

Approved Gary Blumenthal

Date FEB 11 1991

MINUTES OF THE House COMMITTEE ON Governmental Organization

The meeting was called to order by Rep. Gary Blumenthal at  
Chairperson

9:05 a.m./p.m. on Tuesday, January 29, 1991 in room 522-S of the Capitol.

All members were present except:

Rep. Tom Bishop, Excused

Committee staff present:

Carolyn Rampey, Research Dept.  
Avis Swartzman, Revisors Office  
Nita Shively, Committee Secretary

Conferees appearing before the committee:

Dr. Robert Harder, Acting Secretary, SRS  
Dr. Lee Droegemueller, Commissioner of Education  
Dept. of Education

The meeting was called to order by Chairman Blumenthal at 9:05 a.m. He advised that Dr. Stanley Grant furnished written testimony, including a list of current programs and access information, in connection with his appearance before the committee yesterday, (Attachment 1).

The chair announced that following a meeting with leadership, it was determined that this committee will monitor organizational aspects and changes of SRS and any new legislation proposed. The Childrens' Services subcommittee will be assigned the title Children and Other Social Service Issues.

Dr. Harder appeared in support of the introduction of a bill to establish a Public Utility Board which would regulate rates for hospitals and nursing homes in Kansas. The Secretary also requested that this committee consider a second bill also proposed by the SRS Task Force; a single agency to be responsible for all medical services bought by the state.

Representative Hamilton made a motion to accept the two above recommendations. Representative Lawrence seconded the motion and the motion carried.

Dr. Harder testified and furnished written testimony on the Governor's Commission on Children, Youth and Families, (Attachment 2). Although he feels no further studies are necessary, he suggested that the committee review two informative documents, "Survey of At-Risk Students in Kansas 1988 & 1989" and "Toward the Year 2000."

Dr. Droegemueller testified as to the crisis his department faces in all areas, much of which he feels has resulted from the breakdown of family life. He stated his desire to re-structure service delivery, which would include involving local neighborhoods to solve some of the problems. Also the need for Learning Service Centers where there is one place that is responsible for all service needs.

A brief question and answer period followed Dr. Droegemueller's presentation.

The chair requested a motion to introduce a bill to extend KDOT for eight years. Motion was made by Representative Brown and seconded by Representative McClure. Motion carried.

A motion was made by Representative Watson to approve the minutes for Thursday, January 24 and Monday, January 28, 1991. Motion seconded by Representative Benlon and carried.

CONTINUATION SHEET

MINUTES OF THE House COMMITTEE ON Governmental Organization,  
room 522-S, Statehouse, at 9:05 a.m.~~p.m.~~ on Tuesday, January 29, 1991.

The meeting adjourned at 10.05 a.m. The next meeting will be Tuesday, February 5, 1991; joint meeting with Senate Governmental Organization committee -- tour of KCC from 11:30-1:15 p.m. Lunch and transportation provided.



Remarks  
by  
Stanley C. Grant, PhD  
before the  
House Committee on Governmental Organization

Mr. Chairman, Members of Sub-Committee:

I appreciate the invitation to visit with you about the structure of state government for providing services to children. I am a little worried that I may contribute more questions than answers to the dialogue, but it is critical that this examination of our capacity to meet the needs of children be both intensive and comprehensive.

It appears to me that the problems involved in coordinating and assuring the delivery of childrens' services are not rooted in the structure of state government, at least, not entirely so. Childrens' services suffer from the same limitations as other human service programs; the categorical program approach to services, and the incompatible eligibility criteria attached to many federally funded programs. These can frustrate the best efforts to achieve coordination.

The basic organizational options are to group programs along functional lines, as we have generally done in state government, or to group the programs aimed at serving the same population.

The former has the advantage of allowing us to focus our functional expertise and other scarce resources in one place, but requires consistent and comprehensive planning to assure that the needs of all populations are addressed and to assure that priorities are established carefully with wide public participation in the process. The latter approach has the advantage of focusing on all the needs of a particular population, but may require multiple delivery systems of similar services for different client populations. Frankly, I am not convinced that organizational changes are adequately successful at resolving service coordination problems and I would lean toward creating mechanisms to improve planning, coordination, and accountability. We must also question whether we can afford the resources, at least for the present, in money, personnel, and time that a major shift in organization would require. That is not to say that combining or shifting some activities might work better in certain cases. It seems to me that we should require enhanced planning, coordination, and cooperation between agencies and organizations who serve children.

The major systems involved in childrens' services include health, social services and income maintenance, criminal justice, mental health, and developmental disabilities. There are others, but just this group presents an overflowing plate of programmatic relationships, barriers, and policy issues related to services for children.

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Please remember that many of these systems involve multiple agencies at the federal, state, and local levels.

