

Approved

⁶
Feb. 23, 1990
Date *J. J. San*

MINUTES OF THE HOUSE COMMITTEE ON FEDERAL AND STATE AFFAIRS

The meeting was called to order by Representative Jayne Aylward at
Vice - Chairperson

1:38 ~~am~~ /p.m. on January 23, 1990 in room 519-S of the Capitol.

All members were present except:

Representative Cates - Excused
Peterson

Committee staff present:

Mary Galligan, Kansas Department of Legislative Research
Lynne Holt, Kansas Department of Legislative Research
Mary Torrence, Revisor of Statutes' Office
Juel Bennewitz, Secretary to the Committee

Conferees appearing before the committee:

Melissa Ness, Kansas Children's Service League/Children's Coalition
Sally Northcutt, Salvation Army, Booth Family Service Center, Wichita, Kansas
Paul Johnson, Public Assistance Coalition of Kansas
Nola Ahlquist-Turner, Shawnee County Health Department
Jo Bryant, Kansas Action for Children
John Wine, Kansas Child Abuse Prevention Council
Margot Breckbill, Board Member, Kansas Action for Children
Bob Hartman, Executive Director, Kansas Children's Service League
Sharon Russell, Kansas Action for Children
Bruce Linhos, Kansas Association of Licensed and Private Child Care Providers
Phil Kolodziej, Youthville, Inc., Newton, Kansas
Sarah Robinson, Wichita Children's Home
Bob Heckler, Therapeutic Foster Care

Vice-chairman Aylward called the meeting to order at 1:38 p.m. She recognized that the day was designated Child Advocacy Day and as Public Health Day and welcomed the many visitors in attendance.

Melissa Ness mentioned a few of the member organizations of the Children's Coalition, Attachment No. 1. She gave a summary of the basic principles involving children:

1. They should be provided with food, clothing, and shelter;
2. They should be recognized as individuals;
3. They should have their legal rights as individual citizens protected;
4. They have a right to a stable living environment which provides security, a sense of belonging and being loved; and
5. They have a right to be safe from abuse and neglect.

The Children's Defense Fund issued an end of decade report from which Ms. Ness quoted statistics regarding American children:

They dropout - 1 every 8 seconds
run away - every 26 seconds
are abused or neglected - every 47 seconds
are arrested for drug offenses - every 7 minutes
are killed or injured by guns - every 36 minutes
dies because of poverty - every 53 minutes
are homeless - 100,000 daily

The statistics are worse for poor and minority children who make up an increasing portion of the statistics. The study was derived from 20 well-being indicators. Kansas' ranking is Attachment No. 1-1. She also cited a study done by The Center for the Study of Social Policy Titled, Kids Count which used 10 indicators of well-being and allowed each state to rank itself in the context of surrounding states. Ms. Ness stated that report largely confirmed the aforementioned study. She outlined the Children's Coalition's priorities, Attachment No. 1-3 (orange).

Sally Northcutt discussed the services and funding of her organization and the impact of the proposed SRS budget cuts on those services, Attachment No. 2.

CONTINUATION SHEET

MINUTES OF THE House COMMITTEE ON Federal and State Affairs,
room 519-S, Statehouse, at 1:38 ~~xxx~~ p.m. on January 23, 1990

Paul Johnson explained that 300 of 600-700 people on general assistance funds (GAF) are first time recipients with no current federal option. The SRS caseload has risen 5-7% in the past 18 months which he stated was not historically inconsistent. He outlined trends on income and housing, Attachment No. 1-4.

Nola Ahlquist-Turner commented on the Women, Infant, Children (WIC) and Maternal and Infant Care (M&I) projects. She stated the projects are successful but are still needed, Attachment No. 3.

Johannah Bryant called WIC an exceptionally effective program and provided more detailed information on the project, Attachment No. 4.

John Wine, substituting for Jim McHenry, discussed the Parents as Teachers (PAT) pilot projects which are considered successful. He noted plans to expand the project, Attachment No. 5. Attachment No. 1-7 (buff) is Jim McHenry's submitted statement on continued funding for the project.

Margot Breckbill explained the impact of the Human Sexuality/Aids mandate and spoke in support of expanding the Adolescent Health Care Program, Attachment No. 6.

Bob Hartman commented on trends seen by his agency and made some recommendations. He detailed services offered by his agency and statistics regarding its foster care program. Its numbers of children served are rising while the average length of stay is decreasing. His submitted statement is Attachment No. 7.

Sharon Russell advocated additional funding for family preservation projects calling it a long-term investment, Attachment No. 8.

Bruce Linhos discussed the types of children entering foster care - most with serious and/or multiple problems - and the impact on foster care services, Attachment No. 9.

Phil Kolodziej explained services offered by Youthville. He detailed specific amounts given to SRS. Based on legislative action in 1989, the budget was increased 10% and due to the proposed SRS cuts, the budget amounts will have to be rescinded. His submitted statement is Attachment No. 10. He also submitted Attachments 10A,B,C,D.

Sarah Robinson discussed the increase in the number of children needing emergency shelter and the reasons for the need of care. She expressed particular concern regarding the increase of younger children with serious behavior problems, Attachment No. 11.

Bob Heckler, presented several success stories of youngsters with particularly serious problems served at his facility. Attachment No. 12 is his submitted statement.

All conferees made sincere pleas for the members to vote restoration of the SRS cuts.

Committee discussion:

1. Melissa Ness will provide information from the full report of the Children's Defense Fund which explains the ranking on Attachment No. 1-1.
2. Attachment No. 1-2 (pink) represents what the Children's Coalition views as needed to improve the status of care for children. The dollar amounts are not totaled.
3. There was no ready answer to a question regarding the continual increase for children needing care and where or why the cycle breaks down.
4. Q. What do agencies view as the point at which intervention should occur in removing the child from the home; and given the limited amount the state can spend, where is the best place to put the dollars toward breaking the cycle and get the most for the dollars spent?
 - A. Ms. Robinson responded that intense assessments need to be done in the first 24-48 hours including a psychological/psychiatric evaluation and one of the family system to determine what types of specialized care is needed.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON FEDERAL AND STATE AFFAIRS,

room 526-S, Statehouse, at 1:38 ~~xxx~~ p.m. on January 23, 1990.

Given the variety of the children's needs, Ms. Robinson stated the need is for specialists in children's care and early intervention.

Mr. Hartman called for a broad commitment to provide several services:

- a. intensive service in the home,
 - b. juvenile intake and assessment programs,
 - c. confidence children available for adoption can be placed with an aggressive recruitment program, and
 - d. the number of quality foster care available can be increased.
5. In response to a question regarding types and age groups of parents involved, Ms. Robinson stated she will supply some statistics but called it mostly a "mixed bag".
6. Regarding babies coming into the shelter, more appear to be crack/cocaine babies than AIDS babies. Ms. Robinson expressed particular concern regarding the increase in the number of babies needing emergency shelter. Phil Kolodziej emphasized the need for research and development as part of the solution. He offered to provide information comparing his facility's costs with those of the state.
7. The chairman expressed concern over the declining tax dollars available for services as the "baby boomers" age. Mr. Hartman stated reduction in the teen birthrate would have a major impact on the services necessary.
8. Noting the high cost of state institutions, Mr. Kolodziej was asked the outcome if they were closed and all care was from the private sector. He responded that it has been done successfully in other states.

The meeting was adjourned at 3:24 p.m. The next meeting of the committee will be January 24, 1990, 1:30 p.m. in Room 526-S.

GUEST LIST

FEDERAL & STATE AFFAIRS COMMITTEE

DATE 1-23

(PLEASE PRINT)

NAME	ADDRESS	WHO YOU REPRESENT
Lisa Little	Kansas City, KS	Heart of America Family Services
KEITH R LANDIS	TOPEKA	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS
Karen Elliott	Salina, Ks	KDHE
MARLENE Lindahl	Abilene, Ks.	KAHHD
Iris E. Sanders	Junction City, Ks	KDHE
Doug Bowman	Topeka	Children & Youth Advisory Comm.
Robert Sidlinger M.D.	Topeka	Perinatal Assn. of KANSAS
Jean DeDonder	2002 Casa Loma, Emporia, Ks	Perinatal Assoc. of Kansas
Jessie McBride	Topeka	OB Services
Sarah Johnson	Wichita	Wichita Children's Home
Phillip Kolodziej	Newton	Youthville, Inc.
Bruce Linka	Lawrence	KALPCCA
Ellen Samuekha	Newton, Ks	Prep
Nola Lilyquist Turner	Topeka	Top Sh Co Health
Paul Johnson	Topeka	PACK
Sally Northcott	Wichita	SALVATION ARMY
Kenneth Fester	Topeka	Stamont Vail Hospital
Liamie O'Shea Parsons	Topeka, KS	Stamont Vail Hospital
Melissa Ness	Topeka, Ks	KCSL
Johanna Bryant	Topeka	Kansas Action for Children
John Wine	Topeka	Child Abuse Prevention Council
Mary Beth Brockbill	Wichita	Kansas Action for Children
Bob Hartman	"	Ks Children's Ser. League
Rose Hartman	"	
Meg Hartman	"	
Kate Hartman	"	
Sharon Russell	Coffeyville	Kansas Action for Children

Linda Traugott 8134 2nd Wichita
 Betty Green 7123 E. Rockhill Wichita 67206
 Benick MacPherson (Home) 1731 Tamarisk Dr Wichita 67230
 Meg Hochman 12430 Edgewood Cir. Wichita 67206

Rainbows United
~~Kansas Area~~
~~Children~~
 Rainbows United
 Rainbows United
 2615 W. Wellesley
 Wichita 67226
 KCSL

Eunice b. Mayo
 Azzie Young
 Linda Kenney
 Rose Hartman
 Bertha Milbank
 Martha Day Black
 Bonnie Schraeder
 Olive Cooper
 Ramona Derousseau
 Pamela Penn-Hicks
 Pat Scott
 Ann Rollins
 Jan Waide
 Marti Krieger
 Lynda Parry
 Pat Brown
 Lisa Hoffland
 Deborah Dick
 Shona Sherraden
 Carolyn Pavelka
 Barbara Schuetz
 Jane Kemp

LSOB
 LSOB
 LSOB
 12430 Edgewood Cr.
 1633 Warner, Wichita
 303 N. Edgemoor "
 1642 Warner Dr, Wichita
 1649 N. Charles Wichita
 116 W. 9th Concordia, Ks 66901
 1876 N 32nd K.C. Ks.
 Courthouse, Hiawatha, Ks 66434
 LSOB - Topeka
 Youth Services - SRS
 121 W 6th, Manhattan, KS 66502
 2209 SW 27th Topeka (14)
 1912 Peppercorn Rd Derby 67031
 3302 W. 9th, Lawrence, Ks. 66049
 730 Forest Topeka 66616
 2701 N. 11th Garden City - 67846
 3111 Strong Avenue, Ks 66616
 1714 Broadview Dr Topeka, Ks
 2351 SE Bellview, Topeka

KDHE
 KDHE
 KDHE
 Kansas Children's
 Service League
 Kansas Children's Service League
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 Cloud County Health Dept.
 Northeast Optimist
 N.E.K. Multi-County Health Dept.
 SRS
 Topeka, Ks.
 Manhattan Day Care Assn., Inc.
 The Villages
 Rainbows United Inc.
 Stormont-Vail Adol. Psych Unit
 Stormont Vail, Adol. Psych Unit
 Assoc. Youth Services
 Associated Youth Services
 1714 Broadview Dr Topeka, Ks - Teddy Smith's Psy Child Care Center
 Lakeshore Learning Ctr. & Directors Support Network
 Greater K.C. A.E.Y.C.
 ST. FRANCIS REGIONAL MEDICAL CNTR

Patsy Cranford 2104 N. W. 13th St Blue Springs, MO 64015
 Lisa Getz WICHITA

CHILDREN'S COALITION

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

1990 CHILDREN'S COALITION MEMBERS

American Association of University Women (AAUW)
Catholic Health Association
Catholic Social Services, Kansas City
Catholic Social Services, Topeka
Church Women United
Community Services Center, Inc.
The Farm, Inc.
Junior League of Topeka
Kansas Academy of Pediatrics
Kansas Action for Children (KAC)
Kansas Association of Child Care Workers (KACCW)
Kansas Association of the Education of Young Children (KAEYC)
Kansas Association of Licensed Private Child Care Agencies (KALPCCA)
Kansas Association of School Psychologists (KASP)
Kansas Child Abuse Prevention Council (KCAPC)
Kansas Children's Service League (KCSL)
Kansas Council on Crime and Delinquency (KCCD)
Kansas Council on Social Work Education (KCSWE)
Kansas Division for Early Childhood
Kansas Kids
Kansas National Educational Association (KNEA)
Kansas National Organization of Women (NOW)
Kansas State Nurses' Association (KSNA)
League of Women Voters of Kansas (LWV)
March of Dimes--Kansas City
March of Dimes--Wichita
Martin Luther King Urban Center
Perinatal Association of Kansas
The Shelter
Topeka Day Care Association
United Methodist Youthville
Public Assistance Coalition of Kansas

Federal & State Affairs
Attachment No. 1
January 23, 1990

Children's Defense Fund 1990 State Fact Sheet

How Kansas Treats Its Children

Number of children in state (1987) 650,000
 Children as a percent of total state population (1987) 26.3

 Total State Score 15½ (ADEQUATE* ON 3 OF 20 MEASURES)

Trends in Children's Status	State Rank in Most Recent Year	Trend in KS	State Compared with U.S. Average	Is State Making Adequate Progress?	Number of States Making Adequate Progress
1. Early Prenatal Care (1978-1987)	14	Better	Better	No	0
2. Infant Mortality (1978-1987)	20	Better	Better	Yes	30
3. Low-Birthweight Births (1978-1987)	19	Worse	Better	No	5
4. Teen Birth Rate (1980-1986)	31	Better	Worse	Yes	34
5. Births to Unmarried Women (1980-1987)	10	Worse	Better	No	22
6. Paternities Established (1981-1987)	36	Worse	Worse	No	23
7. Children in Poverty (1979-1985)	7	Worse	Better	No	2
8. Affordability of Housing (1979-1989)	29	Worse	NA	No	1
9. High School Graduation (1982-1987)	9	Better	Better	No	29
10. Youth Unemployment (1982-1988)	19	Worse	Better	No	25

State Program Investments	State Compared with U.S. Average	Is State Making Adequate Program Investments?	Number of States Making Adequate Investments
11. Medicaid Coverage of Babies and Pregnant Women	NA	No	15
12. Medicaid Coverage of Poor Children	NA	No	17
13. Nutritional Assistance for Mothers and Children	NA	No	10
14. Support for Early Childhood Education	NA	No	29
15. Child Care Quality: Staff Ratio	Better	Yes	30
16. Child Support Collection Efforts	Worse	No	19
17. AFDC Benefits Compared to Inflation	Worse	No	2
18. Rents vs. AFDC Benefits	NA	No	0
19. Students per Teacher Ratio	Better	No	8
20. State Youth Employment Initiatives	NA	No	28

 * Definitions of adequate progress and adequate program investment are on the back of this sheet. Additional information is included in the Children's Defense Fund publication, Children 1990, available from CDF, 122 C Street, N.W., Washington, D.C. 20001, (202) 628-8787.

NA = Not Applicable

Federal & State Affairs
 Attachment No. 1-1
 January 23, 1990

Definitions of Adequate State Progress in Children's Status

1. **Early Prenatal Care:** Based on recent rates of change, will the state achieve the U.S. Surgeon General's 1990 goal of ensuring 90 percent of all infants are born to women who begin prenatal care in the first three months of pregnancy?
2. **Infant Mortality:** Based on recent rates of change, will the state achieve the U.S. Surgeon General's 1990 goal of reducing the infant mortality rate to nine or fewer deaths for every 1,000 births?
3. **Low Birthweight Births:** Based on recent rates of change, will the state achieve the U.S. Surgeon General's 1990 goal of reducing the proportion of infants born at low birthweight to no more than 5 percent of all births?
4. **Teen Birth Rate:** Has the state achieved a reduction in the number of teens giving birth (per 1,000 females ages 15-19) by more than the national rate of reduction?
5. **Births to Unmarried Women:** Has the state had a smaller increase in the percent of births that were born to unmarried women than has the nation as a whole?
6. **Paternities Established:** Has the state increased the number of paternities established per 1,000 births to unmarried women at a rate greater than the national average?
7. **Children in Poverty:** Has the state achieved any reduction in the percentage of children living in poverty?
8. **Affordability of Housing for the Poor:** In 1989, was the fair market rental price for a two-bedroom apartment in the state's metropolitan region with the lowest such rent, 30 percent or less of the 1989 federal poverty level income for a family of four?
9. **High School Graduation Rate:** Has the state increased its graduate rate (the percent of ninth graders finishing high school four years later) by an amount greater than the national average?
10. **Youth Unemployment Rate:** Has the state reduced the percent of unemployed youths (those looking for work but unable to find a job) by more than the national rate of reduction?

Definitions of Adequate State Program Investments

11. **Medicaid Coverage of Babies and Pregnant Women:** Is the state one of the 15 that by the end of 1989, provided as much Medicaid coverage to babies under age one and pregnant women as federal law allowed?
12. **Medicaid Coverage of Children:** Is the state one of the 17 that by the end of 1989, provided as much Medicaid coverage to children under age 6 and living in poor families as federal law allowed?
13. **Nutritional Assistance for Mothers and Children:** Is the state one of the 10 providing additional women and children with food benefits by supplementing federal funds for WIC (the Special Supplemental Food Program for Women, Infants, and Children)?
14. **Support for Early Childhood Education:** Is the state one of the 29 that supplement federal Head Start funds, or allocate state revenues to fund its own preschool education program?
15. **Child Care Quality: Staff Ratio:** Is the state one of the 30 that require state-licensed child care centers to limit the number of nine-month old babies for every caregiver to no more than four-to-one?
16. **Child Support Collection Efforts:** Is the state one of 19 doing better than the national average on collecting amounts due from absent parents who owe child support?
17. **AFDC Benefits Compared to Inflation:** Is the state one of the two that raised maximum Aid to Families with Dependent Children (AFDC) benefit levels enough to keep pace with inflation between 1970 and 1989?
18. **Rents vs. AFDC Benefits:** Does the state's maximum AFDC benefit level allow families to rent housing for no more than 30 percent of their monthly income, as recommended by the federal government?
19. **Students-per-Teacher Ratio:** Is the state one of the eight that has reduced the student-to-teacher ratio in public school classrooms to 15-to-one or less, as recommended by the National Education Association?
20. **State Youth Employment Initiatives:** Is the state one of the 28 that allocate funds to find or create jobs for young people not going on to college?

C H I L D R E N ' S C O A L I T I O N

1989 LEGISLATIVE GAINS

PROPOSED FY 90 CUTS

BASIC SURVIVAL NEEDS

*\$800,000--AFDC/GA grants

*Reduce grants by \$9 a month: \$1.7 M for ADC & \$335,000 for GA

*\$900,000--shelter allowance

*\$2.2 M--child care slots/rates

*child care tax credits

ACCESS TO HEALTH CARE

*\$4.5 M, SGF Medicaid for pregnant women and children

*\$0.2 M, M & I PROJECTS

*\$300,000 SGF for WIC

*Eliminated and applied to other parts of KDHE budget

EDUCATION

*\$1.5 M for at-risk projects

PREVENTION AND INTERVENTION

*\$3 M for foster care slots

*Eliminate 10% increase in reimbursement for foster parents:\$1.2 M

*\$2.1 M for foster care rate increase

*\$399,980 to expand Family Preservation

*\$225,000 for professional assessment of SRS services

*applied to other SRS program areas

MN--1/7/90

Federal & State Affairs
Attachment No. 1-2
January 23, 1990

SUMMARY: KANSAS CHILDREN'S COALITION 1990 LEGISLATIVE AGENDA

BASIC SURVIVAL NEEDS

In order for children and families to have the best chance at survival, their basic survival needs must be met. To that end the Children's Coalition recommends:

1. INCREASING AFDC/GA GRANTS AND TARGETING FUNDS COLLECTED THROUGH CHILD SUPPORT ENFORCEMENT TO OFFSET INCREASES. Of the approximately 75,000 individuals in September of 1989 on Aid to Families with Dependent Children (AFDC), 51,000 were children. During that same time period, of the 5,500 people on General Assistance (GA), 1,217 were children.
2. EXPANDING FUNDING TO BETTER MEET THE HOUSING NEEDS OF CHILDREN AND THEIR FAMILIES BY:

- *Eliminating the shared living penalty
- *Implementing the second phase of the increase in shelter allowance

FUNDING RECOMMENDATION: SUPPORT SRS'S C LEVEL BUDGET REQUEST TO MAINTAIN PROGRAMS AT CURRENT LEVELS. THE C LEVEL SGF REQUEST ALSO INCLUDES \$1.9 M FOR A 4% INCREASE IN ADC AND GA; \$.65 M FOR PHASE 2 OF THE SHELTER ALLOWANCE INCREASE; \$123,012 FOR ELIMINATION OF THE SHARED LIVING PENALTY.

The Children's Coalition supports:

1. Additional funding for child care

ACCESS TO HEALTH CARE

Recognizing that access to adequate health care is cost-effective in preventing higher health care costs borne later by taxpayers, the Children's Coalition recommends:

1. THAT THE DEPARTMENT OF HEALTH AND ENVIRONMENT DEVELOP A PLAN TO EXPAND MATERNAL AND INFANT HEALTH CARE PROJECTS TO ALL 105 COUNTIES WITHIN THE NEXT 3 YEARS. This program, currently available in 44 counties, provides comprehensive prenatal care to women who might otherwise be denied access.

FUNDING RECOMMENDATION: MAINTAIN AT FY 90 LEVEL OF \$700,000 WITH A PLAN ASSURING M & I PROJECT AVAILABILITY AND INCREASED CAPACITY IN 105 COUNTIES.

2. RESTORING THE CONTRIBUTION OF STATE GENERAL FUND DOLLARS FOR THE FEDERAL WIC PROGRAM (WOMEN, INFANTS, AND CHILDREN NUTRITION PROGRAM) TO SERVE MORE OF THE ELIGIBLE POPULATION. This highly successful program with a demonstrated track record in reducing medical costs, provides nutritional supplements for women and children at nutritional risk.

FUNDING RECOMMENDATION: RELEASE THE \$300,000 APPROPRIATED BY THE 1990 LEGISLATURE. INCLUDE ADDITIONAL SGF DOLLARS AND PREPARE A PHASE IN PLAN SO THAT WIC SERVES 100% OF THE ELIGIBLE POPULATION.

3. EXPANDING FULL SERVICE ADOLESCENT HEALTH CARE STATIONS, USING THE WICHITA MODEL, TO OTHER URBAN AREAS

FUNDING RECOMMENDATION: SUPPORT ^{KDHE'S} ~~SRS'S~~ C LEVEL REQUEST OF AN ADDITIONAL \$290,000 OR THE AMOUNT NECESSARY TO ESTABLISH ONE OR MORE ADOLESCENT HEALTH CARE STATIONS IN OTHER AREAS.

The Children's Coalition supports:

1. Expansion of Medicaid services for pregnant women and children to full extent allowed by the federal government. [NOTE: The recently passed federal budget reconciliation act for 1990 has mandated that Medicaid coverage be provided to pregnant women and children up to age 6 at 133% of the federal poverty level beginning April 1, 1990. The federal law also mandated that States which have enacted higher poverty level standards at the time the new federal law was passed must continue to use those higher standards and may not reduce them to 133%]
2. The Coalition also supports increased Medicaid reimbursement rates, sufficient funding for immunizations, increased state support for local health departments, and minimum health care coverage for working mothers by providing tax credits to small businesses.

