

Approved Gary Blumenthal Date MAR 29 1991

MINUTES OF THE House COMMITTEE ON Governmental Organization

The meeting was called to order by Representative Kathleen Sebelius at Chairperson

1:30 ~~xxx~~ p.m. on Tuesday, February 19, 1991 in room Auditorium of the ~~XXXX~~ Capital ~~XXXX~~
Kansas State Historical Bldg
10th & Jackson, Topeka, KS

All members were present except:

See ATTACHMENT #1

Committee staff present:

Connie Craig, Secretary to the House Committee on Federal and State Affairs

Conferees appearing before the committee:

- Melissa Ness, Kansas Children's Service League/Children's Coalition
- Doug Bowman, Children and Youth Advisory Committee, State of Kansas
- Nola Ahlquist-Turner, Shawnee County Health Department
- Paul Johnson, Public Assistance Coalition of Kansas/Children's Coalition
- Frank Ross, Executive Director, Elm Acres Youth Home, Inc.
- Chris Hansen, Associate Director, Children's Rights Project, ACLU
- Sydney Karr, Advocacy Coordinator, Kansas Action for Children, Inc.
- Dr. Robert Harder, Interim Secretary of S.R.S., Kansas

Chair Sebelius called the meeting to order.

Chair Sebelius explained that this would be a joint hearing on children issues with the House Committee on Public Health and Welfare, Carol Sader, Chair; House Subcommittee on Human Services, Henry Helgerson, Chair; House Committee on Governmental Organization, Gary Blumenthal, Chair; and House Committee on Federal and State Affairs, Kathleen Sebelius, Chair. She explained the agenda for the day by saying that this hearing did not focus on any specific piece of legislation, but that the goal was to try and combine the legislators who make decisions on the money side of policy issues with the committee members who sit on the policy side of those same issues. She stated that the focus was on children issues, particularly children in crisis in Kansas, with presenters seperated into segments, Attachment #2. She added that at the end of each segment, Committee members will have the opportunity to ask presenters questions.

Melissa Ness presented testimony that gave Committee members statistics on children in Kansas. She explained that the present ill-defined social policy creates a human service system that cannot respond to the needs of children and families, and a good policy framework is needed to move our system of children services from one that is reactive and crisis driven to one that is proactive and preventive. She set out fundamental elements of what a good system of services must include and steps to achieve this, Attachment #3.

Doug Bowman gave information to the Committees that described the Children and Youth Advisory Committee and its mission, Attachment #4.

Nola Ahlquist-Turner gave testimony on behalf of the Children' Coalition and the Perinatal Association of Kansas, Attachment #5, that addressed the topic of health care for children, particularly, prevention. She stressed the need to integrate the excellent prevention focused programs in the State with private resources in a comprehensive focus.

Paul Johnson focused his testimony on the health of the Kansas Families and problems. He referenced the book Kansas Policy Choices, particularly the chapter on Kansas Families, which highlighted various symptoms of problems in families. He pointed out that to stereotype what families are has put us out of sync and our policies are suffering accordingly. He gave the following statistics:

- 4.1 million births in the United States in the previous 12 months.
- 104 children born in Kansas today: 6 have low birth weight, 16 will be in poverty, and 16 did not have prenatal care.

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

CONTINUATION SHEET

MINUTES OF THE House COMMITTEE ON Governmental Organization,
Auditorium of the Kansas State Historical Bldg.
room _____, Statehouse, at ~~1:30~~ ~~xxx~~ p.m. on Tuesday, February 19, 1991.

- 62 marriages will happen today in Kansas with 34 divorces.
- In the first year after divorce, the average mother and child in the state of Kansas see a decrease of 73% in their income.
- 1 out of every 4 children in Kansas grow up in a single-parent household.
- Estimates are that there will be some kind of major violence in 2/3rd's of Kansas marriages.
- Kansas in the 1980's had the 7th fastest growing rate of poverty in the nation.
- From 1979 to 1989, Kansas added almost 42,000 people to the poverty roles - from 239,000 people to 281,000 people.
- Estimates from the State Board of Education in Kansas are that 22% of our children are at risk of dropping out of school and not completing a high school education.
- From 1977 to 1989, Kansas child abuse reports tripled. In 1989, Kansas had 23,372 cases of child abuse.

A year ago, AFDC income in Kansas was cut by 7½%, and we are expecting those families to live another 10 to 12 months before increasing their survival benefits. He asked the Committee if Kansas is really facing up to the responsibility of safe parenting in Kansas? Mr. Johnson pointed out that we test people to practice law, engineer, drive a car; but we think anyone can be a parent. There is a myth about parenting that must be dealt with. When people are entering our social service system at any number of points, we are not doing adequate assessments of their skills, education levels and their health needs. He added that we are shooting in the dark trying to run AFDC, foster-care programs and a KanWork program without spending extra money up front to do a much better analysis of the status of where the child of that adult is at. Spending extra money up front would give us a better course of action then we have in many of our programs. He felt that there are a number of people on general assistance and within our foster care programs that would be eligible for federal disability programs in the State of Kansas. He said we haven't pursued that avenue, where ever possible, to help people take advantage of federal programs and to take some of the pressure off of the state budget which would give these people a better income at the same time. He added that a new decision has come down in budget hearings which talks about children - the proof of employment task for disability to children has been changed. Estimates in Kansas show that there might be 8,000 to 10,000 more children that might get into disability programs. In the foster care program in Kansas there might be 1,300 children that can access on to these programs giving these children a better income, better method of services and save the state some money.

Paul Johnson stated that the child support system needs a closer look. The estimates go up to \$150 million in back child support awards in our state that should and could be collected to help support our children instead of state money wherever possible. With the new guidelines in our State Supreme Court that speaks to higher support awards, he added that all old support awards need to be brought up to date, and better meshing needs to be put between the Court Trustee system and S.R.S.'s child support enforcement system. He outlined two policy choices that legislators will be facing this session:

1. General Assistance - serves 6,300 people in the State of Kansas(1,100 children, 1,100 young parents and 3,500 disabled). The "blue page" budget may kill this program.
2. Medicaid - a portion of this program called the "medical need" is optional and serves those who are 60% above poverty and up to 100% above poverty level, who are the working poor, approximately 5,000 people across Kansas. This program, because it is optional, is likely to be cut from the budget.

Mr. Johnson ended his testimony by pointing out that if we are able to sell bonds to finance highways, we should be able to figure out how to ensure that Kansas children are adequately housed, and that until they enter school, they should receive a certain minimum amount of services. Every study shows that a dollar in WIC saves three dollars in medical costs, a dollar in head start saves \$4.25 in prison and welfare costs. If we really believe that these studies are accurate, then we ought to make an investment in what will be the essence of our economic work force in the next century - our children.

COMMITTEE DISCUSSION:

1. The report from S.R.S. states that eligible Kansans that are receiving medical service in any given month are between 78,000 to 80,000; and that there are over 160,000 Kansans that are potentially eligible for the Medicaid program. Mr. Johnson did not know what portion of the eligible Kansans who are specifically medically needy.
2. Healthy start was discussed as one of the good outreach programs, but it deals only with

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pregnant women and infants. One Committee member brought up the question of whether the state should put money into outreach programs to get children immunized sooner.

Frank Ross shared with the Committee his thoughts and observations in regard to the problems facing troubled children and out of home placement, Attachment #6. He talked about Elm Acres Youth Home, a private provider of foster care for children in Kansas, and the need to coordinate public and private resources to correct the problem of lack of adequate foster care.

Chris Hansen gave background and an update on the current law suit against Kansas's S.R.S., Attachment #7.

COMMITTEE DISCUSSION:

1. When asked how much money it will take to address the problems as outlined in Chris Hansen's testimony, Mr. Hansen answered by saying that the problem is not so much financial as it is management.
2. Mr. Hansen suggested that before the Legislature throws money at the problem, that they look at how other states are addressing these same problems and how to maximize federal money. He also added that one part of the solution is an attitudinal change.
3. Standards set up by the state are usually correct but usually fairly minimum.
4. In regards to payment of ACLU's attorneys' fees, Mr. Hansen stated the the judge will have to rule in favor of the plaintiff by showing that the state is not living up to federal statute and state statutes. If the plaintiff is unsuccessful, federal law provides that no attorney fees will be paid.
5. Mr. Hansen, in response to a question, said that he would not describe Kansas as having the worst quality child welfare system in the nation. The District of Columbia, in his opinion, would probable be the worst. When looking at the different child welfare systems across the nation, they focus in on the states that seem to be having the most problems and where there is opportunity for change within that system.
6. Mr. Hansen stated to the Committee that were about a dozen states involved in litigation similar to Kansas: Massachusetts, Pennsylvania, Connecticut, District of Columbia, Illinois, New York, Alabama, Kansas City, Indiana, Louisiana and New Mexico.
7. The Federal government does do an audit of compliance with Federal law. The Federal government would be the first to say that the audit does not adequately provide a basis for proving compliance. The audit is primarily directed at financial issues more than it is directed at programmatic issues. Most states pass the Federal audit.

Sydney Karr presented testimony on child care, Attachment #8, and gave a brief summary of the two new federal government grants funded by the Omnibus Budget Reconciliation Act of 1990, Attachment #9.

Dr. Robert Harder gave an update of the status of S.R.S. in regards to services affecting children, Attachment #10.

COMMITTEE DISCUSSION:

1. To get involved in the KanWork program, the recipient must first prove eligibility. Because there are a number of people that are not capable of reading the basic types of instructions that you might expect on the job, Dr. Harder stated that is becoming apparent that the people involved in the KanWork program are needing remedial education first. The goal is to first involve these people in remedial education, then move them into the job. In the job placement that S.R.S. has done through KanWork in 1989, the average salary that the people were getting was around \$4.50 an hour, which has now moved up to around \$5.00 per hour. Dr. Harder stated that S.R.S. needs to set their sights a little higher when looking at jobs and the pay scales.