My experience, and that of KDHE staff, tells us that our efforts to better plan and coordinate our activities across these systems are presently inadequate. This is true not only because of "turf" protection but because the tasks are often perceived as overwhelming. Most program staff have their hands full meeting the operational demands they face and have little extra time and other resources to spend unravelling complicated programmatic, legal, and fiscal conflicts in different systems at several levels of government.

Unfortunately, it is also true that some better coordination that could have been achieved, has not been simply because we who are responsible for developing and implementing policy have not made it a high enough priority. That is a difficult statement to make because all agencies have several very high priorities for their limited resources.

Does the present structure of state government enhance or inhibit the provision of services for children? My analysis is that the present structure does some of both, and so will other organizational alternatives. I recommend that we look at methods of improving the present system that may include some changes in the structure, but would be far short of a major overhaul. There are several mechanisms with which to pursue better coordination of programs and services. Sec. Harder has proposed a new Commission on Children, Youth and Families, as an option.

The previous administration also had a "commission on children and families", out of which came an "Office of Children & Families", which was principally a focal point for coordination of services and issues involving children and their families. A commission can be helpful in this regard, but the primary responsibility must rest with the Governor and the Legislature to assure that planning and coordination are implemented, and that plans will result in action. Will the available resources be adequate? Perhaps not, but we can make better use of what we have with carefully planned and coordinated programs. You are doing the right thing by reviewing, listing, defining, and evaluating services to determine who isn't served, where duplication exists, and how we can make the system work better.

Mr. Chairman, again, we appreciate this opportunity. I can tell you that I am personally committed to doing what it takes to improve services for children, as are the staff at KDHE who work directly in programs for children.  
Thank you.

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KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

CURRENT PROGRAMS AND ACCESS INFORMATION

FOR CHILDREN AND YOUTH

<u>PROGRAM</u>	<u>DESCRIPTION</u>
General MCH	Maternal & Child Health Based on needs assessments in individual communities, maternal and child health services are provided with emphasis on health assessments and screenings for children by local health departments. Available in 32 counties.
M&I	Mothers & Infants Program Prenatal and postpartum care with comprehensive services to high risk mothers and newborns are provided in order to reduce infant mortality and low birth weight infants. Available in 69 counties.
WIC	Women, Infants & Children Program provides supplemental foods and nutrition education to pregnant, postpartum and breastfeeding women, infants and children in order to prevent or correct health problems related to poor nutrition. Available in all counties.
Healthy Start	Education, support, and referrals are provided to pregnant women and new mothers during home and hospital visits by trained lay visitors under public health nurse supervision. Available in 62 counties.
Perinatal Express	A provision under the state Medicaid plan which expedites Medicaid eligibility for pregnant women with a medical card provided within 5 calendar days. Available statewide.
Prenatal Health Promotion/Risk	A joint KDHE/SRS Interagency Agreement addendum which provides reimbursement to local health departments to provide risk assessment, counseling/teaching, and referrals for pregnant women. Available statewide.
Newborn/Postpartum Home Visit	A joint KDHE/SRS Interagency Agreement addendum which provides reimbursement to local health departments to provide a nursing home visit to the family within two weeks of the date of birth of a child. Maternal, newborn, parenting and home assessments are completed with family education.

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PROGRAM

DESCRIPTION

Expanded Nutrition  
Services for High  
Risk Clients

A joint KDHE/SRS Interagency Agreement addendum relating to Prenatal Health Promotion and Risk Reduction which provides reimbursement to local health departments to provide nutritional assessment and intervention based on identified risks to pregnant women.

Child Care Licensing

A program responsible for licensing or registering child care centers, family day care homes, foster homes, preschool facilities, maternity centers, detention centers, and other facilities designed to provide out-of-home care to children.

EPSDT  
(Kan Be Healthy)

Medicaid-mandated child health assessment and screening services according to a periodicity schedule. Available statewide but only 15% of eligible children participate.

Immunization Program

Vaccine at no charge is provided to local health departments for all Kansas citizens. The local health department may charge an administration fee to cover costs of supplies needed to administer the vaccine.

Services for  
Children with Special  
Health Care Needs

KDHE staff provide financial and other assistance to families in obtaining needed services for their special needs children. Available statewide with eligibility dependent on medical diagnosis. Formerly the Crippled and Chronically Ill Children's Program.

School Health

KDHE staff develop written guidelines, standards of care, Fall orientation and ongoing training for school nurses in 304 school districts in cooperation with Kansas State Department of Education.

Adolescent Health  
Program

This program provides adolescent health risk appraisals and followup in two communities, adolescent clinics in three communities, and teen pregnancy prevention education in two residential maternity homes for adolescents. Demonstration projects are in 6 Kansas communities.

Family Planning  
Services

Complete physical exams and screening services are provided by local agencies to women of childbearing age to help them plan the number and spacing of their children. Over 52,000 women served in 72 counties in 1990.