EDUCATION

Because the education of Kansas' children is fundamental in determining the state's future productive capacity, the Children's Coalition recommends:

1. APPROPRIATING STATE FUNDS FOR THE PARENTS AS TEACHERS PROGRAM WHICH IS DESIGNED TO HELP PARENTS BECOME MORE EFFECTIVE TEACHERS OF THEIR CHILDREN FROM BIRTH TO AGE THREE.

FUNDING RECOMMENDATION: \$6.1 MILLION, AS RECOMMENDED BY THE DEPT. OF EDUCATION, OVER A PERIOD OF THREE YEARS WITH AN INITIAL ALLOCATION OF \$2 MILLION.

2. INCREASING STATE ALLOCATIONS FOR THE AT RISK PUPIL DROPOUT PREVENTION PROGRAM SO THAT MORE SCHOOL DISTRICTS MAY QUALIFY FOR STATE ASSISTANCE AS THEY DEVELOP THEIR PROGRAMS.

FUNDING RECOMMENDATION: \$7 MILLION AS REQUESTED BY THE DEPT. OF EDUCATION FOR AT-RISK PROGRAMS. (The Budget Department has recommended \$0)

3. MAINTENANCE OF STATE SUPPORT FOR ASSIST SCHOOL DISTRICTS IN FUNDING THE HUMAN SEXUALITY/AIDS EDUCATION MANDATE.

FUNDING RECOMMENDATION: \$1.5 MILLION AS REQUESTED BY THE STATE DEPART. OF EDUCATION FOR STATE SUPPORT FOR SCHOOLS TO FUND HUMAN SEXUALITY AND AIDS EDUCATION.

LEGAL RIGHTS OF CHILDREN

Understanding that children often do not receive the same rights and protections under our legal system that adults enjoy, the Children's Coalition recommends:

1. A FAIR AND EQUITABLE LEVEL OF CHILD SUPPORT PAYMENT. THE COALITION OPPOSES EFFORTS TO DRAMATICALLY REDUCE CURRENT LEVELS.

FUNDING RECOMMENDATION: NONE

2. BANNING CORPORAL PUNISHMENT IN PUBLIC SCHOOLS.

FUNDING RECOMMENDATION: NONE

The Children's Coalition supports:

1. Consideration of the establishment of an independent Family and Youth Services Department.

PREVENTION AND INTERVENTION

Knowing that investing in prevention and intervention programs can lead to the reduction of child abuse and the strengthening of families the Children's Coalition recommends:

1. AN INCREASES IN FOSTER CARE REIMBURSEMENT RATES SO THAT, AT A MINIMUM, THE FY 1990 LEVEL APPROVED BY THE LEGISLATURE IS MAINTAINED AFTER FACTORING IN INFLATION.

FUNDING RECOMMENDATION: SUPPORT THE SRS C LEVEL BUDGET WHICH WOULD MAINTAIN 1990 LEVELS PRIOR TO THE ELIMINATION OF THE 10% INCREASE SCHEDULED FOR JANUARY 1, 1990 AS APPROPRIATED BY THE LEGISLATURE IN ADDITION TO PROVIDING A 5% INCREASE FOR INFLATION. (This would require approximately \$37 M total funds. For the 5% increase it would require \$1.2 M Total funds and \$933,583 SGF.)

FSA
1-36
1-25-90

2. FUNDING THE HEALTHY START HOME VISITOR PROGRAM AT A LEVEL CONSISTENT WITH THE GOVERNOR'S COMMISSION ON CHILDREN AND FAMILIES' RECOMMENDATION THAT THIS PROGRAM BE AVAILABLE IN ALL KANSAS COUNTIES BY FY 1992. This program identifies high-risk new parents and provides home visitor services by trained personnel who give in-home support and information about available services.

FUNDING RECOMMENDATION: \$229,294 NEW SGF DOLLARS FOR A TOTAL FY 91 SGF COMMITMENT OF \$465,799 FOR YEAR TWO OF THE PHASE IN AS RECOMMENDED BY THE GOVERNOR'S COMMISSION ON CHILDREN AND FAMILIES.

3. EXPANSION OF FAMILY PRESERVATION TO FUND AT LEAST ONE NEW UNIT, PREFERABLY IN AN URBAN AREA. The program provides intensive in-home services for families experiencing severe difficulties to avoid out-home placement of their children.

FUNDING NEEDED: SUFFICIENT DOLLARS TO FUND A FOURTH FAMILY PRESERVATION UNIT

4. IMPLEMENTATION OF THE PROFESSIONAL ASSESSMENT OF SRS YOUTH SERVICES SPECIFICALLY FOSTER CARE, CHILD PROTECTIVE SERVICES, AND FAMILY PRESERVATION AS APPROVED BY THE 1989 LEGISLATURE.

FUNDING RECOMMENDATION: REINSTATEMENT OF THE \$225,000 APPROPRIATED BY THE 1989 LEGISLATURE.

The Children's Coalition supports:

1. The development and enhancement of programs designed to reduce and prevent adolescent pregnancies.

STEERING COMMITTEE

LARRY RUTE, KS. TRIAL LAWYERS ASSN.....	232-7756
PEG DUNLAP, K-NEA.....	232-8271
JO BRYANT, KAC.....	232-0550
MELISSA NESS, KCSL.....	232-0543
BRUCE LINHOS, KALPCCA.....	749-2775
TERI CASEY, KSNA.....	272-6821
JIM McHENRY, KCAPC.....	354-7738
WINT WINTER, SR, VILLAGES.....	242-2900
PAUL JOHNSON, PACK.....	354-4635

###

BASIC SURVIVAL NEEDS

In order for the basic survival needs of housing, energy, food and medical care to be met, there has to be an adequate level of income. For the federal government, this has been defined as the federal poverty rate which is ;

1989 POVERTY INCOME GUIDELINES

- 1 --- \$5980.
- 2 --- \$8020.
- 3 --- \$10,060.
- 4 --- \$12,100.

The Kansas Legislature established a Kansas minimum need level survival budget which is about 85% of the federal poverty level. From 1980 to 1988 the Kansas poverty level increased from 9.8% to 11.2% of all Kansans using the federal guidelines. (231,699 persons in 1980 to 281,456 in 1989 Kansas population is 2,513,000) Over 100,000 of the persons living in poverty in Kansas are children.

UNITED STATES CHILD POVERTY RATE	1979	1987	1988
All Children	16.2%	20.3%	19.6%
White	11.6%	15.1%	14.4%
Black	40.9%	45.5%	44.1%
Hispanic	27.8%	39.4%	37.8%

(Source: U.S. Census Bureau)

THE WORKING POOR

The great majority of Kansans living at or below the poverty line work. The employment picture in Kansas has been changing a great deal. As this State evolves towards a more service oriented economy the higher paying manufacturing jobs have been declining. The number of jobs connected with agriculture has been declining as technology and capital contributes to larger farms and fewer people on the farm. Seasonal and spot employment which has been the base for many low-income workers has become less available. As higher paid workers have been laid off from the manufacturing sector, these people have taken the middle-wage jobs thus closing more opportunities for those on the bottom of the ladder to work their way up. Readily available employment such as fast food jobs or entry level jobs in nursing homes pay at or just above the minimum wage - a wage that was not raised during the 1980's. 30% of its purchasing power was lost during that time. The economic picture in Kansas during the 1980's was very tight.

Downturns in the major sectors agriculture, oil, automobile manufacturing aviation had a ripple effect through the entire economy. The working poor had little say about this changing scene and little opportunity to find the necessary retraining.

PUBLIC ASSISTANCE

Of the 281,456 Kansans living in poverty, 75,000 of them receive assistance through the Aid to Families with Dependent Children (AFDC) program. Over 51,000 of these recipients children. The typical AFDC household consists of three persons - two children and mom. When you add the maximum cash benefit, the food stamps and energy assistance available, the total benefit package comes out to 70% of the federal poverty level or 83% of the Kansas standard. However most AFDC families receive only \$363 a month in cash (now reduced to \$336 after Jan. 1,1990) as opposed to the maximum possible cash benefit of \$410. The purchasing power of this family has fallen by 30% since 1972 while expenses for housing, food, and utilities have increased greatly. As an income comparison, a single individual living on the federal supplemental security income (SSI) program gets \$368. a month. The AFDC benefit is less money and must support three persons. The federal government sets the SSI level and indexes it to the cost of living while the State of Kansas sets the AFDC standard.

Persons on AFDC get a medical card. The program is called Medicaid and its the largest program under the Department of SRS umbrella. Virtually all services such as prescriptions, doctor visits or hospital stays require a small co-payment from the client. As the cash grants are cut or decline in purchasing power, the loss of \$9 a month means less food, disconnected utilities or delayed medicine.

There is a much smaller State of Kansas assistance program which is called general assistance. It serves only 6600 persons statewide of which 1300 are children. Single persons between 18 and 50 without physical/mental disability or participation in a drug treatment program are ineligible. Kansas cut those folks off in 1987. The majority of persons left on this program are disabled, in their 50's and destitute or very young families unable to qualify for AFDC. The medical program which serves the adult population on general assistance is called MediKan which is funded totally by the State of Kansas. Over 60% of this MediKan program is hospitalization costs with lesser percentages for doctors, prescription drugs and therapy. Nationwide in 1985, the most common form of assistance for the medically

indigent in operation was similar to MediKan. Thirty states had some type of program for the medically indigent.

HOUSING

The cost of housing is the most critical expense in a families budget. Every other expense comes after the housing payment. Nationwide, low-income renters are paying 70% of their income for rent. The ideal is 30%. Federal low-income housing programs took the greatest reductions of all low-income programs in the 1980's. In 1981, the federal government spent \$30 Billion on subsidized low-income housing while in 1990 the expenditure will be \$7.8 Billion - an 81.6% reduction when adjusted for inflation. The State of Kansas has been unable or unwilling to compensate for these massive cuts. The waiting list time for the "static" supply of public housing units or Section 8 units stretches into years. The public housing authorities only open the application process a few days out of the year-except for special emergency cases. The State of Kansas has had a very poor focus on the importance of housing. For many years, a constitutional prohibition on State government playing a role in developing more housing, kept the State out of developing a housing finance program. Kansas needs a housing division within the Department of Commerce that can help identify housing needs and make certain that as the federal role starts to expand with either direct grants or tax credits that Kansas takes full part. Its hard to imagine that a plan for affordable, quality housing is not the first step towards long-term economic development.

For low-income families there is virtually no where to turn for housing assistance. The private emergency service providers across the State can respond to less than 10% of the demands for rent assistance. A large per centage of AFDC families have moved into apartments or houses together to handle the increasing shelter costs but SRS penalizes these families by cutting each of their grants by \$70 a month. The Children's Coalition would like to see this penalty provision removed given the growing tightness of moderate priced housing. The Kansas minimum needs level budget assumes \$200 a month for housing but the fact of the matter is that no one knows how many of those \$200-a-month units exist and how well distributed they are. The 1989 Kansas Legislature increased the housing allowance - which is a portion of the cash benefit - for AFDC families living in mostly rural counties. Those standards had not been changed since 1976.

Often times the downside to finding that "cheap" apartment or house is that the utility costs are much higher. The furnaces are very old and the

older homes built prior to 1940 were not very well insulated if at all. Cash flow calculations by many landlords show no room for energy improvements. Kansas has a small federally funded weatherization program. Of the 125,000 housing units that are eligible, only 25,000 have been done in 12 years and only 2,500-3,000 units are done yearly. Kansas has put some of its oil overcharge settlement funds into the weatherization program but what is needed is a coordinated plan for the 261,000+ rental units.

CONCLUSION

This issue paper has touched briefly on trends in income and housing affecting the lives of low-income Kansas families. One key element for working families is affordable and available child care. The federal cuts in 1981 reduced the daycare slots from 5,900 to under 3,000. Over the last two years, the State of Kansas has replaced most of those slots (now up to 5,500) and provided daycare through the KanWork program. Child care is finally getting the necessary attention it deserves as an integral part of employment for all families.

The income trends in the United States continue to show that the bottom fifth of all families have lost the most ground in 1988.

Income Distribution of American Families in 1988

Population Category	Percentage of Total National Family Income Received	Comment
Poorest Fifth	4.6%	Lowest since 1954
Second Poorest Fifth	10.7	Lowest ever recorded
Middle Fifth	16.7	Lowest ever recorded
Next Richest Fifth	24.0	
Richest Fifth	44.0	Highest ever recorded
Richest five percent	17.2%	Highest since 1952
Middle Three-fifths	51.4	Lowest ever recorded

Center on Budget and Policy Priorities
Source: U.S. Census Bureau

For low-income working families the most positive debate has come from Congress. Tax payments of up to \$870 for low-income families who paid no taxes were part of the 1986 Tax Reform Act. The discussions continue to

expand the earned income tax credit for the working poor. Approximately 18 million people - or more than half of the 32.5 million people who were poor in 1987 - lived in households with a worker. Some eight million poor children - nearly two-thirds of all the poor children in the country - lived in working poor households. This state of affairs can be altered. Changes in public policy can be made that focus on one basic goal : if a parent works full-time year-round, the parent and his or her children should not have to live in poverty. This goal is consistent with the basic values of this nation.

For those children and families living on public assistance, the State of Kansas has developed a minimum needs level budget that should be funded. The AFDC program is a temporary landing for most families. The average stay on this program is less than two years. Increased child support payments and a decent minimum wage would give these recipients an economic chance. Kansas' effort to expand employment training is to be applauded. Realistic education and training goals should be an integral part of the program. The children in these programs will be a crucial part of our economic future. The majority of new workers at the turn of the century will be low-income and non-white. Our enlightened self interest should tell us how important this human infrastructure is. Invest properly and all of society will benefit.

For information on housing and other low-income support programs:

Center on Budget and Policy Priorities
236 Mass. Ave., N.E. Suite 305
Washington, D. C. 20002
(202) 544-0591

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1-23-90

CHILDREN'S COALITION

CATEGORY: ACCESS TO HEALTH CARE

FOR MORE INFORMATION CONTACT: JO BRYANT, KAC PH. 913-232-0550

1. THE DEPARTMENT OF HEALTH AND ENVIRONMENT SHOULD BOTH DEVELOP A THREE YEAR PLAN TO EXPAND MATERNAL AND INFANT HEALTH CARE PROJECTS TO ALL 105 COUNTIES AS WELL AS INCREASE THE CAPACITY OF THE CURRENT PROJECTS TO DELIVER SERVICES.

Inadequate prenatal care is costly in human and economic terms. Lack of sufficient prenatal care can result in low birth weight babies. The average cost of prenatal care is \$600. One day in the new born intensive care unit costs \$1,000 with an average stay of 20 days. In addition for approximately every \$1 invested in prenatal care you save \$3 in neonatal intensive care.

It is well known that low birth weight infants are three times more likely to suffer from birth defects and ten times more likely to be mentally retarded. Providing special education to a handicapped child costs three times more than educating a child without handicapping conditions.

The Kansas Maternal and Infant Program (M&I), provides comprehensive prenatal care to pregnant women who might otherwise be denied access to services for financial reasons. The goal of the program is to improve pregnancy outcome for the mother and infant, promote entry into and compliance with prenatal care, decrease pregnancy recidivism (especially for adolescents), and reduce the incidence of low birth weight infant deaths and child abuse. Significant decreases in the incidence of infant mortality and low birth weight have been documented among those receiving this service compared to similar at risk populations not receiving the service.

In FY 1986, the legislature approved a funding level of \$500,000 for 14 Maternal and Infant Health projects with outreach to 27 counties. In FY 1987 funding was decreased to \$400,000. The amount was restored to \$500,000 for FY 1988 allowing KDHE to expand M & I projects to 37 counties serving 5770 women and 3,408 babies. At the same funding level for FY 1989, M & I projects provided service for 6,661 mothers and 4,834 infants. The 1989 Legislature added \$200,000 in new money for the program for a total of \$700,000 which expands the program to a total of 44 counties.

FUNDING RECOMMENDATION: MAINTAIN M & I PROJECTS AT FY 90 LEVEL OF \$700,000 WITH A PLAN ASSURING M & I PROJECT CAPACITY AND AVAILABILITY IN ALL 105 COUNTIES.

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2. RESTORING THE CONTRIBUTION OF STATE GENERAL FUND DOLLARS FOR THE FEDERAL WIC PROGRAM (WOMEN, INFANTS, AND CHILDREN NUTRITION PROGRAM)

The federal WIC program, which was created in 1972 and initiated in Kansas in 1974, provides supplemental foods to pregnant, postpartum and breast-feeding women, infants, and children in order to prevent or correct health problems related to poor nutrition. Numerous studies indicate that the WIC program is a cost effective way of combatting infant mortality, low birth weight and poor nutrition among children. It has been demonstrated that for every dollar spent on WIC services for pregnant women, there is a projected savings of \$3 in averted medical costs for low birth weight infants. The program has also been valuable in identifying women and children without adequate health care so that referrals can be made for needed services. Because of its impressive track record, WIC funding is a wise investment for taxpayers as it will save later on health, social services and educational costs.

Until this year, Federal Funds were the sole source of WIC monies available in Kansas, providing the service to 50% of the eligible population. In FY 90, a second funding source became available through the infant formula rebate providing \$3.2 million for WIC. The legislature appropriated an additional \$300,000 in State General Funds for WIC. The total of Federal, formula rebate, and SGF dollars would have made WIC available to 63% of those who are potentially eligible. However, KDHE has opted to withhold the \$300,000 SGF appropriation.

FUNDING RECOMMENDATION: RELEASE THE \$300,000 APPROPRIATED BY THE LEGISLATURE FOR WIC AS INTENDED. INCLUDE ADDITIONAL SGF DOLLARS IN 1991 AND PREPARE A PHASE-IN STRATEGY SO THAT WIC BECOMES AVAILABLE TO 100% OF THE ELIGIBLE POPULATION.

3. EXPANDING FULL SERVICE ADOLESCENT HEALTH CARE STATIONS, USING THE WICHITA MODEL, TO OTHER URBAN AREAS

Adolescents have special health care needs but are less likely to seek adequate health care than any other age population. A children's Defense Fund study reported that 28% of children aged 12-18 do not visit a doctor during a year. Among their special health needs are drug and alcohol abuse, emotional illness, teen pregnancy (in 1988, 4,396 babies were born to Kansas teens), and suicide (during the 1985-86 school year, there were 40 suicides and 317 suicide attempts among Kansas teens; 984 considered suicide).

The Children's Coalition supports the development of these specialized health care stations as a way of addressing the needs of our future generations. Currently, three-fourths of the \$100,000 appropriated for the Adolescent Health Care Program funds an adolescent health care station in Wichita on a pilot basis. The remaining one-fourth funds an adolescent health promotion project in Kansas City. However, the Wichita project is the only one providing a full range of services through a health care station. State monies to fund the station are channeled through the local health department to:

1. provide preventive health care including school physicals, education, immunizations, human reproductive counseling;
2. refer pregnant teens to Maternal & Infant programs for prenatal care;
3. increase adolescent male participation in health programs;
4. reduce the negative effects of teen pregnancy;
5. provide early intervention of high risk behavior; and
6. fund diagnostic and referral services.

FUNDING RECOMMENDATION: SUPPORT THE SRS C LEVEL BUDGET OF AN ADDITIONAL \$290,000 OR THE AMOUNT NECESSARY TO ESTABLISH ONE OR MORE NEW URBAN ADOLESCENT HEALTH CARE STATIONS IN OTHER AREAS. IN ADDITION, A PLAN SHOULD BE DEVELOPED TO EXPAND SERVICE TO OTHER AREAS WHERE THERE IS A DEMONSTRATED NEED.

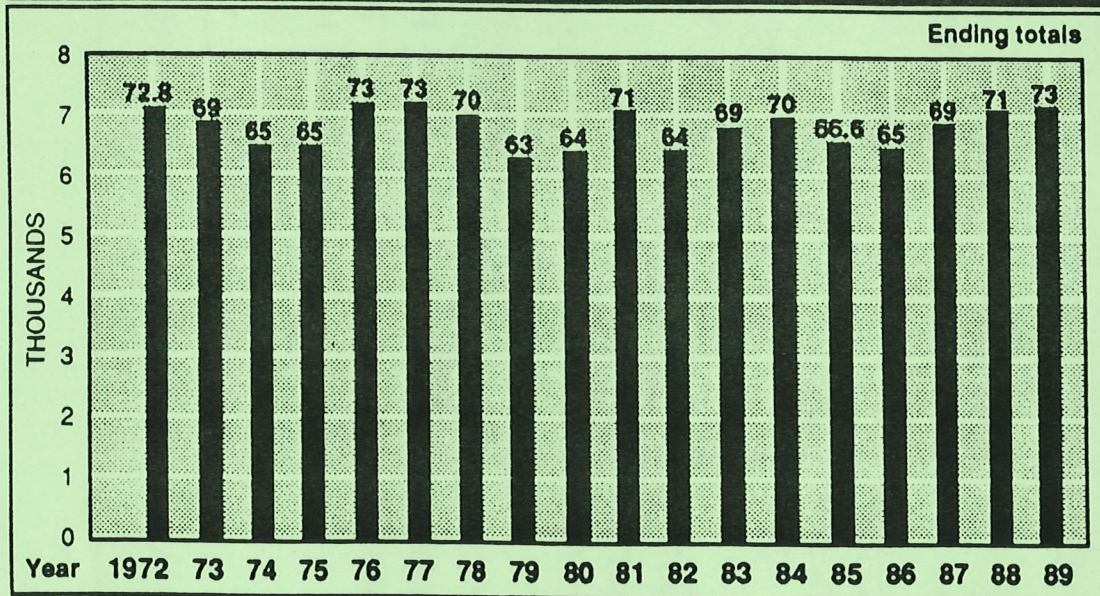
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1989 Monthly Kansas Minimum Needs Level

Survival budget for a family of three

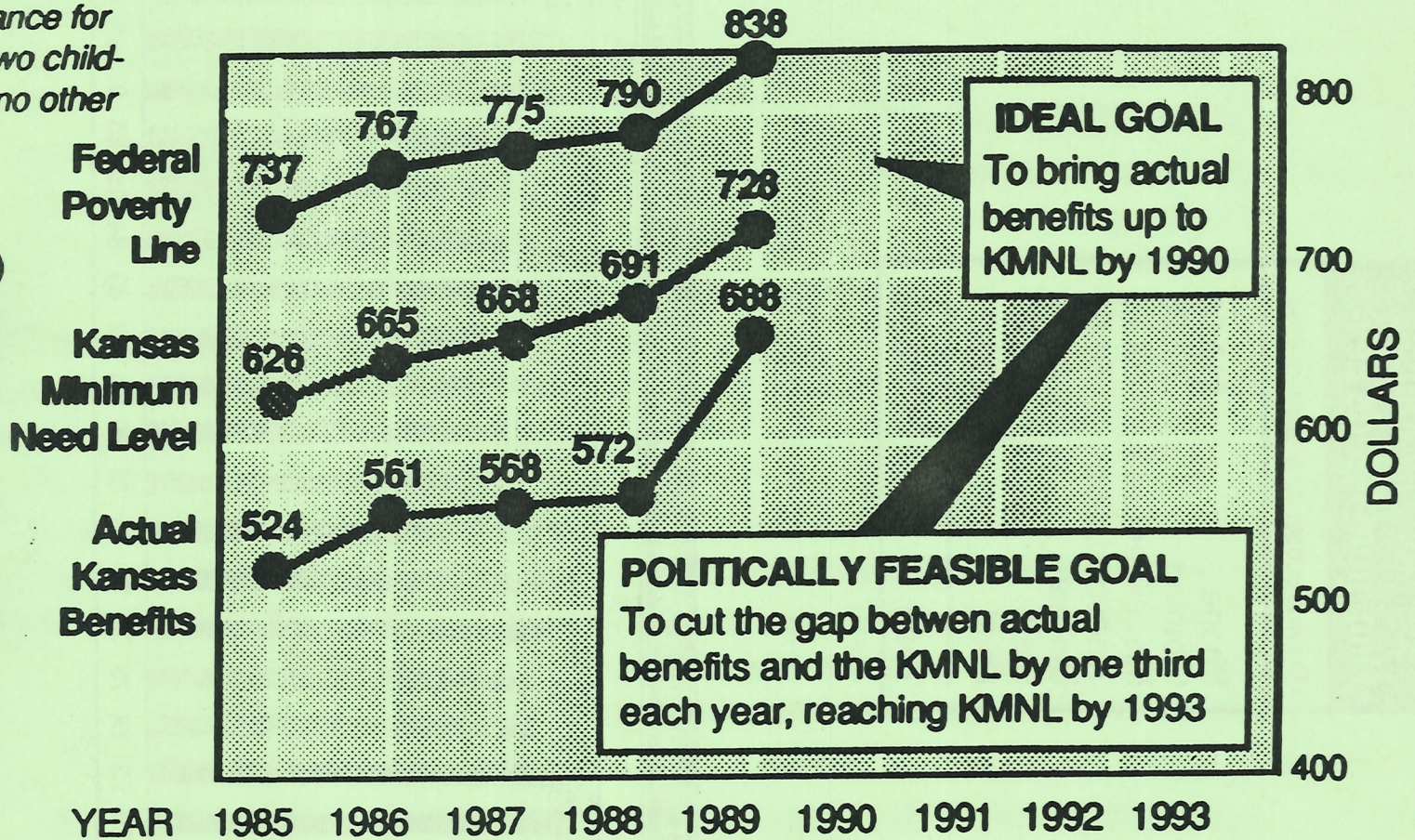
Phone	\$13.08
Clothing	27.25
Miscellaneous	32.70
Transportation	54.50
Utilities	89.38
Rent	218.00
Food	293.21
Total	\$728.12

Aid to Dependent Children recipients in Kansas, 1972-1989



Short-term ideals, long-term political objectives for Kansas Children's Coalition

Monthly assistance for single parent/ two children family with no other income



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Category: Education

For More Information Contact: Jim McHenry, KCAPC ph.(913) 354-7738

1. APPROPRIATING FUNDING FOR THE PARENTS AS TEACHERS PROGRAM DESIGNED TO HELP PARENTS BECOME MORE EFFECTIVE TEACHERS FOR THEIR CHILDREN FROM BIRTH TO AGE 3.

