Approved 1/23/90
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by SENATOR ROY M. EHRLICH at
Chairperson

10:00 a.m./p.m. on January 17, 1990 in room 526 of the Capitol.

All members were present except:

Committee staff present:

Bill Wolff, Legislative Research
Norman Furse, Revisor's Office
Sandra Nash, Committee Secretary

Conferees appearing before the committee:

The Senate Public Health and Welfare Committee was called to order with the Chairman calling for Proponents for S.B. 434.

S.B. 434 - An Act concerning foster care of children; relating to information available to the foster family from the secretary of social and rehabilitation services.

The Chairman called the proponent, Melissa Ness of the Kansas Children's Service League and Children's Coalition. Ms. Ness stated their organization is urging passage of this bill eventho the bill did not directly affect their organization. (Attachment 1)

The Chairman called the proponent, Deanna Budahl. Her husband, Warren Budahl, appeared in her behalf. They are co-presidents of the Kansas State Association of Foster Parents. He expressed concern over the lack of information provided to foster parents, and the problems it has caused he and his wife in helping the foster child. They, as foster parents, are now dealing with much more severely abused and emotionally disturbed children than when they started 17 years ago, and because of this, they are urging the passage of S.B. 434. (Attachment 2)

The Chairman called the proponent, Robert Barnum, Commissioner of Youth Services, S.R.S. Mr. Barnum expressed support for S.B. 434 with changes S.R.S. is recommending. (Attachment 3) Mr. Barnum pointed out this bill does represent current S.R.S. policy specified in the Youth Service Manual and the provided attachment show the language is exactly the same as S.B. 434. The one problem they have with the bill is at page 1, line 35, they feel it should be amended to read after "family" "as it becomes available to the Secretary:" To enact a statute that says we must have this information at time of placement, is setting S.R.S. for failure at the start. Referring to the list of information Shared with Family Foster Home from the Attachment 3-7, of items that are to be provided, there's nothing there that wouldn't be helpful to a foster family. But such things as Item 6, Education History, is not always readily available to us. This is information that is sometimes passed school to school and the school has the perogative, or the local school district, on how they want that information passed. Many of the children, as you can imagine, come to us on an initial placement where some of the other information would not be available. In fact some of that information would be developed as result of a family placement and they would be able to gain some of the strengths and weaknesses perhaps of the child and some of their learning deficencies. And we have no objection to passing that along.

The Chairman called for questions.

Senator Hayden asked if there is a fiscal note on this.

Mr. Barnum said as the bill stands there could be a severe fiscal note because if we are placing the child in an hospital setting for example, we could be talking a couple hundred dollars or more a day, pending the development of this information to make the placement with a family.

Senator Hayden asked with the additional of S.R.S.'s recommended amendment, would there be any?

Mr. Barnum said they think it would be minimal and we're supportive of sharing this kind of information.

Senator Hayden asked if it could be absorbed inhouse or through the budget.

Mr. Barnum said it is what they try and do today, to the best of our ability.

The Chairman called the proponent, Carolyn Pavelka, Foster Care Director from Associated Youth Services, located in Kansas City, Kansas. Ms. Pavelka stated the Associated Youth Services is a private, not-for-profit agency that provides services to youth from across the state of Kansas. They are supportive of S.B. 434 because the information they now receive is not adequate and sometimes received after the child has moved on. Attachment 4

The Chairman asked for questions.

Staff Furse asked if they have any problems currently with obtaining information from the department or from other sources that you need to know.

Ms. Pavelka stated that yes they do, but sometimes the sources don't know but we have placed kids in homes with little children and then find out the placement was a perpetrators of sexual acts. Sometimes the youth will have been 14 other places. And we will have to go to all 14 places to obtain the information necessary.

The Chairman call for other proponents.

Bruce Linhos, the Executive Director of the State Association of Group Homes and the Kansas Association of Licensed Private Child Care Agencies, spoke as a proponent of S.B. 434. Mr. Linhos stated he felt the key ingredient of S.B. 434 is it will provide a means to make better matches between foster families and foster children. After 15 years in this field, he has observed that what you are talking about is a kind of "chemical" match, therefore, more lasting matches. (Attachment #5)

The Chairman called for questions.

Senator Salisbury asked if the intent of this legislation is so that foster families can make an educated decision as to whether or not to accept placement of the child or so that foster family's can make decisions pertaining to the child once the child has been placed in their homes, or both? It wasn't a part of the interim study.

Staff Wolff: If you look at the attachment to the S.R.S. handout (Attachment #3), the preface to the actual information says to assist the family to make informed decisions regarding their acceptance

of a particular child. I think, at least, the Youth Service Manual does its part in getting information to a prospective foster parent about a child to be placed there. I think the testimony, though, in the interim committee was the fact that there is an on-going need for information. Not only as you decide to accept the child but once you got it, the information is equally important then. So, that special material is not in the bill. It would just require that that information would be made available to the foster parents.

Senator Salisbury said if this has been the practice of the S.R.S., then I doubt that there would be any problems arising from this bill. But, it just occured to me, in doing this are we going to create another problem where we have groups of children which will be difficult to place.