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2. Nancy Snyder of Wichita did an evaluation of the KanWork program which is a three to four page exact summary. Dr. Harder has this report available in his office.
3. Dr. Harder stated that if the education system were more successful and functioned in a different way, then S.R.S. would probably be a lot quicker in job placement. He felt that at this rate it will probably take four or five years, at a minimum, to get people functioning at a level where they can be placed successfully in a job that pays enough. He added that for a single-parent family with two children to really feel like they are making it, they would need to make at least \$1,600 a month which is around \$18,000 a year.
4. In regards to obtaining the services that Kansas children need and to satisfy the lawsuit against S.R.S., Dr. Harder suggested that the Committee read the Post Audit studies on "How Effectively the Department of S.R.S. Handles Reports on Child Abuse and Neglect" and "Placement On Abused and Neglected Children". He felt that these reports would give a slightly different picture than Mr. Hansen, ACLU, gave in his testimony. Dr. Harder also felt that making more caseworkers available would make a difference in the effectiveness of the system.

Attachment #11 is written testimony from Teresa Rupp, Executive Director of the Child Care Association of Wichita/Sedgwick County, who was not present for the hearing.

The meeting adjourned at 3:28 p.m..

GUEST LIST

FEDERAL & STATE AFFAIRS COMMITTEE

DATE 2-19-91

(PLEASE PRINT)

NAME	ADDRESS	WHO YOU REPRESENT
Kevin Siek	Topeka	Ks. Comm. on Disability Concerns
Roy Coleman	Topeka	KDHR
Betsy Topper	Missouri, KS	United Community Services ^{Missouri}
Wilt Belden	Topeka	LWUK
Ann Heibeger	Overland Park	LWUK
Ellen B. Laner	SM KS	Jo Co CAPC
Paul Getto	Topeka	KS BSSN. of School Boards
Mary Ryan	Sabetha	Neosho Co. Home Health
Lilly Remmers	Sabetha	Neosho Co. HHR
Joyce Markendorf	Topeka	KDHE
Janet Kraft	Topeka	KDHE
Richard Morrissey	"	KDHE
Osug Bowman	"	Children & Youth Advisory
Larlene Skarne	Topeka	RCAR In Home
Tom Ramirez	Lawrence	Rep. Seagarden
John Cook	Ways	Phillips Co.
Sheri Halliday	Topeka	Budget Director
Laure Howard	Lawrence	Legislative Research
Cynthia Langley	Topeka	Ks. Legislative Research Dept.
Joyce Belmont	Topeka	Topeka Shawnee Co. Health
David Frampton	Topeka	Topeka Shawnee Co. Health Dept.
SYDNEY KARR	LAWRENCE	KS Action for Children
Ellen Bernuska		Leg.
Johanna Bryant	Topeka	KS Action for Children
Gloria Foxe		KS Action for Children
Thomas and Sarah White,	El Dorado	Citizens

GUEST LIST

FEDERAL & STATE AFFAIRS COMMITTEE

DATE 2-19-91

(PLEASE PRINT)

NAME	ADDRESS	WHO YOU REPRESENT
Patte Martin	Horton, Ks	Ks Public Health Assoc
Iris E Sanders	Junction City, Ks.	Ks Public Health Association
Mary Ann Humphries	Topeka, Ks	Ks Public Health Assoc
Sue Clark	Oakley, Ks.	
Karen Elliott	Salina, Ks.	Ks Public Health Assoc
Billie Fulghum	Neodesha, Ks.	Ks Public Health Assoc
Tom Siskens	Topeka, Ks	KDHE
Fry, Domingo	Topeka, Ks.	SHS, KAHF
Tim Hart	Lawrence	Lawrence Jewel Club
JAN BUEKER	TOPEKA	K. NASW
Beverly Gaines	El Dorado, Ks	Bi-County Health Dept
Carol A. Berger	Osage, Ks	Bi-County Health Dept
Jennifer Blickenstaff	Wichita	Parent Helpline
Cheryl Shores	Topeka	KS Children's Service League
Laurie Pigg	Topeka	Everywoman's Resource Center
Marilyn Ward	Topeka	Everywoman's Resource Ctr
Barbara Huff	Topeka	Keep for Antismoking
John Fortue	Lawrence	
Don Aam	Topeka	The Villages
Philip J. Kolodziej	Newton	Youthville
Debbie Nubels	Oskaloosa	Jefferson Co. Health Dept
Rep. Joann Flower	Oskaloosa	47 th Dist - Insurance Comm Health Comm
Bruce Linder	Lawrence	KALPCCA
Wanda Sims	KC, Ks.	Wyandotte House, Inc
Cleta Remyer	Salina	Right to Life of Ks.
Jakob Jan	Topeka	Persons for Life

GUEST LIST

FEDERAL & STATE AFFAIRS COMMITTEE

DATE 2-19-91

(PLEASE PRINT)

NAME	ADDRESS	WHO YOU REPRESENT
Melissa Ness	Topoka	Ks. Children's Serv. League
Bicci Akin	O.P., Ks	KCSL
Madison Greig	" "	"
TERESA RUPP	WICHITA	CHILD CARE ASSOCIAT
Lynn Tablock	Wichita	SALVATION ARMY Emergency Lodge
Dale Northcutt	2650 W. 11 th WICHITA, 67201	SALVATION ARMY Youth Center
Shirley Morris	131 Greenwood Topoka 66606	Polk Co. for the Educ of You Club
Dorsey Hewitt	316 Oak St. Newton Ks	KALHD
Cathy Lombard	2005 E 7 th Suite 104 ^{Topoka}	Court Services
Ken Farley	Topoka	OJA
Linda Sedhoff	Topoka	KPHA; KDHE
Rita Kay RYATT	Topoka	KPHA = KDHE
Joseph A Koel	Topoka	KALH
Chris Ross	Lawrence	KDHE
Lou Menithec	Pittsburg	Elm Acres Youth Home
Judy Gray	Lawrence	The Shelter, Inc.
Doreen Allegrucci	Topoka	
Frank Ross	Pittsburg	Elm Acres Youth Home
Alice Nyson	K.C.	AA R P Capt. City Task Force

Committee Members

2/19/90

please sign in.

Rep. Dorothy H. Blottman

Rep. Ellen Samuels

Rep. RAND ROCK - FSEA

Diane Gierstad

Cindy Engson

Aly Scott, MD

Gary Blumenthal

John Wilson

Suey Praeger

Carol Soder

Sheila Hochhauser

Susan Wagle

Kate Ann Backler

Ann Cozine

Don Olson (arrived 1 Hr. 10 min late)

Elaine Lynch

ALAN WHITE

Maxim Nyfeldt

Steve Witzel

Al Lane

Joan Wagnon

~~Elaine Lynch~~

Dale Sprague

Henry Helgeson

Kathleen Sebelius

Tim Carmody

g.o. 2-19-90

attachment 1

JOINT HEARINGS ON CHILDREN'S ISSUES
FEBRUARY 19, 1991

FEDERAL AND STATE AFFAIRS, PUBLIC HEALTH AND WELFARE, HUMAN SERVICES SUBCOMMITTEE, GOVERNMENTAL ORGANIZATION SUBCOMMITTEE

- I. INTRODUCTION: Representative Kathleen Sebelius, Chair of Federal and State Affairs
- II. A PLANNED APPROACH TO RESOURCE ALLOCATION FOR CHILDREN: BUILDING A POLICY FRAMEWORK NOON--12:15 p.m.
- CONFEREES: MELISSA NESS KS. CHILDREN'S SERVICE LEAGUE/
CHILDREN'S COALITION
- CONFEREES: DOUG BOWMAN Children and Youth Advisory
Committee
- III. HEALTH CARE FOR CHILDREN: THE CONSEQUENCES OF TOO LITTLE INVESTMENT 12:15 p.m.--1:00 p.m.
- CONFEREES: NOLA AHLQUIST-TURNER, Shawnee County Health
Department
- CONFEREES: PAUL JOHNSON Public Assistance Coalition
of Kansas Children's Coalition
- IV. CHILDREN AT RISK OF OUT OF HOME PLACEMENT: A FAILING SYSTEM AND IMPORTANT REMEDIES 1:00 p.m.--2:00 p.m.
- CONFEREES: FRANK ROSS, Elm Acres Youth Home and SUE
LOCKETT, CASA Directors Association
- CONFEREES: CHRIS HANSEN, American Civil Liberties Union
- CONFEREES: DR. ROBERT HARDER Interim Secretary of SRS
SRS PERSPECTIVE ON CHILDREN'S ISSUES
- V. CHILD CARE: BRIEFING ON THE RESPONSIBILITIES OF AND IMPACT ON KANSAS OF THE FEDERAL CHILD CARE MONIES
2:00 p.m.--2:45 p.m.
- CONFEREES: SYDNEY KARR Kansas Action for Children
- VI. SUMMARY: 2:45 p.m.--3:00 p.m.
- MELISSA NESS CHILDREN'S COALITION

*J.O. 2-19-91
attachment 2*



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

**Wichita District
& Central Office**

1365 N. Custer
P.O. Box 517
Wichita, KS 67201
(316) 942-4261

**Kansas City
District Office**

Gateway Center Tower II
Suite 921
4th & State Ave.
P.O. Box 17-1273
Kansas City, KS 66117
(913) 621-2016

**Topeka
District Office**

2053 Kansas Ave.
P.O. Box 5314
Topeka, KS 66605
(913) 232-0543

**Western Kansas
District Office**

705 Ballinger
Garden City, KS 67846
(316) 276-3232

FIELD OFFICES

Flint Hills

227 Southwind Place
Manhattan, KS 66502
(913) 539-3193

Emporia

417 Commercial
P.O. Box 724
Emporia, KS 66801
(316) 342-8429



United Way

Member Child Welfare
League of America

Accredited by The Council
on Accreditation of
Services for Families
& Children

TESTIMONY BEFORE THE JOINT COMMITTEE ON
CHILDRENS ISSUES
FEBRUARY 19, 1991

BY: MELISSA L. NESS JD, MSW

"...stop worrying about the future and begin the work of
creating it..."

Hubert Humphrey

THE ISSUE

Social policy for children and families is primarily
done through allocating resources which have
unarticulated and largely unexplored consequences.

This ill-defined method creates a human service system
that cannot respond to the needs of children and
families.

Our choice is to develop a planned approach in which we
all are important players.

WHERE WE ARE

Following are some of the more striking statistics about
Kansas included in the Annie E. Casey Foundation's
latest Kids Count report.

>The teen violent death rate increased from 1984 to
1988 more than two times faster in Kansas (30 per cent)
than for the nation as a whole (12 percent increase).
This indicator measures deaths from murder, suicide, and
accidents.

>Between 1982 and 1988, the high school graduation
rate declined in Kansas by 1 per cent. Nonetheless, in
1988 the state ranked 9th among states on this
indicator.