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 first 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.

*Programs now include a Consortium of Kansas City School districts, 5 projects funded by the Department of Education, 1 project in Salina funded by the Family & Children Trust Fund, and a new project by the Coffeyville School District.

Federal & State Affairs
Attachment No. 1-7
January 23, 1990

Category: Education

For More Information Contact: Peg Dunlap, KNEA, ph. 232-8271

2. INCREASING STATE ALLOCATIONS FOR THE AT RISK PUPIL DROPOUT PREVENTION PROGRAM SO THAT MORE SCHOOL DISTRICTS MAY QUALIFY FOR STATE ASSISTANCE AS THEY DEVELOP THEIR PROGRAMS.

In the United States, almost 1 of every 4 students is at risk of not completing his or her education. In Kansas, the figure is about 1 in 5. Current constraints under which schools operate, including large classes, underfunded budgets, and inadequate support services, result in schools that by necessity are structured to meet the needs of the majority of students, not the special needs of those at risk.

The State Board of Education requested funds during the 1989 Legislative session to support matching grants for individual school districts to design programs addressing the needs of at-risk pupils. For FY 1990, \$5,000,000 was requested. Senate Bill 13, which passed, consolidated funds for at-risk programs with funds for innovative programs (another request of the State Board for an additional \$5m.). The Legislature allocated a total of \$2.25m. for both at-risk and innovative program grants.

Grant applications for at-risk programs were received from 50 USD's, for a total of just over \$2m. Of those, 35 projects were recommended for funding (\$1.67m.). Fifteen (15) projects were actually funded, for an expenditure of 1,255,845.

The State Board of Education requested \$7m. for FY 1991 for combined at-risk/innovative projects. The additional amount reflects increased activity in USD's to address the needs of at-risk students. Much of the increase is due to the short timelines, during the summer, to apply for last year's grant money.

The Department of the Budget has recommended that \$0 be allocated.

The Children's Coalition supports the State Department of Education's request for \$7m. for this line item.

3. MAINTAINING STATE SUPPORT TO HELP KANSAS SCHOOL DISTRICTS FUND THE HUMAN SEXUALITY/AIDS EDUCATION MANDATE.

There is widespread agreement that the most effective means of addressing the epidemics of teen pregnancy and AIDS is education - begun early in life. This can and should occur in many places, including the home and the church. However, all children are not reached through those avenues.

In May, 1987, the State Board of Education adopted a regulation requiring all school districts, by September of 1988, to provide a comprehensive program in human sexuality, including information about sexually transmitted diseases, especially AIDS. To assist schools in developing those programs, acquiring materials, and training teachers, the State Board requested \$1.5m in both FY 89 and FY 90 for matching grants to school districts. Those requests were funded and the money was spent.

The State Board requested \$1.5m for FY 1991 to continue the work underway. While all school districts had programs in place in implementation, with additional curriculum development, teacher training, and grade level implementation to come.

The Department of the Budget recommended \$0 for this request.
The Children's Coalition supports the State Board of Education's request of \$1.5m.

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CHILDREN'S COALITION

CATEGORY: LEGAL RIGHTS

FOR MORE INFORMATION CONTACT: LARRY RUTE, KTLA 913-233-2068

1. FAIR AND EQUITABLE LEVELS OF CHILD SUPPORT PAYMENTS

When Congress passed the Child Support Enforcement Amendments of 1984, it mandated that each state adopt child support guidelines by October 1, 1987. The guidelines were to be made available to all judges and other officials deciding child support cases. Under federal regulations adopted pursuant to the amendments, the guidelines each state adopted had to provide a numerical basis for computing child support awards.

Pursuant to the federal mandate the Kansas Commission on Child Support was created in December of 1984 to monitor, assist and advise the Kansas Supreme Court on issues relating to the enforcement and establishment of child support. On October 1, 1987 the Kansas Supreme Court issued the Kansas Child Support Guidelines as required by the Kansas legislature in K.S.A. 20-165.

As part of the Welfare Reform Legislation enacted in October, 1988, Congress directed that in any judicial or administrative child support proceeding, there must be a rebuttable presumption that the child support amount arrived at by applying the guidelines will in fact be awarded. The new statute provides that a "written finding or specific finding on the record that the application of the guidelines would be unjust or inappropriate in a particular case, as determined under criteria established by the state" is sufficient to rebut the presumption. The rebuttable presumption requirement becomes effective October 13, 1989.

In May, 1989, the Supreme Court appointed an Advisory Committee to review the impact of the October, 1987 Child Support Guidelines. The charge of the Committee was to review the implementation of the state-wide child support guidelines, solicit public input regarding the guidelines, and to make recommendations that would address the new federal mandates of the Family Support Act of 1988. On October 1, 1989, the Supreme Court amended the Kansas Child Support Guidelines to create a rebuttable presumption for the award of child support in all cases. The court requested the Advisory Committee to provide a final report recommending additional changes to the Supreme Court in mid-January, 1990.

Adequate child support guidelines serve as a vital first step in the development of a state-wide approach directed to nothing less than the relieve of poverty for more than four million children of divorce, separated or unmarried parents who are not receiving full or timely child support payments. The Coalition opposes legislative efforts to dramatically reduce current levels of child support and encourages the establishment of the Advisory Committee's recommendations as a rebuttable presumption.

FSA
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Category: Legal Rights

For More Information Contact: Dr. Art Cherry, ph. (913) 273-9813

WHY SHOULD THE STATE OF KANSAS ABOLISH CORPORAL PUNISHMENT IN THE PUBLIC SCHOOLS?

WHAT IS IT? The deliberate infliction of pain including striking with a paddle or other instrument, excessive discomfort such as forced standing or confinement in an uncomfortable place, or forcing to eat obnoxious substances.

IT IS NOT: force or physical restraint used to protect from physical injury, obtain possession of a weapon or protect property from damage.

WHERE IS IT LEGAL? The United States is one of the few countries which still allow corporal punishment. Corporal Punishment is banned by law or state board of education regulation in 19 states including Nebraska, Iowa, Minnesota and North Dakota. Kansas Law allows the local school board to use corporal punishment at their discretion. The large school districts of Topeka, Kansas City and Wichita have banned corporal punishment.

IS CORPORAL PUNISHMENT USED? There were over a million recorded cases in 1985 - 86 in the U.S. The actual incidence is probably 2 - 3 times that.

WHAT OTHER STATE INSTITUTIONS IN KANSAS ALLOW CORPORAL PUNISHMENT?

Physical punishment is not allowed in mental hospitals, foster homes, or other facilities under the supervision of SRS, the military or in prisons. Only the Kansas State Board of Education permits corporal punishment.

DOES ABOLISHING CORPORAL PUNISHMENT DO AWAY WITH DISCIPLINE?

Absolutely not. Discipline means to teach. Research proves that teaching acceptable behavior can be accomplished effectively without the threat or infliction of physical or psychological pain. Research also shows that corporal punishment produces both physical and psychological damage results.

WHY SHOULD CORPORAL PUNISHMENT BE ABOLISHED? The use of corporal punishment teaches children to use physical violence to control behavior. Children who grow up in such an atmosphere become angry frustrated adults who become violent themselves and defy authority. The availability of corporal punishment discourages teachers from seeking effective forms of discipline.

WHAT ABOUT "LOCAL OPTION"? Textbooks, curriculum, days in the school year and age of attendance are not local issues.

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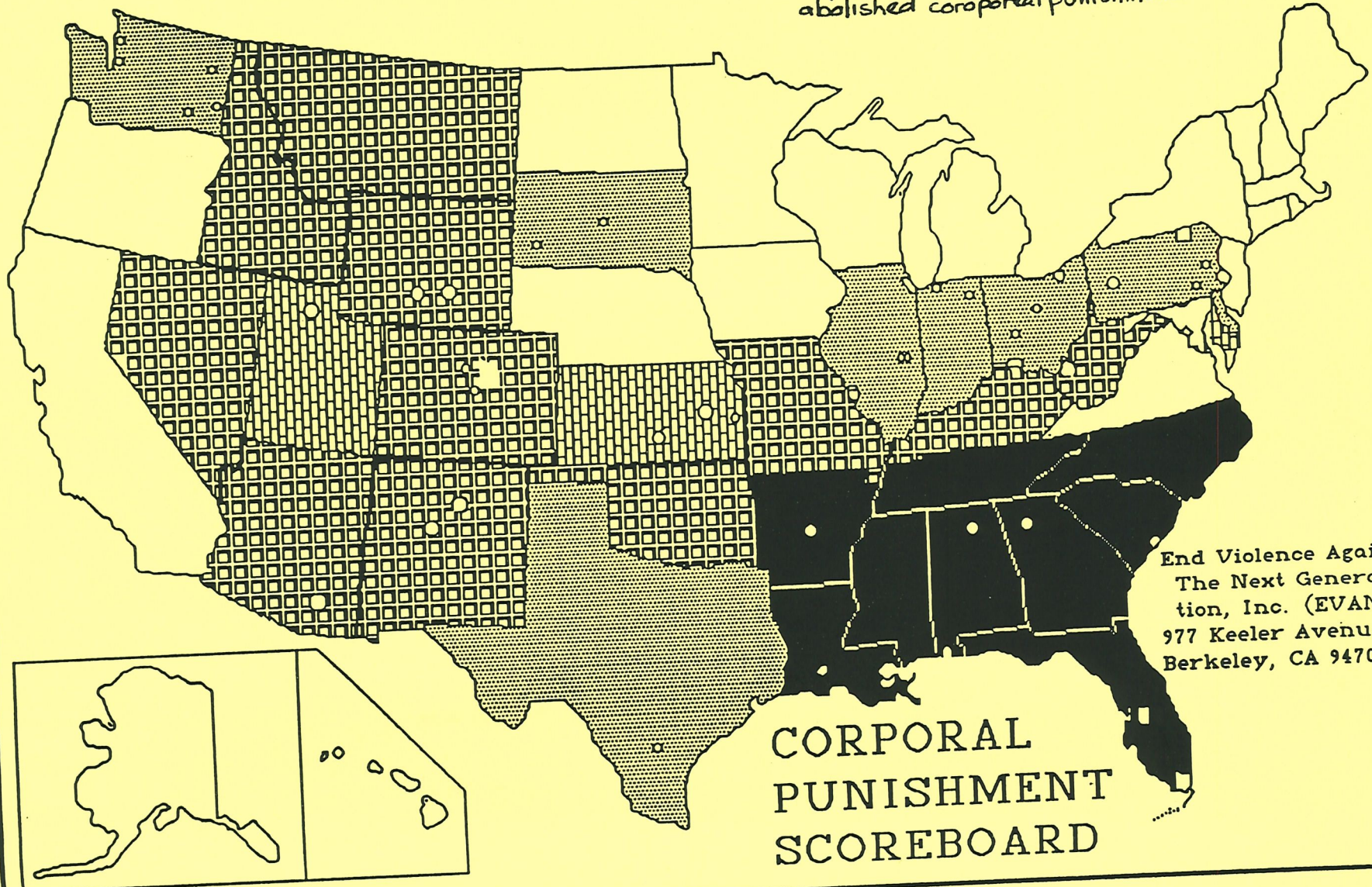
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Gordon, T: Teacher Effectiveness Training. New York, Wyden, 1970

Taylor, L: Think Twice: The Medical Effects of Physical Punishment. Berkley, CA: Generation Books, 1985

- States that do not use corporal punishment, either by state law or school board regulation
- ▨ States where legislation to abolish or severely restrict is presently being considered by the legislature
- ▧ States where considerable progress is being made on the local level
- ▩ States where some progress is being made on the local level
- States where hitting is the heaviest
- Metropolitan areas, in states that permit hitting, that have abolished

Topoka, Wichita, & K.C. have abolished corporal punishment



End Violence Against
The Next Generation, Inc. (EVAN-G)
977 Keeler Avenue
Berkeley, CA 94708

CORPORAL PUNISHMENT SCOREBOARD

National Coalition to Abolish Corporal Punishment in Schools

750 Brookside, Ste. 107 • Westerville, Ohio 43081 • 614/898-0170



CORPORAL PUNISHMENT FACTSHEET

COUNTRIES: The following countries do not allow teachers to hit schoolchildren:

1783 Poland	1949 China	dates unknown:
1820 Netherlands	1950 Portugal	Iceland
1845 Luxembourg	1958 Sweden	Japan
1860 Italy	1967 Spain	Ecuador
1867 Belgium	1967 Denmark	Jordan
1870 Austria	1967 Cyprus	Qatar
1881 France	1970 Germany	Mauritius
1890 Finland	1970 Switzerland	Israel
1917 USSR	1982 Ireland	Phillipines
1923 Turkey	1986 United Kingdom (includes	Communist bloc countries
1936 Norway	England, Scotland, Wales	
1948 Romania	and Northern Ireland)	

Countries still permitting school corporal punishment include the U.S., Iran, Uganda, Canada [partly], Australia [banned in 80% of schools], and New Zealand.

STATES: The following states have now banned corporal punishment, with movements to do so underway in many more:

New Jersey	Massachusetts	Vermont	Nebraska	Oregon
Rhode Island	Hawaii	New York	Wisconsin	North Dakota
New Hampshire	California	Maine	Michigan	Virginia
Minnesota	Iowa	Connecticut	Alaska	

CITIES: These major cities, in states that allow corporal punishment, have abolished it:

Albuquerque	Cleveland	Oakland	Seattle
Anchorage	Dayton	Ottawa	Spokane
Atlanta	Fort Wayne	Philadelphia	St. Louis
Baltimore	Iowa City	Phoenix	Topeka
Boulder	Laramie	Pittsburgh	Urbana
Columbus, OH	Little Rock	Portland, OR	Walla Walla
Chicago	New Haven	Salt Lake City	Washington, D.C.
Cincinnati	New Orleans	San Jose	Wichita
			... and many more

MAJOR ORGANIZATIONS: The following favor abolition of school corporal punishment:

American Academy of Pediatrics	Child Welfare League of America
American Bar Association	National Association of School Psychologists
American Civil Liberties Union	National Association of Social Workers
American Humanist Association	National Committee for Citizens in Education
American Medical Association	National Committee for the Prevention of Child Abuse
American Orthopsychiatric Association	National Education Association
American Psychological Association	National Mental Health Association
Association of Junior Leagues	National PTA

TOP HITTING STATES:**

The ten states which have the highest percentage of children paddled every year.

Arkansas	13.70%
Alabama	10.31
Mississippi	10.30
Tennessee	8.76
Oklahoma	7.94
Georgia	7.81
Texas	7.79
Florida	7.05
South Carolina	5.56
Louisiana	4.92
U.S. Average	2.67

The ten states which paddle the most students per year:

Texas	260,386
Florida	111,194
Georgia	93,006
Alabama	77,949
Tennessee	65,308
Arkansas	64,444
Mississippi	55,673
Oklahoma	51,306
Ohio	43,626
Louisiana	38,730

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CHILDREN'S COALITION

CATEGORY: PREVENTION AND INTERVENTION

FOR MORE INFORMATION CONTACT: MELISSA NESS, KCSL PH. 913-232-0543
BRUCE LINHOS, KALPCCA PH. 913-749-2775

1. AN INCREASE IN FOSTER CARE REIMBURSEMENT RATES SO THAT, AT A MINIMUM, THE FY 1990 LEVEL APPROVED BY THE LEGISLATURE IS MAINTAINED AFTER FACTORING IN INFLATION.

BACKGROUND

The foster care system in Kansas is composed of two principle parts; Family Foster Care, and care provided by Private Residential Agencies, which are comprised of Emergency Shelters, Group Homes and Residential Treatment Centers. The components of Private Residential Care are further divided into levels of care. The current levels include Level III and progress through levels IV, V, and VI. The higher the level the greater the service needs.

Currently there are approximately 5,920 children in the states care. Those children are served in various components of the state's foster care system. On a given day:

- *Family Foster Homes care for about 1,750 children
- *Private Emergency Shelters care for about 235
- *Private Level III agencies care for about 15 children
- *Private level IV agencies care for 380 children
- *Private Level V agencies care for 315 children
- *Private Level VI agencies care for less than 10 children

Private not-for-profit agencies cared for more than twice the number of children last year in state institutions for less than half the cost. In addition, they provided more than half a million days of service for children in the State's custody.

THE PROBLEM

More and more, children in the custody of SRS are requiring some form of foster care services. Emergency Shelters across the state act as the front door of the foster care system. These are the facilities that a child is taken to when it has been determined that the child cannot remain safely at home.

At a time when the state is faced with an increasing need for foster care, we see providers taking serious stock of whether they will be able to keep their doors open for yet another year. The failure to implement the additional 10% rate increase on January 1, 1990 has placed those providers in further jeopardy. The average reimbursement of foster families is less than 75% of what the Agriculture Department

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tells us it costs to raise a child in America today. even if the increase had been implemented. This erosion of funding for foster care is continuing at a time when charitable giving, which once helped offset this deficit, is continually harder to raise.

FUNDING RECOMMENDATION: The family is clearly the best place for a child to be raised. More resources and planning should go into efforts to work with children and families in there own home. Additional effort should be made to develop contracts with private not-for-profit agencies to supplement state operated Family Preservation efforts. In the long run, this could reduce out of home placement of children.

When a child must be place out of the home, quality foster care must be available. Private agencies cannot compromise their standards of delivering quality care at the most cost effective rate. Yet, current facilities will erode, necessary programs will be cut back or eliminated, and some providers will close forcing the state to provide their own facilities at a much greater expense to the taxpayers of this state.

THE CHILDREN'S COALITION SUPPORTS THE SRS C LEVEL BUDGET WHICH WOULD MAINTAIN 1990 LEVELS PRIOR TO THE ELIMINATION OF THE 10% INCREASE SCHEDULED FOR JANUARY 1, 1990 AS APPROPRIATED BY THE LEGISLATURE IN ADDITION TO PROVIDING A 5% INCREASE FOR INFLATION (This would require approximately \$37 M total funds. For the 5% increase it would require \$1.2 M Total funds and \$933,583 SGF)

PREVENTION AND INTERVENTION (CONT.)

2. FUNDING THE HEALTHY START HOME VISITOR PROGRAM AT A LEVEL CONSISTENT WITH THE GOVERNOR'S COMMISSION ON CHILDREN AND FAMILIES RECOMMENDATION THAT THIS PROGRAM BE AVAILABLE IN ALL KANSAS COUNTIES BY FY 1992.

A key reason for child abuse and neglect is the parents' lack of developmentally appropriate knowledge about their children. Abuse and neglect are most likely to occur to children of high risk parents. Early intervention through education and skill enhancement, has been shown to reduce this likelihood.

The Healthy Start Home Visitor Program is available in 49 counties and serves approximately 13,500 families with children under one year of age. The program's goal is to contact all new parents and to identify and then target for more visits those parents deemed to possibly be high risk. Healthy Start offers help to families expecting babies or with newborn babies. This service is delivered by carefully selected and trained lay visitors who are themselves mothers. (These visitors work with public health nurses who will make home visits if needed.) The Healthy Start Home Visitor provides in-home support and information about available services to new and expecting parents.

Kansas receives \$235,759 in Federal Funding for Healthy Start. All funding increases for the State General Fund. This program was among the top priorities of the Governor's Commission on Children and Families which recommended a three-year phase-in so that by FY 92, Healthy Start would be available in all Kansas Counties. The legislature appropriated \$236,505 for the SGF for FY 90, which was consistent with the Governor's Commission's recommendation for year one of phase-in.

FUNDING RECOMMENDATION: \$229,294 new SGF dollars for a total FY 91 commitment of \$465,799 for year two of the phase-in as recommended by the Governor's Commission on Children and Families.

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PREVENTION AND INTERVENTION (CONT.)

3. EXPANSION OF FAMILY PRESERVATION TO FUND AT LEAST ONE NEW UNIT, PREFERABLY IN AN URBAN AREA.

Family Preservation is a program designed to provide intensive in-home services for families experiencing severe difficulties, to avoid out-of-home placement of their children. The catalyst for the development of this program is P.L. 96-272 the Adoption Assistance and Child Welfare Act, the goal of which is to prevent unnecessary out of home placement.

Until FY 90, Family Preservation services in Kansas consisted of federally funded training for existing SRS personnel. FY 90 marked the first year that direct state dollars have been given to fund Family Preservation. The state money coupled with \$147,938 in federal matching funds has extended the program to three SRS area offices (Salina, Hutchinson and Osawatomie) where units have been established.

Even with state funding, Family Preservation services are not available throughout the state. Rather, the program is limited to those areas where trained social workers will not have to assume "generic" responsibilities and to the three areas with family preservation units.

