, with several social worker-foster parent teams trained to do uniform training over the state. SRS is working on this now, but funding is a major problem. In-service training and support is just as important as pre-service, but without pre-service, no one will stay around long enough to be in-service.

Reimbursement for foster parents to reflect experience, training, proven ability and difficulty of care of the child. Certainly reimbursement needs to be adequate for expenses.

Find or develop a means of finding support and respite care for foster families.

Jamie Ipton

HOUSE FEDERAL & STATE AFFAIRS  
Attachment No. 7  
February 15, 1989

HOUSE FEDERAL & STATE AFFAIRS  
Attachment No. 7  
February 15, 1989

I felt it wasn't fair to be put in facilities where I had no place being in. It is very discouraging to a teenager to be put in a place where they have no business being. The time it takes to get anything from the state is really bad, waiting on braces, glasses, other essential medical things takes too long, for instance waiting for 3 yrs to get braces or waiting 14 weeks for glasses. In essence the actual act of being a foster kid is considered abnormal, there is nothing wrong with those kids, they have problems but come to think of it so does everyone else.

Accusations by authority figures is discouraging too. Records and files are made for every kid involved with the state, so information is there, added accusations are frequent - some

AH. 7  
HF+SA  
2/15/89

are accused of being worse or  
worse off than they actually are  
for instance, some are accused  
of sexual acts they never knew  
about, but the proof is in the  
file, some are accused of  
crimes they never committed  
or some are sadly written  
down as insane. Many institutions  
keep log. or daily diaries where  
they write daily events on  
all the patients, some of the  
information could be wrong  
no one would ever know the  
kids aren't allowed to see them  
only the staff and social workers  
higher authorities. I for instance  
have been in custody for 10  
yrs. To begin with now that  
I look back I realize what  
wrong moves the state made.  
Some social workers take small  
children and give them ice-cream  
in order to make them speak  
or tell all about the situation

in my past experience. this maneuver was done quite a lot till I developed conditional thinking as, well if I tell them everything they'll give me something in return. sometimes this causes trouble because some children will say anything for candy or other treats, so in return the parents or guardians get accused of things they never did, child gets taken away by court order by reviewing parents legal accounts and the child is known as a (foster child) this word is one I've known for 10 yrs of my life a big word that has a lot of disadvantages as well as advantages. Many of these kids feel like they owe something to everybody because they have been given so much during this period of time that when they are on their own they still depend on the support.

I will be 18 the 20<sup>th</sup> and it's a big step for most my life we had to survive on the system and now it's gonna be harder it always goes back to the ice-cream I got ice-cream for telling what happened - and as I got older the ice-cream was gone and instead I got a home, money, family clothes, friends, security - because I would open my mouth and tell my life or what offense was carried out on me. Foster care has been an experience for me, both good and bad, I'm a stubborn sort so it was hard to get along with people ~~you~~ hardly knew. We grow out of that though. Most of my foster homes have been good we been well cared for and loved a part of the family but some I have been emotionally abused in, some have not taken adequate care of me, and I'm sure there are millions of foster



kid that would tell you the same thing if they ever got the chance. I got the chance and I'm glad.

There are many things involved in foster care but some adequate needs aren't being met, some kids are deprived some are lonely or low in esteem these are all crying for help you just can't see them, believe me I know it's true some kids really do have some bad problems, but they shouldn't be treated any different than any other, Everyone in our society is equal, let's start treating them that way, some of these kids never learn, but that's their choice, it doesn't mean they need to be thrown into places for crazy people or murderers. That's like saying if you don't learn your lesson well cut all your limbs off and you won't be able to make anymore wrong moves!

These kids don't need that >

Last minute treatment, these kids need care, help! I'm glad I have had this opportunity to say my piece. I feel that maybe I can have a part in changing the lives of many foster kids and foster parents around the world, because it takes only one opinion to change the minds of others. Foster parents are crying out too, adequate pay would help foster parents are expected to take on an armload of kids for only a certain amount a month, dealing with many personalities is difficult let alone your own. Some foster parents deserve more income, others sometimes get into the business for the dollar only. My current foster parent for example has to make ends meet for all of her family she does a terrific job. There's never a time we go without. It's not fair to these guardians to be neglected in this manner, the institutions get paid half as much and some

facilities care nothing about the kids and dont give the help those kids need, many foster homes give more care than half the institutions over the State of Kansas. The facilities I have been in give a bed, a roof over my head, food, and some entertainment but the overall family feeling just isnt there whereas in the foster homes most of them make the child feel like a part of the family. Foster Homes should be paid more than the facilities - no argument -.

I've stated my final words. I hope all my feelings will be taken into consideration because many other foster kids and foster parents feel the way I do.

Tanya Jones

## I. Clothing for Foster Children

in fostercare, a child gets an initial \$200.00 clothing allowance, which does not last long as teenagers between the ages of 13 and 18, sometimes at the age of 15, grow through 3 or 4 sizes, and then the clothing has to be purchased by the foster parents.

Most foster parents pick out the clothing and if you are not in agreement, then you have to do without. Some of us would like to have maybe one pair of good jeans while in care. Boys are hard on shoes and to buy basic tennis shoes which will last cost around \$30.00.

Clothing doesn't make the child, but it helps self esteem.

## II. Medical

Not many doctors will take children with medical cards, and then sometimes they feel that the faster the doctor gets them out, the less personal care they get..

Dentists are a little better about seeing the foster children, but then they cannot always get approval for braces, etc. One girl waited 3 years to get an ok for braces.

### Optical care

One girl in care waited 14 weeks for a pair of glasses, and had to go thru finals without glasses. The children can only have certain pairs of frames, and most of them are out of style.

Additional money is needed to help foster parents to help graduating seniors with purchasing announcements, caps and

gowns. Class rings are important to Juniors in high school and they cost around \$125.00; Prom dresses

for the big dance of the year, Yearbooks cost around 25.00

Activity tickets for games, going to a few out of town game and dances at schools cost between \$2.00 and \$10.00.

#### ENTERTAINMENT

To take a family of 6 teenagers rollerskating one evening is \$24.00; the movies \$27.00; and to purchase one pop one candy bar, and one small sack of chips would cost \$1.15 each or ~~\$~~ 90 a day or 34.50 a week.

Foster families are supposed to do things together, but by the time all expenses are paid the foster parents have lit little money left to give all the extras they feel we need

#### SOCIAL WORKERS

About the only time we see social workers, is when we have done something wrong as their case loads are so full, that they can not get around to all of us, we need more social workers.

Danya

Being a black child  
in foster care.  
we ~~are~~ need <sup>have</sup> care  
products ~~too~~ which  
cost 4.50 for 8 ounces  
~~equally~~ 30.00 a ~~month~~  
month.

it took them almost  
a month to classify  
me a child in the  
need of care.

JIM RUSSELL  
 REPRESENTATIVE, SEVENTH DISTRICT  
 704 SPRUCE  
 COFFEYVILLE, KANSAS 67337  
 (316) 251-1615



TOPEKA

HOUSE OF  
 REPRESENTATIVES  
 February 15, 1989

COMMITTEE ASSIGNMENTS  
 MEMBER COMMERCIAL AND FINANCIAL INSTITUTIONS  
 ELECTIONS  
 TRANSPORTATION

TO: House Federal and State Affairs Committee

FROM: Sharon Russell, LSCSW *S-R*  
 Coordinator, Alcohol and Drug Abuse Services,  
 Four County Mental Health Center, Inc.,  
 an A.D.A.S. funded program

Re: Dysfunctional Families and Substance Abuse

Madam Chair and members of the committee, thank you for the opportunity to address this committee. I must be honest in stating that I do not come well-prepared and armed with convincing statistics and reams of paper. The absence of adequate factual data is not because there is not convincing data available, but because I was only asked to testify this morning. And, my reservoir of data is in my office in Coffeyville. However, I can forward data to you as soon as I return home.

In Coffeyville, my husband, Representative Jim Russell, Police Officer Ray McDaniel, and I saw the need for a city-wide Substance Abuse Task Force in order to encourage cooperation between the various agencies addressing substance abuse and to facilitate coordination of efforts.

This is not the proper place for me to detail the development of this endeavor - but I must state that we have been overwhelmed by the positive community response.

If I may, I would like to briefly quote some of the statistics stated at our initial task force regarding substance abuse.

- 1) 85% of the offenders in the Montgomery County Community Corrections Program are diagnosed as having a substance abuse problem, and to quote Sam Alvey, the Program Director, "The other 15% haven't been diagnosed yet". Mr. Alvey stated that close to 100% of the juvenile offenders in the program have substance abuse problems.

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- 2) Coffeyville police state that at least 70% of their time is spent in addressing calls to substance abuse related incidents, including but not limited to, family violence, and thefts related to either the perpetrator being under the influence at the time of the offence, or committing the crime to support their addiction.
- 3) 20% of all clients who seek services at the community mental health center have a primary substance-abuse related problem. And, this statistic does not include clients who are exhibiting symptoms of emotional dysfunction directly related to being a child living in a substance abuse environment or being an adult who has developed adjustment difficulties because they grew up in an alcoholic/addicted home.

If children and adult children of alcoholics were all identified when they entered a mental health facility of any type, I would estimate that at least 50% of admissions would have substance abuse related problems.

One must conclude that substance abuse is one of the key contributing factors to creating a family system currently being labeled as dysfunctional. Communication become faulty, to say the least, in a family, where substance abuse is occurring. At one extreme are episodes of verbal and physical violence on the one hand - while at the other extreme is the total lack of meaningful communication, withdrawal and self-imposed isolation to protect what sense of self remains.

Kansas should be proud of its efforts in the area of substance abuse prevention and those efforts must continue and be expanded. However, Kansas must also increase its funding initiatives in the treatment area. When statistics tell us that historically one in ten adults who use alcohol will become alcoholic; one in five adolescent males who use drugs, including alcohol, will become addicted; and two in five adolescent females who use drugs will develop problems - then expansion of available, affordable treatment is a must.

In addition to the critical need for expanded state funding, there is also a need for a coordinated attack on substance abuse. Currently there seems to be duplication of efforts in many areas, especially prevention/education while in other areas, services and programs are seriously limited or almost non-existent. I would strongly recommend that your committee address this issue. Perhaps Kansas needs a "Drug Czar" to coordinate law enforcement, education, prevention, treatment, etc., efforts.

We must work together to make Kansas a truly Drug Free state. And, let me remind you, that alcohol is a drug and the number one drug of choice of all ages. I firmly believe that in directly attacking the



substance abuse problem in our state that we will:

- 1) Drastically reduce the increasing number of juvenile offenders;
- 2) Make a noticeable dent in the need for foster care;
- 3) Significantly decrease the alarming rise in child abuse and family violence;
- 4) Address the correctional facility problem where it needs to be addressed - before prison beds are needed, not after; and
- 5) Move a vast majority of families from one of dysfunction to one of a functional, healthy, growing organism.