>Based on 1987 data, Kansas ranked 43rd for its
juvenile incarceration rate. Between 1979 and 1987, the
juvenile incarceration rate went up by 12 per cent,
while the national rate increased 41 per cent over this
same period.

>The percentage of teen out-of-wedlock births
increased by 18 per cent between 1980 and 1988.

*g.o. 2-19-91
Attachment 3*

Nationally:

>American taxpayers spent \$21.55 billion in 1989 assisting families begun with a birth to a teenager.

>While over 84 per cent of teen pregnancies are unintended, one in three of these families ends up on public assistance.

*Our system is problem and individual crisis oriented. Its focus is on alleviating problems. Consequently, problems have become the priorities instead of children and families.

*The way we have delivered our services has not allowed the opportunities needed by our children and families to stay together, to become self sufficient or independent of governmental support.

*We lack a clear policy framework that drives the decisions we make about our children and families.

*Until we have that well defined policy framework we will not be able to move our system from one that is reactive and crisis driven and only responds to the strongest lobby or crisis of the day to a system that is proactive and preventive in nature.

WHAT WE NEED

*We need clear social policy for children and families that at a minimum outlines the obligations, commitments and outcomes we want for our children and families.

*We want a policy framework in this state that supports a human service system which is a planned architecture designed to minimize inefficiencies, duplication of services and is developmental, preventive and child centered in nature versus problem and crisis centered. Fundamental elements of any such system must include:

- >comprehensive policies, supported through legislative and legal action
- >competent organizational structures to deliver services
- >adequate financial resources which can ensure sufficient service amount and quality, including competent staffing
- >effective community linkages to ensure coordination and to prevent fragmentation of effort
- >effective service models which deliver desired outcomes and are periodically evaluated.

WHAT WE ARE ASKING

*Steps this year to establish a policy framework outlining policy choices that guide our resource allocation decisions. These include:

*G.O. 2-19-90
attachment 3-2*

>identifying major players who will put state policy option together
>a vehicle through which that determination gets made
>define a continuum of support or policy areas from which goals (outcomes) or objectives (strategies and initiatives) can be developed.

*Examples of how to begin to build a policy framework for children and families: Children' Coalition of Kansas
Children and Youth Advisory Committee: Toward the Year 2000 Report

g.o. 2-19-91
Attachment 3-3



STATE OF KANSAS

CHILDREN AND YOUTH ADVISORY COMMITTEE

SMITH-WILSON BLDG.
300 S.W. OAKLEY
TOPEKA, KANSAS 66606-1898

(913) 296-2017

KANS-A-N 561-2017

TESTIMONY BEFORE THE COMBINED HOUSE COMMITTEES OF
GOVERNMENTAL ORGANIZATION, APPROPRIATIONS,
FEDERAL & STATE AFFAIRS, PUBLIC HEALTH & WELFARE
February 19, 1991

Thank you for the opportunity to speak to you this afternoon. My name is Doug Bowman, and I am the staff of the Children and Youth Advisory Committee. Created by K.S.A. 38-1401, this fourteen-member body is comprised of four legislators, five citizens appointed by the Governor, the Commissioner of Education, the Chief Justice of the Supreme Court, and the Secretaries of Health & Environment, Human Resources, and Social & Rehabilitation Services.

The Children and Youth Advisory Committee has among its duties: "review and make recommendations concerning planning and coordination of children's services". In partial fulfillment of this, we have created a document entitled "Toward The Year 2000." As we gathered information for this report, we solicited input from the advocacy community, including the Children's Coalition and its members. We also held a series of public forums last fall seeking citizen opinions in the communities of Lawrence, Pittsburg, Hays, Garden City, and Wichita.

One of the issues that was heard all over the state was the need for accountability. Accordingly so, we devised our long-range plan for Kansas youth with a series of specific goals to be targeted. These cover the areas of: infant mortality, low birthweight babies, births to teenage mothers, high school graduation rates, pupil-teacher ratios, and the SRS income-eligible child care waiting list. Other areas were highlighted, but not targeted with specific goals. Finally, we listed support programs which, if properly established and funded, would enhance our chances of reaching our goals.

This plan for Kansas children is an on-going one. We intend to review and update it every year. We invite you to join us in this process. The investment in our future will be well worth it.

g-o. 2-19-91
attachment 4

I am Nola Ahlquist-Turner, Program Manager of Maternal Child Health services at the Topeka-Shawnee County Health Agency. I am speaking today on behalf of the Children's Coalition and the Perinatal Association of Kansas. The Children's Coalition represents 51 member agencies who are concerned about children's issues. PAK is an organization composed of physicians, nurses, social workers, nutritionists and other professionals who work with pregnant women and infants.

At the Topeka-Shawnee County Health Agency I am responsible for WIC, Healthy Start and the Maternal and Infant Care Project. In my professional capacity, I have daily contact with young families in need of health care services.

At home, I am the mother of a healthy new baby, Alex Michael, who is now 3 months old. As I watch him grow, I am constantly reminded of the value of adequate, quality health care.

Today, I would like to address with you, the topic of prevention. More specifically, I want to discuss prevention of child health problems.

I want to define prevention because I think we too often believe we are providing preventive services when, in reality, we are in the middle of a crisis.

Webster defines prevention as - "to come before, to anticipate, to be in readiness for, to act ahead of".

I want you to personalize the topic by thinking of someone close to you - your child, a grandchild, or maybe a close friend. I would like for you to imagine the frustrations you would experience if you were unable to meet their health needs.

Those of us who have the resources to meet the needs of our children, often fail to recognize the stress and helplessness that inability to provide for family needs causes. We do not realize how fortunate we are that we can actively pursue prevention of health problems because of our resources;

That we have health insurance; knowledge re: health issues; self-esteem to pursue our needs and a sense of dignity that we in fact deserve the care we received.

What we have claimed for ourselves is the right of every Kansan, regardless of his ability to attain it on his own.

This year the Children's Coalition is using a birthday party theme to emphasize children's legislative priorities for our state.

g.O. 2-19-91
Attachment 5

Four infants born today will have significant medical and learning disabilities; 18 will be referred to local SRS offices for abuse - 3 will be confirmed; an appalling 53 Kansas children will not be fully immunized against childhood disease until kindergarten; 51% of Kansas children are not fully immunized by age 2; yet we know that younger children are more vulnerable to longterm affects if they should contract one of these diseases.

When I started working at the health agency 15 years ago, nurses were providing child health services in neighborhood sites throughout the city. We provided physical assessments, developmental assessments, health and parenting education, and immunizations. We did not replace the physician but enhanced their care. All these services are preventive.

But as money becomes tighter, the tendency is for services to be less prevention oriented and more crisis oriented.

Instead of helping families help themselves, we pick up the pieces and try to patch them together but continue to call the service prevention. This approach is far more costly - fiscally and more importantly to the quality of human lives.

We have some excellent prevention focused programs in the State of Kansas - Maternal and Infant Care projects are available to provide prenatal care in 69 counties in Kansas, Healthy Start Lay Home Visitor is available in 62, Immunizations are available to all Kansans through local health departments, and early intervention services for birth through 2 just being established in our state.

We, too, have increased income eligibility guidelines for medicaid for pregnant women and young children in our state. This has greatly enhanced the financial ability of families to seek care. Unfortunately, a medical card in hand does not assure health care.

We need to build on these resources. We need to integrate services - public with private, we need to explore more cost effective means of delivering services, using nurse practitioner and para-professionals. We need to approach services in a comprehensive focus - multi-discipline, multi-agency, multi-county.

We need to address barriers - access, availability, knowledge and understanding of preventing health care.

We need to assist families in building on their own resources, so that the State of Kansas will not be forever responsible for their health care.

Finally, we need to fund those programs that practice prevention concepts.

Prevention is not a short term objective - it is a long term multi-faceted process and it will not provide immediate gratification, but until we truly focus on prevention, we will not find a solution to our growing health care needs and our costs will continue to rise as we try to pick up the pieces.

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I want to thank you for the opportunity you have given us to be here today. I appreciate your efforts to find solutions to the many problems facing children at risk in our state and I hope that my observations and suggestions will be helpful.

I am Frank Ross, Executive Director of Elm Acres Youth Home, Inc., Pittsburg and Columbus, Kansas. Elm Acres provides residential care to 54 adolescents ages 12 to 18 - 30 boys at our Pittsburg facility and 24 girls at our Columbus home.

I would like to give you some background information on myself. I have a Master of Social Work degree from the University of Kansas, and have worked in human services in Kansas for over 20 years. I have worked for Topeka SRS as a Child Protective Services Supervisor, I have been employed at several community mental health centers and have been Executive Director of Elm Acres Youth Home for the past 11 years. I am going to share with you my thoughts and observations in regard to the many problems facing troubled children in Kansas based on my 20 years experience in working with children and families in Kansas.

YOUTH IN CARE:

The young people coming into foster care at Elm Acres the past several years have been more troubled than at any time in my 20 year human services career. I have heard private providers criticized for creaming - taking only youngsters into care that are the least troubled. This is absolutely not the case. The family pathology of the youngsters coming into care at Elm Acres is more severe and the amount of supervision, the level of services, along with the length of time required to deal with these youngsters is greater than ever before. Anyone that doubts this is invited to come to our facility and read profiles of the youth in care. Most of these youngsters have been abused and neglected for at least a dozen years and they will be struggling with many of these personal issues for the rest of their lives.

LENGTH OF STAY:

The length of stay of children at Elm Acres has been greatly reduced. For example, the length of stay at our Pittsburg boys' home in January of 1991, was slightly over seven months, half as long as it was in 1988. I know that there has been a notion that private providers are motivated to keep youth in care longer than necessary in order to collect the money for their care. At Elm Acres we have operated at 100% occupancy with a waiting list for over six years. Whenever a youth leaves we can make arrangements to have another youth in care the same day or sooner. Money has never been a consideration in our decisions as to how long a youth should remain in our program.