While foster care will remain the appropriate choice in providing for the safety of some children, Family Preservation programs should be expanded for the following reasons:

*Work is focused on the entire family unit

*The long term cost avoidance is significant in both human and monetary terms. (It can be used to avoid "foster care drift"; Because the entire family has been working together as a unit it avoids the dilemma of returning a child who has been in foster care, home to the same problems that led to placement)

*Kansas maintain a program of this nature in order to remain in compliance with P.L. 96-272

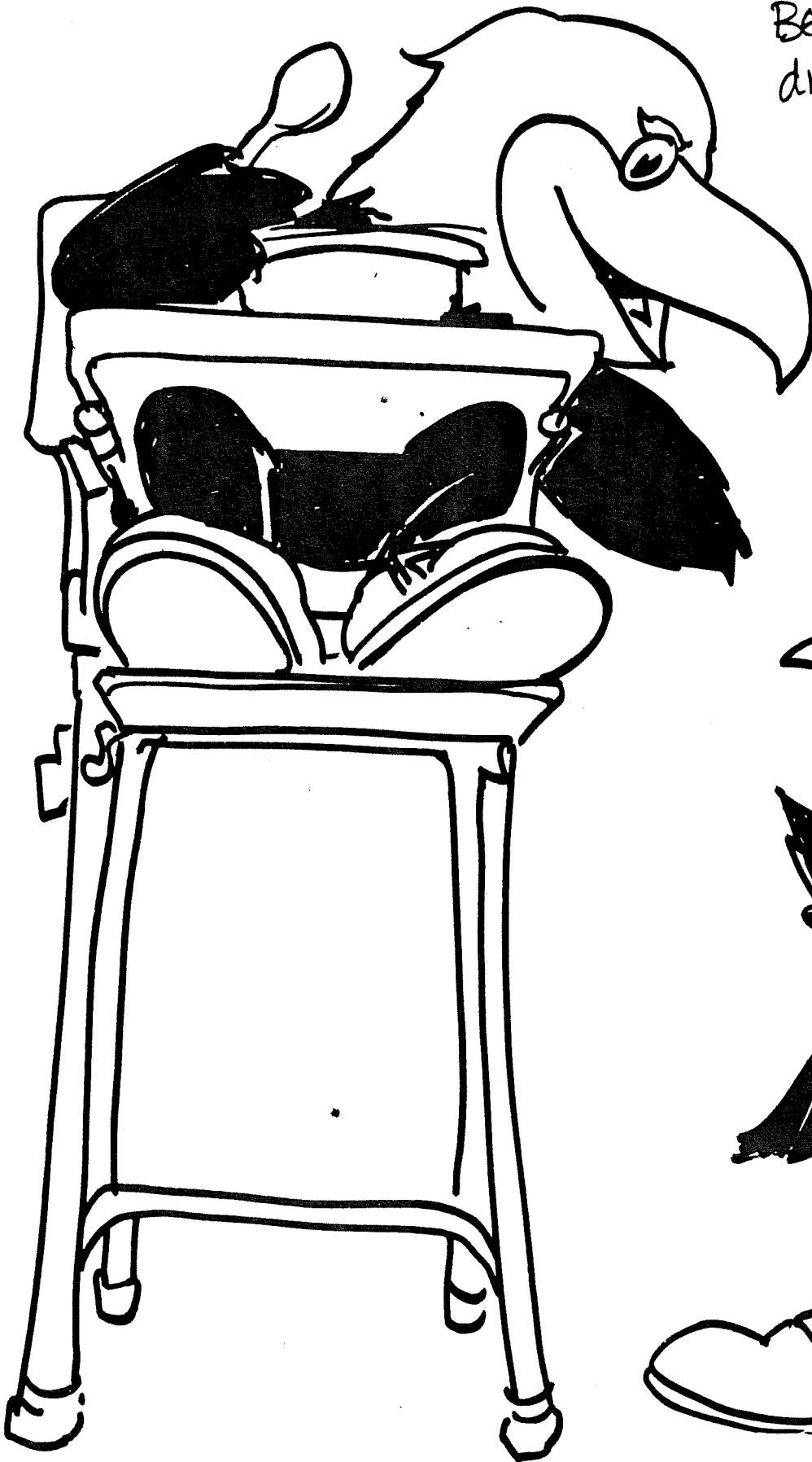
FUNDING RECOMMENDATION: FOR FY 91 SUFFICIENT MONIES TO FUND A FOURTH FAMILY PRESERVATION UNIT IN AN URBAN COUNTY.

How many future Kansas Jayhawks will never re in
THE FINAL FOUR

Because they
didn't have the

FIRST FOUR -

- ✓ PRE-NATAL CARE
- ✓ FULL BIRTH WEIGHT
- ✓ ADEQUATE NUTRITION
- ✓ PEDIATRIC CARE



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The Salvation Army

(FOUNDED 1865)

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WICHITA, KANSAS 67201-2037
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CAROL COOK, MSSW
PROGRAM DIRECTOR
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LYNN TATLOCK
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EMERGENCY LODGE SERVICES

TONI SCHUCKMAN
INTERIM DIRECTOR
LEVEL V SERVICES

MAJOR HARRY BROCKSIECK
CITY COMMANDER

SALLY NORTHCUTT, ACSW
EXECUTIVE DIRECTOR
BOOTH FAMILY SERVICE CENTER

TESTIMONY GIVEN TO FEDERAL AND STATE COMMITTEE, JANUARY 23, 1990

Representatives, ladies and gentlemen, I appreciate the opportunity to appear before this group today. I am Sally Northcutt, Executive Director, The Salvation Army Booth Family Service Center, Wichita. I am also Director of Social Services for the Salvation Army. The Army provides \$3.1 million in social service programs in Wichita.

We offer: emergency financial assistance in the form of food, transportation, to families and children; homeless shelter services (70 beds); foster homes (27 homes, 34 youth); residential child care (25 beds); residential services to the chronic runaway (14 beds); drug and alcohol outpatient counselling; transitional housing (4 units); five community centers; recreational programs; and, day care centers.

We are funded by The Salvation Army, United Way, private donations, and overall 20% of our funding comes from S.R.S. I have attached a copy of our program diversifications and shortfalls for your review. (Attachment 1). To highlight the numbers at the end of 3 years we are <\$180,022.00>.

Federal & State Affairs
Attachment No. 2
January 23, 1990



The 10% cut to foster care services is devastating to the youth and families we serve. Our allowable audited costs by S.R.S. indicates our per diem should be \$81.26 per day. We receive \$63.01, or in other words we operate at a \$18.25 per day deficit. Some of this is made up for Sedgwick County youth by United Way and The Salvation Army and yet in FY 91 we will have a need of \$166,531.00 to care for Kansas kids.

In the past legislative session our Board of Directors was encouraged that steps were being taken to deal with the widening foster care deficits thru the proposed 15% increases which did not solve the problems but indicated that Kansas legislators saw the priority of caring for those in need.

These deficits are not the result of over spending they are the results of licensing requirements of K.D.H. & E. and the budgetary constraints of S.R.S. They are the result of S.R.S. not being able to control or gate keep the numbers entering the system. Our Level 5 program has maintained a constant pool of referrals and is maintaining a waiting list.

Our family therapeutic/satellite foster care program has grown by 300% from 6 homes to 27. We are serving emergency placements, crack addicted infants.

On this date we have 34 children in placement. Today in all our foster care families and residential programs we are caring for 72 youth. We also have 24 families involved in family preservation and receiving care in their own homes.

My only option is to reduce beds, but that is not compatible with the current needs.

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We obtained start up monies from the Robert Wood Johnson Foundation to care for A.I.D.S. infants. We are the only private agency caring for "crack infants" with foster parents who have 70 hours specialized training to meet the needs of this special population.

The slogan I have adopted is "THE NEEDS WILL NOT GO AWAY BECAUSE WE CANNOT PAY" There are some issues that are a matter of choice, some are basic and not a matter of choice. We cannot be "bad parents" to any child, our own, or others. The laws are written to protect the very vulnerable.

The simple facts are these: 1. Kansas S.R.S. has little control over their 8% annual growth, 2. Laws do not allow or tolerate our abuse of children, 3. A lawsuit is currently pending in the area of foster care which may mandate our responsibility to care for our children. 4. reimbursement to the private sector is cost effective and better quality.

The Salvation Army offers assistance to many low income families in the form of counselling, emergency financial assistance, and food while they are awaiting determination for A.F.D.C. We have just finished the time of year when the Army is most visible, ringing bells, and appealing to the goodwill of mankind. Despite a successful year with giving up 7% this does not begin to address the needs. Families are coming to us as a result of the \$9.00 per person cut to AFDC families. Families are already 30% below federal poverty guidelines and could not survive. This does not have much impact on us when each of us in this room can go to a movie and spend \$9.00 on the price of the admission, popcorn, and drink.

Each of us in this room when dealing with our own kids are asked for more money for clothes, trips to the malls, haircuts, etc. We all know

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how these requests strap us, and yet we are able to dig a little deeper, extend our credit limits. We are not even dealing with issues of need but of want. S.R.S. has asked the private sector to extend our credit limits and provide more free care. Last year the Salvation Army donated in excess of \$200,000.00 to the State to care for Kansas kids.

The kids in foster care have needs and wants, but I do not want to have those with Medican needs cut either, or A.F.D.C., or General Assistance, as all these programs enhance the quality of life and survival. Any of these programs that are cut will cause stress on other parts of the system.

These issues call for each of you to have the wisdom of "Father Knows Best", and King Solomon. Now is the time for us to quit playing politics but to do what we know in our hearts is right. The youth of today will be the service provider of the year 2000 when many of us will be dependent on the kindness of others and I want us to have nourished and loved well, our kids and families as they give back to us.

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THE SALVATION ARMY BOOTH FAMILY SERVICE CENTER
CHILDREN'S SERVICES

<u>SERVICES</u>	<u>CAPACITY</u>	<u>FY 90 BUDGET</u>	<u>OCCUPANCY</u>
Level 5	25 coed beds	\$688,237.00	95%
* Secure Care	14 coed beds	\$423,650.00	100%
* Satellite Therapeutic	23 currently	\$147,752.00	92%
* Family Preservation	20 families	\$34,400.00	90%
* Drug & Alcohol	25 capacity	\$30,000.00	92%
* Homeless Family Shelter	70 capacity	\$179,000.00	100%

ALL ASTERIKED SERVICES ALLOW US TO SPREAD COSTS TO MAINTAIN LEVEL V SERVICES.

DESPITE THIS DIVERSIFICATION THE FOLLOWING IS THE RESULTS FOR LEVEL V CARE.

<u>YEAR</u>	<u>ALLOWABLE AUDITED</u>	<u>S.R.S PER DIEM</u>	<u>DIFF</u>	<u>LOSS</u>
1987	\$78.37	\$58.15	- 20.22	<\$48,000.>
1988	\$82.82	\$60.01	- 22.81	<\$10,000.>
1989	\$81.26	\$63.01	- 18.25	<\$20,226.>
1990	\$81.98	\$63.01	- 18.97	<\$26,796.>

OUR LAST THREE YEAR LOSS + PROJECTED LOSSES WITH 10% CUT
\$180,022.00

OUR SOURCES OF INCOME: Salvation Army 9%, United Way 7%, S.R.S.
73%, other 11%.

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1-23 90

SALVATION ARMY BOOTH FAMILY SERVICE CENTER PROGRAMS AT A GLANCE
FY 89

Sally Northcutt
Executive Director

BOOTH CHILDREN'S SERVICES

Toni Schuckman -Interim
Level 5 Director

These programs maintained a 95% occupancy level. 39 % Sedgwick County clients, 61 % from 17 Kansas counties.

Girls Unit:

Gave service to: 13 adolescent girls
Days of Care 2775

Boys Unit:

Gave service to: 14 adolescent males
Days of Care 2795

Family Unit:

Gave service to: 19 coed youth
Days of Care 2705

Average Length of stay: 6 months Allowable audited costs
\$81.26. Reimbursement:\$63.01

S.T.A.Y. PROJECT

Carol Cook - Program
Director

This program has maintained a 61% occupancy level. First client was not admitted until January, 1989. Currently 100% occupancy. Level bed capacity has been increased twice from 8 to 14 beds 26% were Sedgwick County residents, 74% from 11 Kansas counties.

Gave Service to: 29 coed youth
Days of Care 1771

Average length of stay: 3.5 months Allowable S.R.S. cost is
100% of the cost of care

FOSTER CARE

Sally Northcutt - Director

This program has maintained a 99% occupancy level. 60% were Sedgwick County clients, 40% were from 7 Kansas counties. 34 in placement, in 27 homes.

Average length of stay: 3.5 months Allowable audited costs:
\$23.01 per diem: \$23.01

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1-23-90

H.O.P.E IN KANSAS

Connie Trimble
Coordinator

Foster Care for Crack Addicted Babies:

Program funding from Robert Wood Johnson Foundation will close out on October 31, 1989. 50% of clients are from Sedgwick County, 50% from one Kansas county. Current placements are being funded by S.R.S. and will continue in care.

Average length of stay: 5 months Allowable audited cost: \$25.00
to \$63.01 per day.

SALVATION ARMY EMERGENCY LODGE

Lynn Tatlock - Interim
Director

Gave Service to:	646 families
Days of Care:	7649
Children:	727
Adults	894

Program funding: Salvation Army - cost: \$23.89 per day

PREPARED BY: Sally Northcutt, MS.W., A.C.S.W.

m Nola Ahlquist-Turner, Manager of Maternal Child Health Services Topeka Shawnee County Health Agency. As such, I am responsible for the administration of the WIC food supplement program and the Maternal & Infant Care Project. These programs serve over 3,500 women and children each year in Shawnee County.

As I was preparing my comments for today, I reviewed testimony I gave last year at this time on the issue of access to health care. Some of the contributing factors that influence access to medical care have changed, we've made some progress but let me assure you the problem still exists and it is not getting smaller. Our state and our nation faces a health care crisis.

There still exist in Kansas, women who cannot access prenatal care. The reasons throughout the state differ. 1) Lack of physicians providing obstetrician services in communities, 2) physicians refusing to accept medical cards due to inadequate reimbursement for their services and the liability associated with high risk pregnant women 3) an increasing number of uninsured women - above the 185% of poverty guideline we are currently using for WIC. This factor particularly distresses me as I see a continually growing number of Kansans unable to provide for their own health care. The adoption of the 150% of poverty guideline for prenatal care was a major step forward in addressing prenatal health care needs, but in and of itself it is not enough to assure adequate, comprehensive health care services to pregnant women.

The Kansas Maternal and Infant Program (M&I), provides comprehensive prenatal care to pregnant women who might otherwise be denied access to services for financial reasons. The goal of the program is to improve pregnancy outcome for the mother and infant, promote entry into and compliance with prenatal care, decrease repeat pregnancy rates, and reduce the incidence of low birth weight, infant deaths, and child abuse. Significant decreases in the incidence of infant mortality and low birth weight have been documented among those receiving this service compared to similar at risk populations not receiving the service.

The program has been successful because its services are comprehensive in scope - including nutrition social services and prenatal education as an integral part of the medical care package. Seldom do we see a pregnant woman whose only concern is health care. She is concerned, too, about adequate nutrition, paying for housing and utilities, her ability to continue her job if she is employed and numerous relationship issues. Her ability to deal with these issues greatly impacts upon her response to medical care. Unfortunately local M & I Projects have had to limit services to those with the greatest need due to funding limitations.

WIC is also a crucial program for Kansans in providing nutrition supplements and education to women and young children. At no other time will good nutrition have a greater impact on a person's overall health status as it does prenatally and in the first years of life. There are women and children in Kansas who do not have adequate

ration. State statistics indicate that current WIC funds are serving 61% of the eligible population. This percentage is based on 1980 census. 65% of the women on WIC are high risk, but only 24% of the infants on WIC are high risk. This suggests that WIC is making a difference in pregnancy outcomes in our state. WIC, too, is currently limiting caseloads to only those at highest risk as funding limits have been reached.

WIC and M & I provide either directly or by referral medical care including: prenatal services, primary care, immunizations, family planning, food supplements, nutrition and health education and social services.

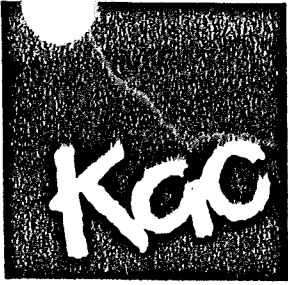
They interface with the private medical community in providing services to the most needy and enhance the resources clients have available to meet their health care needs. We must build upon our current system and cooperate more completely with the private sector to serve the ever growing number of Kansans unable to provide for themselves.

I would encourage you to support these proposals:

- 1) Maintain M&I Projects at FY90 level of \$700,000 with a plan for expansion to all 105 counties over the next few years.
- 2) Release the \$300,000 appropriated last year by the legislature for WIC. Include additional dollars in 1991 and prepare a phase-in strategy so that WIC becomes available to 100% of the eligible population.
- 3) Consider measures that will address the lack of physicians serving pregnant women in some communities.

Prevention is the key to healthier Kansans. State and federal dollars have been spent too often on the result of inadequate health care. Its time we begin focusing on preventing health problems instead of providing restorative services. It makes sense it's less painful for those who require assistance in getting health care and it is more cost effective.

Thank you.



Because all children need someone who cares . . .

Kansas Action
for Children, inc.

A non-profit, tax-exempt organization.

715 SW 10th
Box 483
Topeka, Kansas 66601
(913) 232-0550

DATE: January 23, 1990
TO: House Federal and State Affairs
FROM: Johannah Bryant
Kansas Action for Children
RE: WIC

WIC is an exceptionally effective program for children and pregnant women. It provides vouchers for milk, infant formula, and other nutritious foods for those pregnant women and children at risk of nutritional deficits.

Nutritional deficiencies can lead to the following problems for children:

- low birth weight
- death (infant mortality)
- anemia
- stunted physical growth
- disabilities
- minds less than capable of developing to capacity.

WIC has been proven to be effective in addressing all of the problems mentioned above. Time does not allow the citation of all the various studies but will give one example.

A study done at Yale University looked at the effects of WIC on infant mortality. The findings were as follows: the infant mortality rate for mothers on the WIC program was 8.4 per 1,000 (below the national average of 10.1) while the infant mortality rate for the group not receiving WIC was 22.7 per 1,000 live births.

WIC is not only effective, it is cost efficient. A Harvard study did a cost benefit analysis of the WIC program and found that for every dollar spent on the WIC program \$3.00 is saved in the future medical costs.

Federal & State Affairs
Attachment No. 4
January 23, 1990

In Kansas, WIC is administered primarily through county health departments. Unfortunately we are only able to serve about 62% of the eligible pregnant women and children in Kansas.

In the past, all money for the WIC program came from the federal government. Last year, this legislature decided to allocate \$300,000 of SGF for WIC in order to serve more Kansas children. However, a decision was made not to spend this money on WIC. This decision comes at a time when there are approximately 400 qualified children on a waiting list for WIC in Wyandotte County alone.

We saved the SGF \$300,000 by keeping these 400 children and other like them on a waiting list for WIC. We know we did a disservice to these children. But if the Harvard study I mentioned is correct, we didn't save the state money either. We simply put off an expenditure which will be \$900,000 instead of \$300,000. And it will be \$900,000 less effectively spent than the original \$300,000 would have been.

It is our hope that the legislature will restore the \$300,000 in SGF money for WIC and will commit itself to gradually increasing the program until all children who are eligible are served.

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Testimony in support to the Parents
As Teachers Program
House Federal and State Affairs Committee
January 23, 1990

**Kansas
Child Abuse
Prevention Council**

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Topeka, Kansas 66612
(913) 354-7738

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James McHenry, Ph.D.

Since February 1988, the Kansas Child Abuse Prevention Council has operated Parents as Teachers Pilot Projects in five Kansas Communities (Hays, Pratt, Newton, Parsons, and Leavenworth). Based upon Missouri's highly successful model, PAT uses trained parent educators to conduct home visits and group meetings which help new parents learn how they can become their children's first teachers. Additional projects are now underway in the Kansas City metropolitan area, in Salina, and in other communities with grants through the State Department of Education.

In every location, parental response has been enthusiastic, and most projects report waiting lists. In addition to helping families not experiencing special stress, KCAPC has found the program can be tailored to families that are considered at risk. With appropriately trained parent educators and a regular home visitation schedule, parents can be encouraged to understand and facilitate their child's normal developmental patterns. As parents become more confident in their use of positive parenting skills, the risk of child abuse decreases significantly.

KCAPC is pleased that Governor Hayden has proposed funding to expand Parents as Teachers in his budget. We note that HB 2218 and SB 457 set the administrative structure in place for the Department of Education to administer the program. We encourage legislators to support this outstanding primary prevention program which has repeatedly demonstrated its positive impact and cost effectiveness.

To encourage effective planning for Parents as Teachers, Department of Education Commissioner Dr. Lee Droegemueller has established a statewide advisory committee, co-chaired by Patti Hayden and Assistant Secretary of State, John Wine. Legislators with questions or concerns regarding PAT are encouraged to share them with either the co-chairs or with Dr. Sharon Freden, who serves the advisory committee in a staff role.

Federal & State Affairs
Attachment No. 5
January 23, 1990

TESTIMONY FOR HOUSE FEDERAL AND STATE AFFAIRS
COMMITTEE JANUARY 23, 1990

Good afternoon. I am Margot Breckbill, a Board member of Kansas Action for Children, Co-Chairman of the Sedgwick County Adolescent Pregnancy Network, and a member of the Advisory Board of the Northcentral Teenage Health Station in Wichita. I really appreciate this opportunity to share my views.

We live in a crazy world. Our young people are bombarded with sexual messages from the media, their music, the soap operas. Parents are reluctant to discuss sexuality with their kids for fear their offspring know more than they do. Most teens are educated about sexuality by their peers from a giant pool of misinformation. I was speaking at a middle school Friday night and an 8th grade boy told me he had learned everything he knew "on the street". I told him that I hoped that the people on the street knew what they were talking about. Somehow, in this country, and probably because of our Puritan ethic, we are giving young people the message that sex is something we do but we don't talk about, we rarely discuss the responsibilities of becoming sexually active, and we have given lonely young kids the idea that babies solve problems and give their parents all the love they need. Thank heaven for the Human Sexuality/AIDS Education Mandate. Young people are finally getting the information they NEED to make responsible decisions about their sexuality. The state has funded this for two years and it's vital that it be funded for a third year. In Wichita, we have great sex education going on in 6th and 8th grade which is when kids are really interested in learning about sexuality as many of them are going through puberty. The Wichita school system has chosen a wonderful sex education curriculum called "Values and Choices" to supplement the existing curriculum. State money has helped to pay for this. Some people feel that schools should not have to deal with sexuality but schools have the captive audience and parents simply do not take the responsibility to educate their children on this important matter. These days, since AIDS has joined our world, it is really a matter of life and death. Human sexuality education is an integral part of a strategy to reduce teen pregnancy. The young people of today with good, sound sexual knowledge should do much better at educating their children (who we hope will be born when the parents are in their twenties) about sexuality.