In closing, let me state, one cannot address the needs of children in dysfunctional families without addressing substance abuse in a planned, coordinated effort.

SR:hlh



Phillip J. Kolodziej, A.C.S.W.  
Executive Director

TO THOSE CONCERNED ABOUT CHILDREN  
IN THE STATE OF KANSAS:

CENTRAL OFFICE &  
NEWTON CAMPUS  
900 West Broadway  
P.O. Box 210  
Newton, Kansas 67114  
(316) 283-1950

DODGE CITY CAMPUS  
Box 1394  
Dodge City, Kansas 67801  
(316) 225-0276

GROUP HOMES

EMPORIA  
302 South Merchant  
Emporia, Kansas 66801  
(316) 342-1299

FORT SCOTT  
728 Heylman  
Fort Scott, Kansas 66701  
(316) 223-5520

SALINA  
2319 Village Lane  
Salina, Kansas 67401  
(913) 823-2564

WICHITA  
8400 West Murdock  
Wichita, Kansas 67212  
(316) 722-3913

OUTREACH

HERE • TO • HEAR  
1-800-362-2639

SALINA  
FAMILY SUPPORT  
CENTER  
(913) 823-1539

OASIS I  
(913) 823-5529

Something is wrong, something is very wrong. Kansas has an exceptional system of providing services to children who need out of home care. There is a multitude of services available to the State Department to purchase services. These are, for the most part, agencies that are dedicated to caring for the needs of abused, neglected and emotionally disturbed children. Private providers of these services over the years have worked hand in hand with the Department of Social and Rehabilitation Services to offer the best possible services to meet the needs of the underprivileged children of Kansas.

A recent study completed by the Kansas Coalition for Children, interviewing over 540 professionals who deal with children, feel that the system is basically a good system. Their conclusion was that the system is effective, however it is grossly understaffed and underfunded. Ironically, this report that was released in early February, reaches exactly the same conclusions as the Social and Rehabilitation Services own internal recommendation to the Governor's Commission on Children and Families in September of 1988. Both reports independently reached the same conclusion, the system is basically a good system; however, the lack of funds and the lack of staff committed to this system are deteriorating the system.

Private child care providers in the state are facing the same realities that any other business or organization are facing. Rapidly increasing costs for health insurance, liability, automobile insurance, etc. are increasing much more rapidly than the general cost of living.

Two years ago SRS faced a budget crunch and in the middle of the year decreased the amount of reimbursement to institutions 2%. The next year they increased the per diem rates 3.2%. During the same period of time the reimbursement for state institutions was increased 9%.

During the past year, the new secretary of Social and Rehabilitation Services met with private child care providers and stated that he shared our concerns that the state of Kansas should be reimbursing institutions



CMA

"Serving Kansas Youth Since 1927"

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100% of the cost of program. We were very optimistic to hear that the head of the department recognized our contribution to the children who so sorely need out of home care, and our cost effectiveness.

Unfortunately, when the Secretary submitted his budget to the Governor, he recommended a 13.5% decrease in the total foster care budget and recommended specifically, a 3.2% decrease in current rates in the existing rate of reimbursement.

Obviously this kind of funding does not promote confidence in the ability to plan program. It becomes increasingly more difficult year after year when the reimbursement does not even keep current with the rate of inflation.

The residential services provided by non-profit institutions in the state of Kansas save the tax payers dollars. If you compare the current allowable costs of private institutions compared either to municipally run institutions or to state institutions, the average cost is approximately 50%. Unfortunately the Department of Social and Rehabilitation Services has learned to expect the private institutions to raise charitable dollars to fund their clients. If only the actual program costs were reimbursed, the private institutions could in fact expand their services, providing more beds at a lower rate to the state, allowing the state to purchase more beds so that children could be removed from the large state institutions and placed into the less costly facilities.

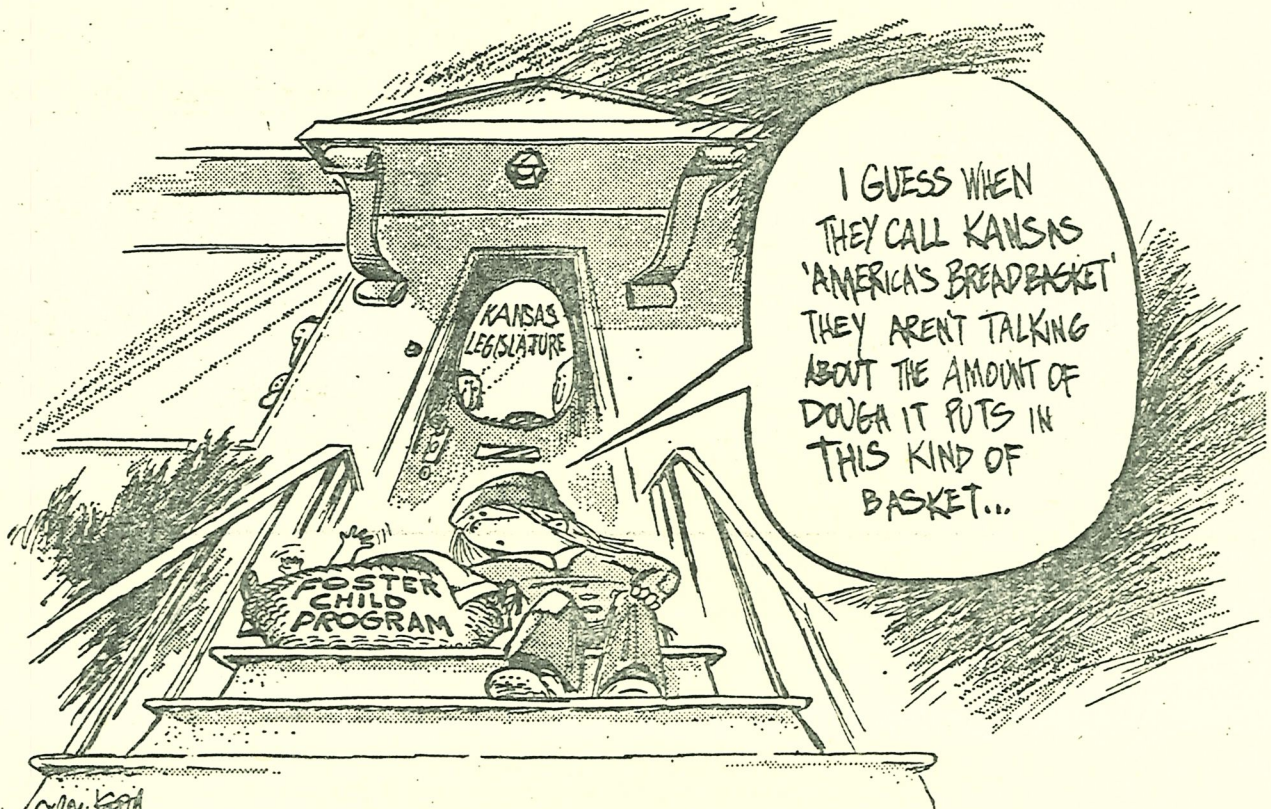
Currently Kansas ranks number 5 in the nation for incarcerating children in correctional institutions. Kansas ranks number 1 in incarcerating adults in correctional institutions. Somewhere, sometime, some one has to recognize that these two statistics are related and something has to be done. Something is wrong. The Department of Social and Rehabilitation Services tells us that the legislature does not provide enough funding for these services. The legislature tells us that the Governor does not put enough in the budget for these services, and the Governor tells us that the legislature makes the decision on the budget. The children who need services do not understand. The providers of these services, as tax payers of the state of Kansas, do not understand.

The needs of the children of the state of Kansas needs study. The system for providing services to these children needs study. The answer is within the hands of the people who are in charge of making sure that state's departments provide what is truly needed at the best possible cost. The future of the current generation of children in need and the future parents of children need attention now.

Respectfully submitted,

PHILLIP J. KOLODZIEJ, ACSW  
Executive Director  
United Methodist Youthville

**Crowson's View**



Crowson  
THE YOUTHVILLE - KANSAS

February 15, 1989

Peg Martin, LMSW  
Executive Director  
The Farm, Inc.

FEDERAL & STATE AFFAIRS TESTIMONY

As a fourteen year professional veteran in the area of Kansas Child Welfare Services, I have been both a 3 year SRS foster care worker and an 11 year provider in a private child care agency. For these reasons, I believe I have a vast amount of on hands experience and insight into the youth service needs of the children in the Custody of the State.

I am currently the Executive Director of The Farm, Inc. in Emporia, Kansas, which began serving youth in 1965.

Our J-Max home is a 12 bed Level IV residential group home for boys and the Oakes House is an 11 bed Emergency Shelter for both boys and girls. On an average we serve 30 high risk youth per month from all over the State of Kansas.

High risk youth can be explained by the youth in crisis we experienced this past weekend.

One male, age 12, has been in the Kansas system since 1982 and was adopted. His adoptive parents are planning to sever their rights with this young man from Manhattan, Kansas. He is on behavioral medication, is intimidating in the home and at school. Last weekend he became physically violent and the police filed charges against him for resisting arrest. He also exhibits tendencies of becoming a potential rapist.

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Another male, age 17, from Eureka, Kansas parents are deceased and placement with relatives failed. He has been in numerous placements, including inpatient psychiatric care. He was placed in our shelter awaiting inpatient drug and alcohol service. He is now in jail, because he attempted to choke to death another resident for reporting his unauthorized smoking in his bedroom. He was charged with assault and battery.

Another 13 year old male from Augusta who runs after contact with his mother, ran for the fourth time with us and we are attempting to have habitual runner charges processed.

We are observing more and more recycled youth in the State's custody coming in and leaving our programs to a point we feel we are entering a serious crisis period in our treatment of one of Kansas's most valuable economic resources.

We see the desperate need for specific treatment services we cannot afford to provide or are not available within the community or have long waiting lists.

Our funding source is close to 100 percent of our reimbursement rate we receive from the State. We are working on outside funding sources, but they are all start up grants and only amount to about 4 percent more than we received in current reimbursement rate.

Please keep in mind, we are a small nonprofit business, which face the same hour and wage laws, the same overtime laws and the same fringe benefit laws that face all businesses, either profit or nonprofit. Our external costs continue to rise, as they do in all segments of the business community. We strive to be cost efficient by costing out programs, and applying the same internal cost controls as other businesses; however, unlike other businesses we must bear the costs of brick and mortar to house the youths and the programs without the ability to reflect that cost in our selling cost. The interest we pay on capital improvement loans is not an allowable cost and we are not allowed to create a sinking fund to put aside money for future capital improvements. We must spend each year what we receive.