The youngsters that come into care at Elm Acres generally lack some essential components of human development. Very often they come from families where they have learned the three rules characterizing a

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dysfunctional family - don't talk, don't trust, don't feel. At Elm Acres we try to teach them how to function as healthy individuals and family members. Usually, within six to eight months we can begin to note the following:

- Solid patterns of positive behavior change begin to develop
- The youth learns to trust the predictability of the group home environment - a necessary prerequisite for continued emotional development
- The youth begins to emotionally identify with and trust individual staff members
- The youth begins to learn how to recognize and express their feelings appropriately.
- The youth get to a point where they can practice and refine their newly acquired skills if maintained in a proper learning environment

For foster care to be effective the length of a youth's treatment should not be determined by financial considerations at either end. They should not be in foster care longer than they need to be for financial reasons nor should they be removed from this service before the treatment process can be completed.

THE RESPONSIVE NATURE OF FOSTER CARE:

The foster care system is, by its very nature, in a response mode to forces and trends at work in society over which we have little control. Many social and economic factors contribute to the demands and stresses that are placed on the foster care system. These include economic stresses, such as a sluggish economy and high unemployment, increases in alcohol and drug abuse, increases in child abuse and, perhaps most significantly, changes in the American family leading to increased family instability.

Over the years I have seen increasing demands being placed on the foster care system. We can respond to these increased demands in a reactive or a proactive manner. What I fear has happened is that our response has become reactive or crisis driven rather than proactive and well planned. We have not adapted the system to meet the increasing challenges we all face. Our colleagues at SRS are faced with some agonizing choices. With caseloads that are more often than not far too high to be adequately managed, and with limited resources and funds available, they often have to choose between the alternative that is the least undesirable. This means that they often have to seek the cheapest service available, such as a Level IV group home when a child actually needs the services and supervision of a Level V group home, or they may not be in a position to leave a child in care long enough due to financial constraints. For some youngsters in their caseload there is no appropriate service available in the State of Kansas.

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WHERE DO WE GO FROM HERE?

In view of the above, I believe our state must invest the time and resources to develop a well-conceived, adequately funded continuum of child care. This continuum of care should recognize and support the appropriate role of family preservation services and short term and long term foster care. We must recognize that if we do not deal effectively with these young people now they will not go away. They will be back in the system at some point in the future with more serious problems. It is well documented that children in foster care are extremely high risk for many of society's most disturbing and costly problems including child abuse, alcohol and drug abuse, crime, teenage pregnancy, welfare dependency and the list goes on and on and on. It is also well documented that many of these problems are cyclical in nature. They tend to repeat from one generation to the next unless the cycle can be interrupted by effective services.

What is needed is a well conceived, adequately funded continuum of care that has a strong family preservation element as well as both short term and long term foster care. In this regard, I will give you several opinions. I do not believe it is realistic to expect that family preservation will significantly decrease foster care costs in the near future. It is my belief that the children needing long term foster care and the families and children that can benefit from family preservation services are, for the most part, two separate client population groups. There is a substantial number of children in foster care for which family preservation services are not a realistic option. However, I believe that family preservation services are vital to a well-developed continuum of care to work with families that are amenable to this service and can serve a vital role in preventing further family disintegration. Hopefully, a well conceived and funded family preservation effort could help provide us with a proactive approach that might, in the long-term, help stem the tide of the ever increasing foster care case load.

PUBLIC/PRIVATE PARTNERSHIPS

Having worked 20 years in the human services field, both in the public arena as well as the private sector, I am convinced that you should look very strongly at developing public/private partnerships in helping to solve many of the human services problems of our state. For example, in foster care there are over 50 private agencies providing care to children in state custody. Almost all of these agencies are working very hard to supplement the cost of care being provided with private dollars. For example, at Elm Acres, we have been working for the past two years to raise \$850,000 for much needed capitol projects. These are expenses that would have to be incurred by the taxpayers if it were not for the private/public partnership we had with the State of Kansas to provide these services. Also, on an annual basis we scramble very hard to develop diverse sources of revenue to supplement our daily operating costs. In order to meet the needs of the very troubled children in our care, we have developed a number of programs that

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require funding beyond the daily rates paid by the state. Although we have received some grant funds to help partially pay for these projects, none-the-less, we have had to come up with a substantial amount of money from private sources to support the cost of these essential programs. Once again, these are programs that would need to be funded by tax dollars if it were not for the public/private partnership.

SUMMARY

In summary, we must take the time to develop a proactive plan for dealing with children and families at risk. We can no longer afford to operate a crisis driven system. We can no longer afford to let the services provided be based on what is available rather than what is needed and what has the potential to be most effective. As you struggle with these problems, I caution you not to expect a quick fix. I believe that we are perhaps a generation away from the point where we can reap the full benefits of a well conceived, adequately funded system of services to children and families. If we are ultimately going to interrupt some of these devastating intergenerational legacies of child abuse and neglect, welfare dependency, alcohol and drug abuse and crime, if we are going to have a well-educated, productive and competitive work force composed of taxpayers rather than consumers of tax supported services, then I urge you to invest the time and energy now so that we can have the kind of Kansas all of us want into the twenty-first century.

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TESTIMONY OF

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February 19, 1991

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Introduction

My name is Chris Hansen and I am the Associate Director of the Children's Rights Project of the ACLU. The Children's Rights Project is a national project that brings lawsuits against state or county child welfare systems in order to ensure that those systems provide effective, efficient, minimally adequate services to children and families.

As the legislature may know, a suit against Kansas's SRS was filed by Rene Netherton, a member of the Kansas bar and guardian ad litem for many of the children in the Topeka area who are in custody of SRS. The suit was filed on behalf of all of the Children in Need of Care in Kansas. The suit charges that SRS is not complying with legally mandated minimum standards of care. That suit is now pending before the Honorable Adrian Allen in District Court in Topeka. I am one of the lawyers representing the plaintiffs in that case. I believe it would be inappropriate for me to discuss in public any matter relating to the suit that has not been first presented to Judge Allen. Accordingly, my testimony will be limited to a general discussion of the case and to a discussion of similar suits around the country.

Sheila A. v. Hayden

The case is entitled Sheila A. v. Hayden. Nine children from seven families are listed (by pseudonym) as named plaintiffs. Because children cannot sue in their own name, a number of prominent Kansans agreed to be Next Friends for the named plaintiff children. The next friends include: Eugene Balloun, Sheila Wombles, Rev. C.L. Bachus, Bishop Kenneth W. Hicks, Paul David Walker, Barbara Walker, Kristy L. Simpson, and Judy Frick. Until his death, Dr. Karl Menninger was also a next friend.

The suit argues that SRS does not comply with P.L. 96-272, 42 U.S.C. §627 et. seq., 670 et. seq., the statute that authorizes federal funds for child welfare and conditions the receipt of those funds on state compliance with minimal standards. The suit is also based on the Kansas child welfare statutes passed by the Kansas legislature, and SRS's own policies. The suit does not seek to create new standards in child welfare, but only to assure that SRS meets those standards and procedures that Congress, this legislature and SRS believe essential to child welfare practice. The suit does not seek to assure Kansas families and children the best possible system of child welfare--though such a goal is certainly desirable. The suit only seeks to hold the state to minimally adequate standards and procedures. Finally, the suit does not ask the court to second guess the difficult decisions made by SRS social workers. Instead, it asks only that social workers be adequately trained and supported so that they can adequately make those decisions.

The court denied the motions by the state defendants to dismiss the case. Further, the court has certified the case as a class action on behalf of all children in the Child in Need of Care program or at risk of entering that program. We are now engaged in discovery.

Possible Remedy

Most of the previous cases have resulted in Consent Decrees or orders defining the standards and procedures to be followed by the child welfare system. The remedy can include standards and procedures in such areas as case plans and reviews, services and care provided to children and families, preventive services, timelines for critical actions, worker training, worker caseloads, foster parent training, and placement alternatives. The court is then available to assure that there is compliance with the orders.

More recently, many states have chosen to cooperate with reform efforts even prior to a finding of liability. For example, in Virginia, even prior to bringing suit, we were able to reach agreement on the reading a random sample of cases with the state agency to identify strengths and deficiencies. In Illinois, the ACLU affiliate and the state agreed on a panel of experts to identify strengths and deficiencies of their child welfare system. In both instances, we hope that the results will provide a basis for defining areas that need correction and that we can reach agreement on solutions to those problem areas.

The most drastic remedy granted so far was recently granted by the court in Connecticut. The parties there agreed to binding arbitration of the dispute. The arbitrators, which included a federal judge, decided that the problems were so structural in nature that control of the child welfare system should temporarily be taken away from the state and placed in the hands of a court appointed body until the problems are remedied.

We are always ready to discuss cooperative means of identifying problems that do exist and possible solutions to those problems that take careful account of the views of SRS itself. If cooperation is not possible, then trial will be necessary and, if the court finds liability, the court will be called upon to devise an appropriate remedy.

History of Child Welfare Litigation

Child welfare systems are usually considered to consist of four components. The first is the child protection system which investigates allegations that a parent has abused or neglected a child. The second is preventive services, services to families in trouble that seek to preserve the families wherever possible

and avoid the need to remove the children from the parents. Third is the foster care system that assumes temporary custody of children who cannot live with their parents, usually though not always as a result of abuse or neglect by the parent. The final part of the child welfare system is responsible for finding permanent adoptive homes for those children who cannot ever return to their parents. Because of the enormous power wielded by the government through the child welfare system to interfere in a family even to the point of permanently removing the children from the parents, its operation raises serious civil liberties concerns.

Unfortunately, child welfare systems are often grossly inadequate, unnecessarily interfering in families and causing serious, irreversible harm to the very children the system was set up to protect. Allegations of abuse or neglect are often not investigated promptly or completely. Children are removed from their home when services to the family would have made it possible to preserve the family. Children who are in foster care are often placed in homes of untrained and poorly supported foster parents who are supervised by poorly trained and enormously overworked social workers. As a result, children do not receive necessary services or treatment and remain in care much longer than is necessary. They move repeatedly from one home to another. Children who are appropriate for adoption wait years for an adoptive home. These kinds of failures can prevent children from ever having a relationship with a caring and consistent parent, one of the prerequisites to healthy adult relationships. These problems are generally not the fault of the workers or the foster parents, but of the state agency which has inadequate resources and often mismanages those that do exist.