Mr. Linhos said he would have to speak from his own experience which is at The Villages in Topeka. The Villages, both in Topeka and Lawrence, eight different group homes. What we found was that the mix between the house parents in those homes at any given time was wide-ranging. And so, the family that couldn't deal with younger children very effectively, there were other people within the system that could and who preferred to deal with younger children. I see in a broad system if you're talking about 1,400 family foster homes throughout the state, that there is just kind of a natural mix that exists.

Senator Salisbury pointed out that already exists and that type of practice apparently already exists. And that was what I was trying to get at. This, apparently, does not change what already exists.

Mr. Linhos said that as he read the legislation, what he saw it doing was emphasizing what exists.

Senator Walker pointed out that in the interim committee they heard testimony that while it is regulation and we're duplicating the regulation making it statutes, a lot of time the social workers simply do not pass the information on to whom they are suppose to or given authority to. This is reinforcing the regulation. It sounds like it has been happening in a lot of cases.

Senator Hayden asked if the information provided by S.R.S. include religion.

Mr. Linhos indicated that any religious affiliations were passed on to the foster parents.

The Chairman called for other proponents.

Mr. Bob Heckler, Director of Theraputic Foster Care, a treatment foster care program for Catholic Social Services. He stated they are currently servicing 20 youth in their program. We operate a little differently, perhaps, from a lot of the foster care programs because our foster parents are considered professionals and they do receive information about the kids currently and we work as a team--foster parents, social workers, psychologists, psychiatrists, all work together in the treatment of the youth. They are also involved in the intake process when we take kids into the program so they are evaluating at the same time we are as to the ability of the child's placement. All that would require receiving the information that we're discussing today.

I also have a foster parent here if you would like to hear from a foster parent in our program to get their point of view.

The foster parent, Bob Haskett, appeared. He stated that for the last 15 years he has been a foster parent for the State of Kansas. And for the last five years he has been a foster parent for Therapeutic Foster Care. There is a difference between those programs as far as my activities as a foster parent is concerned.

Through Therapeutic Foster Care we have been directly involved in a therapeutic treatment of each of our kids. Our kids generally come from multiple placements. I have three boys in my home right now--two ten year olds and one 18 years old. All total those boys have had 42 different home placements. By getting information through Therapeutic Foster Care, we try to get pass many of the symptoms that many foster parents have to deal with every day. We get pass the symptoms and we can get through to many of the causes of the problems. A case in point, the 18 year old, since 11 years old has never been able to stay in one location for than three months. After three months, he's been moved,either by his own will, by the state or by the organization. Through an intensive therapeutic program we were able to uncover information that I think should have been made public earlier or to our attention. And through dealing with this through our team of efforts, we were able to keep this young man in our program for over two years. He is now taking his life in his own hands, he is making all the applications and is now enrolled at Kasnas State University.

I see information given to me as a foster parent extremely critical, not only to the kids that I chose to come into the house. Because based on that information, my job is to take this kids background and blend it into my family. And some kids won't blend because of my restrictions and my inabilities. So I need to make very, very informed choices on who I accept into the family. Once accepted into the family, we make long-term commitments to the kids. The decisions I make daily with these kids, need to be tempered with the information I've been given prior to their arrival and the information I gather since their arrival.

Because I've been able to get a lot of information, we have a high success rate in our program.

The Chairman called for Proponents for S.B. 446.

S.B. 446 - An act establishing a community health center demonstration program to provide primary care medical services to the medically indigent; providing for administration by the secretary of health and environment.

Katie Pyle, a member of the Capital City Task Force of the State Legislative Committee of the American Association of Retired Persons appeared as a proponent for S.B. 446. Ms. Pyle stated her organization requested passage of S.B.446. There are 370,000 Kansans that need adequate health care as stated in her attachment. (Attachment 6)

Senator asked if we knew what this would cost.

The Chairman stated we do not have a fiscal note on this bill.

Tom Bell with the Kansas Hospital association appeared as a proponent. He pointed out that the primary care programs are needed and they support this bill. (Attachment 7)

The Chairman called for questions.

Senator Salisbury asked if the clinics that have been established are primarily in conjunction with hospitals.

Mr. Bell stated that the one in Topeka has largely been funded by St. Francis Hospital and the one in Kansas City as well. He said the one in Wichita has been in conjunction too. But there has been other interests involved.

Senator Salisbury asked if there has been any cost indications by the current providers?

Mr. Bell said he didn't have it but he was sure he could obtain the information.

Mr. Reilly asked if the clinics that have been established have been done by the business community.

Mr. Bell replied he thought so. It is not just the hospitals, there have been a lot a players involved in establishing these clinics.

Dr. Darrell Newkirk, Director of the Kansas City, Kansas-Wyandotte County Health Department, appeared in support of S.B. 446. He shared with the Committee three points. First of all, there is problem, as you obviously already aware, to provide medical care to the indigent people, particularly in a county such as Kansas City, Kansas and Wyandotte County. Studies have shown that we have approximately one out of every six individuals who live in our city have no sort of third-party reimbursement or health care. Neither Medicaid, Medicare or private health insurance so about 16% of the population, which translates in about 25,000 to 30,000 people do not have any sort of health insurance. That is a real severe problem because it has basically two consequences.