From 1980 to 1987, the inflation rate, as measured by the Consumer Price Index, rose 47.6 percent while the maximum reimbursement rate to private providers rose 27 percent, this resulted in a 20 percent loss of purchasing power.

Just what was the result of this loss of purchasing power, where did the private providers cut costs to maintain fiscal integrity. First, in staff salaries, the average child care worker median annual salary is \$12,000 compared to garbage collectors at \$14,872, mail carriers at \$23,804 and public accountants at \$33,989. Second, in programs, either in the numbered offered, in the ratios of youths to staff, or as in many cases both of these.

This has incurred at a time when the youth who are placed in our care are in need of more intense and individual care than ever before.

As in all business and services the primary concern is quality. This is what the private provider sees as declining.

We must provide not adequate care but quality care to our youth, without this we are just asking these youth to perpetrate the system by becoming future tax dependents instead of potential tax payers.

With the additional reimbursement increase of 17 percent, Kansas private providers can through proper management, proper cost controls, and proper review controls implement the necessary programs that can better meet the treatment needs of this high risk youth in a cost effective manner. We can no longer afford to pay for only half a prescription of penicillin in hopes the symptoms will disappear and the illness will go away. That illness will eventually cost Kansas tax payers initial marginal investment to become a continual tax burden in our prisons, court systems, state hospitals, unemployment rates, and welfare roles.





## STATE OF KANSAS

MIKE HAYDEN, *Governor*

### DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

Docking State Office Building, Topeka, Kansas 66612-1570

☎ (913) 296-3271

February 16, 1989

WINSTON BARTON  
*Secretary*

THELMA HUNTER GORDON  
*Special Assistant*

TIM OWENS  
*General Counsel*

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*Public Information  
Director*

Administrative  
Services  
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Adult Services  
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Alcohol and Drug  
Abuse Services  
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*Commissioner*

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Medical Services  
JOHN ALQUEST  
*Commissioner*

Mental Health/  
Retardation Services  
AL NEMEC  
*Commissioner*

Rehabilitation  
Services  
GABE FAIMON  
*Commissioner*

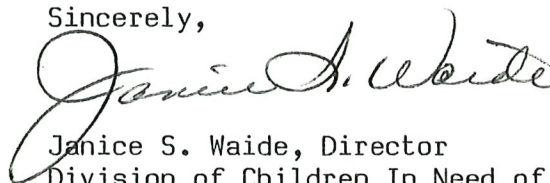
Youth Services  
ROBERT BARNUM  
*Commissioner*

The Honorable Ginger Barr  
House of Representatives  
Statehouse  
Topeka, KS 66612

Dear Representative Barr:

Attached please find written testimony from my presentation at the Federal and State Affairs Committee on February 15, 1989.

Sincerely,



Janice S. Waide, Director  
Division of Children In Need of Care

JW:dh  
Attachment  
cc: Winston Barton  
Robert Barnum  
Sue Peterson

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February 15, 1989

DEPARTMENT OF SOCIAL & REHABILITATION SERVICES  
Youth Services

Testimony for Federal and State Affairs Committee  
February 15, 1989

Madam Chairman, Members of the Committee, I appear here before you to talk with you about dysfunctional families. I was here yesterday and heard eloquent testimony regarding dysfunctional families and the need for prevention programs. It occurred to me at that time that the committee might benefit from a definition or description of dysfunctional families.

Dysfunctional families are the families with whom we work. They are the families of the children who come into our system. Dysfunctional families do not or can not perform the following:

- Set realistic expectations of children at various ages. They have no understanding of developmental stages in children. They may actually believe that an infant can control its crying if it really wants to. Many of them believe that if a child can walk, the child should also be capable of controlling their bowel and bladder functions.
- Set appropriate structure (rules) consistently and enforce it in an effective manner. Many families know only of how to dominate their children through physical strength. Those families find themselves in big trouble when they are looking up at a 15 year old.
- Set goals for themselves and their families toward which they can work in an organized way.
- Take control of their lives. These people bump along through life buffeted constantly by the ill winds which besiege them.

- Problem solve. These people can not analyze a problem, look at the choices for solutions that are available to them and make a sound choice to resolve the problem.
- Access and use resources appropriately. Many times there are resources available to these families in their communities of which they are either not aware or have no knowledge of how to utilize them effectively to their own benefit.

What causes these people to function in this way? Basically because the families in which they were reared functioned in this manner. Without intervention through education or help of some kind they will have the same skill level that their parents had in regard to these issues.

These deficiencies in families are not incurable. There is information and skills that can be brought to bear to change this level of functioning in families.

In 1978 at any point in time we had in excess of 6,000 children in the custody of SRS. This population was on the increase. The foster care budget was ascending at an alarming rate. We felt that we must bring it under control. Therefore, in FY 79 we began the Family Support Worker program on a pilot basis. In FY 83 we were able to go statewide with that program which is carried out by specially trained para-professionals. These staff go into the home to model for families appropriate behavior management techniques, home management skills, structure setting, etc. In addition, in FY 83 we added a purchase of service component which allowed our staff to purchase those services which our agency could not provide which might assist those families in retaining their children in the homes. Two years ago we began to add the Family

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Preservation component to the Family Services program. Family Preservation consists of providing skill training to our professional social work staff in regard to crisis intervention, family assessment, and limited family treatment.

Preliminary efforts in regard to prevention and reintegration services were effective in reducing the population in our custody at a point in time to 5,000 in FY 84. We were very proud of that accomplishment and felt that we had things under control. However, since FY 85 we have experienced a gradual increase once again in the number of children in custody to the point that in FY 88 it was back to 5,590. This is not a static population, we believe the turnover rate is in excess of 50%. This means that last fiscal year close to 10,000 children came through our system. That is far too many children for the state to have parented. Children have the right to be parented by their own families. We have an obligation to help families achieve that goal.

Over the years our staff have been very frustrated by watching certain families in their communities in which each child would progress to a point where they could no longer reside in their own homes and were removed and placed in foster care. When services are provided to these families at the first sign of trouble we can prevent the removal of the younger siblings. It is imperative that we support prevention programs and provide intervention and education to enhance parenting skills and enable families to solve their own problems without on-going intervention by a social service agency. Thank you.

Submitted by

Janice S. Waide, Director  
Division of Children In Need of Care  
Department of Social &  
Rehabilitation Services  
296-3282

KANSAS DEPARTMENT OF SOCIAL & REHABILITATION SERVICES  
YOUTH SERVICES  
DIVISION OF CHILDREN IN NEED OF CARE

CHILD ABUSE & NEGLECT INVESTIGATIONS

FY 88 -- 24,372 reports  
12,965 abuse (53.2%)  
11,407 neglect (46.8%)  
2,896 confirmed (11.9%)  
159 hospitalizations  
7 deaths

CHILD IN NEED OF CARE

FY 88 -- 5,294 reports other than truancy  
881 reports of truants under 13

FAMILY SERVICES

FY 88 -- 5,568 families served either FSW or POS  
2,986 children = preventive services  
475 children received reunification services

Average cost of service: \$330.85/family/year  
133.60/child/year

FOSTER CARE

FY 88 -- 5,590 children in custody of SRS  
4,015 children in need of care  
1,590 juvenile offenders  
2,703 children in paid placements  
60% of placements in family foster homes  
40% of placements in residential and group care  
34% paid with federal funds  
66% paid with state funds

21% of children in custody with own families  
30% of children in custody in family foster homes  
19% of children in custody in residential and group care

\$ 656/month average cost of paid placements  
\$7,872/year average cost of paid placements

\$ 269/month average cost of family foster home placement  
\$1,258/month average cost of group home placement

4,015 CINC in custody  
2,227 CINC in paid placements

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1,815 children in need of care cases were closed  
67% custody returned to parent  
23% age 18, Custody transferred to other, or Other  
10% adoption

A CINC is more likely than a juvenile offender to be under 13, more likely to be female, and more likely to come from a single parent household and therefore be eligible for ADC-FC. Of the 4,015 children in need of care, 1,963 (49%) were age 13 or over.

#### ADOPTION SERVICES

FY 88 -- 173 were adopted  
98 new cases of adoption support  
631 total number drawing adoption support  
\$ 166/month/average child cost of adoption support  
\$1,992/year/average child cost of adoption support  
115 families assessed/approved  
15 homes purchased from private agencies

#### CUSTODY & GUARDIANSHIP

FY 88 -- 207 children came into the guardianship of SRS and were thus free for adoption

#### INTERSTATE COMPACT ON PLACEMENT OF CHILDREN

FY 88 -- 1,295 children were protected when they were referred across state lines  
326 were approved to be placed into Kansas  
445 were approved to be placed outside Kansas

## SOCIAL AND REHABILITATION SERVICES YOUTH SERVICES

Youth Services is one of seven commissions within the State Department of Social and Rehabilitation Services. There are two divisions within Youth Services: Children In Need of Care (which includes Foster Care and Child Protection and Family Services) and Juvenile Offender Programs (which includes the Youth Centers at Atchison, Beloit, Larned, and Topeka). The Youth Services organization also includes the Legal Services Section, Grants/Evaluation Section, and Management Section.

### DIVISION OF CHILDREN IN NEED OF CARE

The Division of Children In Need of Care is comprised of two program sections: Child Protection/Family Services and Foster Care Services. The Division of CINC is responsible for planning, developing, implementing, monitoring and directing the programs by which the Department of SRS will respond to the needs of Kansas children who are defined by the Kansas Code for Care of Children as children in need of care.

#### Foster Care Services

##### Foster Care

The Foster Care Program provides services to families with children when the child has been placed in the custody of SRS through court action. When a child is placed in foster care, the agency provides services to the family so that the child can be returned to the family as soon as possible. Services are also provided to the child in the foster care setting to ensure that his/her social and educational needs are met while in foster care.

If the child cannot be returned, then the goal is to provide the child an alternative permanent home in the most family-like setting possible, i.e., relatives, adoptive homes, or permanent foster care; or for older youth, preparation for self-support and independence.

##### Guardianship

The purpose of the guardianship program is to administer and monitor services provided for children who have been relinquished or committed by the courts to the Secretary of Social and Rehabilitation Services with parental rights terminated. The Secretary has delegated guardianship rights and responsibilities to the Commissioner of Youth Services and the program carries out these tasks. It also maintains a central registry system for state wards, monitors and coordinates agency policies and procedures, reviews case plans and provides consultation in behalf of children in out-of-home placements prior to adoption or independence.

### Interstate Compact on Placement of Children

The Interstate Compact on Placement of Children is a legally binding contract between the sending party and the receiving state concerning the specified child's placement. Compliance with the Interstate Compact Law is mandatory, not discretionary. The utilization of the Compact insures that the state receiving the child has the opportunity to (1) assess the situation, and (2) evaluate whether the child's needs can be met. It also insures that the placing agency's authority to plan for a child will be recognized and accepted across state lines.