Faced with state agencies that assumed enormous, sometimes total control for individuals and did so in ways that were unnecessary and harmful, lawyers for children looked for methods that could be used to force reform. We developed legal theories based on constitutional rights, based on general due process principles and the right not to be harmed while in state custody (see Mushlin, "Unsafe Havens: The Case for Constitutional Protection of Foster Children From Abuse and Neglect," 23 Harv. C.R.-C.L. L. Rev. 199 (Winter, 1988), and based on the federal child welfare funding statute, P.L. 96-272, 42 U.S.C. §620 et. seq., 670 et. seq.. Applying litigation methods and theories developed in the areas of prison litigation and mental health litigation to a whole new area of state control over individuals -- child welfare -- we initiated litigation on behalf of all of the children affected by the child welfare system, or part of the system, in a number of jurisdictions.

With one exception, the earliest challenges to state child welfare systems were litigated by the Children's Rights Project. Among the earliest cases were:

Joseph A. v. New Mexico, 575 F. Supp. 346 (N.M., 1983) (An Children's Rights Project case on behalf of all of the children in New Mexico's foster care system, Joseph was primarily directed at the state's failure to develop plans for the children in care and to implement those plans. The result was that children drifted year after year through the foster care system, not returning home, not being adopted, never having a permanent home. The case was settled with a Consent Decree in 1983. Since then, the Children's Rights Project has engaged in substantial enforcement activity. For a more extensive discussion of Joseph, see below.)

G.L. v. Zumwalt, 564 F. Supp. 1030 (W.D. Mo., 1983) (A Children's Rights Project case on behalf of all children in the county that includes Kansas City, this case was primarily directed at the high level of abuse and neglect by foster parents of foster children, indicating serious problems in recruiting, training, and supervising of foster parents and equally serious problems in training and supervision done by workers. The case was settled by a Consent Decree in 1983 and has been in the enforcement phase since then. A court oversight committee has been established and a methodology for measuring compliance agreed upon. See Mushlin, Levitt, and Anderson, "Court-Ordered Foster Family Case Reform: A Case Study," LXV Child Welfare 141 (March/April 1986))

In Re Michael and Michele P., state court, Louisville, Kentucky. (A Children's Rights Project case on behalf of all black Protestant children who have a plan of adoption in Louisville, the case alleged that the state had itself committed abuse or neglect by failing to expeditiously arrange for adoptive homes for children whose plan was adoption. The case was settled by a Consent Decree in 1981 and was closed upon compliance in 1990. For a more extensive discussion of In re P., see below.)

Wilder v. Bernstein, 645 F. Supp. 1292 (S.D.N.Y., 1986) aff'd 848 F.2d 1338 (2nd Cir., 1988) (A Children's Rights Project case on behalf of all black Protestant children in foster care in New York City and taxpayers challenging racial and religious discrimination in the placement of children into publicly funded, voluntary child care agencies, this case was settled by a Consent Decree in 1986 and is in the enforcement phase.)

Lynch v. Dukakis, 550 F. Supp. 325 (Mass., 1982) aff'd 719 F.2d 504 (1st Cir, 1983) (This is a case on behalf of all of the children in Massachusetts's foster care system challenging a range of problems. A court order was obtained in 1983 setting limits on the size of caseloads by foster care caseworkers.)

For a full discussion of early child welfare litigation, see Lowry, "Derring-Do in the 1980's: Child Welfare Impact

Litigation After the Warren Years," XX Family Law Quarterly 255, (Summer, 1986)

After this initial wave of litigation established the viability of the legal theories and gave some hope for genuine reform of child welfare systems, the pace of litigation accelerated. A number of new cases were filed by the Children's Rights Project and by others. The new cases fell into two major categories: class actions seeking injunctive relief to reform the whole child welfare system or parts of it and damages cases for harms done to individual families by the system. Among the newer cases in both categories are:

INJUNCTIVE RELIEF

Martin A. v. Gross and Cosentino v. Perales, 138 Misc. 2d 212 (Sup.Ct. N.Y. Co., N.Y., 1987); Grant v. Cuomo, 130 AD 2d 154 (App. Div., 1st. Dept., N.Y., 1987) aff'd 73 N.Y. 2d 820 (1988). (These three cases all challenge the failure of New York City to comply with state and federal mandates in the areas of protective and preventive services. Martin A, a Children's Rights Project case, challenges the failure to consider and then, where appropriate, provide preventive services to families whose children are placed in foster care. Cosentino challenges the failure to provide housing as a preventive service and the resultant placement of children in foster care solely because the family lacks housing. Grant argued that in some circumstances, the city was required to provide preventive services. All three cases were successful in the trial court on motions for preliminary relief. Grant was unsuccessful at both levels of appeal, the courts holding that the decisions challenged involved the exercise of discretion. Martin and Cosentino have been successful on appeal and are now preparing for trial.)

Del A. v. Edwards, Civ. Act. No. 86-0801 (E.D. La., mot. to dismiss, March 2, 1988) aff'd 855 F.2d 1148 (5th Cir., 1988) vac. and en banc rev. gr. 862 F.2d 1107 (5th Cir., 1988) app. dismiss. 867 F.2d 842 (5th Cir., 1989) (This Children's Rights Project case is on behalf of all of the children in Louisiana's child welfare system. Plaintiffs survived several motions to dismiss. Defendants appealed the denial of the motion to dismiss the damages claims on qualified immunity grounds. Appeal ultimately dismissed. Trial was begun and has not been completed.)

Roe v. Staples, C-1-83-1704 (S.D. Ohio, Consent Decree entered Oct. 2, 1986) (This case challenged the conditions in the foster care system in Hamilton County, Ohio which includes Cincinnati. It was settled by a Consent Decree in 1986.)

L.J. v. Massinga, 838 F.2d 118 (4th Cir., 1988) cert. den. 57 USLW 3453 (Jan. 9, 1989); Consent Decree approved 699 F. Supp. 508 (Md., 1988) (This is a challenge to the foster care system

in Baltimore. It was settled with a Consent Decree in 1988 and is in enforcement.)

B.H. v. Johnson, No. 88C5599 (N.D. Ill., filed July, 1988) (This is a case by the Illinois affiliate of the ACLU alleging deficiencies in the child welfare system in Illinois. A panel of agreed-upon experts has presented a report to the court of problems with the child welfare system and the parties are engaged in discussions about possible solutions.)

LaShawn v. Barry, No. 89-1754 (D.C., filed June 1989) (This Children's Rights Project case is a comprehensive challenge to child welfare in the District of Columbia. The trial began last week and should be completed this week.)

Juan F. v. O'Neill, No. H89 859 (Conn., filed December 1989) (This Children's Rights Project case is a comprehensive challenge to child welfare in Connecticut. Recently settled after binding arbitration.)

R.C. v. Hornsby, Civ. Act. No. 88-D-1170-N (M.D. Ala., filed 1988) mot. to dismiss. Apr. 19, 1989 (This is a case initially filed on behalf of an individual in Alabama by the Alabama affiliate of the ACLU with the Mental Health Law Project. Motion to dismiss was denied. Plaintiffs are now in discovery.)

B.M. v. Magnant, No. I-P-89-1054 (S.D. Ind., filed September 29, 1989) (This is a comprehensive challenge to child welfare services in Marion Co., Indiana.)

These cases all seek fairly wide-spread reform of the foster care system. There have been other cases challenging one or more discrete issues within the system. For example, in Illinois, Bates v. Johnson was settled in June, 1986, with rules requiring parent/child visitation on a set schedule. Another case, In re G.S., was settled in June, 1987, with a decree establishing a whole new system for lawyers who represent children in dependency cases. In Arkansas, a court ruled that the state was failing to provide services to children placed with relatives. See also Eugene F. v. Gross, Index No. 1125/86 (Sup. Ct., N.Y. Co.). In California, Timothy J. v. Chaffee, LASC # CA 001128 alleges that social workers do not make sufficient visits to children and their families. Doe v. NYC DSS, 670 F. Supp. 1145 (S.D.N.Y., 1987) is a challenge to the city's failure to place children in foster homes upon receiving custody instead of having children sleep in offices. It was settled in 1989.

DAMAGES

DeShaney v. Winnebago Co., 57 USLW 4218 (Feb. 22, 1989) (In this case, the Supreme Court found that the state owed no duty to protect a child who was in the custody of his parent but who was

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being supervised by the child protection system even when the social worker for the system observed repeated instances of suspicious injuries and did nothing.)

Taylor v. Ledbetter, 818 F.2d 791 (11th Cir., 1987) cert. den. Ledbetter v. Taylor, 57 USLW 3588 (1989) (Successful suit for damages against state and county officials for injuries caused by foster parents while child was in state custody.)

Doe v. NYC DSS, 649 F.2d 134 (2nd Cir., 1981) cert. den. 649 F.2d 134 (1982); 709 F.2d 782 (2nd Cir., 1983) (Successful suit for damages against city and private agency officials for injuries caused by foster parents while child was in state custody.)

See also Harpole v. Ark. DHS, 820 F.2d 923 (8th Cir., 1987); Leshner v. Lavrich, 784 F.2d 193 (6th Cir., 1986); Scrivner v. Andrews, 816 F.2d 261 (6th Cir., 1987) (Unsuccessful efforts to relitigate family court proceedings by damages suits in federal court.)

The question remains in all of these cases whether the use of litigation is successful in changing state foster care agencies. It is possible to look at the impact of child welfare litigation from two standpoints: what impact the lawsuit has had on the law and what impact the lawsuit has actually had on the lives of children. Making new law and establishing legal precedent is important because that precedent then provides guidance to other states and other systems about what is permissible and, one hopes, encourages other systems to reform before they, too, get sued. And if that guidance is not followed, legal precedent in one system provides the basis for victory in a lawsuit in the next system. The cases have established important legal precedents.

The judgments entered in lawsuits which have gone to a successful conclusion also provide important precedent concerning the power of the courts in these kinds of cases. Thus the courts have approved judgments with specific requirements covering a range of issues including the frequency and content of worker and foster parent training, worker caseload size, time periods within which case planning must be done, permissible planning options for children, time periods and steps that must be followed to ensure that children receive a permanent placement, citizen reviews of planning for individual children, and provision of medical treatment for children.

Obtaining a judgment is only the first and not the last step in bringing about real change in the lives of children affected by child welfare systems. Without vigorous and constant monitoring these judgments are no more likely to be enforced than the laws upon which they are based. However, with persistence,

these judgments can produce reforms. The Louisville and New Mexico cases provide good examples.

Louisville, Ky.; In re Michele and Michael P.