One consequence, of course, is that these individuals, when they need medical care, go to emergency rooms such at Bethany Medical Center and Providence Hospital and K.U. and what have you, and those institutions do not get any reimbursement. And, of course, their costs go up accordingly.

And secondly, and the same thing is true with private physicians. They are providing care without any reimbursement. The second impact is that if they decide that they don't get care, then perhaps they get care too late or they don't get care at all. So it is a real problem and I appreciate the Governor's Commission on the Medically Indigent, the sponsors of this bill who are trying to do something in terms of providing some kind of medical care to these individuals. It truly is a real problem. I've been in contact with the administrators of Bethany Medical Center, Providence, St. Margaret's Hospital, K.U. Medical Center and they are very concerned about this problem.

Dr. Newkirk continued by saying he thought it was appropriate to look to Local Health Departments as provider of medical care in the community. In establishing a community health care center approach as specified in S.B. 446. Local health departments are there in the community, they have been there, they have good administrative track records, they already a major provider of health care services in the community.

For example, our health department is already providing pediatric care. We have a pediatric clinic, with Pediatricians on our staff and providing health care already. So I think it's reasonable and logical to look toward existing resources in the community to provide medical care of such as is proposed in this bill.

A coalition is being formed to put together a community health care center in Kansas City, Kansas. There is a great deal of support, and the members of the coaliation may be to the point where they will support it financially. I think we will be looking to receive financial contributions from these organizations, these hospitals. They see it in their best interest to have a place as a clinic that would be able to provide primary care to some of these individuals in an effort to reduce their burden and the load coming into their emergency rooms.

The point we are making is that we at the local level are trying to put something together and put our act together but we are very definitely going to need state support and we're going to be looking to the state to be a partner in this endeavor because the local government and institutions cannot do it alone.

The Chairman called for questions.

Senator Reilly asked if the Governor has included this funding in the proposed budget.

Dr. Newkirk stated he didn't think so.

Staff Furse said it came out of the interim committee at the end of the budget preparation and wasn't included.

Dr. Newkirk stated he thought the amount to be considered was around $100,000.

The Chairman called for opponents to S.B. 446.

Dr. Charles Konigsberg, Director of Health with the Kansas Department of Health and Environment, testified as an opponent and to provide information and expand some of the points Dr. Newkirk mentioned. The program, as Dr. Konigsberg stated, would use local health departments to provide primary care medical services to the medically indigent. He suggested raising the population ceiling on the rural because of the information they have indicates there is a need there and we need to assure that there is enough of a critical mass to begin to develop some sort of a program. Also had some questions about the statement of primary medical care services including emergency health services. If this means maintaining 24-hours services, it could be a duplication of existing hospital emergency services. The public health system should be able to assist in meeting the needs of the medically indigent in receiving primary care. However, no funds for this have been included in the proposed budget, the Department cannot support the passage of S.B. 446 at this time. A fiscal impact statement was available, Dr. Konigsberg pointed out it was kind of a ball park figure.(Attachment 8)

Senator Salisbury asked what was meant by collaborative effort.

Dr. Konigsberg said the bill indicates the monies is to go through the Local Health Department, but it doesn't mean it is up to the Local Health Departments to provide the care. Rather it would be a community effort to gather all the resources together to get the project going and continued running.

Senator Hayden asked how many counties do not have a local health department.

Dr. Konigsberg stated there are three. But many of the smaller counties consist of one nurse and one clerical person.

The meeting adjourned at 11:00a.m. and will meet January 18, 1990, at 10:00a.m. in room 526-S.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE
DATE 1/17/90

(PLEASE PRINT) NAME AND ADDRESS	ORGANIZATION
Theresa Shively	KDHE
Steve McDowell	KDHE
Charles Konigsberg, M.D.	KDHE
Richard Morrissey	KDHE
Bob Haskett	Therapeutic Foster Care Parent
Jan McBride Topeka	Observer
Robert Heller, Director Therapeutic Foster Care 1800 Stone	Catholic Social Service
Loren O. Budahl	Ks State Assoc of Foster Parents
DARREL NEWKIRK MD	KCK-Wyandotte Co. Health Dept.
Rebecca Rice	KSOS
ALAN COBB	KS RESP. CARE SOCIETY
Kelly Waldo	Ks. Chiropractic Assoc.
HAROLD RIEGER	KADM
Tom Bell	Ks. Hosp. Assn.
GARY Robbins	Ks Optometric ASSN
SHIRLEY MARKHAM	SRS - MEDICAL PROGRAMS
Bob Williams	Ks Pharmacists Assoc
RICHARD A. BIEBER	KS. PHARMACISTS ASSOC.
	Ks. Pharmacists Assoc

Please continue on next page.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE
DATE 1-17-90

(PLEASE PRINT) NAME AND ADDRESS	ORGANIZATION
Chris Ross	KDHE
Bruce Linhos	KALPCCA
Ann Koelsch	SRS
Marilyn Bradt	KINH
Chip Wheeler, Topeka	Ks Medical Society

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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Topeka, KS 66605
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Garden City, KS 67846
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TESTIMONY BEFORE SPECIAL COMMITTEE ON PUBLIC HEALTH AND WELFARE 1/17/90

RE: SB 434: Information Available to the Foster Family

Submitted by: Melissa Ness JD, MSW

Kansas Children's Service League is a statewide non-profit community based service organization. The services we provide incorporate a broad continuum of child welfare services with primary emphasis on identifying and improving services to children and families which conserve the home.