### Adoption Program

The purpose of the adoption program administered by Youth Services is to place with adoptive families all eligible children who are in need of a family of their own. In order to assure an adequate supply of appropriate adoptive families, each Area is responsible for the recruitment and assessment of potential adoptive families.

## Child Protection/Family Services

### Child Protection Services

Child Protection Services is the program in the Division of Children In Need of Care which carries out the legislative mandate to protect the health and welfare of children reported suspected abused/neglected or as a child alleged to be a child in need of care. The work of this program is carried out by social workers stationed in local SRS Offices. The Child Abuse/Neglect Central Registry is maintained under this program.

### Family Services

There are three statewide program components to assist families in fulfilling their parenting function. These components can be used independently of or in conjunction with other components. These components are family services provided by SRS social workers, SRS family support workers, and services purchased from private non-SRS providers.

Additionally, there are home-based family-centered service projects in Emporia, Garden City, Salina, Topeka, and Wichita. This service component provides short-term intensive counseling services to selected families. These services are provided to the family within the home setting.



DIVISION OF JUVENILE OFFENDER PROGRAMS

This program division has responsibility for the development, implementation and monitoring of programs for juvenile offenders who are placed in the custody of SRS, or committed to one of the four Youth Centers. Services and programs include residential/group home placement, foster care, youth center placement, and often supervision in the home of parents or relatives. Programming, whether in a vocational-technical school or special aftercare project, focuses on the youths' accountability for their own behavior and responsibility for their own future.

There are two sections within JOP. They are (1) Community Placements, and (2) Institutional Placements, Career Education, and Interstate Compact on Juveniles.

Community Placements

The Division of Juvenile Offender Programs provides a continuum of care for youth. The continuum is characterized by the ability and the need of their community. The community-based program incorporates all youth not placed in youth centers (1,000-1,200 youth). Some programs, such as community supervision, foster care placement and purchase of treatment services, are based on traditional child welfare concepts. There are three formal aftercare projects, one in Kansas City, one in Salina, and one in Wichita, and a specialized project in the Garden City area. The conditional release program provides for youth leaving the youth centers, and is implemented by a social worker in one of the 17 SRS Areas in Kansas. These programs facilitate the development of non-criminal behavior, independent living skills, community living skills, job seeking, job procurement, and job maintenance skills. The program serving younger youth has heavier emphasis on community living and education, as is appropriate for the younger population.

Career Education

The major focus of the Youth Centers program is Career Education. It is a programmatic effort to help youth recognize and appreciate the values of a work-oriented society, to implement these values into their lives, and to acquire competencies so that work becomes possible, meaningful, and satisfying to them. To accomplish this initiative, the Youth Centers focus their efforts to develop youth competency in five basic areas:

1. Basic education skills of reading, comprehension, and practice mathematics;
2. Work ethic/work place behaviors;
3. Specific marketable work skills;
4. Independent living skills;
5. Community living skills.

Interstate Compact on Juveniles

Administers the in-state and out-of-state placement/supervision of offender youth from the point of the request for placement/supervision, to approval, to progress reports, to the eventual discharge or closure. Provides consultation to SRS social workers, court service workers, county and district attorneys, and judges regarding information about the Compact and the appropriateness of referrals. Also provides an efficient and effective means of protecting the rights of runaway juveniles and returning them to their home state, as well as back to Kansas.

LEGAL SERVICES

Provides consultation and interpretation of Kansas and federal law to staff at the Central Office and Area Office level. Represents the Secretary and Commissioner in adoption matters, relinquishments, severances, foster care, day care, juvenile offender programs, purchase of service, and reviews and approves journal entries for acceptance of children committed to the guardianship of the Secretary. Represents Youth Services during the legislative process and is a liaison with the courts across the state. Follows through on special assignments delegated by the General Counsel.

GRANTS/EVALUATION SECTION

The Grants/Evaluation Section administers five grant programs with differing purposes: the Federal Juvenile Justice and Delinquency Prevention Program; the Community Based Services Program; the Family and Children Trust Fund; the Federal Child Abuse and Neglect Program, and specialized Foster Care grants. The unit is responsible for initiating or seeking grant applications, review of applications (in coordination with various committees), award of grants, payment of funds, and fiscal and program monitoring of grant projects. The unit also has a limited capability for general Youth Services program monitoring and management analysis.

MANAGEMENT SECTION

The Management Section was created within Youth Services in FY 83. The purpose of this Section is to provide a centralized location for functions which are generic to all Youth Services sections. The section has two major areas of responsibility. These are Management and Licensing/Certification and Contracting.

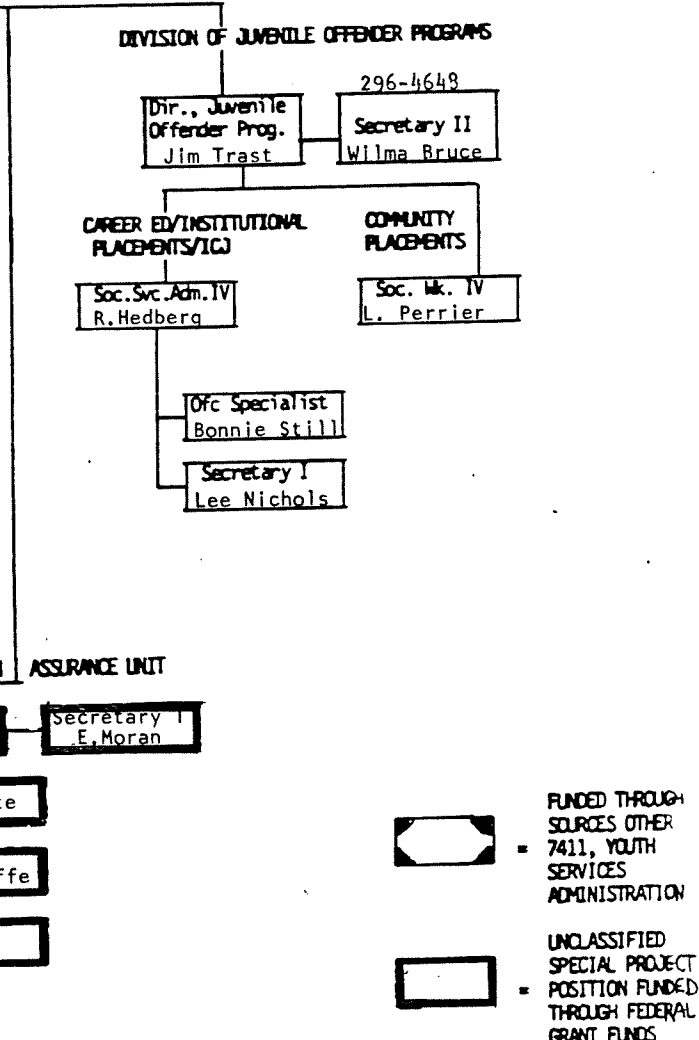
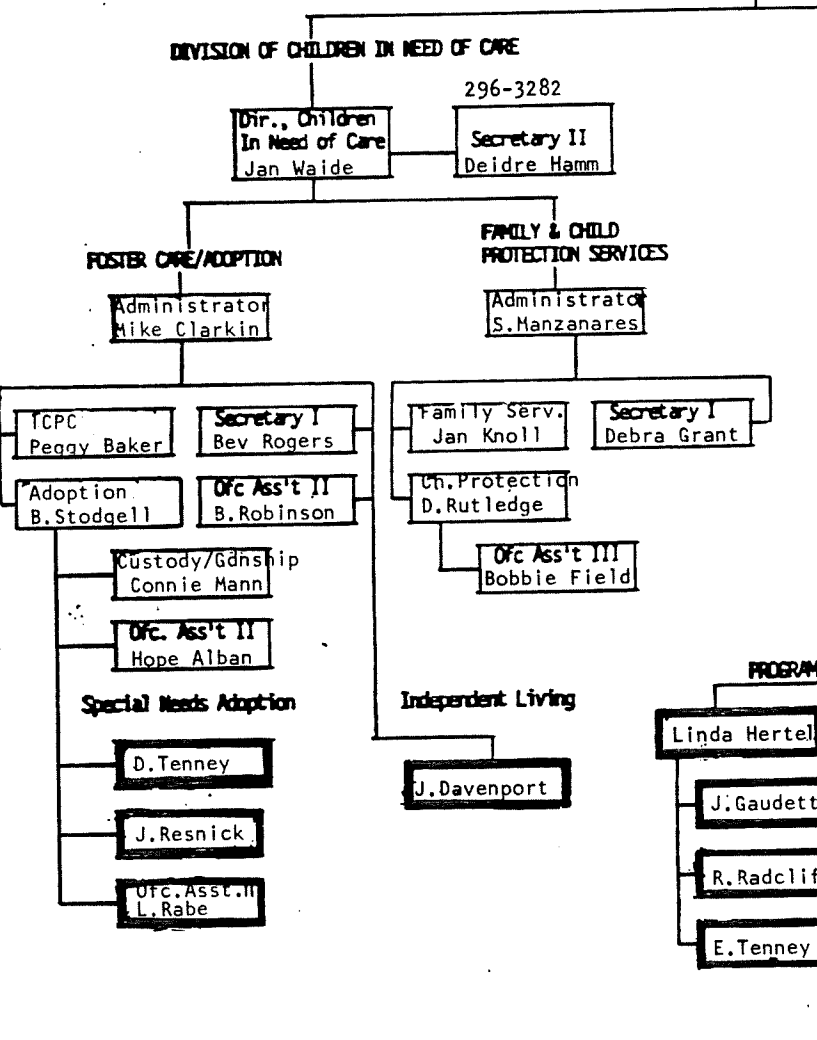
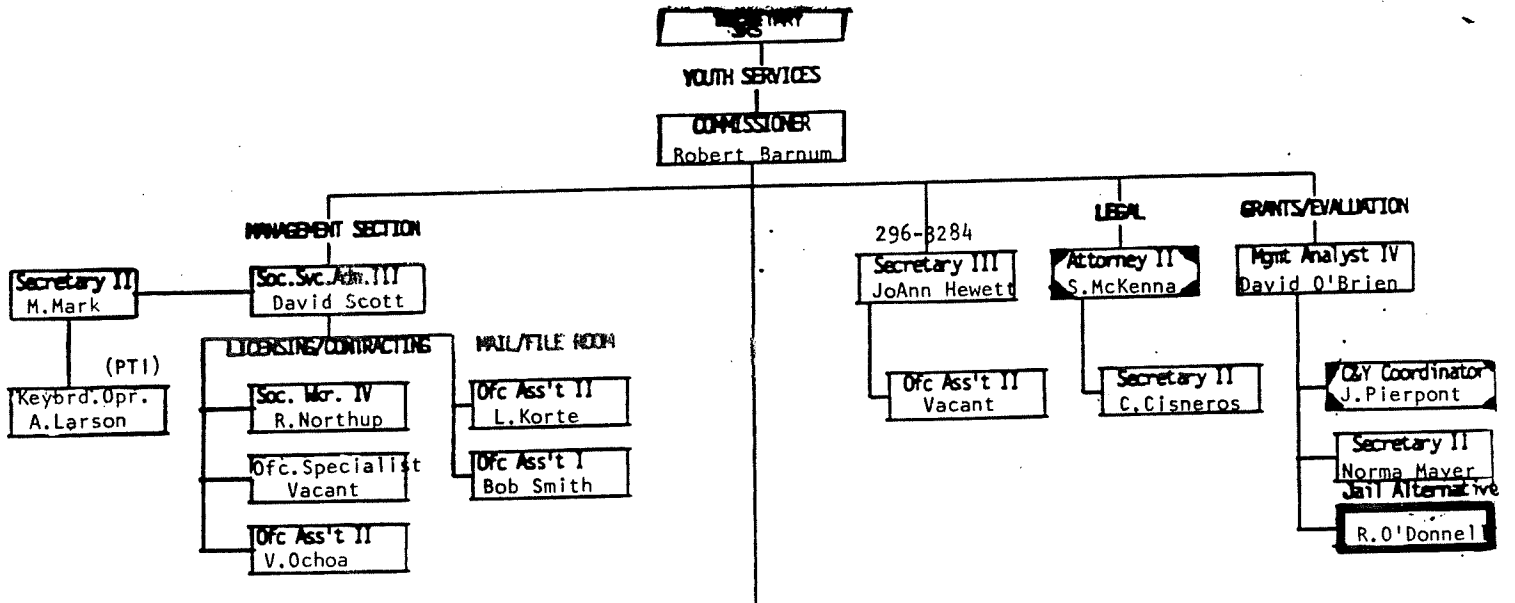
Youth Services Orientation  
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Management