In Louisville, a neglect petition was brought against the local department of social services for itself neglecting children who had been placed in the department's custody and for whom adoption had been determined to be appropriate. All states have laws allowing the state social services agency to sue a parent for causing harm -- either physical or emotional -- to a child. In Kentucky, the Children's Rights Project argued that the state was causing the same kind of harm to these children by failing to make efforts to effectuate its own plan for them, and was itself a neglectful custodian.

There is unanimous agreement among social work professionals that foster care should be temporary, and children either returned home or placed in a new permanent home through adoption whenever possible. There is also unanimous agreement that the older children are the harder it is to find adoptive homes for them. In all too many instances children are not adopted simply because the paperwork is not done and they don't become available for adoption until they are either too damaged by their experiences in foster care -- during which most children are shifted among a number of different homes -- or too old to be acceptable to families or individuals looking for younger children.

The Children's Rights Project alleged that Michele and Michael were only illustrative of a broader problem. The reason Michele and Michael had not been adopted was not that their worker was incompetent, but rather that the system itself was inadequate. The court both sustained the neglect petition against the department and allowed the case to proceed as a class action on behalf of all Louisville children for whom adoption was the plan.

On the even of trial, the state agreed to a court-ordered judgment that was intended to reform the adoption process in Louisville. The court order listed each of the steps that must be taken to find an adoptive home for a child and a specific time period within which that step should be accomplished. For example, when a child first enters foster care in Louisville, the first step is to have a planning conference to determine whether that child will return home or will be appropriate for adoption. The consent decree provides that that conference must be held within seven days of the date the child enters care. Further along in the process the decree provides time tables within which the social worker must prepare a summary of the case to be sent to the lawyers who must then prepare the necessary court documents in order to make the child legally available for adoption and within which the child must be referred to the unit

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which finds adoptive homes. The decree also requires periodic reports by the state concerning compliance.

The court approved the consent decree in September, 1981. For the next few years, Kentucky made few efforts to comply with the decree. In addition, Kentucky announced that it had unilaterally decided to disobey the decree and would no longer produce the required compliance reports. The Children's Rights Project moved for contempt based on the state's decision not to provide further reports and based on the lack of compliance reflected in the reports that had been submitted. Compliance statistics ranged from 10% to 55%. A contempt finding was granted and sustained on appeal.

Still, little action was taken to comply. In 1987, the Children's Rights Project moved for contempt for a second time, asserting that virtually no progress had been made in achieving compliance with the Decree. This time, the Children's Rights Project analyzed data for the period January 1, 1986 through July 1, 1987, which showed compliance figures for each step ranging from 17% to 72%, with half of the steps under 50% compliance.

Even though the state disputed these figures, its own analysis also showed substantial noncompliance. Based on the evidence, the court announced its intention to hold the state in contempt for a second time and instructed the parties to meet to agree upon an order that might have some effect in improving compliance.

The parties were able to agree upon a modification of the decree that went into effect in 1988 and that incorporated a mechanism for collecting and reporting compliance data that both parties could agree was accurate. This was an important step designed to avoid future arguments about whether there was compliance or not. Without those arguments, the parties could concentrate on solutions to non-compliance.

The modification also provided for the hiring of a part-time, independent person to audit the state data to make sure it was accurate. At the state's request, the modification set up a mechanism whereby the state could seek to escape from the strict requirements of the decree in an individual case if they could demonstrate that compliance would be harmful to the child or if it was impossible for the state to comply. The modified decree also required the state to achieve certain specific rates of compliance over time.

The compliance data pursuant to the new procedures began to be produced in the last quarter of 1988 and continued for several quarters. The improvement was been dramatic. In the first quarter in which the modified decree applied, compliance was 100% for all categories but one and for that category, compliance

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was 99%. The independent reviewer determined that the data was substantially accurate. For the second quarter, the first three months of 1989, the state showed 100% compliance for all of the steps except one and for that step, compliance was 93%. No child was exempted due to individual circumstances in either quarter. Similar results have persisted in subsequent quarters.

There are several explanations for this dramatic though belated progress. Most importantly, the state's initial agreement to the decree had been based, in part, upon the implicit assumption that the fact of reaching agreement would satisfy the Children's Rights Project. When it became clear that the Children's Rights Project insisted not merely upon an agreement, but upon implementation of that agreement, the state appeared to assume that if the problems were ignored for a long enough period, Children's Rights Project lawyers and other advocates would give up and turn their attentions elsewhere. The second contempt motion finally seemed to convince Kentucky that the only way that Children's Rights Project lawyers would stop their continued pressure and repeated contempt motions was for the state to comply with the Decree. Kentucky then hired a full-time staff person whose job was to ensure that workers understood the requirements of the Decree and followed it. This new staff person's efforts have obviously been very successful.

In 1990, after compliance continued, the parties jointly agreed to place the case on the inactive calendar, ending active supervision of Kentucky's adoption system. At a joint press conference, both parties agreed that Kentucky's progress showed that compliance was possible with an appropriate commitment.

The story of In Re P. demonstrates that litigation can be successful in changing the behavior of state foster care agencies. The key factors include (1) clear goals and a court order with measurable requirements; (2) extensive fact-gathering both pre- and post-judgment; and (3) persistence and flexibility.

New Mexico

The Children's Rights Project is in a somewhat different position in our New Mexico case because it is farther away from the success it has achieved in Louisville. Nevertheless it can point to measurable improvement which is directly and solely attributable to the continuing pressure supplied by the court order in that state.

Joseph and Josephine A. v. New Mexico Department of Human Services was filed in federal court in 1980 and focussed on planning for children and access to adoption..

A Consent Judgment, entered on the eve of trial, regulated the foster care system. It set maximum caseload standards,

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mandated regular training for workers and established minimal caseworker qualifications, established permissible permanent plans for children, set standards for the content of the plans, established steps in the planning process and time periods within which the planning had to be done, established procedures for freeing children for adoption, for adoption recruitment and adoption matching. The judgment required periodic reviews of children's status internally, by a court, and by Citizen Review Boards, which were also created by the judgment. It also mandated the establishment of a statewide computer information system and monitoring procedures, including the creation of the position of compliance monitor.

The implementation process in New Mexico has varied enormously. The department was unable to do the initial planning that would have led to a smooth implementation of the reforms required by the judgment. When confronted with claims of noncompliance in 1984 and 1985, the department admitted the noncompliance and agreed to hire a nationally recognized child welfare expert as a consultant to work with state administrators in designing procedures, management systems, and a computerized information system, as well as a uniform case record system.

Over the last several years, the department has made measurable progress. That progress has been insufficient to constitute compliance with the decree, however, and there is insufficient evidence that the reforms have been institutionalized to a degree that continuing court supervision is unnecessary. Nevertheless, both sides readily admit that the court order has resulted in dramatic change in a state foster care system that, when the lawsuit was filed, had been one of the worst in the country.

Among the specific changes:

- * Sixty-four per cent of the children in foster care in New Mexico had been in state custody for 24 months or longer. The length of time in custody has dropped from four and a half to one and one-half years.
- * The department instituted in 1987 an annual training program for all workers, and now provides preservice training for workers.
- * The amount of funding for child welfare services has increased.
- * The number of attorneys available to handle children's cases increased by 14, and all areas of the state now have attorneys to handle both neglect and termination of parental rights cases. Previously many of the areas of the state simply had no attorneys available to free children for adoption.
- * The number of social workers has increased by 49 and the number of supervisors by 6.

- * A caseload weighting system has been developed and refined so that mixed caseloads can be judged by consent decree standards.
- * A statewide computer system is in place, which tracks most though not all consent decree requirements and provides a "tickler" system to ensure that planning events take place as required.
- * The department has instituted a Quality Assurance Program, based on a design by the outside expert, to measure the quality of the casework and planning, as well as compliance with mandated timelines.
- * A uniform case record system has standardized the recording of information, made that information more accessible, and is considered by case workers to save significant amounts of time.
- * Citizen Review Boards have been established statewide and review many though not all children for whom review is mandated. When the legislature cut the money to operate the boards, the department was able to find the money elsewhere in its budget.
- * The number of children with inappropriate or unrealistic plans has dropped significantly. In 1987, 66 children had a plan of return home but had had no contact with a parent for the previous six months. In 1988, only 36 children were in such a category. In 1987, 323 children had had a plan of return home for more than 18 months without that plan being accomplished. In 1988, only 68 children were in such a category. In 1987, 43 children 15 years or younger had a plan of emancipation or independent living. In 1988, 14 children had such a plan.
- * Less than one-third of the children for whom adoption was appropriate had been referred for adoptive placement before the lawsuit was filed. Almost all children in that category are now referred for adoptive placement.
- * Adoptive placements have almost tripled, increasing from 52 in 1983 to 137 in 1987.

New Mexico is far from providing an ideal foster care system to its children. But even the defendants concede that the consent decree in this case provides an excellent framework for operating the child welfare system, has brought money into the department that would not otherwise have been available, and has kept the department moving toward reform through several different state administrations for whom child welfare and foster care would not otherwise have been a priority.

As these cases illustrate, the path of implementation has been far from smooth. It has required persistence and, in some instances, further litigation. But the lawsuits, and the judgments that have resulted from them, have been the only consistent and long-lasting pressure for reform in child welfare systems that were seriously damaging the children caught up in them.



Because all children *the who cares...*
**Kansas Action
 for Children, inc.**
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TESTIMONY TO HOUSE COMMITTEES

FEBRUARY 19, 1991

I am Sydney Karr, Advocacy Coordinator at Kansas Action for Children. KAC is a founding member of the Children's Coalition. Today, I'll be discussing child care and the new initiatives funded by the Omnibus Budget Reconciliation Act of 1990.

KAC has a long history of advocacy for child care in our state, and I was very fortunate to attend the Children's Defense Fund strategy session in Washington, D.C. earlier this month as the representative of Kansas. The information I have regarding the federal programs comes from the CDF and from a meeting with three Family Support Administration officials. (FSA is the federal agency administering the two new programs.)

I am enclosing a brief summary of the two new federal government grants, so I will take very little of your time now to detail those programs unless you have questions.

In general, Congress has allocated approximately \$3 million for Kansas in federal FY 1991 for the Title IV-A At-Risk program. It is for families at risk of going on AFDC because they are low income and can't afford day care. The funding will continue at least five years and will increase each year. We must provide \$1.7 million in matching funds for FY 1991 and approximately \$2.1 million for FY 1992, but we don't have to appropriate new dollars. We will use money already being spent on child care in our state for the Income-Eligible program. Our application for this money for this year has already been submitted to the Family Support Administration, and the money can begin flowing as soon as the FSA approves the application.