I would, also, like to address the need for expanding the Adolescent Health Care program. I know it was removed from the budget but the Governor put it back in and raised it to \$200,000.00. I absolutely support this raise. At the Northcentral Teenage Health Station, the enrollment has risen this year to about 700. In December, 1989, 180 students were seen. Somehow, with teens, it is very difficult to separate their health and their sexual issues. They have treated many cases of sexually transmitted diseases and are finding a frighteningly high number of positive Pap smears (11 out of 47 or 23%) which means that the girls must be seen again in three months and if still positive, referred for further tests to see if they have developed cancer of the cervix. Girls are still being referred to the Health Station for prenatal care as they are about to deliver. Teens tend to deny pregnancy and do not understand the importance of prenatal care. The Health Station staff is seen as friendly and supportive and they do a lot of referrals to various community resources as well as a lot of esteem building. They have done a lot of counseling for depression and family problems. They continue to see chronic health problems that are not being addressed. They recently saw a 15 year old girl who had had a severe head injury at 5 years of age. She developed seizures as a result of the injury and was put on seizure medication. She had started having seizures again. They discovered that she had not seen the doctor for FIVE YEARS. Small wonder that she was having seizures again! She was an adult size on a child's dosage of medication. She was referred to the Kansas Crippled and Chronically-Ill Children's Program for evaluation. She, also, had a self-image problem because of the terrible scar on her head from the head injury. Jacquie, the nurse clinician, had a nurse friend who knew about some special make-up to cover the scar so they were trying to get her some samples to try and some special lessons on the correct application of the make-up. Everyone on the staff at the Health Station really cares about the kids and they know it. They recruit volunteers from kids with particularly low self-esteem and really work on building them up. They had one girl who had been sexually exploited by her mother's friend and had terrible self-esteem and was overweight. She had been beaten at 10 years of age by her mother when she started menstruating. Her mother said she "must have done something bad". These are often the kinds of messages kids get from their parents about sexuality.

One problem they are having at the Health Station is that they need an

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increase in funding. The \$76,000.00 does not allow money for the pediatricians from the Medical School or for specialized lab tests and x-rays. Also, Health Department salaries were raised but the grant money wasn't. They have a wonderful operation on a shoestring but it could be better with increased funding.

Please, please keep the money in the budget for Human Sexuality/AIDS Education and Adolescent Health Care. These two issues are vital to the survival of our young people.

It is obvious that many of our social programs are not working because they are overburdened. The government can't do it all and the private sector seems unable to take up the slack. I would like to share with you some ideas on how to raise funds. These are not original ideas but dreamed up by some child advocates.

1) Additional sin taxes should be considered.

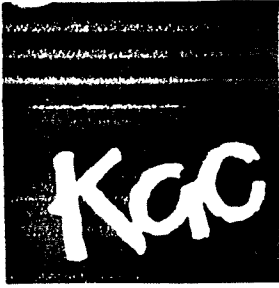
2) A portion of the lottery money could be allocated to children's programs through the economic development program.

3) The money collected for child support for AFDC clients currently goes into the state general fund. It seems logical that the money collected should become a part of the AFDC funds and benefit those clients.

Thank you for listening.

Margot Breckbill
618 North Doreen Court
Wichita, Kansas 67206
316-686-1177

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6-3
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Because all children need someone who cares . . .

**Kansas Action
for Children, inc.**
A non-profit, tax-exempt organization.

715 SW 10th
Box 483
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(913) 232-0550

ADOLESCENT HEALTH CARE

KAC supports extending the Adolescent Health Care program to additional high schools in Kansas.

Current Year State Funding Level
\$200,000

Background

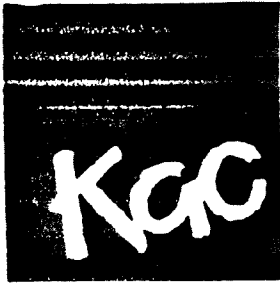
Three-fourths of the \$100,000 went toward establishing this program on a pilot basis in Wichita to promote access for adolescents to health care. (The remaining dollars have gone to an adolescent health promotion project in Kansas City; however, only the Wichita project provides a full range of services.) State funds are channeled through the local health department to:

- 1) provide preventative health care including school physicals, education, immunizations, human reproductive counseling;
- 2) refer pregnant teens to Maternal & Infant programs for prenatal care;
- 3) increase adolescent male participation in health programs;
- 4) reduce the negative effects of teen pregnancy;
- 5) provide early intervention of high risk behavior; and
- 6) fund diagnostic and referral services.

Rationale

Adolescents have special health needs but are less likely to seek adequate health care than any other age population. A Children's Defense Fund study reported that 28% of children aged 12 - 18 do not visit a doctor during a year. Among their special health needs are drug and alcohol abuse, emotional illness, teen pregnancy (in 1986, 4,490 babies were born to Kansas teens), and suicide (during the 1985-86 school year, there were 40 suicides and 317 suicide attempts among Kansas teens; 984 considered suicide).

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Because all children need someone who cares...

**Kansas Action
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715 SW 10th
Box 463
Topeka, Kansas 66601
(913) 232-0550

HUMAN SEXUALITY/AIDS EDUCATION

KAC supports continued state financial support of the Human Sexuality/AIDS education mandate.

Current Year State Funding Level

\$1,500,000

Background

The State Board of Education, in May 1987, mandated human sexuality and AIDS education in Kansas schools. The policy is the result of several efforts including: the survey of sex education programs in public schools conducted by the Governor's Committee on Education for Parenthood; recommendations from the State-wide Planning Conference on Adolescent Pregnancy; and public awareness of the threat of AIDS in Kansas.

The \$1.5 million state appropriation is apportioned to the districts on a per pupil basis and is used to cover their expenses in implementing and maintaining programs relating to human sexuality and AIDS education. Plans are being made to expand the training to elementary level school teachers.

Rationale

Human sexuality education is an integral part of a strategy to reduce teen pregnancy. In Kansas during 1985, teens accounted for 11.4% (4,492) of all live births in Kansas. During 1986, there were 4,490 live births to teenagers and preteens. Of these births, 700 were to teens 16 years of age and under.

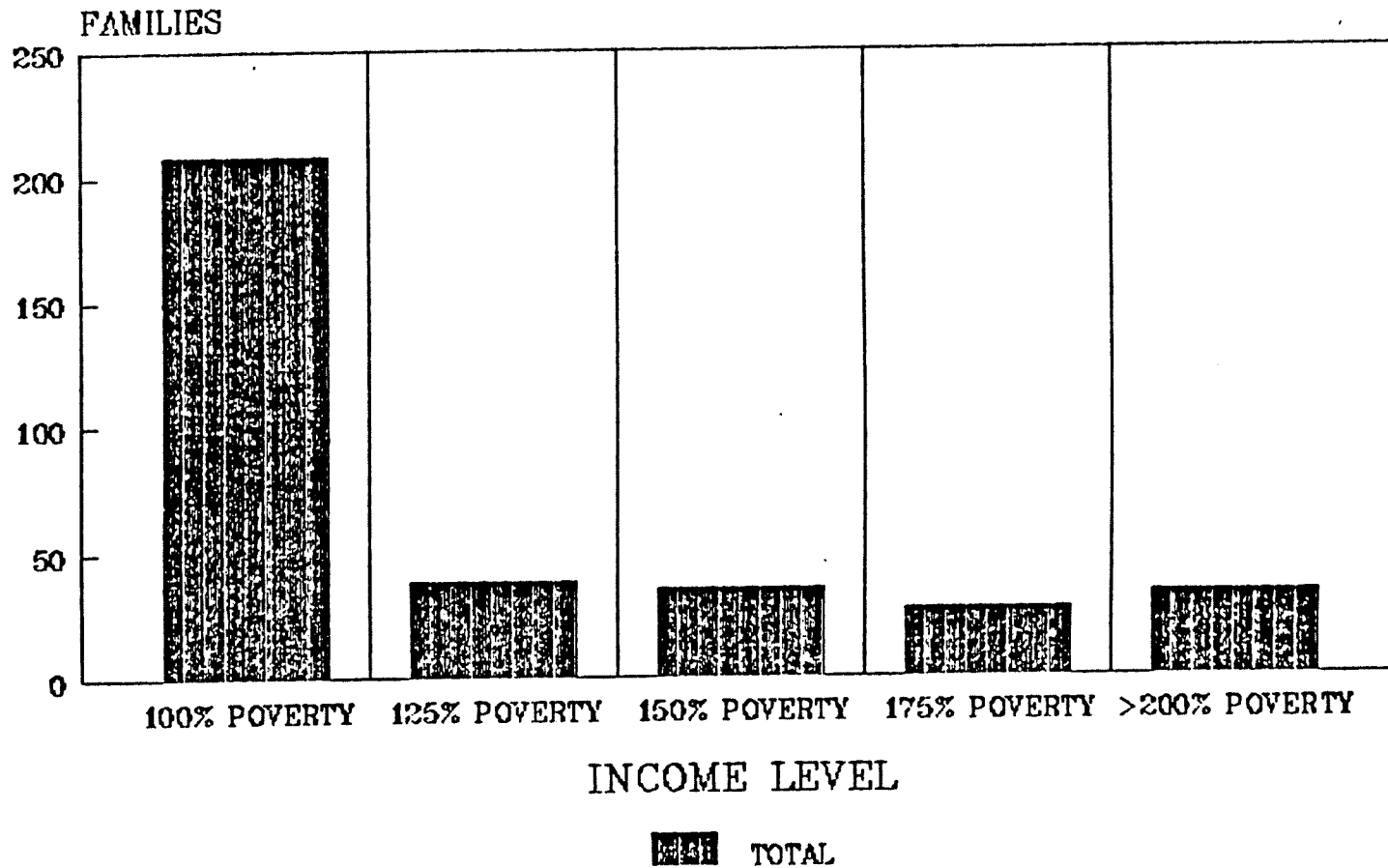
Unmarried teen mothers are more likely to have more children, less education, more unemployment and be in poverty than mothers who delayed childbirth. In Kansas, nearly 20% of all fetal deaths occur to mothers aged 14 to 19.

Pregnant teens are less likely to receive adequate prenatal care and often have low birth weight babies. The average cost of prenatal care is \$600. One day in the newborn intensive care unit costs \$1,000 with an average stay of 20 days. Low birth weight infants are three times more likely to suffer from birth defects and ten times more likely to be mentally retarded.

Children of adolescent parents are more likely to be raised in poverty, have poorer health, be abused and neglected, and are more likely to become teen parents themselves. Children growing up in poverty suffer deficits in language, curiosity, self-direction, attention span and coordination.

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FAMILY INCOME LEVEL ADOLESCENT HEALTH



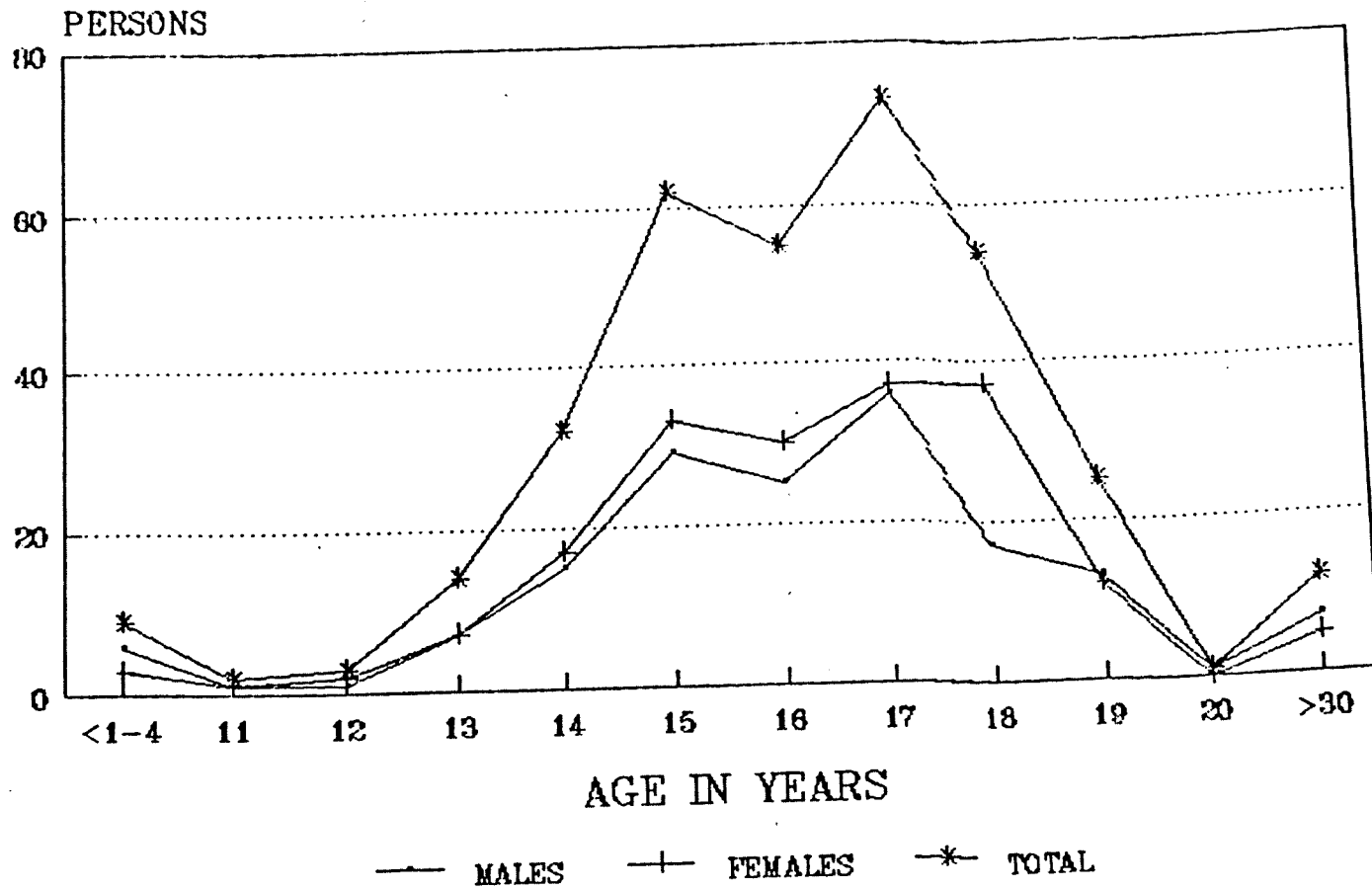
FY89

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*Josephine S. —
Sharon St.*

BREAKDOWN BY AGE

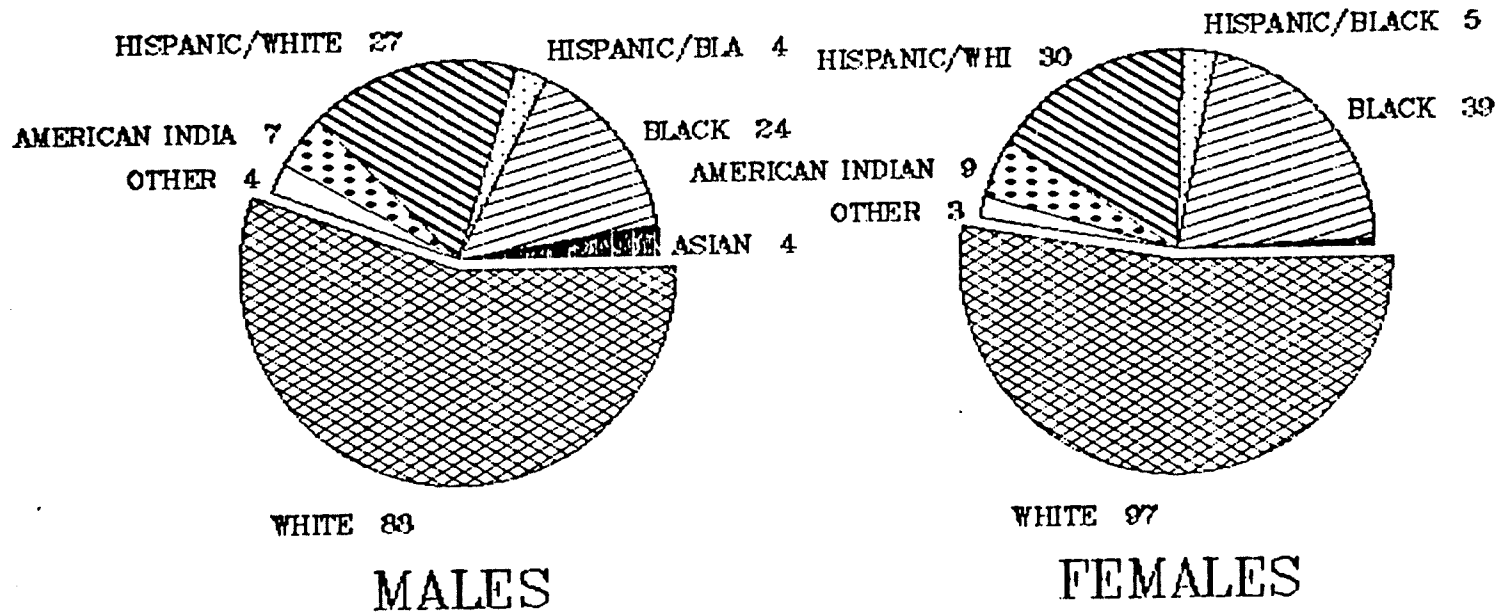
ADOLESCENT HEALTH



FY89

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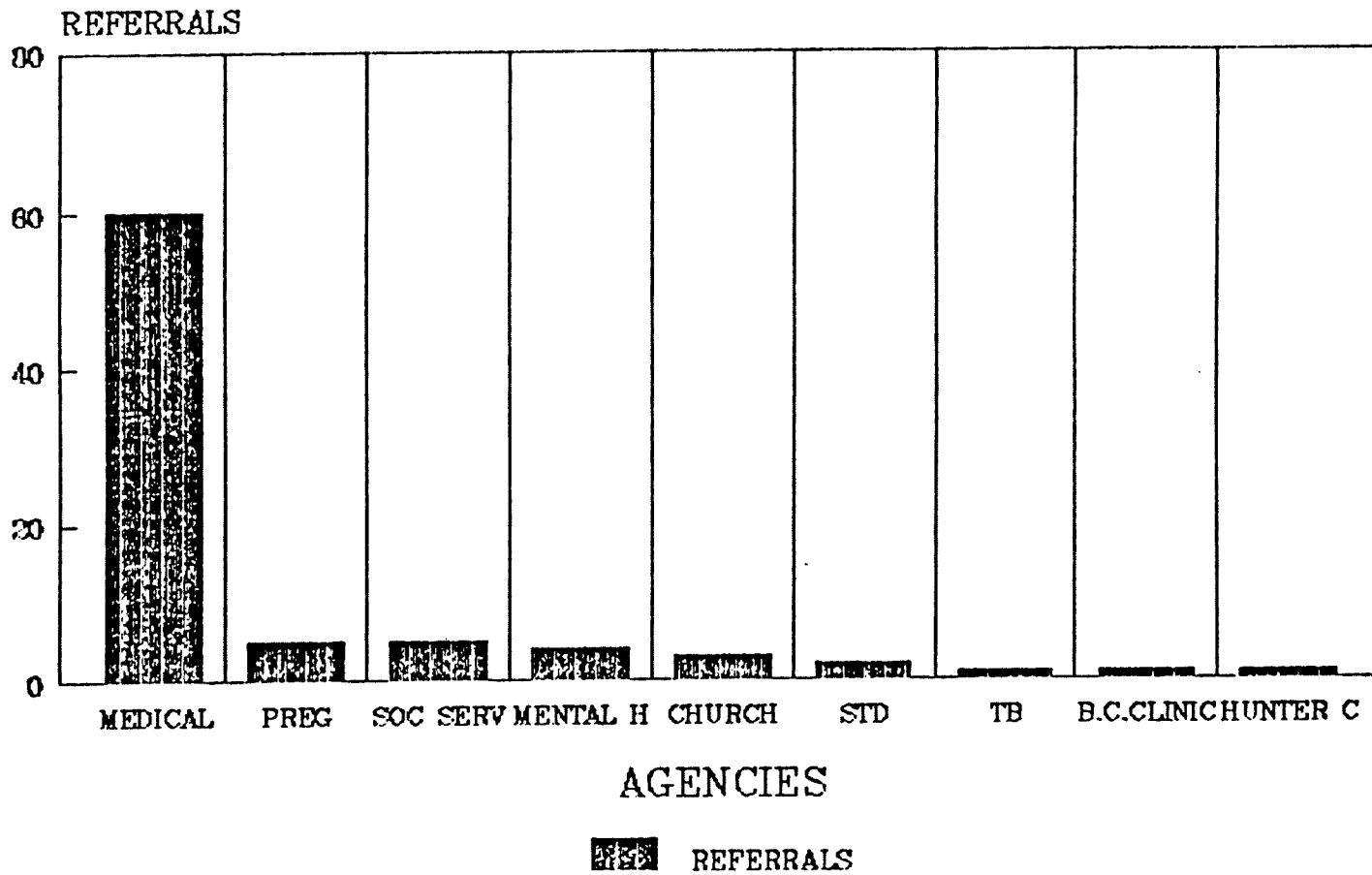
RACE BREAKDOWN ADOLESCENT HEALTH



FY89

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REFERRALS ADOLESCENT HEALTH



FY89

FSH
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RANKING OF SYSTEMS BY FREQUENCY OF DIAGNOSIS

RESPIRATORY 21.9%

"OTHER" (IMMUNIZATIONS, INFECTIOUS DISEASES, ETC.) 16.7%

EXAMS/SCREENINGS 12.8%

REPRODUCTIVE SYSTEM 11.6%

EYE/EAR 9.7%

MENTAL HEALTH 6.8%

MUSCULOSKELETAL SYSTEM 6.3%

SKIN 5.9%

DIGESTIVE SYSTEM 4.1%

GENITOURINARY SYSTEM 2.6%

CARDIOVASCULAR SYSTEM 1.6%

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33 BC

130/mo -
double last year

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PAGE 1

WICHITA-SEDGWICK COUNTY HEALTH DEPARTMENT
TEEN PROJECT DIAGNOSIS STATUS AND DIAGNOSIS
FOR PERIOD 12/01/89 - 12/31/89

STAT DIAGNOSIS	COUNT
PRIMARY TB INFECTION	1
*****	5
CANDIDIAS	2
TESTICULAR MASS	1
OBESITY	1
ANXIETY DEPRESS	2
DRUG MISUSE	1
DISTURB OF EMOTIONS SPEC TO CH	2
CONJUNCTIVITIS	4
STYE	3
OTIT MEDIA, ACUTE	3
EARACHE	1
COMMON COLD	8
SINUSITIS	14
PHARYNGITIS	1
TONSILLITIS	7
LARYNGITIS	1
BRONCHITIS ACUTE	11
HAY FEVER	1
SINUS CONGESTION	1
INFLUENZA	2
ASTHMA	4
RESPIRATORY DIS	2
GASTRITIS	1
CONSTIPATION	2
NONGONOCOCCAL URETHRITIS	3

90 03:13:56

PAGE 2

WICHITA-SEDGWICK COUNTY HEALTH DEPARTMENT
TEEN PROJECT DIAGNOSIS STATUS AND DIAGNOSIS
FOR PERIOD 12/01/89 - 12/31/89

STAT DIAGNOSIS	COUNT
PID	1

Federal & State Affairs
Attachment No. 76 - 11
January 23, 1990

WICHITA-SEDGWICK COUNTY HEALTH DEPARTMENT
 TEEN PROJECT DIAGNOSIS STATUS AND DIAGNOSIS
 FOR PERIOD 12/01/89 - 12/31/89

STAT DIAGNOSIS	COUNT
PID	1
PAIN & OTHER SX WITH GENITAL D	1
GONORRHEA	3
SKIN INFECTION	6
CHLAMYDIA	2
ACNE	1
OTH SPEC DISORD OF SKIN	5
BACK PAIN	2
LUMBAR PAIN, SCIATIC	1
CONVULSIONS	1
WEAKNESS-MALAISE	1
PAIN (CHRONIC/GEN)	1
MUSCULOSKELETAL	1
RASH, NOS	1
SYMP OF COUGH	2
ABDOMINAL PAIN	2
*****	1
TB-SUSPECT	1
CONTACT OF VENERAL DISEASE	1
R/O STD	1
CONTRACEPTIVE MGT	3
OTHER FAMILY PLANNING ADVICE	6
BILL PICK UP	3
EAR PROBLEM	2
FAMILY DISRUPTION	1

WICHITA-SEDGWICK COUNTY HEALTH DEPARTMENT
 TEEN PROJECT DIAGNOSIS STATUS AND DIAGNOSIS
 FOR PERIOD 12/01/89 - 12/31/89

STAT DIAGNOSIS	COUNT
CHILD ABUSE/NEGLECT	1

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BILT SICK UP	3
EAR PROBLEM	2
FAMILY DISRUPTION	1

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WICHITA-SEDGWICK COUNTY HEALTH DEPARTMENT
 TEEN PROJECT DIAGNOSIS STATUS AND DIAGNOSIS
 FOR PERIOD 12/01/89 - 12/31/89

DIAGNOSIS	COUNT
CHILD ABUSE/NEGLECT	1
ALCOHOLISM IN FAMILY	1
DIETARY SURV/COUNSELING	3
PREGNANCY TEST/EXAM	4
IRON DEF ANEMIA	3
A	146
*****	1
TESTICULAR MASS	1
BRONCHITIS ACUTE	1
MENSTRUAL DISORDER	1
GONORRHEA	2
SKIN INFECTION	2
MUSCULOSKELETAL	1
IMMUNIZATION	20
CONTRACEPTIVE MGT	1
EAR PROBLEM	1
ISSUE MEDICAL/HEALTH CERTIFICA	2
PREGNANCY TEST/EXAM	1
R	34
AND TOTALS ***	180

FSA
 6-13
 1-23-90

KANSAS CHILDREN'S SERVICE LEAGUE

...to protect
and promote the
well-being of children
...to strengthen
the quality of
family life
—since 1893

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Kansas City, KS 66117
(913) 621-2016

**Topeka
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Manhattan, KS 66502
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Emporia, KS 66801
(316) 342-8429



Robert L. Hartman Testimony
January 23, 1990

Before the House Committee on Federal and State Affairs
regarding support of foster care services.