We are here today to express our support for SB 434 regarding providing information vital to families receiving children into their care.

KCSL has a statewide base with four district offices and seven satellite offices in various parts of the state. In 1988 we served a total of 15,558 children, youth and families. Of those served we provided 329 children and youth with 11,421 days of foster care. Through our emergency shelter we served 278 youth with 3,123 days of care. In addition we currently have approximately 80 foster families providing care for those children who cannot remain safely at home or need temporary out of home placement.

Although this bill does not directly affect our agency's practice of placing children, it is for the reasons mentioned above that our agency recognizes the need to have information about that child, vital to preparing foster families for the challenges they will take on, when a child is placed in their care.

KCSL has seen the needs of the foster care population as well as foster families change over the years. Children typically coming into care have seen much more trauma than children in recent years. Consequently, it is extremely important a foster family has the basic information outlined in SB 434 to make an informed decision about acceptance of a child into their homes.

We urge passage of SB 434.

SPH+W
Attachment #1
1/17/90

DATE: JANUARY 17, 1990

REPORT BY: LOREN O. BUDAHL, CO-PRESIDENT OF THE KANSAS STATE ASSOCIATION OF FOSTER PARENTS.

REGARDING SENATE BILL 434.

THE KANSAS STATE ASSOCIATION OF FOSTER PARENTS FEEL IT IS NECESSARY TO RECEIVE AS MUCH BACKGROUND INFORMATION ON CHILDREN BEING PLACED IN OUR HOMES AS POSSIBLE. WE FEEL THAT THE INFORMATION WILL BE OF HELP IN CARING FOR THE CHILDREN AND IN MEETING THEIR NEEDS. WHEN WE RECEIVE A CHILD WITH LITTLE OR NO INFORMATION IT IS HARD TO KNOW WHAT THE CHILD'S NEEDS ARE REGARDING EMOTIONAL, MEDICAL, DENTAL, EDUCATIONAL OR EVEN SIMPLE DAILY ROUTINES THAT ARE IMPORTANT IN MAKING THE CHILD'S ADJUSTMENT INTO OUR FAMILY LESS TRAUMATIC.

IF WE HAVE BACKGROUND INFORMATION IT MAY HELP TO PREVENT US FROM REPEATING SOME CARE THAT HAS ALREADY BEEN TRIED AND FAILED. IF WE KNOW PAST RELATIONSHIPS WITH FAMILY AND FRIENDS WE CAN UNDERSTAND AND BE ABLE TO DISCUSS THEM WITH THE CHILD WHO NEEDS TO TALK ABOUT THEM.

IT IS VERY IMPORTANT THAT WE RECEIVE ANY AND ALL MEDICAL INFORMATION. WE HAVE CHILDREN WHO TELL US THEY HAVE HAD A TETNUS SHOT WITHIN THE LAST TEN YEARS BUT UNLESS WE HAVE A RECORD OF THE DATE THEY WILL HAVE TO GET ANOTHER ONE. WE NEED TO KNOW IF THERE ARE ANY ALLERGIES TO MEDICATION OR FOODS. WE NEED TO KNOW IF THE CHILD HAS HAD BROKEN BONES, OR IS SUSCEPTIBLE TO COLDS, EAR OR THROAT INFECTIONS AND HOW THEY WERE TREATED. WE NEED TO KNOW DENTAL PROBLEMS, OR IF THE CHILD IS AFRAID OF THE DENTIST AND HOW THE FEAR IS DEALT WITH.

ONE OF THE BIGGEST PROBLEMS WE HAVE IS GETTING EDUCATIONAL INFORMATION SO WE CAN GET THE CHILD IN SCHOOL AS SOON AS POSSIBLE. WE NEED TO KNOW IF THE CHILD HAD PROBLEMS IN THE SECOND GRADE EVEN IF HE IS IN HIGH SCHOOL NOW. WE HAD A BOY WHO HAD A REAL PROBLEM DOING HIS MATH. IT CAUSED A LOT OF PROBLEMS AT SCHOOL AND IN OUR HOME. WE FINALLY FOUND OUT FROM HIM THAT HIS MOTHER COULDN'T AFFORD A BABYSITTER WHEN SHE WORKED SO HE HAD TO SIT IN THE CAR OUTSIDE THE BUSINESS AND HAD TO DO MATH PROBLEMS DURING THIS TIME. IT WAS NOT A LEARNING PROBLEM BUT AN EMOTIONAL ONE THAT TOOK A TRAINED THERAPIST, THE TEACHERS, AND WE AS HIS FOSTER PARENTS TO WORK THROUGH.