*g.O. 2-19-91
 attachment 8*

We will also receive slightly over \$6 million for federal FY 1991 under the Child Care and Development Block Grant. Increased amounts in FY 1992 and FY 1993 have been authorized by Congress, but are subject to the appropriations process. There is no matching requirement for the Block Grant. The FY 1991 dollars will not be available to us until September 7 of this year, but can be carried over for use in 1992. The money must be used for child care for low-income families; quality improvements in child care; regulation of child care; early childhood education; and before- and after-school programs. Please ask if you want more details on either of the two new grants.

I will use most of my time today suggesting some goals for child care in our state, and further, suggesting some ways to get to those goals. I'm going to ask you to put yourself in the place of a parent with low income. What you need is:

- 1) A person or place to care for your child or children so you can work or get training. This place must:
 - be available during the hours you're at work -- usually about 7:30 a.m. to 5:30 p.m., but perhaps night or week-end hours (AVAILABILITY);
 - be close enough to your home so you don't spend hours back and forth (ACCESS);
 - assure you it will take good care of your child, and offer some stimulation or activities so your child will develop normally (QUALITY); and
 - charge a fee which is within your budget (AFFORDABILITY).

- 2) Transportation to get your child to this place (ACCESS).

So, you as a parent need child care which assures AVAILABILITY, ACCESS, QUALITY, AND AFFORDABILITY. Your child has a need, and a right to grow up free of harm and free of danger, with a nurturing caretaker who provides the stimulation your child needs to develop normally. This is the outcome for the children of Kansas. To get to that goal, our state must provide

**CHILD CARE WHICH IS AVAILABLE, ACCESSIBLE,
AFFORDABLE, AND OF GOOD QUALITY.**

Now, I'll discuss the new federal programs in light of the four needs I've listed.

AVAILABILITY

Do we have enough slots and enough centers for children whose care is subsidized by the state?

- We know that 1,500 families were on waiting lists last November, and it appears that many more need assistance. We must assure that a majority of the new money funds slots and provides direct services to families. The request by SRS to add 39 new FTE (12 Child Care Specialists, 11 Program Technicians, and 3 Office Assistants II) in FY 1992 should be examined carefully, in order to assure that such expansion is actually necessary.
- Currently, only one-fourth of all providers in Kansas will accept children whose care is subsidized by the state. We must provide sufficient payment so that providers don't have to lose money on these children, which is the case with some existing state child care programs.
- We must assist parents to find day care and to access state subsidies through a consumer education program.
- Availability will vary from place to place in our state. We must empower local leaders, professionals, and consumers to make a local plan to meet the needs of their area. SRS has proposed this, but the real impact will be in the amount of authority and decision-making invested in the local groups. Also, we must use local agencies such as Resource and Referral to help in developing additional resources because they know their communities and they have great credibility locally.
- Children have to have care during all of the hours when parents are at work. We must have full-day, full-year programs for young children; part-day programs and summer programs for school-age children; programs with evening/night hours.
- A working parent who is trying very hard to support a family may not want to apply for child care services at the SRS office, which is associated with "going on welfare" or "abusing your child." Further, that parent may not be able to do so during the hours of 8:30 to 5:00. Contract services and local agency services must be utilized because families can relate to them better than to SRS. Resource and Referral agencies should be used extensively. Again, the need for 39 FTE at SRS could be called into question.

ACCESSIBILITY

Do we have child care in places that are feasible for parents to reach?

- Again, a local plan developed by a local group can address the issue of access.
- Children in part-day programs or in school must often get to another site in the middle of the day, when parent are at work. Schools, Head Start programs, and preschools should be encouraged to assist in the development of on-site child care. School districts and KSDE must be an important part of our plan.
- Transportation must be a service funded by the state, for parents who have no transportation and for children who need to transfer mid-day.
- Since there are six separate programs as part of the state child care system, it is important that the various procedures and regulations are all integrated, so a family can experience the system as "one-stop shopping."

AFFORDABILITY

Do we provide sufficient funding to assure that all families who need services can afford them?

- We need sliding fee scales which have been constructed to be fair to all families, including the very-low income, multiple-child families, and those who are increasing their income but still need assistance.
- We need market rate surveys which truly reflect the market rate in a given area. This includes follow-up to assure that even the higher-priced for-profit centers respond to the surveys.
- We must develop voucher payments and provider contracts which are "user-friendly" -- high on responsiveness and low on red tape.

QUALITY

Do we ensure that Kansas families with low income receive care which meets the quality standards we would set for our own children?

- We must train workers with educational programs that are creative, accessible, and low-cost.
- We must pay workers enough to keep qualified people in the child care profession.
- Today, local health departments are licensing 59% more providers than eight years ago, but with no new resources. We must reimburse local health departments the actual cost for licensing services. KDHE estimates this would take \$604,000 in new funding for FY 1992, which would come from the Child Care Block Grant.
- We must computerize licensing records at KDHE and provide sufficient KDHE staff to assure prompt responses at the state level. Federal funds were made available last year to computerize, but the process has stalled at KDHE. It should move ahead quickly.
- We must form partnerships among state agencies and between the public and private sectors in order to pool resources and assure the highest quality. This means SRS, KDHE, and KSDE must work together, but that type of inter-agency cooperation rarely happens without outside encouragement. Further, we must look to private agencies to provide those services which they can do better and with less expense than a state agency. The partnerships must include the local schools, Head Start programs, Resource and Referral agencies, our Regents' institutions, associations of day care providers such as KAEYC, the Providers' Coalition, etc.
- We must educate and inform parents so they can make judgments about the quality of care and insist upon quality.
- We must develop a system of data collection which will guide our planning and help us to judge the quality as well as availability of services.
- We must establish a statewide committee to administer the program and empower it to make changes to improve quality.
- We must conduct a thorough review of licensing regulations. Kansas was actually a forerunner in the field of child care licensing, and for many years other states have looked to us for guidance in this. However, in a few areas we have actually fallen behind the standards set by the National Association for the Education of Young Children and the regulations set by other states.

CHECKLIST

So, as a summary, our state plan should include all of the following:

- 1) A state committee with broad representation to administer the program.
- 2) A majority of money funding slots for children.
- 3) Sufficient payment to providers to cover their costs and assure quality of care.
- 4) A consumer education program.
- 5) Support services and training for providers.
- 6) Local committees with broad community representation which are authorized to develop local child care plans.
- 7) Extensive use of local agencies, especially Resource and Referral services, as part of the plans.
- 8) Services to assure full-day, full-year care for all children.
- 9) Extensive participation by local schools and Head Start.
- 10) Transportation for children to and from child care where needed.
- 11) An integrated, "one-stop shopping" system.
- 12) Carefully-constructed, fair sliding fee scales.
- 13) Market rate surveys which accurately reflect the market rate.
- 14) User-friendly voucher and contract procedures.
- 15) Increased resources devoted to licensing.
- 16) Education of parents regarding quality and availability.
- 17) A review of licensing regulations.

*g. O. 2-19-91
attachment 8-6*

THE CHILD CARE AND
DEVELOPMENT BLOCK GRANT
AND CHILD CARE GRANTS
TO STATES UNDER TITLE IV-A
OF THE SOCIAL SECURITY ACT:

A Description of Major Provisions
and Issues to Consider in Implementation

Helen Blank
January 14, 1991



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Children's Defense Fund
122 C Street, N.W., Washington, D.C. 20001

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Child Care and Development Block Grant

Funding Issues

The Block Grant authorizes \$750 million for FY 1991, \$825 million for FY 1992, \$925 million for FY 1993, and such sums as deemed necessary by Congress for FY 1994 and 1995. Congress appropriated \$731.9 million for FY 1991, but these funds will not be released to the states until September 7, 1991. The federal government must obligate the funds by September 30, 1991.

The amount of funds states will receive under the Block Grant is determined by a formula that includes the number of children younger than age 5 in the state, the number of children receiving free- and reduced-price lunch, and the state per capita income. Up to three percent of the funds are set aside for grants and/or contracts with Indian tribes and tribal organizations, while 0.5 percent is reserved for the territories, including Guam, American Samoa, the U.S. Virgin Islands, the Northern Marianas and the Pacific Trust Territory. The District of Columbia and Puerto Rico are considered states for allocation purposes.

States are not required to provide matching funds in order to receive federal funds under the Block Grant. A state may carry over part or all of the previous fiscal year's funding to the next fiscal year.

Funds must be used only to supplement, not to supplant, the amount of federal, state, and local funds spent for child care services and related programs.

Use of Funds

Twenty-five percent of Block Grant funds are reserved for activities to improve quality and to expand the availability of before and after-school care and early childhood development services.

Seventy-five percent of Block Grant funds must be used to make child care more affordable or to improve quality and availability. The legislation gives states broad latitude in deciding what activities to undertake with these funds. The Congressional authors of the Block Grant expressed their intent that any quality improvement activities undertaken with 75 percent funds should be of the same nature as those described as eligible activities under the portion of 25 percent funds reserved for quality improvements. They also expressed their intent that a preponderance of the Block Grant be spent specifically on child care subsidies and a minimum amount on other activities.

Reserve for Before- and After-School and/or Early Childhood Development Services

Of the 25 percent, three-fourths (or 18.75 percent of total funding) must be spent to establish or expand and operate, through grants and contracts, early childhood development and before- and after-school programs. These funds may be used for start-up costs, but cannot be used for construction of new facilities. Both public and private providers are eligible for these funds. They are not targeted on a specific provider such as public schools. Priority will be given to those areas eligible to receive concentration grants under Chapter 1 or other areas with concentrations of poverty.

Reserve for Improved Quality

At least 20 percent of the 25 percent reserve (or 5 percent of total funding) must be spent on quality improvement activities. The remaining 5 percent of the 25 percent (or 1.25 percent of total funding) may be used either for quality improvements or expanded early childhood development and/or before- and after-school activities. Allowable quality improvement activities include:

- o Developing, establishing, expanding, operating or coordinating resource and referral services;
- o Providing grants or loans to help providers meet applicable state and local standards;
- o Monitoring compliance with licensing and regulatory requirements;
- o Providing training and technical assistance in areas appropriate to the provision of child care services such as training in health and safety, nutrition, first aid, the recognition of communicable diseases, child abuse detection and prevention, and the care of children with special needs; and
- o Improving salaries and benefits of staff (full- and part-time) who provide child care in funded programs.