PROGRAM

DESCRIPTION

Black Family  
Preservation Project

Group health education sessions are provided to teens and parents in Wyandotte County to decrease the incidence of pregnancy among young, single, black women.

Black Infant  
Mortality Project

A community health education project in Sedgwick County to reduce Black infant deaths with emphasis on education of youth regarding teen pregnancy, premature births, and early use of prenatal care.

Note: Direct client services are provided by local agencies with the Kansas Department of Health and Environment providing policy and procedure guidelines, consultation, technical assistance, funding and professional continuing education.

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KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

ELIGIBILITY GUIDELINES  
FOR  
BUREAU OF FAMILY HEALTH PROGRAMS

WIC

To be eligible for WIC, a person must meet certain income guidelines and be nutritionally "at risk." In Kansas, a person may be income eligible if their household income is less than 185% of the poverty level. Those who are already eligible for Food Stamps or the Reduced School Lunch program would automatically be income eligible for WIC. "At Risk" means that the present diet of a person is not providing them with adequate nutrients to maintain a healthy status and may relate to impaired nutritional status due to medical reasons. Once a person is determined to meet these two qualifications, they are "certified" and placed on WIC. The certification includes some simple body measurements, a blood test to determine risk of iron deficiency anemia, and a diet evaluation by a nutritionist or nurse.

SPECIAL HEALTH SERVICES

**Diagnostic Services:**

Available, without regard to family income, to all Kansas youth under the age of 21 years who are suspected to have a severe handicap, disability, or chronic disease.

**Treatment Services:**

Available to all Kansas youth, under the age of 21 years with a medical condition eligible for treatment by the program and person and/or family meet the financial eligibility criterion. Exceptions: Kansas residents of any age with a diagnosis of congenital hypothyroidism, phenylketonuria, or galactosemia are eligible for treatment services and do not need to meet the financial guidelines (KSA 65-180 through 65-183). Kansas residents with the diagnosis of hemophilia (KSA 65-1,131 through 65-1,134) or sickle cell disease (KSA 65-1,105 through 65-1,107) must meet the financial guidelines to be eligible for treatment services.

The financial eligibility guidelines are found in KAR 28-4-403 and the conditions eligible for treatment are found in KAR 28-4-406.

M&I, ADOLESCENT HEALTH, AND HEALTHY START/LAY HOME VISITOR

Services are available on a voluntary basis to all Kansans without regard to religion, race, color, national origin, handicapping condition, age, sex, number of pregnancies, or marital status with priority in the provision of services to low-income and high-risk persons. No charge will be made for services provided to any person from a low-income family except to the extent that payment will be made by a third party (including a Government agency) which is authorized to or is under legal obligation to pay this charge. Charges for services to persons other than those from low-income families will be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services\*. If a third party (including a Government agency) is authorized or legally obligated to pay for services, all reasonable efforts must be made to obtain the third-party payment without application of any discounts. Where the cost of services is to be reimbursed under Title XIX or Title XX of the Social Security Act, a written agreement with the Title XIX or Title XX agency is required.

\*The local agency is referred to the U.S. Public Health Service publication, "Guidelines and Procedures for Cost Finding, Charge Determination, and Developing a Sliding Fee Scale in Ambulatory Health Centers," in developing the local schedule.

IMMUNIZATIONS

Vaccine at no charge is provided to local health departments for all Kansas citizens. The local health department may charge an administration fee to cover costs of supplies needed to administer the vaccine.

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## GOVERNOR'S COMMISSION ON CHILDREN, YOUTH AND FAMILIES

### Policy

The policy of the State of Kansas is to ensure that children, youth and families be assured of the maximum opportunity to achieve their potential.

With this legislation, the State of Kansas establishes a policy of emphasizing strengths and highlighting empowerment to children, youth and families.

### Commission Makeup

The Commission shall be made up of the Secretary of the Department of Social and Rehabilitation Services, Secretary of the Department of Health and Environment, Secretary of the Department of Human Resources, Secretary of the Department of Corrections, the Commission of Education, the Chief Justice, and 9 members appointed by the Governor, which shall include representatives of law enforcement, court services, private organizations representing the broad field of children, youth and family organizations, the business community as well as persons under the age of 24. A majority of the members, including the chairperson, shall not be full-time employees of the federal, state or local government.