WE, AS FOSTER PARENTS ARE FINDING OURSELVES PARENTING CHILDREN WHO ARE MUCH MORE SEVERELY ABUSED AND EMOTIONALLY DISTURBED THAN WHEN WE STARTED SEVENTEEN YEARS AGO. THE ONLY WAY WE CAN MEET THEIR NEEDS AND WORK WITH THEIR PROBLEMS IS TO HAVE THE INFORMATION SO WE KNOW WHAT THEY NEED AS SOON AS POSSIBLE.

WE HOPE THAT YOU WILL TAKE THIS INTO CONSIDERATION AND PASS SENATE BILL 434. THANK YOU.

LOREN AND DEANNA BUDAHL, CO-PRESIDENTS, KANSAS STATE ASSOCIATION OF FOSTER PARENTS.

SPH+W
Attachment #2
1/17/90

Department of Social and Rehabilitation Services

Testimony before

Senate Public Health and Welfare Committee

Regarding

Senate Bill 434

January 17, 1990

Robert C. Barnum
Commissioner of Youth Services
Kansas Department of Social and Rehabilitation Services
(913) 296-3284

SPH&W
Attachment #3
1/17/90

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
Winston Barton, Secretary

Testimony in Support of S.B. 434

An Act concerning foster care of children; relating to information available to the foster family from the secretary of social and rehabilitation services.

(Mr. Chairman), Members of the Committee, I am appearing today in support of S.B. 434 which mandates that SRS provide certain information to foster parents on children being placed with them by SRS. However, I want to strongly recommend the addition of language to address some concerns about the effect of the passage of this bill.

This bill reflects current SRS policy specified in the SRS Youth Services Manual regarding what information is to be provided foster parents. SRS strongly supports the idea that foster parents must be provided the information SRS has regarding children we are placing with them in order for the foster parents to be able to adequately serve these children.

I recommend that line 35 be amended with the following addition after the word "family": "as it becomes available to the Secretary". This is a critical amendment. SRS, in many cases, at the time of placement does not have all the background information specific in the bill. As the bill is now worded, in those cases we would be precluded from making a family foster home placement. This would be a disruptive situation for foster children. SRS would have to place them with hospitals, group homes, state institutions before they are placed with a foster family. Initial placement with these caretakers would also be more costly to SRS.

SRS is currently beginning a "state of the art" training program for family foster parents and adoptive parents. We will emphasize in this training the

critical need to provide foster parents adequate information that is available to the agency as we place children in family foster homes.

With the addition of the recommended amendment, the Department of SRS supports the enactment of S.B. 434.

Winston Barton
Secretary
Department of Social &
Rehabilitation Services
(913) 296-3271

Session of 1990

SENATE BILL No. 434

By Special Committee on Public Health and Welfare

Re Proposal No. 46

12-21

AN ACT concerning foster care of children; relating to information available to the foster family from the secretary of social and rehabilitation services.

Be it enacted by the Legislature of the State of Kansas:

Section 1. (a) As used in this section:

(1) "Child" means a person under 18 years of age who has been removed from the home of a relative as a result of judicial determination and whose placement and care is the responsibility of the secretary.

(2) "Family foster home" means a private home in which care is given for 24 hours a day for children away from their parent or guardian and which is licensed under K.A.R. 28-4-311 et seq.

(3) "Foster family" means all persons living in the foster home other than foster children.

(4) "Secretary" means the secretary of social and rehabilitation services.

(b) In order to assist the foster family to make an informed decision regarding their acceptance of a particular child, to help the foster family anticipate problems which may occur during the child's placement and to help the foster family meet the needs of the child in a constructive manner, the secretary shall provide the following information to the foster family----------as it becomes available to the Secretary:

(1) Strengths, needs and general behavior of the child;

(2) circumstances which necessitated placement;

(3) information about the child's family and the child's relationship to the family which may affect the placement;

(4) important life experiences and relationships which may affect the child's feelings, behavior, attitudes or adjustment;

(5) medical history of the child, including third-party coverage which may be available to the child; and

(6) education history, to include present grade placement, special

3-4

strengths and weaknesses.

Sec. 2. This act shall take effect and be in force from and after its publication in the statute book.

STATE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

Statement Regarding S.B. 434

1. Title

An Act concerning foster care of children; relating to information available to the foster family from the secretary of social and rehabilitation services.

2. Purpose

The purpose of this bill is to require SRS to provide certain information to family foster parents when placing children with them.

3. Background

It is believed that foster parents have expressed concern that they are not provided sufficient background information when SRS placed children with them.

Senate Bill 434 legislates good child welfare practices and incorporates material in the Youth Services Manual (see attached).

The intent and purpose of this bill are excellent. SRS is strongly committed to the concept that if foster parents are to adequately serve the children placed with them, they must have access to the information available regarding the children.

If the bill can be amended in Section 1(b), line 35 to state, "shall provide the following information to the foster family as it becomes available to the Secretary", there would be no fiscal impact.

4. Effect

Failure to amend this bill places SRS in the position of not being able to place children in family foster care unless all the information is available. Given the circumstances involved in the placement of children into family foster care, not all of this information is usually available at the time of the placement. Not amending this bill would mean that some children would have to be placed initially in hospitals, emergency group homes, state institutions, etc. All of these options are much more expensive placements, even when available.