Some duties which encompass Management responsibility are: the budget process for Youth Services and the Youth Centers; personnel transactions; payroll; purchasing; ordering of materials and supplies; maintenance of building and equipment; and supervision of the mail/file room.

Licensing/Certification and Contracting

Licensing/Certification and Contracting encompasses foster care and residential facilities which are licensed/certified to do business in the State of Kansas.



 FUNDED THROUGH SOURCES OTHER THAN 7411, YOUTH SERVICES ADMINISTRATION  
 UNCLASSIFIED SPECIAL PROJECT POSITION FUNDED THROUGH FEDERAL GRANT FUNDS

KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES  
 YOUTH SERVICES  
 DIVISION OF JUVENILE OFFENDER PROGRAMS

Selected Characteristics  
 Juvenile Offenders in SRS Custody  
 for 1983, 1986 & 1988

TYPE OF OFFENSE BY SEX OF OFFENDER

	1983		1986		1988	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
Felony	65.2%	50.6%	64.0%	36.0%	56.7%	41.5%
Misdemeanor	34.8%	49.4%	36.0%	64.0%	43.3%	58.5%

TYPE OF COMMITMENT OF YOUTH IN YOUTH CENTER

	<u>1983</u>	<u>1986</u>	<u>1988</u>
Committed to the Secretary of SRS	79.7%	86.0%	72.0%
Committed to the Youth Center	20.3%	14.0%	28.0%

LENGTH OF STAY

	<u>1983</u>		<u>1986</u>		<u>1988</u>	
	<u>Youth Center</u>	<u>Other</u>	<u>Youth Center</u>	<u>Other</u>	<u>Youth Center</u>	<u>Other</u>
Less Than One Year	70.6%	80.8%	76.8%	79.0%	70.6%	76.5%
1-2 Years	26.9%	15.1%	20.0%	12.0%	25.3%	13.5%
2 Years Plus	2.5%	4.1%	3.2%	9.0%	4.1%	10.0%

PREVIOUS ADJUDICATION

	<u>1983</u>	<u>1986</u>	<u>1988</u>
None	37.6%	35.0%	22.9%
CINC	16.2%	16.0%	19.7%
JO	46.2%	49.0%	57.4%

KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES  
 YOUTH SERVICES  
 DIVISION OF JUVENILE OFFENDER PROGRAMS

Restitution Ordered

	<u>1983</u>	<u>1986</u>	<u>1988</u>
Yes	18.8%	23.0%	26.0%
No	81.2%	77.0%	74.0%

Type of Conditional Release Placement

	<u>1983</u>	<u>1986</u>	<u>1988</u>
Parents	54.0%	71.0%	63.0%
Group Home	8.0%	4.0%	5.0%
Foster Home	2.0%	3.0%	6.0%
Other	36.0%	22.0%	26.0%

Age

	<u>1983</u>	<u>1986</u>	<u>1988</u>
15 and Under	32.4%	36.0%	33.0%
16-17	48.3%	50.0%	52.0%
18 Plus	19.3%	14.0%	15.0%

Race

	<u>1983</u>	<u>1986</u>	<u>1988</u>
White	72.7%	74.0%	72.0%
Non-White	27.3%	26.0%	28.0%

FEDERAL/STATE AFFAIRS COMMITTEE

February 15, 1989

THE KANSAS JUVENILE OFFENDER CODE WAS PASSED IN THE 1982 LEGISLATIVE SESSION AND BECAME LAW JANUARY 1, 1983. IT IS OUR OPINION THAT THE PROVISIONS OF THE CODE ARE SOUND AND HAVE SERVED THE STATE OF KANSAS WELL. IT ASKS THAT WE BE COGNIZANT OF THE PROTECTION OF SOCIETY, AS WELL AS INVOLVED IN THE HABILITATION OF OFFENDERS.

THE NUMBER OF JUVENILE OFFENDERS WITHIN OUR SYSTEM HAS BEEN INCREASING GRADUALLY OVER THE PAST THREE YEARS AT ABOUT 2% PER YEAR. AT THE CURRENT TIME WE HAVE IN OUR CUSTODY 1,547. APPROXIMATELY ONE/THIRD (449) ARE HOUSED IN OUR YOUTH CENTERS, 25% ARE IN NON-PROFIT FOSTER CARE HOMES OR FACILITIES, 20% IN OTHER FACILITIES SUCH AS STATE OR GENERAL HOSPITAL SETTINGS, AND SOME 26% ARE WITH PARENTS OR RELATIVES.

ALL JUVENILE OFFENDERS PLACED WITHIN THE YOUTH CENTERS ARE SCREENED BY MY OFFICE. WE CONSIDER THE SERIOUSNESS OF THE OFFENSE, REPEAT OFFENSES, PRIOR PLACEMENTS AND SERVICES.

THE PLACEMENT OPTIONS AVAILABLE ARE GENERALLY ADEQUATE TO THE NEEDS OF THIS POPULATION. THERE IS A GROUP OF APPROXIMATELY 10% (50-80) THAT DO NOT FIT THE PROGRAM OR FACILITY SPECTRUM. YOU WILL TYPICALLY FIND THOSE INDIVIDUALS AT THE YOUTH CENTERS BECAUSE OF THEIR IMPULSIVE OR VIOLENT ACTING-OUT BEHAVIOR. SOME ARE RETARDED; MOST EXHIBIT EMOTIONAL CONDITIONS.

WE SHARE THE JUVENILE JUSTICE SYSTEM WITH MANY SIGNIFICANT ACTORS--COURTS, COURT SERVICES, COMMUNITY CORRECTIONS, AND OTHERS. WE HOPE TO PROVIDE A CONTINUUM OF SERVICE WHICH ALLOWS COMMUNITY TREATMENT, EFFECTIVE DEVELOPMENTAL PROGRAMS IN BOTH NON-PROFIT AND STATE OPERATED FACILITIES, AND A SOUND AFTERCARE PROCESS WHICH CAN SUSTAIN PERSONAL GROWTH AND RESPONSIBLE CITIZENSHIP.

HOUSE FEDERAL & STATE AFFAIRS  
Attachment No. 16  
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I WAS ASKED TO COMMENT BRIEFLY ON EFFORTS TO PROVIDE ALTERNATIVES TO PLACING JUVENILES IN JAILS.

IN 1987, OVER 1,500 JUVENILES WERE HELD IN JAIL WITHIN THE STATE OF KANSAS. FIFTY-THREE PERCENT (53%) WERE HELD LESS THAN 24 HOURS, BUT OTHERS REMAINED FOR PERIODS UPWARD OF THREE MONTHS.

GOVERNOR HAYDEN HAS BEEN SUPPORTIVE OF EFFORTS WHICH WOULD MINIMIZE THE JAILING OF JUVENILES AND WE ARE HOPEFUL THAT WE CAN BRING KANSAS INTO COMPLIANCE TO AVOID LOSS OF FEDERAL FUNDS AND POTENTIAL LIABILITY TO LOCAL UNITS OF GOVERNMENT.

WE DO NOT MEET COMPLIANCE STANDARDS AS OF THIS DATE AND THE REVIEWS WE WILL BE FACING IN THE FALL OF 1990 WILL EVALUATE OUR SUCCESS OF (1) HAVING REMOVED ALL STATUS AND NON-OFFENDER JUVENILES FROM JAILS AND LOCKUPS FOR ADULTS; (2) MADE MEANINGFUL PROGRESS IN REMOVING OTHER JUVENILES FROM JAILS; (3) HAVE DILIGENTLY CARRIED OUT A JAIL REMOVAL PLAN, AND (4) SPENT A SIGNIFICANT SHARE OF FORMULA GRANT FUNDS (\$430,000) ON JAIL REMOVAL.

THE FEDERAL OFFICE WHICH GIVES US THESE FUNDS GIVES KANSAS HIGH MARKS FOR OUR EFFORTS TO DATE, BUT RECOGNIZES THAT WE ARE A LONG WAY FROM THE 100% COMPLIANCE STANDARDS NECESSARY.