### Duties of Commission

It shall be the duty of the Commission on children, youth and families:

- (1) To review current state policies on children, youth and families as reflected by Kansas statutes, regulations, programs, services, and budgetary priorities;
- (2) To study the many problems which jeopardizes the development and well being of Kansas children, youth and families, including but not limited to such persistent, interdisciplinary problems as teen pregnancy, educational under-achievement, youth employment, alcohol and drug abuse, delinquency, emotional illness, birth defects, daycare, homelessness, child abuse, and the growing impoverishment of childhood and adolescence;
- (3) To define and establish the components, guidelines and objectives of a comprehensive state policy to ensure and promote present and future health, welfare, and opportunity for all of Kansas children, youth and families;
- (4) To identify any Kansas laws, regulations, programs, services, and budgetary priorities which conflict with the components, guidelines, and objectives of such comprehensive policy;
- (5) To search for any interdepartmental gaps, inconsistencies, and inefficiencies in the implementation or attainment of such comprehensive policy;
- (6) To identify any new laws, regulations, programs, services, and budgetary priorities which are needed to ensure and promote present and future health, welfare, and opportunity for all of the state's children, youth and families;

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- (7) To serve as an in house informational resource on policy matters concerning children, youth and families;
- (8) To perform such other activities as are reasonably related to the legislative intent of this part, including but not necessarily limited to improving public awareness of the special needs of Kansas children, youth and families;
- (9) Facilitate joint planning and service coordination among public and private agencies that provide services to children and youth;
- (10) Prepare and publish reports;
- (11) Review the programs, policies and services for children, youth and families provided by public and private agencies for compliance with established state policies and progress towards goals identified in planning documents relating to children, youth and family services and to make reports regarding said compliance and progress;
- (12) Accept appropriations, gifts, loans and grants from the state and federal government and from other sources, public or private;
- (13) Enter into agreements or contracts for the development of test models of demonstration programs and projects and for programs of practical research for effective services to children and youth; provided that the administration of contract for such model programs and projects shall, within five (5) years of their inception, be transferred to an appropriate agency or the program or project shall be discontinued;
- (14) Secure necessary statistical, technical, administrative, operational and staff services by interagency agreements or contract;
- (15) Exercise all incidental powers as necessary and proper for the performance of the duties and responsibilities of the Commission; and
- (16) Promulgate rules and regulations as necessary to carry out the duties and responsibilities assigned to the Kansas Commission on Children, Youth and Families.

Director - Powers and Duties

The Kansas Commission on Children, Youth and Families shall appoint a Director who shall be a person having experience in the operation and administration of services to children and youth. Such director shall be appointed for a term of two (2) years, and may be reappointed. Such Director may be dismissed only for cause. The Director shall:

- (1) Employ such staff as may be necessary to perform the duties of the Commission, with the advice and approval of the Commission;
- (2) Prepare the State Plan for Services to Children, Youth and Families, the Annual Report, other reports as necessary and appropriate and an annual budget for the approval of the Commission;
- (3) Formulate and recommend rules and regulations for approval or rejection by the Commission;
- (4) Serve as chief executive officer of the Kansas Commission on Children, Youth and Families; and
- (5) Act as agent as authorized for the Commission in the performance of its duties.

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Evaluation And Review Of Services To Children, Youth And Families - Annual  
Report - State Plan For Services To Children, Youth And Families Publication

The Commission shall, evaluate and review the development and quality of services to children, youth and families and shall:

- (1) publish and distribute an annual report of its findings on or before January 1 of each year to the Governor, the Speaker of the House of Representatives, the President Pro Tempore of the Senate, the Chief Justice of the Supreme Court of the State of Kansas, and to the chief administrative officer of each agency affected by the report. Such report shall include activities of the Commission, recommendations for the further development and improvement of services to children, youth, and families budget and program needs; and
- (2) beginning January 1, 1992, and on or before July 1 of each year thereafter, the Commission shall publish a State Plan for Services to Children and Youth for the next succeeding fiscal year. The State Plan for Services to Children and Youth shall:
  - (a) identify and establish goals and priorities for services for children and youth, families and the estimated costs of implementing said goals and priorities;
  - (b) show previous and current expenditure for state and state-supported services to children, youth and families;
  - (c) include such other information or recommendations as may be necessary and appropriate for the improvement and coordinated development of the children, youth and families service system; and,
- (d) be made available to the general public.

Criteria For Making Grants To Local Commissions

In making grants to a local Commission, the state commission shall consider the degree to which the local commission meets the following criteria:

- (1) Has as its primary purpose the development and facilitation of a collaborative community prevention program in a specific geographical area. The prevention program shall utilize trained volunteers and existing community resources wherever practicable;
- (2) Is comprised of a local abroad representative group and does not exclude any organization or person that the state Commission deems necessary;
- (3) Demonstrates a willingness and ability to provide prevention program models and consultation to organizations and communities regarding prevention program development and maintenance;
- (4) Demonstrates an ability to match through money fifty percent (50%) of the amount of any trust fund money received. The amount and types of in-kind services are subject to the approval of the state commission; and
- (5) Other criteria that the state commission deems appropriate.
- (6) Demonstrates an evaluation methodology geared to outcomes.