5. Recommendation

SRS recommends passage of this bill with the recommended amendment.

Winston Barton
Secretary
Department of Social &
Rehabilitation Services
(913) 296-3271

(6) Proximity of the foster home to specialized services or facilities which the foster child may need.

4412 Information Shared with Family Foster Home

To assist the foster family to make an informed decision regarding their acceptance of a particular child, to help the foster family anticipate problems which may occur during the child's placement, and to help the foster family meet the needs of the child in a constructive manner, the agency shall provide the following information to the foster family:

(1) Strengths, needs, and general behavior of the child.

(2) Circumstances which necessitated placement.

(3) Information about the child's family and his relationshp to his family which may affect the placement.

(4) Important life experiences and relationships which may affect the child's feelings, behavior, attitudes, or adjustment.

(5) Medical history, to include third party coverage which may be available to the child. (CINCM 4351.3)

(6) Education history, to include present grade placement, special strengths, weaknesses.

4413 Placement Procedures

(1) SS staff, prior to placement, documents on the CY-2835.2 that the family foster home is licensed (child age 15 or under) or is approved as meeting licensing standards (child age 16 or over).

(2) The CY-2834, Youth Residential Placement Agreement, is to be completed and signed, with one copy in the child's record and one copy with the family foster home. (See CINCM 4360 regarding rate of payment, special service fees, etc.)

4414 Termination of Placement

Services provided during the termination transition period shall be designed to prepare all parties for the separation and help them cope with their feelings about it.

(1) Except in emergency situations, termination of a placement shall be anticipated as part of the service plan for the child and his family and preparation for this event shall begin well in advance of the expected date of termination.

(2) Except in emergency situations, the agency will work with the child and the foster family to make the transition as smooth as possible.

434

January 17, 1990

Associated Youth Services, Inc. is a private, not-for-profit agency that provides services to youth from across the state of Kansas. We offer residential and foster care programs as well as services in education, drug/alcohol, and job training. As providers, we are very much in favor of increased access to information on youth referred to our programs.

The information we receive is the basis of our service planning. We utilize the information provided to:

1. Coordinate services - provide a continuum of care
2. Match available resources to meet youth's needs and maximize strengths
3. Make appropriate treatment plans to deal with:
    a. independence
    b. family issues
    c. self-esteem
    d. other emotional concerns
4. Plan for success in educational endeavors
5. Meet medical needs
6. Make informed decisions that do not place youth or foster families at risk
7. Provide training tools to enhance foster parent/youth care staff ability to deal with specific issues (ie: sexual abuse)
8. Prevent surprises that disrupt placements

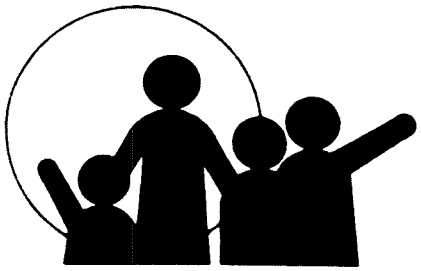
The information we currently receive is many times sketchy, dated, and incomplete. In the case of emergency placements, the information may arrive after the youth has moved on to another placement.

The information that is provided on youth is treated with respect. We view as a privilege, this very personal information. Our interests are to provide the most complete services available. What we don't know we can't plan for or address.

Carolyn Pavelka

Carolyn Pavelka, ACSW
Foster Care Director
Associated Youth Services, Inc.

SPH+W
Attachment #4
1/17/90



KALPCCA

KANSAS ASSOCIATION OF LICENSED PRIVATE CHILD CARE AGENCIES

EXECUTIVE DIRECTOR
Bruce Linhos
Box 3658
Lawrence, Kansas 66046
913-749-2775

Testimony

Senate Public Health and Welfare
January 17, 1990

I appreciate the opportunity to appear before this committee today in support of Senate Bill 434.

The Kansas Association of Licensed Private Child Care Agencies is composed of 34 agencies offering residential care to children in S.R.S. custody. Many of our member agencies in addition to group care and residential treatment also offer foster care services.

It is our belief that Senate Bill 434 will help better assure that good matches are made between foster families and the children they take into their home. Although, a practice of giving foster parents the information that they need to care for a child seems only common sense, I can tell you that this does not always happen.

I believe this bill will help in providing foster parents with the information they need to decide if they can provide for a particular child. This past Summer this committee heard testimony about children being moved from foster home to foster home. I can not see that sharing information with foster parents, up front, would have any effect but to allow for better matches and therefore more lasting placements.

A secondary effect I believe this legislation would have, is that it would serve to make the foster parents a real member of the child's therapeutic team. There is much talk of foster parents being a part of the S.R.S. foster care team, but you don't with hold information from your team members. The turn over rate for S.R.S. foster families is quoted as ranging from 25% to 33% annually. I believe this would be a step toward full inclusion of the foster parents in the foster care team and that in itself would contribute positively to enhancing the length of service of foster parents.