Kansas Children's Service League is a state-wide, private, non-profit Agency that is dedicated to protect and promote the well-being of children to strengthen the quality of the family life. The Agency is 97 years old and preceded the establishment of SRS and Public Law 96-272. It is fully accredited by the Council on Accreditation of Families and Children. I am the Executive Director and have charge of a continuum of services for children. These services include:

- Emergency Foster Care for abused and neglected children often coming to us through purchase of service from SRS
- Respite Care for Handicapped Children and their Families
- Emergency Youth Shelter for run-a-way youth for kids kicked out of their homes
- Family and Youth Crisis Counseling to help families stay together
- Teen Pregnancy Prevention, and Parenthood Support Services
- Family Preservation Counseling
- Juvenile Assessment and Intake Service in Topeka
- Adoption Services for "Special Needs" Children
- Head Start Day Care/Educational Services for low income and minority children in Western Kansas

We serve approximately 15,000 children and families each year.

Let me focus on foster care and some trends we are seeing. Even though we have 90 foster homes throughout the state, with some 180 to 200 beds available, SRS offices tell us that, if we could double our numbers of beds available, they could fill them this weekend. This is especially true in Kansas City, Topeka, and Wichita. I would be happy to yield the floor to a couple of foster parents who have joined us on this Child Advocacy Day. They could tell us stories that would lacerate your heart regarding the specific needs of real children in their care. However, I will instead talk more about numbers and trends in this testimony.

Federal & State Affairs
Attachment No. 7

The following is a comparison of service growth from 1988 through 1991. In 1988 the League served 373 children in foster care or 11,305 days of care. The average length of stay at that time was 30 days. In 1989 we were nearly overwhelmed with 17,399 days of care for 685 kids; average length of stay 25 days. We project that in 1990 with additional foster homes recruited we will serve some 800 kids, a total of 18 to 19,000 days of care. And now as we prepare our budget presentations for United Ways across the state we project 1991 to be even higher; 20,200 days of Emergency Foster Care.

Our foster parents report that the kids they are serving are more difficult through physical, sexual abuse and family alcoholism; there is a critical need for homes for teens and pre-teens; and needed support to assist older youth prepare for independent living. Kansas Children's Service League belongs to the national Child Welfare League of America which reports similar trends throughout the country. We therefore don't quite understand SRS's projection of zero growth in foster care beyond this year.

Let's turn our focus to the Emergency Youth Shelter which we operate here in Topeka at 8th and Buchanan. That Shelter is an older home with a 10 bed capacity. In 1988 the League served 330 kids, a total of 3,123 days. Our average length of stay in 1988 was 11.3 days. In 1989 we served 342 kids, with 3,167 days of care and an average length of stay of 9.1 days. National averages tend to support a utilization rate of 75% capacity over the year. Our Shelter, however, was at 85% to 87% full. I mentioned we served 342 kids in 1989. The sad part about that, reports our Shelter Manager, Mike Patrick, we turned away 378!

This is just one Agency and one program. How can we cut foster care services with these trends?

Regarding costs: SRS pays a little over \$28 per day for foster care. That matches our audited costs two years ago. We do not have latest figures for 1989. At our Youth Shelter our total costs for 1989 were \$257,415. SRS paid \$199,553, causing the League to subsidize the state for care of youth in shelter at nearly \$58,000. The difference per day is \$18.27/per day per child we subsidize. Even though our Agency aggressively pursues United Way, foundation, bequests, and investment income, we still have ended our year with a sizeable deficit because of the inadequate level of purchase of service to match the cost of care. This cost/reimbursement trend has caused our Agency to shift resources out of those services designed to prevent out-of-home care.

But numbers, while significant, are not as important as the need for quality service for each child and family who needs our service. That quality service comes from committed, caring volunteers, dedicated, well-trained staff, responsive policies and procedures as noted in our Accreditation Report, and a network of funding alternatives. How long, our Board asks, can we continue to provide services we must subsidize? Kansas Association of Licensed Private Child Caring Agencies are asking this same question as are foster parent associations around Kansas. How much can we say to the Legislature to be convincing, heard, and assured that specific action is taken? The 800 people participating in Child Advocacy Day right outside this door asked "Which children should we not serve? : The physically or sexually abused child? The child with an alcoholic or drug abusing parent? The young teen who has been kicked out of his home by his step-father? "

PSA
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We have heard visionary statements like "Our children are our future", but today's children are on a different time clock. They cannot wait tonight for a place to call home "some day". Children are our immediate and most challenging present. We will pay a high price for pacify or inaction. Children are not just an investment for the future, they are an essential obligation for today's economic development priorities. We know full well that the state cannot balance its budget by cutting back on children's services--the math just doesn't add up!

Please consider our recommendations:

- Restore funding that was cut in foster care and children's services
- Please sustain your energy for future battles this session and provide the necessary leadership that this generation of kids we serve will receive your highest priority

* * * * *

Response to questions from representative Barr:

Representative Barr asked "How do we get out in front of these problems? How do we stop the flow of children coming into foster care? We recommend services to younger children and their families, i.e., support parents as teachers program,

- Assessment at entry of service
- Support Family Preservation and other intensive intervention efforts to maintain families and children in their own homes
- Adoption support, i.e., aggressive recruitment for adoptive parents and aggressive recruitment for foster parents
- Teen Pregnancy Prevention Demonstration and Service Grants. While these are needed to ultimately decrease the numbers, the current generation of children at risk must continue to be served to prevent additional problems and costs down the road.

Thank you again for your care and concern. Please do not hesitate to contact me at (316) 942-4261, or Melissa Ness, also with Kansas Children's Service League, at (913) 232-0543.

FSA
7-3
1-23-90



Because all children need someone who cares . . .
**Kansas Action
for Children, inc.**
A non-profit, tax-exempt organization.

715 SW 10th
Box 463
Topeka, Kansas 66601
(913) 232-0550

DATE: January 23, 1990

TO: House Federal and State Affairs Committee

FROM: Sharon Tatman Russell, LSCSW
Board of Directors
Kansas Action for Children, Inc.

RE: Family Preservation

Madam Chair and committee members, thank you for the opportunity to testify before you this afternoon. I commend you on your decision to hear testimony on children's issues on Child Advocacy Day.

It would be an understatement to say that you certainly face many challenges this legislative session. Believe me, I do respect your position. I know that probably each of you on this Committee, as well as most of your fellow legislators, in theory at least supports most, if not all, of the proposals regarding children's programs that you will hear this afternoon. Unfortunately, I realize, as you also do, that at least as of this day, there simply are not available funds to even continue some of the new programs started last year.

So, why am I standing before you asking for additional funds that have not been budgeted? I believe so strongly in the long term eventual "savings" that an investment in the Family Preservation Program can produce that I believe that it is necessary that you consider it now. In this year of a true budget crunch, prevention programs should not be set aside...as we will certainly have to pay dearly for it in the future.

I trust that most of you remember that last year the legislature appropriated funds to allow pilot projects in Family Preservation Services to be established in the Salina, Hutchinson, and Osawatomie area offices. Thus far the pilot programs would definitely be viewed as successful, in that the intensive services provided to participating families have prevented out of home placements for many children. In the long run, these preventative efforts will truly prove to be cost effective.

But to me...even more important than cost effectiveness (which you all must consider) is the impact that "being able to remain with family" will have on the children's lives who are fortunate enough to have the opportunity to participate in such a program.

Fourteen years ago, my first post-graduate school work experience was at Children's Protective Services in Phoenix, Arizona. At that time Maricopa County had the tenth largest juvenile court system in the nation. As a protective service worker, it was my responsibility to investigate child abuse and neglect and, when necessary, remove children from their family. I quickly learned that in most cases, children did not want to leave their families. They wanted "home to change" -- not "to change homes."

For the past twelve years I have been working as a clinical social worker in the community mental health center--working extensively with foster care and adoptive children. And, guess what! That same theme of desiring to remain or return to their biological families is the most prevalent cry of the children I see. If anything, the cry of the children that I see today is far louder and more insistent today than it was fourteen years ago.

I truly believe that I did many children an injustice fourteen years ago when I removed them from their families...and I believe that same injustice is perpetuated every time a child is removed from his/her family when that family could become healthy with proper support and services--the foundation of Family Preservation.

I will tell you that the state is an extremely poor parent. This is not to say that foster parents do not do a good job, as most of them do exceptionally well on quite limited resources...but foster parents are not "family" to most children. It's like a "temporary, transient" place to stay with a tenuous sense of security and belonging--nothing permanent.

Children need permanence and security to grow and develop into emotionally healthy adults. I say that by once more focusing our efforts on the preservation and strengthening of the family unit that we will truly be meeting the needs of Kansas children. In the long run, our efforts will eventually result in reduced youth center and prison populations, as well reduced patient loads in psychiatric hospitals.

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I would urge you to strongly consider not only maintaining the current Family Preservation programs but to also expand the program by adding one urban unit. The total cost of such an expansion would be \$625,000. If a IV-B match were used, the total would be \$156,250 SGF. If a IV-E match were used the total would be \$281,250 SGF. This would provide 4 social worker IIIs, 10 social worker IIs, 10 family support workers, 2 program technicians, and 2 office assistants. Let's see what a difference can be made in the lives of urban children by giving them an opportunity to participate in such a program.

Kansas has long been known as a state that places heavy emphasis on family values. Let us do all that we possibly can to strengthen Kansas families. This is not just a "children's issue." This issue of strengthening Kansas families goes far beyond that. Today's children will be tomorrow's care takers. Unless we preserve the family unit, whenever possible, who will help care for our aging population? The state? The federal government? We all know who that is...it's us.

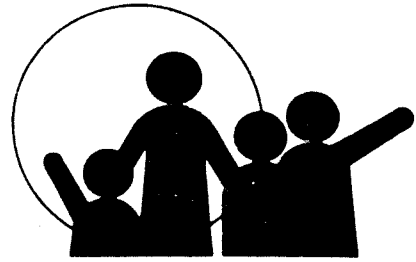
The time has come for family centered services to receive priority...our future rests with that decision. Let us listen to the children and hear their cry..."Change my home...don't make me change homes."

Thank you!

FSA
8-3
1-23-90

KALPCCA

KANSAS ASSOCIATION OF LICENSED PRIVATE CHILD CARE AGENCIES



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Testimony

Federal and State Affairs Committee January 23, 1990

EXECUTIVE DIRECTOR
Bruce Linhos
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Lawrence, Kansas 66046
913-749-2775

Thank you Representative Barr and Members of the Federal and State Affairs Committee for this opportunity to appear before you this afternoon. I would like to spend my time focusing your attention on the problems confronting this States Foster Care system.

The Kansas Association of Licensed Private Child Care Agencies is an organization whose 34 member agencies provide group home and residential treatment to children who the courts have placed in the custody of the State. Private not-for-profit organizations in Kansas provided more than 450,000 days of care last year to children in SRS custody.

PROBLEM: The problem is really two fold in the current fiscal year. SRS caseloads in foster care have exceeded funding projections made by last years Legislature, and as a result, SRS decided not to give agencies the second half of a rate increase of 10% authorized by last years Legislature. The Governor in his Budget recommended \$2.8 million to supplement the current years caseload, but upheld SRS withholding the 10% to supplement rate reimbursement.

Caring for the children coming into foster care has become increasingly more difficult, both because of the severity of problems they bring into care with them, and because of the inadequate reimbursement rates for the provision of their care.

The increasing complexity of the children's needs can be seen on the attached questionnaire. Of member agencies surveyed in October, large numbers of children in these programs were found to have very serious problems and accompanying behaviors. For example; of the 731 children in agencies responding to the questionnaire, 102 had attempted suicide, 350 had histories of physical

Federal & State Affairs
Attachment No. 9
January 23, 1990

abuse, 315 had histories of aggressive or assaultive behavior, 314 had been diagnosed as emotionally ill or mentally retarded. The picture of children in private residential agencies is one of children who have multiple needs and who have been seriously damaged.

The problem of providing adequate care for these children is compounded by a state reimbursement structure which has been eroded over the past ten years. A second attachment shows a comparison of reimbursement rates compared to the consumer price index from 1980 through the present. Over the past ten years the buying power of foster care providers has fallen 26% behind the consumer price index.

At a time the State is calling on private residential agencies to care for increasing numbers of needy children, the rate of reimbursement is making it impossible. One example is an excellent residential agency in the Southeastern part of the State. This program was projecting a deficit of \$30,000 this year. Removal of the 10% in the proposed reimbursement level reduces their revenue by \$39,650 and gives them a deficit of \$70,000 to deal with in an already bare bones budget. This agency has operated at capacity with a waiting list for the past five years.

Private agencies and family foster care are a resource to the state and the children they serve. They provide care at rates far below that of state institutions, usually at about half the cost.

Last years Legislature was correct in its assessment of the need for a long awaited adjustment in the foster care reimbursement structure. The 10%, the second half of the increase appropriated by you last year is critically needed to allow the private sector to be able to continue to care for the State's children. Two agencies have been forced to close in the past two years because they were unable to cope with increasing deficits. Without the reinstatement of the 10% I am sure additional placement resources will be lost to this State.

We can all agree that children should be raised and cared for in their own homes. For those children, however, who require placement outside of their homes we must be sure that quality foster and residential placements are available for them.

Submitted by:

Bruce Linhos
Executive Director

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1-23-90

Foster Care Rates
Comparison to the
Consumer Price Index

<u>Year</u>	<u>Foster Care Reimbursement Increase</u>	<u>C.P.I.</u>
1980	0	13.5%
1981	5%	10.3%
1982	5%	6.2%
1983	2%	3.2%
1984	5%	4.3%
1985	0	3.6%
1986	15% family F.C. 8% July, 2% Jan. Group and Residential.	1.9%
1987	5% July, reduced by 3.8% in January.	3.6%
1988	3.8% July, 2% Jan 89.	4.4%
1989	3.2%	4.7%
1990	5% July (10% Jan Rescinded)	4.5%
Total	43.4%	60.2%
Compounded Total	53%	79%

FSA
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1-23-90

KALPCCA

QUESTIONNAIRE

Each of the questions pertaining to children should be a snap shot of one day, looking at the children in your care on October 15, 1989. The last three questions are important in helping legislators see the economic impact member agencies have on the community.

On October 15 what was:

1. The licensed capacity of your agency 786.
2. How many youth did you serve on this day 731.
3. What was you percentage of occupancy on October 15 95%.
4. How many children in your care, on this date, have histories of the following behaviors and or treatment needs;
 - a.) Suicide Attempts 102.
 - b.) Physically Self Abusive Behaviors 162.
 - c.) Drug/Alcohol Involvement and or Treatment 243.
 - d.) Histories of Sexual Abuse 282.
 - e.) Histories of Physical Abuse 350.
 - f.) Currently is on Psychotropic Medication 163.
 - g.) Is in need of Special Educational Services 341.
 - h.) Has experienced Psychiatric Hospitalization even for an evaluation 437.
 - i.) History of Assaultive/Aggressive Behavior 315.
 - j.) Has a diagnosis of emotional illness or mental retardation 314.
 - k.) Has runaway from home or placement two or more times 222.
 - l.) Are two or more years behind grade level in school 251.

THIS QUESTIONNAIRE WAS CIRCULATED TO ALL KALPCCA MEMBERS. THE FIGURES ABOVE REPRESENT THE TOTALS OF MEMBER RESPONSES TO EACH QUESTION

FSA
9-4
1-23-90



UNITED METHODIST
Youthville
 INC

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

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 (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

WRITTEN TESTIMONY
 of
 PHILLIP J. KOLODZIEJ, ACSW
 Executive Director

January 23, 1990

TO: Representative Ginger Barr and members of the Federal and
 State Affairs Committee

Thank you for the opportunity of allowing me to speak today.
 My name is Phillip J. Kolodziej, Executive Director of United
 Methodist Youthville, Inc. with its main office in Newton, Kansas.

United Methodist Youthville is the largest child caring
 institution in the state of Kansas. We have a co-ed campus in
 Newton serving 50 children in what SRS refers to as Level V
 services; we have another campus serving 36 boys with a school on
 campus in Dodge City. We have group homes in Salina, Wichita, Fort
 Scott and Emporia, providing Level IV services to 34 children.

We also provide a family counseling service in Salina and an
 Oasis runaway program which is partially funded through a federal
 grant. We offer a state wide 800 hot line for children and
 families to call who need assistance in finding appropriate
 services. We receive over 300 calls a month on this hot line. We
 also license family foster homes, usually serving children who have
 left our residential program, but available directly to SRS
 references.

As you can see, Youthville is an extensive program providing
 for children who need services today, as it has done for the past
 62 years.

On December 27, 1989, Secretary Winston Barton testified at
 the Rules and Regulations Committee meeting that he felt churches
 and institutions should provide more --where Secretary Barton gets
 his information about the availability of funds befuddles those of
 us that are in the charitable service providing business. The
 donors of United Methodist Youthville subsidize every SRS client we
 serve \$15.00 per day. We currently are licensed, in our
 residential program, to serve 120 children. 120 x 15 equals
 \$1800.00 a day times 365 days a year equals \$657,000.00 per year.
 This is the amount we subsidize SRS clients just in our residential
 care programs. Last year, we raised almost \$1 million dollars that
 went into subsidizing child and family serving programs in the

Federal & State Affairs
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CMIA

"Serving Kansas Youth Since 1927"

state of Kansas. These funds were raised to provide the subsidy for the SRS clients in care, the toll free hot line, family counseling and a multitude of other services to families in Kansas.

Our major fund drive each year is our Christmas appeal letter which brings in a significant portion of the dollars needed to continue subsidizing these programs. As of today, our Christmas appeal was 26% short of the goal. We believe that the perceived financial situation in the state of Kansas has limited the contributions to institutions such as ours and the uncertainty presented for the future continues to limit fund raising.

Each of us has little sayings and quotes that we keep on bulletin boards to motivate us. I have very few, my motivation to work with children has always been very strong. I do have a copy of a quote above my desk that I look to that motivates me:

"Kansas must dedicate itself to the task of providing for the needs of our children, no matter what the state of the economy."

This statement gives direction and provides me with the knowledge that there is commitment. This quote was made by Mike Hayden in October, 1986.

Last year, after the legislative session, we were enthused and excited about building for the future. Helping more children, providing more and better services. I wrote in our Annual Report, and I quote, "Fortunately, the support from our donors and the cooperation of our state government during the past year have been phenomenal. A bill was passed by the State Legislature, and signed by the Governor, which makes a much stronger commitment to children than in years past." This bill stimulated me to present to our Board of Directors and they agreed, with a new feeling of confidence, to raise more funds to build 4 new cottages. Two would be replacement cottages for two homes we have in Newton that are deteriorating and two new cottages for younger boys who are currently being served with Kansas dollars out of state.

I share with you the brochure called "A Winning Partnership! You, Kansas, and Youthville. Making Your Dollars Work Better for Kansas Kids!" Our partner, SRS, informed us through the news media, that the 10% increase you voted on was cancelled, the vote we were depending on, the vote we spoke of as a new commitment to Kansas children. Our plans came to a screeching halt. The cut of the 10% over the next six months means approximately \$190,000 to \$210,000. This cut will have to be made up in larger subsidies from donations, the very dollars we use to do preventative

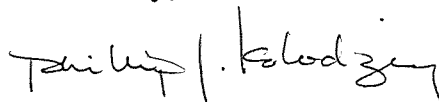
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services. We waited last year to receive your law which informed us what rates we would receive. We did not establish our budget until we received your commitment. We relied upon the legislature's word as law.

Our services have been proven to cost the taxpayers of Kansas approximately 50% of the cost of state or county delivered services. I think, as a specific example, you could match Level V services to a recent program in Topeka that was closed or to a county operated program in Sedgwick County. So, ironically, the state currently pays an institution such as Youthville 80% of its actual cost, which is 50% less than a state facility that is subsidized 100% by the taxpayers, and when the cut is made, it is made on the institution that is a much better bargain. New facilities and new services would have been more savings for the state of Kansas. It would have been better programing and a step forward, instead we are moving backwards.

Lastly I share with you the hope for the future. Let us work together to build for that future. Let's mean what we say and let us not make promises in October we don't intend to keep.

Sincerely,


PHILLIP J. KOLODZIEJ, ACSW
Executive Director

PJK:jm

dear rep. barr.

thank you ever so much for your support!

phil

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Hickita

Dec. 12, 1989

Children without families a growing trend, says report

Los Angeles Times/
Washington Post Service

WASHINGTON — The decade of the 1980s has seen alarming increases in the number of children placed in foster homes or other settings outside their families, and the figures are expected to grow even more in the next five years, says a congressional report released Monday.

Nearly 500,000 children are estimated to be living outside their homes, a figure expected to reach more than 840,000 by 1995 if today's trends continue, said the study released by the House Select Committee on Children, Youth and Families.


"It's a sobering and depressing fact at this holiday season when home and family are so valued that hundreds of thousands of American

children have only a cell, a hospital bed, or a temporary shelter to call 'home,'" said Rep. George Miller, D-Calif., chairman of the committee.

The report said the number of children in foster care had risen by an estimated 23 percent between 1985 and 1988; in contrast to a 9 percent decline between 1980 and 1985.

The report attributed the growing out-of-home placements to child abuse, new conditions resulting from crack cocaine, alcohol abuse and abuse of other drugs.

SANTA SEZ
 "TAKE THE LOAD
 OFF OF ME AND
 SHOP AT"



Up To 40% Off
 MARINE & RV
 9223 W 54

DIX

Federal & State Affairs
Attachment No. 10-A
January 23, 1990



Photo by Darlene Allen

KANSAS CHILDREN IN NEED

“Kansas must dedicate itself to the task of providing for the needs of our children, no matter what the state of the economy.”