WE ARE MOVING AHEAD VIGOROUSLY ON A PROGRAM OF ATTENDANT CARE FACILITIES WHICH CAN HOLD JUVENILES WITHOUT JAIL PLACEMENT. THE GOVERNOR IS REQUESTING \$137,045 TO EXTEND THIS PROGRAM TO LOCAL COMMUNITIES. BASICALLY THE PROGRAM, MODELED AFTER A MICHIGAN MODEL, PROVIDES A PERSON WHO IS AVAILABLE ON CALL TO PROVIDE SUPERVISION OF THE JUVENILE WITHIN A LIVING/SLEEPING ROOM IN A PUBLIC BUILDING. TYPICALLY, THESE ROOMS ARE WITHIN THE LAW ENFORCEMENT CENTER OR COURT HOUSE WITH BACKUP SUPPORT READILY AVAILABLE. THE TRAINED VOLUNTEER IS PAID AT \$6.00 AN HOUR FOR THE TIME SPENT WITH THE INDIVIDUAL. THE SYSTEM IS UP AND WORKING IN CLAY AND LYON COUNTIES. THEY HAVE SUCCESSFULLY HANDLED 11



INDIVIDUALS WITHOUT DIFFICULTIES (ONE WAS THE 10 YEAR-OLD WHO RECENTLY TERRORIZED THE SCHOOL IN OLPE WITH A LOADED SHOT GUN).

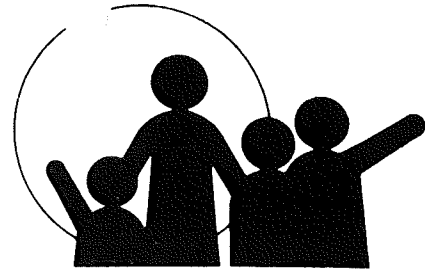
YOUR SUPPORT OF THE GOVERNOR'S RECOMMENDATION OF \$137,045 WILL ALLOW US TO MOVE FORWARD AND INITIATE AND SUSTAIN SIMILAR OPERATIONS IN 25 COUNTIES.

BEYOND THE ATTENDANT CARE PROGRAM, LOCAL COMMUNITIES AND THE STATE WILL HAVE TO ADDRESS THE NEED FOR REGIONALIZED DETENTION FACILITIES. WE ARE HOPEFUL THAT EXPANSION AND CONTINUED SUCCESS WITH THE ATTENDANT CARE MODEL WILL MINIMIZE THESE NEEDS.

Robert C. Barnum  
Commissioner, Youth Services  
Department of Social and  
Rehabilitation Services

# KALPCCA

## KANSAS ASSOCIATION OF LICENSED PRIVATE CHILD CARE AGENCIES



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316-232-1500

### PAST PRESIDENT

Peg Martin  
The Farm  
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Emporia, Kansas 66801  
316-343-6785

## TESTIMONY

### HOUSE FEDERAL AND STATE AFFAIRS COMMITTEE FEBRUARY 15, 1989

WE APPRECIATE THE OPPORTUNITY TO APPEAR BEFORE THIS LEGISLATIVE SUB-COMMITTEE THIS AFTERNOON TELL YOU OF THE SERIOUS PROBLEMS CONFRONTING THE FOSTER CARE SYSTEM IN THE STATE.

THE KANSAS ASSOCIATION OF LICENSED PRIVATE CHILD CARE AGENCIES IS COMPOSED OF 34 MEMBER AGENCIES. ALL ARE CHARITABLE NOT FOR PROFIT ORGANIZATIONS. EACH CHILD CARED FOR MANIFESTED MORE SERIOUS PROBLEMS THAN COULD BE DEALT WITH EITHER IN THEIR OWN HOMES OR IN FAMILY FOSTER HOMES. THE PROBLEMS OF THESE CHILDREN RANGE FROM MODERATE TO SEVERE EMOTIONAL OR BEHAVIORAL DIFFICULTIES, WHICH HAVE RESULTED FROM HISTORIES OF ABUSE AND OR NEGLECT.

**THE PROBLEM: PRIVATE AGENCIES FIND IT INCREASINGLY DIFFICULT TO RAISE CHARITABLE DOLLARS FOR MAINTENANCE OF FACILITIES OR FOR ON-GOING PROGRAM COSTS.**

\* THE MEDIA IS ALMOST DAILY RECORDING THE STATES DIFFICULTY IN PROVIDING FOR THESE CHILDREN.

\* SRS CASELOAD PROJECTIONS FOR FOSTER CARE ARE UP AS RECENTLY AS LAST MONTH, THE INCREASED NEED WAS ALSO REFLECTED IN THE GOVERNOR'S BUDGET RECOMMENDATIONS.

\* PRIVATE NOT-FOR-PROFIT AGENCIES CARED FOR MORE CHILDREN LAST YEAR THAN STATE INSTITUTIONS, AT LESS THAN HALF THE COST. LAST YEAR PRIVATE AGENCIES PROVIDED MORE THAN HALF A MILLIONS DAYS OF SERVICE FOR CHILDREN IN THE STATES CUSTODY.

\* NOT-FOR-PROFITS, AS THE TITLE IMPLIES, ARE NOT MOTIVATED BY PROFIT, BUT MUST BE ABLE TO ESTABLISH A REIMBURSEMENT RATE WITH THE STATE THAT REFLECTS THE COST OF THE SERVICES THE STATE REQUIRES US TO PROVIDE. CURRENTLY THAT RATE AVERAGES ACROSS THE LEVELS ONLY 80 CENTS ON THE DOLLAR. THIS IS SIMPLY NOT A WORKABLE SITUATION.

AT A TIME THE STATE IS FACED WITH AN INCREASING NEED WE SEE PRIVATE PROVIDERS FACED WITH DECISIONS OF WHETHER THEY CAN CONTINUE TO ALLOW THE DETERIORATION OF THEIR PROGRAMS AND FACILITIES IN ORDER TO SERVE THE STATES CHILDREN.

\* THIS EROSION OF FUNDING FOR FOSTER CARE SERVICES CONTINUES IN A TIME WHEN CHARITABLE GIVING, WHICH ONCE HELPED OFFSET THIS DEFICIT, IS CONTINUALLY HARDER TO RAISE.

\* LAST YEAR WE SAW ONE HOME IN KANSAS CITY, WHICH HAD PROVIDED SERVICES TO CHILDREN FOR SIXTY YEARS, CLOSE. THE REASON, INABILITY TO COPE WITH A CONTINUALLY RISING DEFICIT WHICH HAD REACHED OVER \$200,000.

\* AGENCIES LOCATED IN KANSAS CITY, WHICH REPRESENT THE MAJORITY OF LEVEL V SERVICES PURCHASED FOR KANSAS CHILDREN, ARE LOOKING AT LOWERING THE NUMBER OF BEDS THEY CONTRACT WITH KANSAS FOR BECAUSE OF THE LOWER RATES PAID IN KANSAS.

\* A LARGE NUMBER OF AGENCIES ACROSS THE STATE ARE BEGINNING

HOUSE FEDERAL & STATE AFFAIRS

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TO LOOK TOWARD THIRD PARTY REIMBURSEMENT FOR SERVICES. THIS WILL INEVITABLY IN THE NEXT FEW YEARS SERIOUSLY LIMIT THE NUMBER OF BEDS AVAILABLE TO SRS.

\* OTHER AGENCIES BOARDS OF DIRECTOR ARE CONSIDERING DROPPING THEIR RESIDENTIAL PROGRAMS AND PROVIDING OTHER SERVICES WHICH ARE LESS COST PROHIBITIVE.

\* FAMILY FOSTER CARE IS IN NO BETTER SHAPE THAN RESIDENTIAL CARE. CURRENTLY, FOSTER FAMILIES ARE REIMBURSED LESS FOR TWENTY FOUR HOUR CARE THAN DAY CARE IS FOR HAVING THE CHILD FOR ONLY SEVERAL HOURS. ANNUAL TURNOVER RATES FOR FOSTER FAMILIES RANGES FROM 25% TO 33%.

THE SIMPLE FACT IS THE STATE OF KANSAS IS LOSING PRIVATE RESOURCES FOR CHILDREN IN ITS CUSTODY, AT A TIME SRS IS PROJECTING HIGHER CASE LOADS. THE ONLY ALTERNATIVE WILL BE FOR THE STATE TO DEVELOP ITS OWN INSTITUTIONS TO CARE FOR THESE CHILDREN. CURRENTLY, THE CHEAPEST OF THE STATE INSTITUTIONS COST ALMOST TWICE AS MUCH AS THE PRIVATE SECTOR PROVIDES RESIDENTIAL SERVICES FOR. THE PRIVATE AGENCIES CURRENTLY PROVIDE THE STATE WITH MILLIONS OF DOLLARS OF CAPITAL INVESTMENT, THE BURDEN OF WHICH WOULD FALL TO THE TAX PAYER IF THE STATE OPERATED ITS OWN INSTITUTIONS.

PRIVATE AGENCIES WANT TO PROVIDE THE BEST SERVICES POSSIBLE AT THE MOST COST EFFECTIVE RATE. YET, UNDER THE CURRENT SYSTEM FACILITIES ARE FORCED TO BE ALLOWED TO ERODE, AND NECESSARY PROGRAMS NOT OFFERED BECAUSE OF CRITICAL UNDER FUNDING.

WE BELIEVE TO REALISTICALLY ADDRESS THIS PROBLEM IT WILL REQUIRE \$3.5 MILLION DOLLARS IN ADDITION TO THE GOVERNOR'S PROPOSED 5% INCREASE IN FOSTER CARE RATES. WE ARE NOT SUGGESTING THAT THE STATE REIMBURSE PRIVATE AGENCIES AT THEIR ACTUAL COST, BUT RATHER HAVE LOOKED AT ALL AGENCIES AT EACH LEVEL, AND THEREBY DEVELOPED CEILING RATES FOR EACH LEVEL OF SERVICE WHICH REPRESENTS AN AVERAGE OF ALL PROGRAMS AT THAT LEVEL, BASED ON SRS AUDIT FIGURES. THESE FIGURES INCLUDE A COMPARABLE INCREASE FOR FAMILY FOSTER CARE.

WITHOUT SUCH AN INITIATIVE IT SEEMS CERTAIN THAT MORE PRIVATE AGENCIES WILL BE FORCED OUT OF THIS ARENA, LEAVING THE ONLY ALTERNATIVE THE DEVELOPMENT OF ADDITIONAL STATE INSTITUTIONS.

SUBMITTED BY,

BRUCE LINHOS  
EXECUTIVE DIRECTOR  
913-749-2775



# Central Kansas Foundation for Alcohol and Chemical Dependency

Telephone (913) 825-6224  
903 East Prescott  
P.O. Box 2117 • Salina, Kansas 67402-2117



Testimony Before The Kansas House of Representatives, Federal and State Affairs Committee, 2-15-89. Respectfully submitted, Michael E. Cranston, BS, SCADC.

## I. Definition of Chemical Dependency

### A. Chemical Dependency is a disease.

#### 1. Identifiable symptoms

- a. Compulsion to use the chemical(s).
- b. Loss of controlled use.
- c. Continued use of the chemical in spite of adverse consequences.

#### 2. Chemical dependency is progressive.

#### 3. Chemical dependency is chronic.

#### 4. Chemical dependency is often fatal if not treated.

## II. Adolescents and Chemicals

### A. Definition of Adolescence

#### 1. Adolescence begins roughly at age 11-12, ends at age 21-22.

#### 2. Period of development in which many tasks are performed.

Source: "New Perspectives on Youth Treatment",  
Turanski, James, M.D.