Finally, and most importantly, if children are to receive the quality of care we all want, then the more information the foster parent can have on the child, prior to placement, the better will be their preparation to care for that child. This alone, in my opinion, is justification for passage of this legislation.

SPHHW
Attachment #5
1/17/90

AARP

Testimony on SB 446
AARP State Legislative Committee
Senate & Public Health & Welfare Committee
January 17, 1990

Mr. Chairman and members of the Senate Public Health & Welfare Committee:

I am Katie Pyle, a member of the Capital City Task Force of the State Legislative Committee of the American Association of Retired Persons.

For several years the Kansas State Legislative Committee of AARP has had as a priority provision for a "comprehensive program to improve access to health care for uninsured persons." Once again, this past summer, our committee received the data and research on this matter. You will find attached to this testimony a summary of our current review and research on the need for availability of adequate health care for an estimated 370,000 Kansans.

The Kansas State Legislative Committee of AARP supports passage of SB 446 which would provide, if enacted and funded, for the establishment of two community based health centers, one in a large community and the other in a small community, to serve as a demonstration program to provide primary care services for the medically indigent.

We commend Senator Ehrlich and Senator Anderson for introducing SB 446. We pledge our support to secure enactment and adequate funding.

We thank you for this opportunity to testify in support of SB 446.

SPH+W
Attachment #6
1/17/90

American Association of Retired Persons 1909 K Street, N.W., Washington, D.C. 20049 (202) 872-4700

Vita R. Ostrander *President* Cyril F. Brickfield *Executive Director*

POSITION PAPER FOR KANSAS AARP 1990 LEGISLATIVE PRIORITIES

ACCESS TO HEALTH CARE FOR UNINSURED PERSONS

Problem: About 14% of the Kansas population is either uninsured, ineligible for health assistance programs, or unable to pay for health care. This widely-varied group includes rural and urban residents, the employed and the unemployed, elderly adults, young adults, teen-agers, and children. A large share (42%) of state and federal support to this group is presently spent on adult care homes. Meanwhile, children and younger adults (including pregnant teen-agers) from low-income families are not adequately provided with basic health care.

Solution: The State should adopt policies that ensure that all Kansans have access to quality health care, with fair and adequate reimbursement to all providers.

Proposal: A coordinated program of federal, state, local, and private action should be developed that continues to assist persons in care homes and also provides basic medical assistance to uninsured or under-insured younger adults and children. This should include:

(1) Developing outreach programs to increase the number of eligible citizens who participate in government health care programs.

(2) Developing innovative health care programs for the medically uninsured, including:
..Establishing community health clinics to offer preventive and other basic medical care (including pre-natal care) to the uninsured and underinsured.
..Establishing programs that enable advanced nurse practitioners and related professionals to play a larger role in providing primary care services.
..Increasing the involvement of public health departments in health care to the uninsured and underinsured.
..Developing creative ways of funding these programs from a combination of federal, state, local, and private sources.

(3) The extension of insurance coverage for basic health care by procedures such as:
..Assisting small employers to join together in insurance pools to reduce the cost of health insurance coverage.
..Using tax credits to encourage small businesses to provide basic health insurance for their employees.
..Permitting low-income persons to "buy into" state-funded medical care programs.
..Providing medicaid coverage for pregnant women and children up to twice the federal poverty level.

Position: The Kansas State Legislative Committee urges the passage of legislation to establish such programs.

KANSAS HOSPITAL ASSOCIATION

Memorandum

Donald A. Wilson
President

January 17, 1990

TO: Senate Public Health and Welfare Committee

FROM: Kansas Hospital Association

RE: Senate Bill 446

The Kansas Hospital Association appreciates the opportunity to comment on the provisions of S.B. 446, which would establish a community health center demonstration program to provide primary care medical services to the medically indigent. We think this is a good idea which deserves serious consideration.

The Kansas Hospital Association maintains a strong interest in finding solutions to the growing problem of care for the medically indigent. We have followed the extensive deliberations of the Commission on Access to Services for the Medically Indigent and Homeless. We feel this Commission has done an outstanding job of defining the problem and proposing solutions. A number of the Commission's ideas have received strong support in the legislative process.

One of the most important points with regard to S.B. 446 is that its focus is on primary care services. This will allow many medical problems to be treated before they require more acute, and therefore more expensive, medical attention.

The problem of medical indigence is one that requires efforts in a number of areas. One bill will not solve all the problems. Measures such as S.B. 446, however, are a step in the right direction.

SPH+W
Attachment #7
1/17/90

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State of Kansas
Mike Hayden, Governor

Department of Health and Environment
Division of Health

Stanley C. Grant, Ph.D., Secretary

Landon State Office Bldg., Topeka, KS 66612-1290

(913) 296-1343
FAX (913) 296-6231

Testimony presented to

Senate Committee on Public Health and Welfare

by

Kansas Department of Health and Environment

Senate Bill 446

I appreciate the opportunity to testify regarding Senate Bill 446 that would establish a community health center demonstration program to provide primary care medical services to the medically indigent, using local health departments.