—Mike Hayden
October 1986

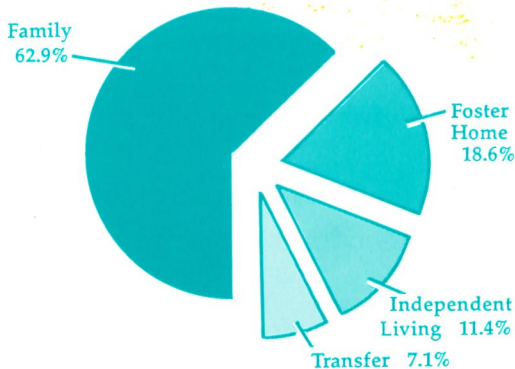
1987
LEGISLATIVE CALENDAR
of the
CHILDREN'S COALITION
P.O. Box 5314
Topeka, Kansas 66605
913/232-0543

**UNITED
METHODIST
YOUTHVILLE IS
THE LARGEST,
AND ONE OF THE
OLDEST, CHILD
CARE AGENCIES
IN THE STATE
OF KANSAS.**

"Youthville literally saved my life." -Youthville Graduate

"Youthville is always my first choice for placing a child." -State Social Worker

**Placements Upon Discharge
Fiscal Year 1988-1989**



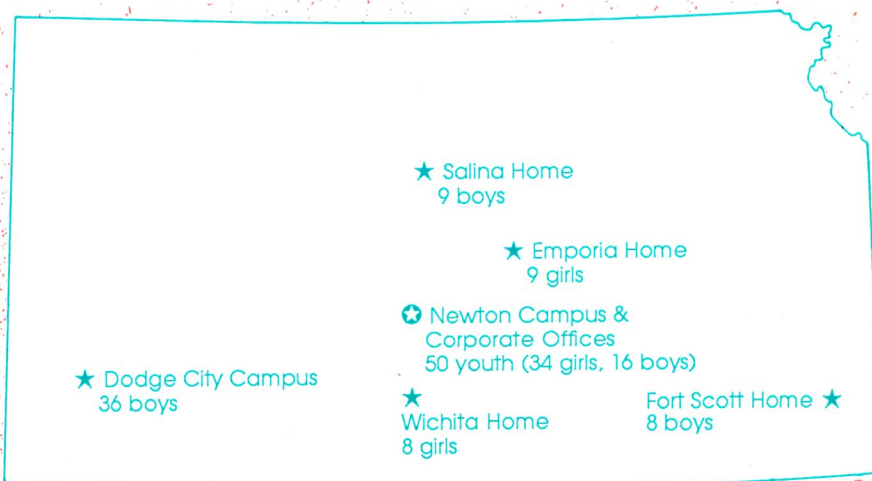
Youthville's cumulative occupancy rate this year was up to 90.83% compared to last year's 81.44%.

RESIDENTIAL CARE

During the past year, 424 young people were referred to United Methodist Youthville by the courts, counselors, ministers and families themselves.



After screening, a total of 244 youth were accepted into the residential programs. 154 of these went to the campuses in Newton and Dodge City. The remaining 90 lived in one of our four Group Homes.



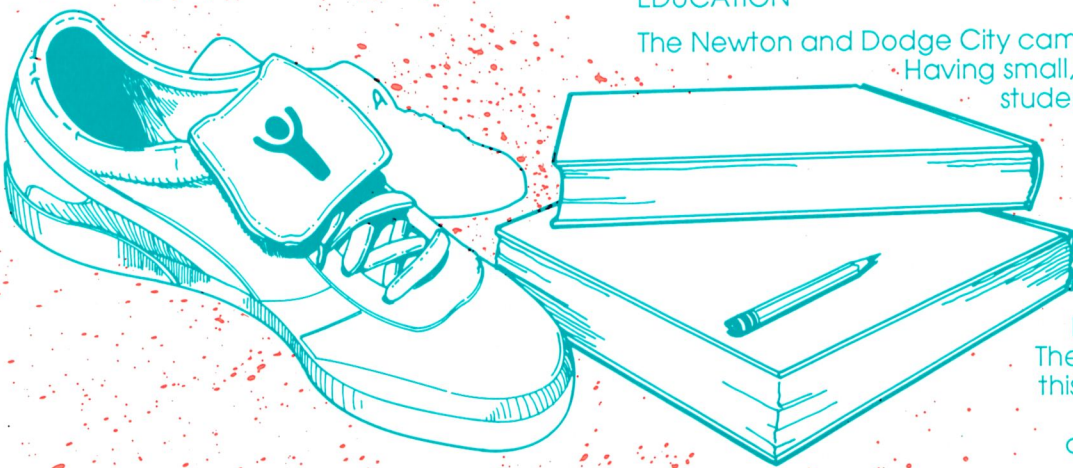
The average length of stay was 11 months. Seventy-five percent of the youth successfully completed their individualized treatment plans, with the remaining 25 percent requiring additional services.

EDUCATION

The Newton and Dodge City campuses have their own schools. Having small, specialized classes, and a 4:1 student-teacher ratio ensures lots of individual attention. Other youth attend public schools either full or part-time.

FOSTER HOMES

Youthville arranges Foster Home placements for youth lacking other family resources. The program more than doubled this year over last due to specialized recruitment, training and careful matching of youth with homes.



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**YOUTHVILLE
OFFERS
PROGRAMS NO
ONE ELSE
OFFERS.**

*"Will I have my own Aftercare Worker, too, when I leave?"
-Youth*

*"We've talked to a lot of people about these problems, but you folks really seem to understand."
-Parent*

Youthville is committed to excellence and is constantly looking ways to improve existing programs and to be more responsive to the needs of youth and their families. As a result, we offer a number of programs not found elsewhere in Kansas, such as Aftercare, Here to Hear, the Family Support Center and Oasis I. Many of these are aimed at preventing out-of-home placements and keeping families together, while giving them the help they need in their own homes.

AFTERCARE

Nineteen Aftercare Workers across the state provided services to 34 families following a youth's discharge from residential services. This was the first year of partial reimbursement from SRS for this program. In fact, two-thirds of the area offices purchased Youthville Aftercare services.

FAMILY SUPPORT CENTER

Family Support Center moved into new offices at Kansas Wesleyan University, Salina. In addition to offering in-home counseling to families in the region, they now are the student counseling center for the University.

This year Family Support Center served 442 people from 162 families. The staff also provided 143 training sessions and public speaking engagements to the Salina community on a variety of topics.

Family Support Center received a grant to be a local trainer for the national "Parents as Teachers" program which educates first time parents in developmental issues to help them understand and facilitate their child's growth. Forty-seven families enrolled in the program this first year.

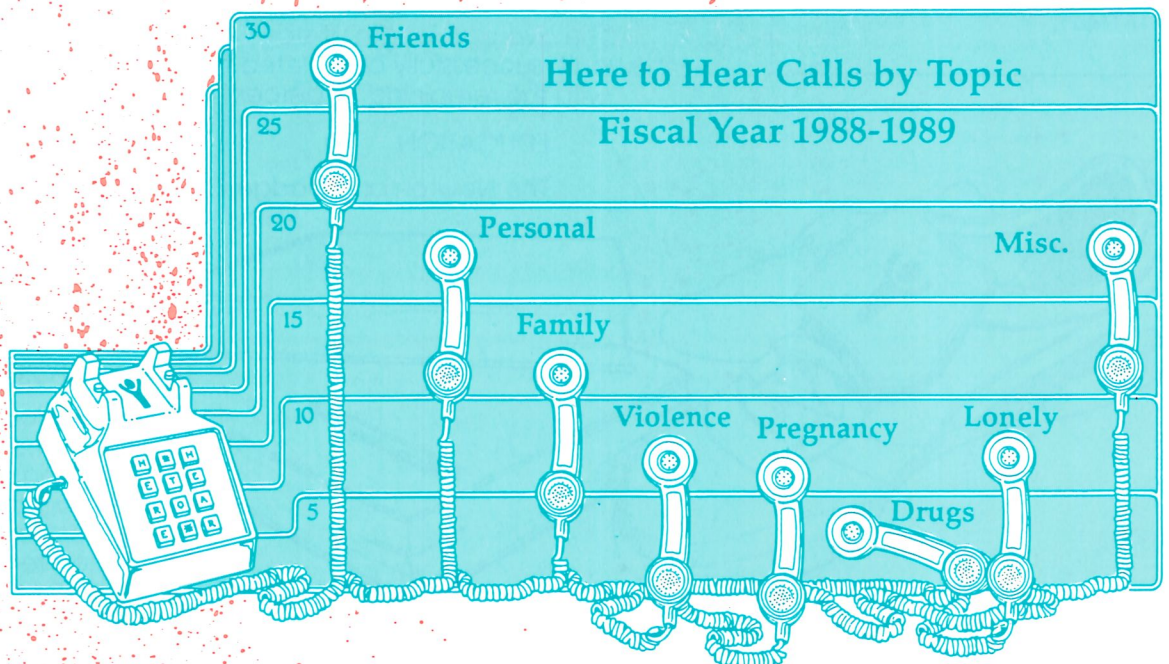
OASIS I

Oasis I is a shelter for teen-age runaways serving Central Kansas. It is located in Salina and managed in conjunction with the Family Support Center. Last year, Oasis I:

- Provided preventative counseling for 26 youth in the Salina area.
- Offered shelter for 40 runaways—28 local teens and 12 out-of-state.
- Formed a youth advisory board.
- Actively participated in "MINK" (Missouri, Iowa, Nebraska, Kansas), a network of agencies serving runaway and homeless youth.

HERE TO HEAR

A total of 3,061 calls were made to the state-wide, toll-free crisis hotline—255 calls a month! Seventy-eight percent of the calls were from teenagers, 17 percent from adults and 5 percent from children.



10-24

YOUTHVILLE CONTINUES TO GROW AND IMPROVE.

"My job really begins on Friday when I load up four or five youngsters in the van and take them home to Hays or Kansas City for a weekend home visit. I spend the weekend going from home to home, spending time with each family. Then the kids and I get back in the van and return to the campus Sunday night. These parents are just amazed by the fact that we come to them to see how they are doing."
 -Family Therapist

Two new programs, Family Therapy and Substance Abuse Counseling, were added this year, further enabling us to serve youth and families.

FAMILY THERAPY

Youthville is the only residential treatment facility in the state of Kansas currently offering this type of service. Thanks to the Youthville Board and a grant from the United Methodist Health Ministry Fund, we added a full-time Family Therapist to supplement existing treatment staff on our Newton Campus on January 3, 1989.

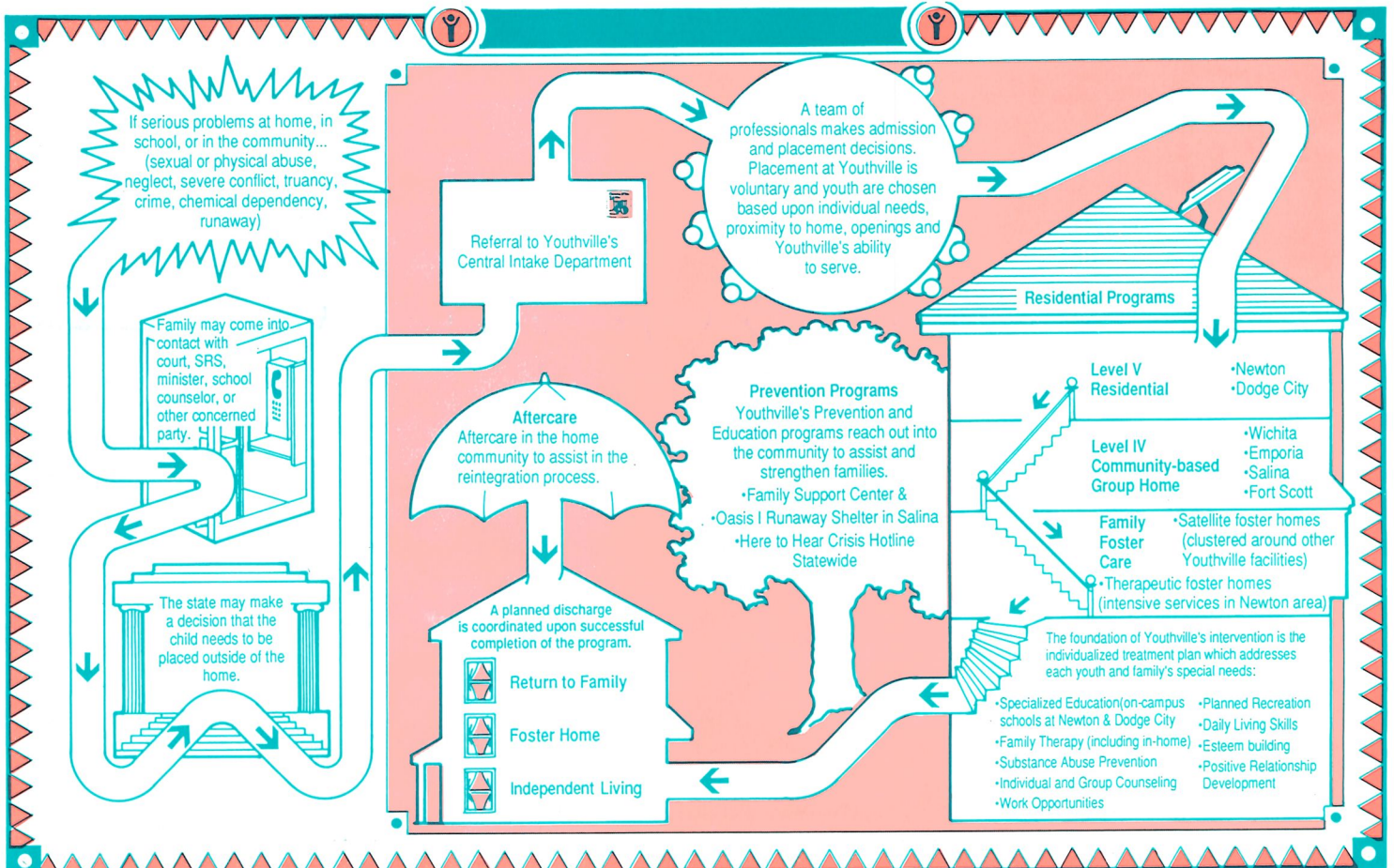
After an initial assessment, the Therapist develops an action plan. This often involves the family visiting the Newton Campus periodically or having the Therapist visit them. Where there are clusters of families living near one another, the Family Therapist takes the youngsters home for weekend visits and works with each family in their home. Counseling with families in familiar surroundings has proven very effective.

SUBSTANCE ABUSE COUNSELING

In January, Youthville received a grant from the Kansas SRS to hire two full-time Substance Abuse Counselors for the Newton and Dodge City Campuses. The Counselors provide assessment, intervention and prevention activities in relation to the various types of substance abuse. In addition, they offer training to staff.

Although drug and alcohol abuse is not a major problem for most of our youth while they are with us, many of them are in high risk groups for chemical dependency. Substance Abuse Counseling is another opportunity for us to build self-esteem, provide positive adult role models and encourage healthy friendships.

HOW YOUTHVILLE WORKS



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**YOUTHVILLE
WORKS IN
PARTNERSHIP
WITH YOU AND
THE COMMUNITY
TOWARDS A
COMMON
MISSION.**

**UNITED METHODIST
YOUTHVILLE
IS ACCREDITED BY**

*The Council on Accreditation
for Families & Children
Child Welfare League of
America*

*Kansas Department of Health
& Environment*

*E.A.G.L.E. certification from
United Methodist Association
of Health and Welfare Minis-
tries.*

*The Board of Global Ministries
of the United Methodist
Church awarded Youthville
the Institution of the Year
Award in 1984.*

*United Methodist Youthville is
an Equal Opportunity Agency
(E.O.A.). No one is denied
care, assistance or employ-
ment due to race, color,
religion, sex, age or national
origin.*

*The Kansas Department of
Social & Rehabilitation Services
purchases services from this
agency.*

United Methodist Youthville's mission is to serve troubled Kansas youth who, we believe, will benefit from our services. We could not begin to accomplish this goal were it not for the dedication and generosity of our many caring friends.

Our Board of Trustees volunteer many hours to provide leadership and direction for Youthville and to advocate for all children in Kansas.

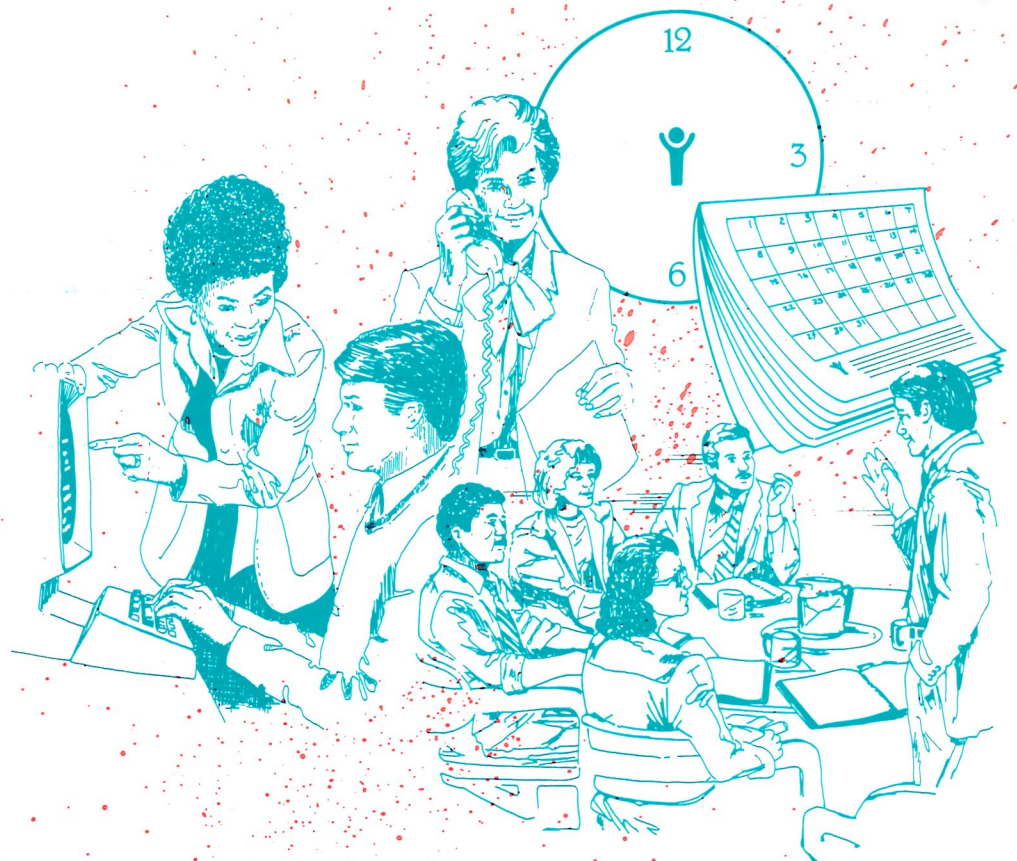
Donors from all walks of life generously share their resources with the youth, making possible the highest quality of care and treatment.

Friends and neighbors in the localities where we have homes freely give of themselves in order to enrich the lives of the youth we serve.

The "Grassroots" volunteer program in Newton logged over 3,000 volunteer hours (equivalent to 384 full days, or one and two-thirds full-time positions). Thirty-nine different people volunteered their time and talents to Youthville. Some took the time to become friends with our youth. Others answered our Here to Hear hotline. Some helped students with their homework and some taught crafts, sewing, and music. One even did calligraphy for awards.

The 104 full-time and 10 part-time staff members, with their combined five centuries of experience, make a tremendous contribution to Youthville's continuing success. Without good staff, there could be no program.

All of you are deeply and sincerely appreciated for what you bring to our mission.



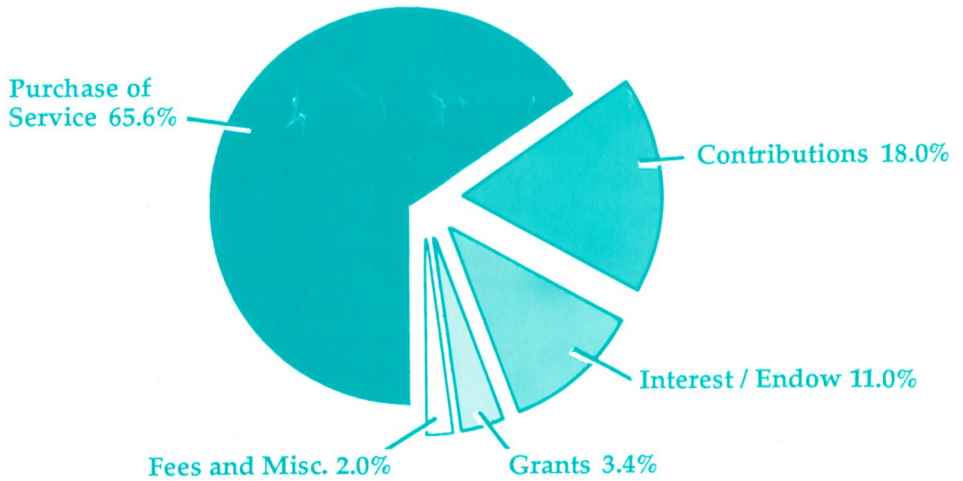
**YOUTHVILLE
OPERATES
ON A BALANCED
ANNUAL
BUDGET.** ”

“Many people assume the youth who come here must be bad. But, most of them are really just normal kids who’ve gotten off track. When we meet them, we discover they’re delightful to be around.”
-Youthville Staff Member

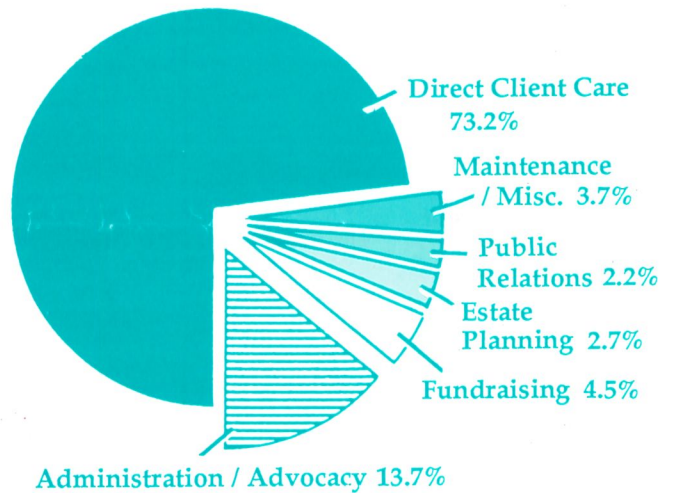
United Methodist Youthville, Inc., is the largest private child care agency in Kansas. We are a non-profit organization with an annual operating budget of approximately 3.5 million dollars. The financial base includes a combination of public and private resources aimed at caring for youth in a wide variety of settings, based upon their individual needs. Youthville believes in providing the highest quality of services and programs to Kansas children and families in the most cost effective manner.

A complete, audited financial accounting of the last fiscal year is available for review at the United Methodist Youthville Corporate Offices in Newton, Kansas.

**Youthville Income Sources
Fiscal Year 1988-1989**



**Youthville Expenses
Fiscal Year 1988-1989**



Dear Friends,

Since its inception in 1927, your United Methodist Youthville has both grown and evolved. Youthville is now the largest private child care agency in Kansas. Our services have expanded in terms of program and scope of operations in order to meet the ever-growing need.