### B. Description of state of affairs regarding adolescent chemical use.

#### 1. Mean age of first experience with alcohol by Kansas youth is 11.

Source: SRS/ADAS Fact Sheet.

HOUSE FEDERAL & STATE AFFAIRS  
Attachment No. 18  
February 15, 1989

### BOARD OF DIRECTORS

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**J. Scott Bogart**, Executive Director

2. Three out of every ten adolescents have a problem with alcohol. One out of every fifteen will become alcoholic.  
Source: Sixth Special Report to the U.S. Congress.
3. The Ever-Escalating Problems of Youth-Experience of the 70's (handout).
4. The 1985 national survey of high school seniors recorded no decreases in the use of marijuana, which had been declining since 1979, alcohol, barbiturates, tranquilizers, and cigarettes. The use of some drugs, including cocaine, PCP, and opiates other than heroin, showed increases in 1985.  
Source: SRS/ADAS Continuum Update, March 1986.
5. Alcoholism was the second leading disease for the 12-21 age group.  
Source: U.S. Surgeon General.
6. Suicide was the second leading cause of death for the 12-21 age group. Approximately 40% involved the use of alcohol.  
Source: U.S. Surgeon General.

III. What factors make adolescents more at risk for alcohol and other drug related problems?

A. Family Factors

1. Genetic and environmental family history of alcoholism
  - a. The presence of an alcoholic family member doubles the risk for a male child to use alcohol and/or other drugs.
2. A family history of criminality or anti-social behavior increases the risk for a child to use alcohol and/or other drugs.
3. Problems of parental direction or discipline
  - a. Unclear and/or inconsistent rules, inconsistent reactions to children's behavior, unusual permissiveness or excessively severe discipline, constant criticism or lack of parental praise.

4. Parental drug use or parental attitudes approving use.
- B. Peer factors: children whose friends/siblings use alcohol and/or other drugs are more likely to do so.
1. Failure in school during mid to late elementary school years increases the risk for early and regular drug use.
  2. Low interest in school/academics increases the risk for the use of drugs. The use of drugs, such as cocaine, stimulants, and hallucinogens is significantly less common among college teenagers.
  3. Children who feel alienated, strongly rebellious, and at odds with dominant social values are at higher risk for drug use than those bonded to conventional social institutions.
  4. Anti-social behavior during early adolescence increases the risk for alcohol and other drug use.
- C. Age of first chemical use: the younger a child begins using a chemical, the greater likelihood of problematic use, especially younger than 15.
- D. Children who use tobacco are more likely to use alcohol. Children who use both are more at risk for marijuana use. Source: Second Triannual Report to Congress From the Secretary, Department of Health and Human Services.
- E. Significance of growing up in a chemically dysfunctional home
1. Development of and adherence to the rules of: Don't talk, Don't trust, Don't feel.
  2. Development of survivor roles.
    - a. Scapegoat
    - b. Lost child

IV. Developmental tasks of adolescence

A. Physical maturation

1. Regular marijuana use delays/retards physical growth;

lower testosterone levels, enlarged breasts, delay of the onset of secondary sexual characteristics in males. In females; delay in the onset of menstruation, normal ovulation, lactation, and interferes with full-term pregnancy.

Source: U.S. Department of Health and Human Services, NIDA.

B. Formal operations—development of cognitive skills

1. Logic, linear thought, calculation of risk, delayed gratification, defense mechanisms.

C. Membership in peer group: needs fulfilled by broader population, age related.

D. Heterosexual relationships: dating, sexual exploration/intercourse.

1. Average age of intercourse is 16.
2. One million, one hundred forty-two thousand pregnancies among teenage girls in 1978.
  - a. Five hundred fifty-four thousand were born to teenagers of which 362,000 were out of wedlock.
  - b. Four hundred thirty-four thousand abortions.
  - c. One hundred fifty-two thousand miscarriages.Source: "New Perspectives in Youth Treatment", Turanski, James, M.D.

E. Autonomy from parents: becoming independent.

1. A child's chemical use or the parents' chemical use will interfere in this process.

F. Sex role identity

1. Regular chemical use can interfere with the process.

G. Internalized morality

H. Career choice

V. Adolescence and pregnancy

A. Facts about teenage pregnancy

1. Compared with that of women in their early twenties, the death rate from complications is 35% higher for 15-19 year old mothers, and 60% higher for adolescents 14 and under.
2. The death rate for infants born to teenagers under 18 is nearly twice that for infants born to women in their early twenties. The same is true for low birth weight.
3. Seventy percent to 80% of women who have borne children at 17 or younger did not finish high school. Source: American College of Obstetricians and Gynecologists.
4. Fetal Alcohol Syndrome: 1 in 750 babies born.
  - a. Fetal Alcohol Syndrome is one of three leading known causes of birth defects with accompanying mental retardation. It is the only preventable one.  
Source: NIAAA, 1982
5. Nineteen hundred eighty-eight is known as the year of the "snow baby".
  - a. Three hundred seventy-five thousand newborns face health damage due to their mother's use of cocaine.
6. Prospect of AIDS

B. Kansas teens

1. In 1985, 72 births in Kansas were to children 10-14 years of age and 4,420 to teenagers 15-19 years of age.
2. In 1985, teens accounted for 11.4 percent of all live births and 15 percent of all low birth weight infants.
3. In 1970, 23.1 percent of teenagers giving birth in Kansas were unmarried. In 1985, this figure increased to 48 percent.  
Source: Secretary's Task Force on Adolescent Pregnancy, SRS.

C. Adolescent sexuality

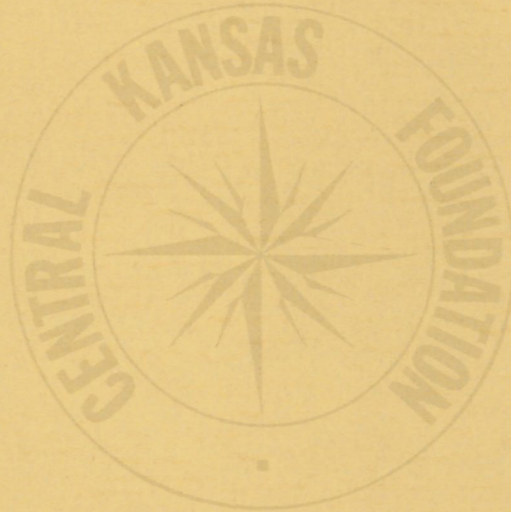
1. Ordinary rules don't apply to me.



2. Low self-esteem.
3. Search for emotional intimacy.
4. Adolescent invincibility: it will never happen to me.

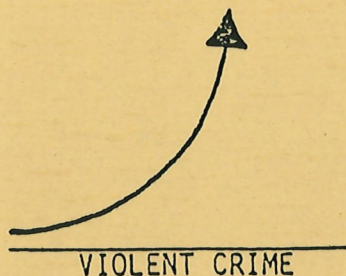
VI. Possible action strategies

- A. Mandatory chemical use assessments for adolescent offenders.
- B. Restructuring of State resources to make treatment services more available to youth.
- C. Continuation of school-based alcohol and drug education programs with specific components about chemical use and sexuality.

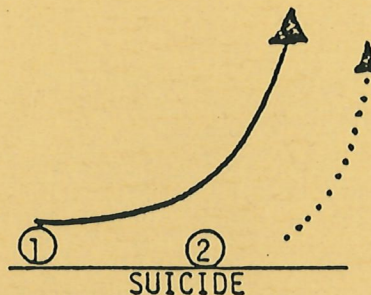


THE EVER-ESCALATING  
PROBLEMS OF YOUTH

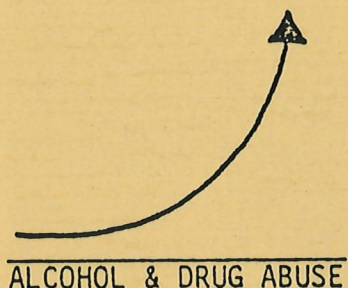
Experience of the 70's



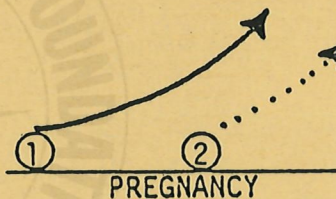
- up 296% in 4 years  
(youth 12-21)



- ① second leading cause of teenage death
- ② youth who make first attempt 50% more likely to make 2 to 3 other attempts

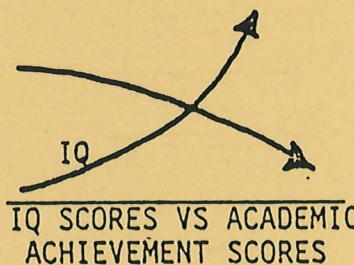


- second leading health problem (first is auto accidents, 80% alcohol & drug related)
- 72% all high school juniors use alcohol or marijuana weekly



- ① 75% increase in 14-17 year old pregnancies (1961-74)
- ② 40% have second pregnancy by 21 years

36 out of every 100 youth who reach the age of 18 will need some form of public remedial assistance in order to function as a responsible adult (HEW Report)



Research Reports: Health, Education & Welfare, National Institute on Drug Abuse, and the Family Development Institute (Bethesda, MD), US Senate Hearings - School Violence and Vandalism

Therapeutic Foster Care  
Robert Heckler, Coordinator  
1800 Stone  
Topeka, Kansas 66604

Dear Legislators,

I am the coordinator of a specialized foster care program for youth that have experienced severe abuse and neglect. Since we are funded by the state, I thought that you would like to know how tax dollars are being utilized to help these young people overcome their victimization and become more healthy productive citizens.

I have selected a youth from the program, who has been with us for about two and a half years, to interview. He has made considerable progress and I think it would be helpful for people in the area to know how they have contributed to his and other youth's success through their paying of taxes. To maintain confidentiality, I have altered the name and place of origin. We will call the boy Ed and say he is from Owen, Kansas. The following is a condensed version of the interview.

Mr. Heckler - "Ed, can you tell me something about your past and the problems you have had to overcome?"

Ed - "I grew up in a violent home. My Dad drank alot and he would use weapons to force us to do what he wanted us to do."

Mr. Heckler - "What kind of weapons did he use?"

Ed - "A gun and a knife."

Mr. Heckler - "What did your father make you and other family members do?"

Ed - "We were forced to do alot of work on the farm as if we were adults. When he didn't like something, he would beat us. He also forced my brothers and sisters and my mother to have sex with him and each other."

Mr. Heckler - "How did this affect you?"