The 1989 report of the Commission on the Medically Indigent and Homeless documented the scope of the problem of indigent care in Kansas and proposed a number of strategies to deal with the problem, including expanding the role of the public health delivery system. In June, 1989, I testified before the Commission, and among other points, supported exploring expanding the role of local health departments in Kansas to include medical care. I also have been in contact with various local health directors in the state to assess their level of interest, and there are a few who are interested. We see the expanded role of public health as one aspect of a comprehensive strategy needed to address the entire problem of indigent care.

There are a number of current efforts around the state addressing the delivery of primary care to the indigent. These include the Medicaid program, voluntary sector clinics such as the Marian Clinic here in Shawnee County, the Hunter Clinic which is a federally sponsored community health center in Wichita and some limited efforts by the Topeka-Shawnee Health Agency and the Wyandotte County Health Department. While many states have a large number of federally sponsored community health centers, the movement largely passed Kansas by, with the exception of the Hunter Clinic. The efforts of the two local health departments involved with primary care delivery are limited, but do demonstrate that there is a viable resource there.

SPH+W
Attachment #8
1/17/90

Charles Konigsberg, Jr., M.D., M.P.H., Director of Health (913) 296-1343

James Power, P.E., Director of Environment (913) 296-1535

Lorne Phillips, Ph.D., Director of Information Systems (913) 296-1415

Roger Carlson, Ph.D., Director of the Kansas Health and Environmental Laboratory (913) 296-1619

The traditional roles of health departments have been oriented to prevention and the care of special populations, rather than toward comprehensive medical care. However, over the past two decades, many health departments around the nation have successfully made the transition of integrating the traditional preventive programs into a system of comprehensive care. The recent Institute of Medicine Report entitled The Future of Public Health pointed out that one of the most basic functions of public health is assurance of needed health services. It is consistent with this function to look to public health for diagnosing the problems in a community health system and taking leadership to see that services are provided.

The Department of Health and Environment has an increasing interest in the area of health care delivery as evidenced by the creation of the Office of Rural Health and the efforts on our part to develop an office of primary care in cooperation with the federal Department of Health and Human Services as is the case in many other states. We are collaborating with the Kansas Association for the Medically Underserved and others to develop this proposal as well as looking at various options to assist local communities in providing primary care.

I would like to call to your attention two important technical considerations in the language of the bill. First, the bill calls for one demonstration in an urban county and one in a county of less than 20,000. Studies by Kansas, Inc. have demonstrated that counties with a population between 10,000 and 50,000 have the highest unemployment, highest percent of citizens on Medicaid and the lowest per capita income. The new indigent care clinics which have opened outside of the urban areas have all been in counties with populations of 20,000 to 40,000. Second, the bill calls for the provision of "primary care medical services including emergency health care services." If this means maintaining 24 hour services, it would be an unnecessary duplication of existing hospital emergency services. If it means creating a service that assures prompt access to primary care without the need for an appointment for those clients with acute needs, then that is a manageable goal.

The public health system in Kansas may be able to assist in meeting the needs for primary care services for the medically indigent as part of an overall strategy. Unfortunately, because no funds for this purpose are available in the proposed budget, the Department cannot support the passage of Senate Bill 446 at this time.

Testimony presented by: Charles Konigsberg, Jr., M.D., M.P.H.
Director of Health
January 17, 1990

Fiscal Impact

This fiscal impact includes the direct costs for the Department of Health and Environment and funds to subsidize one urban Community Health Center. The costs of providing care in a rural project would be substantially the same. Costs could be reduced in proportion to the number of clients in need of service.

Kansas Department of Health and Environment

Object Code		FY 1991
100 Salaries		
1 Health & Env. Planning Consultant		$35,913
200 Communications		1,675
230 Rent		1,838
250 Travel		2,500
400 Desk, chair, bookcase,	715	
micro-computer system	4,111	
		4,826
500 Aid to Local		
Urban Community Health Center		335,797
	Total	$382,549

Community Health Center Cost Estimate

This fiscal impact is based on data from the 20 year history of primary care service provision by community health centers. It is based on a model which would have 1 physician and 2 Advanced Registered Nurse Practitioners to treat approximately 4,000 patients.

1 physician	$70,000
2 ARNP's	70,000
1 R.N.	25,000
1 L.P.N.	18,000
1 Accts. Rec. Mgr.	20,000
1 Medical Records Clerk	20,000
1 Receptionist	14,000
1 Administrator	30,000
1 Lab Tech	20,000
Sub-Total	$287,000
Fringes @ 22%	63,140
CME for physician @1,800	1,800
Malpractice (no OB @12,000)	12,000

Total Personnel	$363,940
Facility Cost (1200 sq.ft. @$13)	15,600
Pt. Care Supplies $1.50/ Encounter X 8400 Encounters	12,600
Pharmacy @$8/Encounter X 8400 Encounters	67,200
Med. Records & Office Sup.	6,250
Utilities	6,000
Communication	3,600
Lab Equipment	25,000
Legal Fees	1,000
Total Operating	$137,250
Total Project	*$501,190

It is estimated that a community health center such as this should recover approximately one-third of its expenses through patient and third party reimbursement.

Estimated Revenue	$165,393
Required Subsidy	$335,797

*Does not include fees for specialty consultation.