A large part of this growth can be attributed to you, our faithful friends and supporters. Your contributions over the years have made it possible for us to provide the hope, help, love and direction needed by the youth entrusted to our care.

For this, we are forever grateful.

One of my primary objectives as Youthville's Planned Giving Director is to assist you, a valued friend, in the area of estate planning/charitable estate planning. If you are interested in an outright gift of cash, securities, or real estate; in making a gift which will provide you with a lifetime income; or in a gift via a will or living trust, our goal is to assist you in making the gift in the most economical way possible.

Our development department is always available to help you. Please feel free to call at any time.

Sincerely,
Mike Farrell
Mike Farrell
Planned Giving Director



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1-23-90

 **YOUTHVILLE
LOOKS TO**
**THE FUTURE
WITH HOPE.** 

**THE 1989 UNITED METHODIST
Youthville
Board of Trustees**

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President*
*F. James Robinson, Jr.,
President-Elect*
*Thelma Davis,
Secretary*
*John C. Taylor,
Treasurer & Asst. Secretary*
*Tom Shirley,
Member-at-Large*

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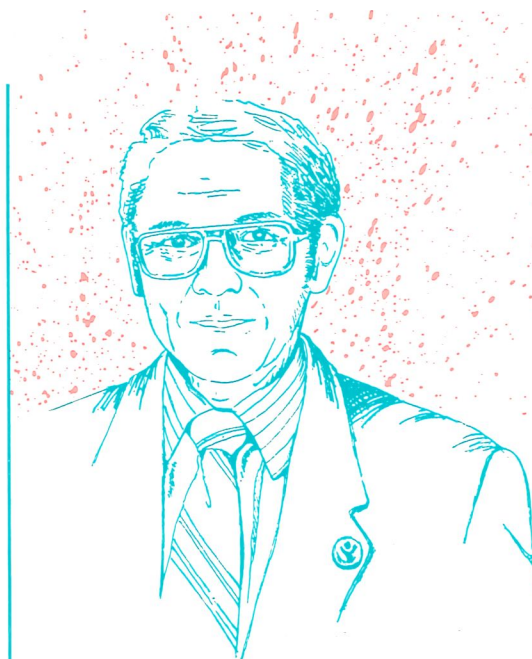
Bishop Kenneth Hicks

DISTRICT SUPERINTENDENTS

The Rev. Don Hines
The Rev. Omer Tittle

CONFERENCE LIAISONS

The Rev. Elbert Nelson—East
The Rev. Keith Dudeck—West



PRESIDENT'S REPORT

As I write this, it has been almost two years since I embarked upon one of the most rewarding challenges I've ever faced. On October 13, 1987, I was sworn in as President of the United Methodist Youthville Board of Trustees. At the same meeting, Robert H. Whitfield retired after serving as Youthville's Executive Director for 26 years.

During that quarter century, Bob and his staff brought Youthville to national recognition as a child care agency. I knew the incoming Executive Director, Phillip J. Kolodziej, and I had some mighty big shoes to fill.

I believe we have met the challenge. Over the past two years, Youthville has continued to grow stronger and serve more children than ever before. Phil is building on the strong foundation of the past, and guiding us with his personal vision of what the future of Youthville can be.

We have many dreams for serving children and we are working hard to make them come true. Some of our dreams include serving more children on our Newton campus, replacing a worn out cottage with a new one in Dodge City and adding more group home facilities across the state.

We hope to develop an intensive residential program as an alternative to psychiatric hospitalization, including developing therapeutic foster homes to serve young children.

We also hope to expand our family therapy program, replicate the Family Support Center and focus on Independent Living Training for our older adolescents.

The common theme through all of these planned improvements is a desire to better serve Kansas youth and families and continued commitment to quality.

On behalf of the Board of Trustees, Phil Kolodziej and myself, I thank you all, staff, friends, volunteers, fellow professionals and especially donors, for being part of the United Methodist Youthville tradition. We couldn't be doing it without you.

We invite you to accompany us on our mission to enhance the quality of life for the children, youth and families of Kansas as United Methodist Youthville continues to grow and adapt in response to their changing needs.

**Ron Royer
President**

When kids have troubles, we're here to help.

When families have real problems, a judge may decide the children would be better off in a youthcare facility, away from their families. Kansas Social Rehabilitation Service (S.R.S.) caseworkers often send those youngsters to us at Youthville.

" Youthville is always our first choice of placement... Only when you're full do we turn elsewhere."

—S.R.S. Officer

We have been taking care of troubled kids for more years than almost any other childcare agency in the state... And as the largest private youthcare agency in Kansas, we are often able to offer a troubled child exactly the right kind of home.

We can offer a cottage at one of our two Residential Campus Living Centers in **Newton** and **Dodge City**. Both have their own schools right on the grounds for youngsters who need to catch up on their education.

Our **Group Homes in Emporia, Fort Scott, Salina** and **Wichita** offer boys and girls a warm sense of being part of large, caring homes. We also have individual foster homes scattered all across the state.

We provide a wide variety of outreach services, including a runaway center, Family Support Center and a state-wide, toll-free crisis hotline. Our **AftercareSM** program continues to provide services to kids and their families even after the youngsters move back home.

Our 60 year devotion to helping kids is known across the nation.

Our mission is to work with youngsters who really have serious problems at school or at home. Our goal is to help these children and their families work through their problems so the children can go back home where they belong.

We believe in what we do, and we do it well...

"It drives us crazy when agencies want to keep kids who are good, but if the children exhibit bad behavior — when they really need placement — the agencies want them out NOW! You folks at Youthville aren't like that. You really work with kids."

— S.R.S. Case Worker

As a result, Youthville has earned a reputation as a national leader when it comes to developing innovative, quality programs of care for young people. Every year, staff members are asked to consult and do workshops with other agencies across the country.

We are the *only* Kansas youthcare program to be fully accredited by all of the following agencies: the Council on Accreditation for Families & Children, the Child Welfare League of America, the Kansas Dept. of Health & Environment, and one of the few agencies in the country to also be accredited by E.A.G.L.E.

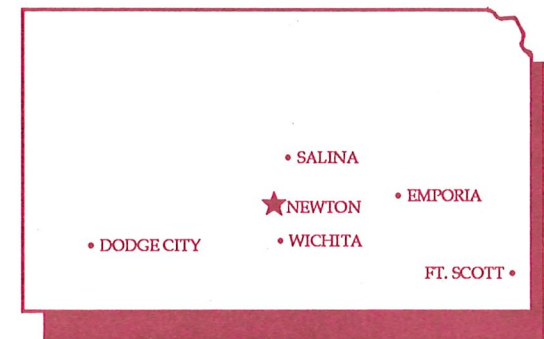
Youthville's quality care actually saves YOU, the taxpayer, money.

Sending a youngster to Youthville costs about half as much as keeping him or her in a state-run Youth Center.*

Working with Youthville, the SRS was able to provide two youngsters with the services they needed for just about what it would have cost to keep one child in a state-run institution.

As good stewards, we understand that helping a family solve their problems *before a crisis erupts* is less expensive than having to institutionalize the child afterwards. So, we sponsor **Here to Hear**, a state-wide, toll-free crisis hotline; **Oasis I**, a runaway program; and the **Family Support Center**.

*Based on Figures provided by Kansas State Rehabilitation Services



**United Methodist Youthville...
...We're working with YOU to
better serve the youth of Kansas.**

At Youthville, quality depends on YOU.

When it comes to services, we go far beyond minimum standards required by the law.

- We have more staff than some other agencies, so each child gets plenty of individual attention.
 - After children "graduate", we continue to provide AftercareSM services for them and their families.
 - We accept private placement youngsters referred by school officials and pastors. *No youngster has ever been refused a place at Youthville because their parents didn't have the money to cover the cost of care.*
-

The State of Kansas reimburses us about three-fourths of what it costs to provide these services.

As a result, we are very dependent upon our supporters for about 25 cents of every dollar of care we provide.

Without your contributions, Youthville as we know it would not exist!

Please, get involved today! Arrange for your group to tour one of our facilities... Have a Youthville representative speak at your church or Sunday School... Make a contribution of time or money...

Get involved! The future of the youth of Kansas is up to YOU!

Serving all of Kansas... All over Kansas...

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

DODGE CITY CAMPUS
P.O. 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

FAMILY SUPPORT CENTER
(913) 823-1539

OASIS I
(913) 823-5529

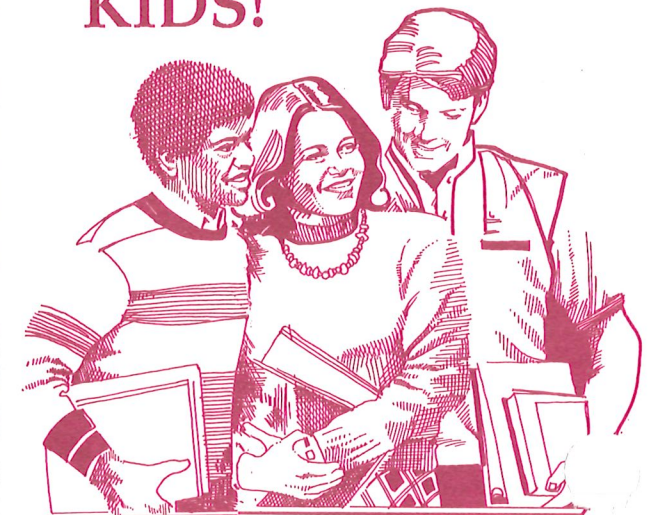
INDIVIDUALIZED FOSTER CARE
(316) 283-1950

We serve all races and all denominations.
For over 60 years, our motto has been
"Need, not Creed."

The Kansas State Department of Social and Rehabilitation Services
purchases services from United Methodist Youthville.

A WINNING PARTNERSHIP!

YOU, KANSAS, AND YOUTHVILLE MAKING YOUR DOLLARS WORK BETTER FOR KANSAS KIDS!



10-02



The Wichita Children's Home

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

TESTIMONY TO FEDERAL AND STATE AFFAIRS 1/23/90

Good Afternoon, my name is Sarah Robinson.

My concern is the need for private providers to be able to provide quality care to children in the custody of the State of Kansas. I want to make you aware of two trends.

The Wichita Children's Home is an emergency shelter so we see the children entering the foster care system. In 1988 we cared for 824 children but in 1989 we cared for 1,186 children. The reasons for children being brought in by law enforcement include drug use/abuse, the continual breakdown of the family unit and the economy plus many other factors. Nevertheless the problem is here and I feel that it is going to get worse before it gets better because we are seeing more children under the age of five years of age going into SRS custody. These are not the sweet, abandoned orphans of yesteryear. These children exhibit adult behaviors because of their sexual abuse or animal behaviors because of their neglect, or they are the infants of drug-abusing parents. They need skilled paraprofessionals to help them regain their childhood. Therefore the State of Kansas needs to enter into a partnership with the private providers to care for these children of whom they are the legal parents.

In order to provide the quality care that the increased number of children deserve due to their increased number of problems, the State should reimburse the providers at a rate resembling the providers actual cost of care. For instance, our plan for the intended 10% increase in our rate was to increase our starting salaries from \$3.85 to \$4.95. This does not seem unreasonable considering the decisions that our staff must make involving the care of these problematic children. The intended increase would have provided us with \$95,000 to increase wages. Our budget is \$1,225,000. We do provide private programs for children not in state's custody with our private dollars and we also have Federal Grants allowing us to do prevention care.

I encourage you to consider the financial impact of saving children now as opposed to paying for their prison cell or watching them more Richard Grissom's come to pass.

Thank you for your consideration.

Federal & State Affairs
Attachment No. 11
January 23, 1990

BOARD OF DIRECTORS

Karla Walsh
President

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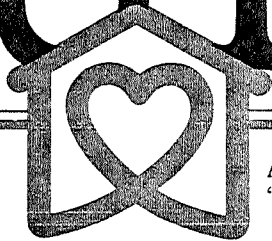
Sarah Robinson, M.A.



The Wichita Children's Home

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"The Home with a Heart"

APRIL 1989

A Day In The Life: A Typical Day at The Wichita Children's Home

The following article contains fictional names and events created to illustrate a typical day at the Home.

3 a.m.—A police officer arrives at the Wichita Children's Home with three frightened children. A police dispatcher has already called the Home and told the Night Monitor on duty at the front desk to expect the children, aged 10 months, 3 years and 5 years. The Night Monitor has awakened the teaching parent on call in the Nursery and she is ready for their admission. The children were found on the scene of a domestic disturbance that the police were called to investigate. The father was arrested and the mother taken to the hospital so the children had no one to take care of them for the moment. The teaching parent wakes the second staff member in her department and together they bathe the children, feed them a snack and put them to bed all the while speaking to them in reassuring voices. The Social and Rehabilitation Service will be notified at 8 a.m. and an investigation will begin to determine what should be done with the children. The children will be kept at the Home for 48 hours or until they can be returned to their parents or are allowed to stay with relatives or friends of the family with their parents' permission. It may also be determined after the investigation that the children should be placed in state custody and put in a foster home. If Nursery had been full, an SRS Emergency Foster Home would have been called.

5:30 a.m.—The rest of the Home is waking up, getting dressed, making beds, eating breakfast and getting



A Police Officer comforts a child upon her admission to the Wichita Children's Home.

ready for school. The teaching parents will then drive the children to area schools in the Home's vans.

8 a.m.—The Night Monitor goes off duty and daytime Receptionist/Secretary comes on duty. The Exploited and Missing Children's Unit calls to see if there were any sexually abused children or runaways admitted and the SRS Investigations Unit calls to see if there were any neglected or physically abused children admitted during the night.

The teaching parents check their calendars for social worker appointments, psychological appointments, court hearings or family visits scheduled that day.

(continued on page 2)

A Day In The Life

(continued from front page)

Noon—The police admissions and the children not yet enrolled in school eat in the Dining Room.

1:30 p.m.—Two Junior League volunteers take the children to the basement and involve them in educational games and crafts.

3 p.m.—A teacher calls the police and reports that an eight year old girl named Mary in her third grade class came to school again with bruises and she suspects physical abuse. The girl told her teacher that she fell on the playground but seems afraid to talk about it. The child is taken to the Children's Home and admitted to LB/G (Little Boys and Girls). She begins crying but is told there is nothing to worry about and is assured by the officer that it is just like staying overnight with a friend. The teaching parents tell her if she doesn't want to talk about her bruises right now she doesn't have to. In the playroom the girl overhears another little girl saying her father sometimes touches her in places that make her feel dirty but she felt better after she told one of the teaching parents about it. Mary goes in to the LB/G office and admits that her mother hit her but she is very concerned that her mother might get in trouble. She is told that she has done the right thing.

4:30 p.m.—At the family conference in the Girls' Emergency Shelter the girls are encouraged to share anything they'd like to about their day or their feelings. Sharon is being placed in a foster home the next day and she is worried it won't work out and doesn't want to leave the Home and the friends she has made in her three month stay. Carol complains that no one really cares what happens to her and she doesn't know where she will be placed next or when it will happen. After a failed foster home placement and time spent at the Topeka State Hospital her new social worker is talking about placing her in a group home. She is beginning to feel like a wind-up toy that runs into a wall then turns around and walks until it runs into the next wall.

5 p.m.—Dinner is served in the Dining Room to all the residents

(continued on page 6)

A Day In The Life (continued)

except Nursery. Nursery staff and children eat in their own kitchen because of their added mess and the extra trouble it takes to move the high chairs to the main dining room. All the children observe proper table manners and practice social skills at their table.

6 p.m.—The dishes which have been cleared off the tables by the residents are taken to the kitchen and washed by the assigned teenager. Another teenager resets the tables for the next meal. Until bedtime the residents will do homework, socialize, watch television if they have earned their points for the day or have visits from friends and family.

7:30 p.m.—A young, unmarried mother of a two and three year old calls the Home in tears. She had to quit her job because there was no one to take care of her children during the day and they are being evicted from their apartment because she cannot

pay the rent. The children are getting on her nerves and she is worried she may abuse them. Her minister advised her to stay with a friend and place the children privately at the Wichita Children's Home until she can get a job and find daycare for the children. The mother is encouraged to bring the children to the Home and talk with the supervisor of Nursery.

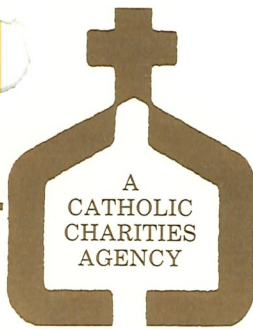
The supervisor discusses financial arrangements with the mother and after filling out an Ability to Pay form it is decided that she will be charged \$5 for each day her children are here to be billed monthly after she gets a job. After more discussion, the young woman concedes that if she would ask her mother for help she could be in Wichita within a week to take care of the children.

9 p.m.—The children go to bed and lights are turned out. The teaching parents use this time to finish paperwork from the day, fill out the logs and prepare for the next day.

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Catholic Social Service

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Re: SRS Budget Cuts

Robert Heckler, Clinical Social Worker
Director of Therapeutic Foster Care Program
Member of KALPCCA and Children's Coalition
Proponent of Restoration of all budget cuts

Testimony to Legislature

I am aware that legislators are concerned about how to allocate funds as they seem to be decreasing. First, I think it is important to have a clear picture of the problem before thinking about a solution.

During the 80's, it was thought that the Federal Government would reduce it's responsibility to fund social programs. The solution we've heard recently from the Secretary of SRS is a "deja vu", shift the burden to churches, charity, the private sector and local government. The passing of the buck goes on. Well, it hasn't worked. The mechanism to raise funds adequate to meet the needs are simply not there. A reasonable person might ask why efforts to replace the role of Federal Government were not made before the abdication. I think a reasonable answer would be that people wanted to focus on other "more satisfying" things. We wanted to hear how great our country is, and we have paid a great price in ignoring the needs that should have been addressed. It should be extremely obvious that failing to fund programs adequately hasn't helped, nor have we seen any decrease in public debt because of it. On the contrary, the public debt has increased.

We have more people than ever needing services. It would be a serious mistake to assume that funding programs adequately would not have made a difference. The reason money is wasted now is because the underfunding results in little to no positive change.

Childcare professionals and legislators want the same thing. We want success. To get success, in addition to increased funding, some changes must be made in the system. The changes cannot be made until the funds are committed because shortages will keep SRS and providers locked into addressing the worst problems, thus making sure things will continue to get worse.

To get the most for our money, some things must be understood and some changes must be made. We need to rethink permanency planning. The goals for youth in services must be defined differently to address the concerns

Federal & State Affairs

Attachment No. 12

January 23, 1990

ADOPTION, JUSTICE CONCERNS, EMERGENCY FOSTER CARE, FAMILY COUNSELING,
FAMILY ENRICHMENT, FOSTER GRANDPARENT, HOME HEALTH, PREGNANCY
COUNSELING, REACH, REFUGEE RESETTLEMENT, SCHOOL CONSULTATION, ASSIST,
HOME VISITATION, THERAPEUTIC FOSTER CARE, MOMS, EMERGENCY ASSISTANCE IN
WYANDOTTE, LEAVENWORTH AND JOHNSON COUNTIES.



of children and families. Children do want to be with their families and if we remember that families are more than parents and children, then one realizes that children could be with members of their families much more often than they are. If we also realize that there are more ways to be with family other than just living with them, this gives us more resources. We often get caught up in "solutions" which add to the problems.

Seventy-five to one hundred percent of youth will return home when released from SRS custody. This points to a universal truth which should not be overlooked. If I asked a legislator to explain the legislative process, I would soon be deluged with details I would be hard put to understand. The same will happen in reverse if I try to explain too much about how we can work with families, but think about a few questions which come out of the above statistic.

- 1) What role can providers of youth services play in family reconnection?
- 2) Should adoption allow positive interaction with natural family members and should social workers continue to facilitate this contact? If so, should we use guardianships and open adoptions more often than just straight adoption?
- 3) Should we take more care to make sure youth and children not be adopted until serious long term treatment has been provided to natural family members including interested persons other than parents?
- 4) In cases where natural family cannot parent, can they be included in foster care as helpers?
- 5) Can inclusion of natural family make us all more successful and insure more kids will achieve greater independence before leaving services?

In our experience in therapeutic foster care, the answer to number 5 is an unqualified yes;

I believe family preservation is a good idea, but currently it is far too limited in scope to make significant impact. It is short term and short handed. The goal is always reintegration and not reconnection.

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There are two concepts which I believe need to be changed in order to improve the child welfare delivery system:

- 1) we need to replace permanency planning with child and youth stabilization. Permanency planning stresses reintegration and adoption. Very often these goals are not possible and they do not insure stabilization. Stabilization can be brought about through family reconnection and long term care (3 years +) with considerable natural family involvement. If you can get it done in less than 3 years, so much the better, but without a long-term commitment, nothing much will happen.
- 2) The least restrictive environment concept should be replaced with intensive family treatment.

Why are our current methods not very successful?

1. Because all interested parties are not working together. Even most social workers are not trained to know how to work with natural families included as part of the helping process.
2. We treat only the child. When the child reaches time to leave, they will sabotage transition plans because nothing has been done to help the family figure out how they can be together. The child might also anxiously want to go home, but will soon be out again because it is disruptive to the family system to have them return. Treaters need to be sophisticated enough to know and understand the family's motivation for keeping Susie or Johnny as an outsider. They may have good motivation while presenting themselves in a very poor way. If the motivation of professionals is family reconnecting rather than reintegration or adoption, treatment will support the natural families rather than adding anxiety and acting out on the part of the families. Treatment most often must be long-term to allow families to work through their many issues and effect change. Many families have economic problems on top of all the emotional difficulties. Solving problems of this kind requires agency coordination to handle the different aspects of the helping process.

By now, you may be thinking "Why should we spend all this money?" and 'Will it help?'. Yes, it will help, but if we cannot get away from certain notions, like quick fixes and overuse of adoption and reintegration, we will continue to have a poor showing. We need to get away from being crisis oriented, providing so much emergency assistance, which only covers the moment and adds to the turmoil of the child with their families and perpetuates greater disturbance. Every child entering the system should also be entering a coherent and comprehensive treatment program which addresses their family in whatever form needed and prepares to treat them until they can sustain their family system. It begins with



intensity and gradually scales down, but assures that families are indeed contributing. In addition, all youth can work on maximizing social skills, vocation and job training, while in care to assure maximum independence within their capacity in adulthood. This means more youths will become taxpayers.

In summary, if you want to purchase the most successful program;

1) Buy programs which a) work on **family reconnecting** by actually treating natural family members as helpers; b) facilitate understanding between family members; c) and are prepared to maintain treatment until they get results. Even if it takes 3 + years, that is better than a child coming in at age 5 and leaving the system at age 18 without being reconnected with his/her family.

2) Purchase programs which **stress independence**. Kids must learn skills to help them throughout their lives.

3) Fund programs adequately which treat families and teach independence gradually and **move away from emergency care and crisis placements**. Currently, most placements are made under the stress of finding any place which will shelter a kid in need.

4) **State institutions are best for short-term care** while a kid is out of control. State institutions should be working more closely with providers to make better transitions, both when youth need inpatient backup services and when discharged, preferably to return to the same provider for stabilization. This forces the youth to face up to issues which come up in treatment, rather than allowing them to escape issues by always moving to another placement. It also stops the problem of institutionalization. (The problem of kids adjusting to an environment which is not normal.)

5) **We desperately need services for teens that are retarded** and cannot obtain any more benefit from academically oriented school programs, but could benefit from sheltered environments which can teach them marketable skills and enhance their self-esteem. Many of these kids are in high dollar institutions and are not being helped. They lose and society loses too.

This testimony is not comprehensive and you may direct any questions to Robert Heckler.