Ed - "I worried all the time. I couldn't do my school work because I was afraid of what might happen when I got home. When my grades were bad, I would get beaten for doing bad at school. I was always filthy and because of that, I was an outcast at school and the other kid's would make fun of me. I didn't have any friends. I was especially afraid for my mother because she took so many beatings often trying to protect us. She hid us out in a field overnight a few times or I think my dad might have killed us all."

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Mr. Heckler - "How has it helped you to be in the program?"

Ed - "I see other kids who have gone through similar things and see how they are adjusting to their pasts. I have had help seeing how to change and been taught better ways of doing things. I don't have to suffer like I used to. Now I have a job and I have a few friends at school and work. It took me a long time to get more confidence in myself so that I could relate to others and handle school and work. I still get scared sometimes, but I have improved alot. I know that sexual and physical abuse is wrong. When your young and that's what you see, you don't know anything else, but I know now that my dad was sick. I will never torture anyone like my dad did."

"For along time, I couldn't be around any of my family because the memories would become unbearable. Little by little, I have been able to start being with my family, my sisters and brothers, mother and grandmother and we are becoming a family again. I don't know if I will ever be able to talk to my father again, but the rest of them didn't hurt me and I want relationships with them now."

"School is hard for me. I never developed any study habits, but I am passing everything and I will graduate from high school. I have a job now and I like it. I can work hard. I have a car and I am learning things that will help me to take care of myself as an adult."

End of Interview

TFC currently has 16 youth in the program and 13 foster families. The pasts of the youth have many similarities and although the effects vary, all have many things to overcome to become independent in adulthood. Just like the general population, some will do better than others. If youth are able to stay long enough, progress occurs. TFC is continuing to seek families that can work with professionals in helping youth overcome problems stemming from abuse and neglect.

The foster parents for Ed have commented on a few aspects of TFC that make it possible for them to be successful with youth. "We like the ongoing training and support that we get from staff and other foster parents. It feels like we have become one big family. We do alot of things together and help each other out when we have problems come up. We have found that the education we have received from professionals has helped us understand the youth better and we really appreciate that."

The staff, foster parents, and youth of TFC appreciate the support of legislators and the state of Kansas. We feel that with this support, we can and are making a difference. Thank you.

Please call me for questions you may have or if you would like to visit either in my office or with one of the foster families.

Most Sincerely,



Robert Heckler, Program Coordinator



STATE OF KANSAS

MIKE HAYDEN, GOVERNOR

STATE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

YOUTH SERVICES

WINSTON BARTON, SECRETARY

2700 WEST 6TH STREET  
TOPEKA, KANSAS 66606-1861  
(913) 296-3284  
KANS-A-N 561-3284

February 15, 1989

The Honorable Ginger Barr  
House of Representatives  
State House  
Topeka, KS 66612

Re: Federal and State Affairs  
Committee

Dear Representative Barr:

During Monday's hearing (February 13, 1989) additional information was requested regarding the following issues:

State's definition of a special needs child

How long are children in foster care

Why types of children are placed in different levels of care group homes

The following three handouts are attached in response to these questions.

Sincerely yours,

A handwritten signature in cursive script that reads "Mike Clarkin".

Michael J. Clarkin  
Program Administrator  
Foster Care/Adoption Services Section

MJC:br  
Att.

HOUSE FEDERAL & STATE AFFAIRS  
Attachment No. 20  
February 15, 1989

Department of Social & Rehabilitation Services  
Youth Services  
Division of Children in Need of Care

The federal Social Security Act (Sec. 473) authorizes a federal adoption assistance program for children who meet certain eligibility requirements, and the child is considered a special needs child in that the state has determined that there exists with respect to the child a specific factor or condition (such as his ethnic background, age, or membership in a minority or sibling group, or the presence of factors such as medical conditions or physical, mental or emotional handicaps) because of which it is reasonable to conclude that the child cannot be placed unless adoption assistance is provided.

Proposed Youth Service policy manual provides the following specific state definition of a special needs child:

1. Child of any age with a medical condition, or a physical, mental or emotional handicap, or;
2. Child member of a sibling group, being adopted together, one of whom meets the criteria of either 1, 3, or 4, or;
3. Child minimally age 7 or older, or;
4. Child member of minority race.

CINC ANNUAL DATA

ALL OPEN CASES

DATA AS OF 06-30-88

TABLE OF SERVICE PLAN BY TIME IN CUSTODY

SERVICE PLAN

TIME IN SRS CUSTODY

	0-5 MOS	6-12 MOS	1-3 YRS	4-5 YRS	6-7 YRS	8 YRS OR MORE	TOTAL
RETURN TO PARENT	712	554	1289	119	24	25	2723
PLACE WITH RELAT	51	43	134	20	10	7	265
PLACE IN ADOP HM	9	19	249	106	39	33	455
PERM FOSTER HOME	14	14	114	47	32	91	312
IND & SELF SUPP	13	17	63	25	5	14	137
LIFE MAINTENANCE	1	1	2	3	1	18	26
SHELTERED LIVING	2	0	10	4	4	27	47
PLAN PENDING	33	7	2	0	0	0	42
TOTAL	835	655	1863	324	115	215	4007

## LEVELS OF CARE - DESCRIPTION OF YOUTH

### LEVEL III

Children in this group usually exhibit no "serious" problems other than those related to current stress which reflect parental or caretaker inadequacy. These children and youth require a supportive living environment which provides direction and guidance. Family foster care is not appropriate for these children and youth because they have difficulty in sustaining relationships with parental figures.

### LEVEL IV

Children and youth in this group display behavioral problems which may include difficulty with authority figures, repeated minor criminal offenses, difficulty in school, involvement with drugs and/or alcohol. These youth require a structured program with controlled activities and a moderate level of services.

### LEVEL V

Children and youth in this group frequently exhibit serious behavioral problems which are typically anti-social and aggressive. These acts may relate to peer group pressures, other external pressures, or may be reflective of an emotional disturbance. They require a controlled environment with a high degree of supervision and intensive services and usually have failed in other less structured placements.

### Level VI

The Kansas Department of Social and Rehabilitation Services recognizes the need for resources for child and youth, male and female, who are in need of individually designed programs. These youth may be deprived, runaways or truant, miscreant or delinquent and usually have poor relationships with authority figures and possibly with peers. These children are unable to participate in existing Kansas programs due to their individual multiple problems and therefore frequently are incorporated in detention or jails. For many of these children, this may be their only resource available to reach their potential. Facility shall accept and maintain all SRS youth referred by SRS when there is a vacancy.



## SRS Programs That Directly Impact Children and Families

- Service - **Administrative Services**
- Program - **Child Support Enforcement**
  - locates absent parents
  - establishes paternity
  - enforces support order
  
- Service - **Adult Services**
- Program - **Jobs Preparation Program**
  - WIN - Work Incentive Program
  - CWEP (Community Work Experience)
  - Job Club (General Assistance client work experience)
  - Job Search (Work registration for food stamp recipients)
  - Day Care Services
  - KAN WORK (7-1-88) Intensive employment related service and expanded day care services
- **Weatherization Program**
  - reduces fuel costs and makes homes more habitable
  
- Service - **Alcohol and Drug Services**
- Program - **Prevention Programs**
  - funds prevention programs in schools
  - provides intensive training for school teams of administrators, counselors, and community persons
  - provides coordination for Students Against Drunk Driving (SADD) programs
- **Treatment and Intervention Programs**
  - funds community treatment/intervention program
  - funds programs targeted at youth substance abusers
  
- Service - **Income Maintenance and Medical Services**
- Program - **Aid to Dependent Children (ADC)**
  - basic financial support to families with children deprived of parental support due to death, absence, incapacity or unemployment of a parent
- **Food Stamp Program**
  - issues food stamps to low income families to meet basic nutritional needs
- **Medical Services Programs**
  - Early and Periodic Diagnosis and Treatment (EPSDT) provides health care to children in low income families and children in the custody of the Secretary of SRS
  - Prenatal Risk Reduction Program provides early and regular medical monitoring and instructional services to pregnant women
  - Expanded eligibility for low income pregnant women (7-1-88)
  
- Service - **Mental Health and Retardation Services**
- Program - **Topeka State Hospital, Osawatomie State Hospital, Larned State Hospital, and Rainbow Mental Health Facility in Kansas City**
  - provides in patient care for mentally ill children

- Topeka State Hospital provides a unit for comprehensive medical, educational and psychological screening for children adjudicated as in need of care or juvenile offender
- funds community mental health centers which provide outpatient mental health services to families and children
- **Mental Retardation Program**
  - Parsons State Hospital and Training School, Winfield State Hospital and Training School and Kansas Neurological Institute in Topeka provides inpatient care to mentally retarded and multiply handicapped children
  - funds community based programs for the education and training of mentally retarded and developmentally delayed children
- Service Program - **Rehabilitation Services**
  - **Kansas Vocational Rehabilitation Center (KVRC)**
    - provides evaluation services to youth who are blind or visually impaired, deaf or hearing impaired, have orthopedic impairment, are brain injured or who have mental and emotional impairments
  - **Youth Adjustment Program (YAP)**
    - provides vocational training and behavior management services to 16 and 17 year old juvenile delinquents.
    - provides vocational training for 10 students per year from a Youth Center
    - provides a transition unit at Kansas School for the Deaf in Olathe
- Service Program - **Youth Services**
  - **Child Protection Services Program**
    - receives reports, conducts investigations of suspected child abuse, neglect or sexual abuse
  - **Family Services Program**
    - provides or purchase services to families to assist them in maintaining their children in their own homes
  - **Foster Care Program**
    - provides out-of-home care in family foster care, group homes (8 to 10 beds), and residential centers (over 10 beds) for children in the custody of the Secretary of SRS as Children In Need of Care or Juvenile Offenders who require out-of-home placement
  - **Adoption Program**
    - provides adoption resources for children who cannot return to the parental home
    - provides cash grant and/or medical care for special needs children placed for adoption
  - **Juvenile Offender Program**
    - operates the Youth Centers at Topeka, Atchison, Larned for male juvenile offenders and at Beloit for female offenders
    - provides after care programs through community based agencies for youth on conditional release status from a Youth Center
  - **Youth Services Grant Program**

- Juvenile Justice and Delinquency Prevention (federally funded) to develop a community based program for status offenders and juvenile offenders
- Community Based Services (state funded) to fund community projects to improve services to children
- Family and Children Trust Fund (fee funded) to provide community based family disruption and child abuse prevention programs
- Child Abuse and Neglect Grant (federally funded) to provide public education regarding child abuse, neglect and sexual abuse to enhance services to abusive families
- Foster Care and Special Funds (state and federal mix) provides funds to Four Tribes for Indian Child Welfare Services and for specialized foster care program

Other federally funded grants

Independent Living  
Family Preservation Training  
Adoption Services  
Children's Justice Act