Families Eligible for Child Care Financed With 75 Percent Funds

Families are eligible to receive child care assistance if their children are younger than age 13 and their family income is less than 75 percent of the state median income. However, states have the option of restricting eligibility to families at lower income levels. Priority is to be given for services to children in very low-income families (taking into consideration family

size) and to children with special needs. Parents must be working or attending a job training or educational program. Children who are receiving or need to receive protective services and those in foster care also are eligible for child care aid.

Issues Concerning Standards

Any child care provider must comply with applicable state and local requirements and be licensed, regulated, or registered before they can receive Block Grant funds. Providers who are 18 and over who care only for grandchildren, nieces, or nephews must be registered and comply with any state requirements for relative care.*

- o All providers receiving Block Grant funds not caring for relatives previously described and receiving funds under the Act must meet all applicable licensing and regulatory requirements as well as a set of specific health and safety requirements imposed by the state. At minimum, states must establish standards in areas of: prevention and control of infectious disease, including immunizations; building and physical premises safety requirements; and minimal health and safety training appropriate to the setting for providers.
- o Parents must have unlimited access to their children in care during normal hours of program operation in programs receiving funding under the Act.
- o States are free to impose more stringent requirements on programs receiving Block Grant funds.
- o States must have monitoring and enforcement procedures in place to ensure that providers receiving funds under the Act comply with all applicable standards.
- o If states reduce licensing or regulatory requirements, they must explain why in their annual report to the Secretary of the federal Department of Health and Human Services.

* The new federal registration requirement for relative care under the Block Grant may be confusing in states which have a registration system for family day care or other providers that does not apply to relatives. Relatives who "register" to receive Block Grant funds do not necessarily have to comply with state requirements imposed under a state registration system for family day care providers, but they do have to meet any requirements already imposed on relative care by the state.

- o States must conduct a one-time review of their licensing and regulatory requirements, including compliance monitoring and enforcement procedures, unless such a review has been completed in the last three years.

Consumer Education

A consumer education program must be established, providing parents and the public with information regarding licensing and regulatory requirements and complaint procedures. The state must maintain a list of substantiated parental complaints and make it available upon request.

Reimbursement Rates and Payment Mechanisms for Child Care Financed With 75 Percent Funds

The state plan must provide assurances that payment rates for child care are sufficient to ensure equal access for eligible children to comparable child care services in the state or substate area that are provided to children whose parents are not eligible to receive assistance under the Block Grant or other federal or state programs. The rates must take into account the variations in the costs of providing child care in different settings, to children of different age groups and the additional costs for special needs children.

Families must be offered the choice of a contract or a certificate and states must honor parents' choice of provider to the maximum extent practicable. States must establish a sliding fee scale which provides for cost-sharing by parents. The Congressional authors expressed their intent that states be allowed to provide services at no cost to families whose income is at or below the poverty level.

State Planning and Administration

The Governor is responsible for selecting a lead agency to administer child care activities supported under the Block Grant. Congressional authors of the Block Grant program emphasized that, to the maximum extent practicable, the lead agency should be a state entity in existence on or before the enactment of the bill that has experience in the administration of child care programs. The lead agency is required to coordinate the Block Grant with other federal, state, and local child care programs.

States must prepare an initial plan covering a three-year period and subsequent plans for a two-year period. In conjunction with the development of the state plan, the lead agency must hold at least one hearing in the state to provide to the public an opportunity to comment on the provision of child

care services under the state plan. States must consult with local governments in the drafting of the state child care plan.

Reporting Requirements

States must make annual reports to the Secretary of Health and Human Services who must report to Congress annually. The reports must include available information concerning:

- o The number of children being assisted with funds under the Block Grant, and under other federal child care and preschool programs;
- o The type and number of child care programs, child care providers, caregivers, and support personnel in the state;
- o Salaries and other compensation paid to full- and part-time staff who provide child care services; and
- o Activities in the state to encourage public-private partnerships that promote business involvement in meeting child care needs.

The report must also describe the extent to which affordability and availability of child care services has increased. If applicable, the report must present the findings of the review of state licensing and regulatory policies and include a description of actions taken by the state in response to the review, an explanation of any state action to reduce the level of child care standards, and a description of the standards and health and safety requirements applicable to child care providers in the state, including a description of state efforts to improve the quality of child care.

Prohibition on Construction

Funds cannot be used to purchase or improve land, or for the purchase, construction, or permanent improvement (other than minor remodeling) of any building or facility. Sectarian agencies may only use remodeling funds to bring their child care facility into compliance with health and safety requirements imposed under the Block Grant.

Limitations on Tuition

No financial assistance for services provided to students enrolled in grades one through twelve may be expended for:

- o Any services provided to students during the regular school day;
- o Any services for which students received academic credit toward graduation; or
- o Any instructional services which supplant or duplicate the academic program of any public or private school.

Provisions Regarding Sectarian Care and Religious Discrimination

Nothing in the Block Grant shall be construed to modify or affect the provisions of any other federal law or regulation pertaining to discrimination in employment except that a sectarian organization may require that employees adhere to the tenets and teachings of the organization and may require that employees adhere to rules forbidding the use of drugs or alcohol.

Parents using grants or contracts, either for early childhood development and before-and after-school services or for child care provided under the 18.75 percent set-aside, may not use funds for child care which includes any sectarian purpose or activity including sectarian worship or instruction. However, parents using certificates financed by the 75 percent funds for affordability, quality, and supply-building may choose child care that includes a religious education component.

In general, a child care provider (other than a family day care provider) that receives assistance under the Block Grant cannot discriminate against any child on the basis of religion in providing child care services.

All providers receiving funds under the Act cannot discriminate in employment on the basis of the religion of the prospective employee if the employee's primary responsibility is or will be working directly with children in the provision of child care services.

If assistance under the Block Grant and any other Federal or State program amounts to 80 percent or more of the operating budget of a child care provider receiving such assistance, the provider cannot receive Block Grant funds unless the grant or contract relating to the financial assistance, or the employment and admissions policies of the provider specifically provides that no person with responsibilities in the operation of the child care program, project or activity of the provider will discriminate against the employee if the employee's primary responsibility is or will be working directly with children in the provision of child care or admissions because of the religion of the individual.

A child care provider who does not fall under the 80 percent limit may:

- o Select children for child care slots that are not funded directly with assistance provided under the Block Grant because such children or their family members participate on a regular basis in other activities of the organization that owns or operates such provider; and
- o If two or more prospective employees are qualified for any position with a child care provider receiving Block Grant funds, nothing prohibits the child care provider from employing a prospective employee who is already participating on a regular basis in other activities of the organization that owns or operates the provider.

The Act provides that it may not be construed to supersede or modify any provisions of a state constitution or state law prohibiting expenditure of public funds in or by sectarian institutions but that no provision of a state constitution or state law may be construed to prohibit a sectarian institution from expending the federal funds provided under the Act.

Grants To States -- Title IV-A Amendments For At-Risk Child Care

Funding Levels

A total of \$300 million per year for each of the next five years will be made available to states through an expansion of Title IV-A of the Social Security Act. Title IV-A currently provides for child care help for families receiving AFDC who are working or in approved education or training programs as well as one-year of transitional child care assistance for those moving off of AFDC due to increased earnings. This amendment will provide additional funds for non-AFDC families who are at risk of becoming eligible for AFDC.

The new Title IV-A funds are authorized as a capped entitlement, and therefore do not require an annual appropriation by Congress. The money is now available to states with the funds directed to the state agency that administers programs under the Family Support Act.

Eligible Families

Families are eligible for assistance who:

- o Are not eligible to receive child care assistance under the Family Support Act of 1988;
- o Need child care in order to work; and
- o Would be at risk of becoming eligible for AFDC.

State Match Requirement

States must provide a match with state or local funds (other federal funds, such as Title XX cannot be used as a match). A representative from the Department of Health and Human Services has said orally that states may use existing child care funds (serving the same target population) as the match. The federal match is the same as a state's medicaid matching rate and ranges from 50 percent to 79.8 percent.

The IV-A funds may not be used to supplant any other Federal or State funds used for child care services. States may carry over funds from one fiscal year to the following fiscal year.

Reimbursement Rates and Payment Mechanisms

Providers will be reimbursed in an amount that is the lesser of the actual cost of care and the applicable local market rate as determined by the State in accordance with regulations issued by the Secretary of Health and Human Services.

States may provide care directly, use contracts or vouchers/certificates, provide cash or vouchers in advance to the family, reimburse the family, or use other arrangements. Sliding fee scales based on family's ability to pay must be offered to parents.

Standards Governing Subsidized Child Care

All providers receiving funds must be licensed, regulated, or registered by the State unless the provider is a family member caring solely for members of his or her family. All providers must allow parental access.

Reporting Requirements

States must submit annual reports to the Secretary of Health and Human Services which include the following information concerning children served by the Grants to States for Child Care:

- o Showing separately for center-based child care services, group home child care services, family day care providers, and relative care providers, the number of children who received services and the average cost of services.
- o The criteria used to determine eligibility for assistance or priority for receiving services, and sliding fee schedules.
- o The child care licensing, regulatory, and registration requirements in effect in the State for child care centers, family day care homes, group child care homes, and relatives who provide child care.
- o The enforcement policies and practices in the State which apply to licensed, regulated, and registered child care providers.

Funds to Improve Quality

A program authorized under the Family Support Act which authorized \$13 million annually to states for improving licensing and registration requirements and monitoring child care for children receiving assistance under the approved state IV-A plan is expanded to \$50 million annually beginning in FY 1992. Funds are not available in FY 1992 unless they are appropriated, and states must provide a 10 percent match in order to receive any

funds. Not less than 50 percent of these funds are to be used for training child care providers, including but not limited to those receiving Title IV-A funds. New language also permits money to be used to improve licensing and registration requirements and procedures and to enforce standards with respect to all child care providers receiving Title IV-A funds.

Services Affecting Children

Department of Social & Rehabilitation Services

February 19, 1991

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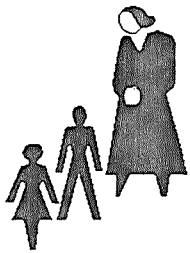
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attachment 10-2

The Young Single Parent Family

Typical Budget for Family w/School-Aged Children



Single parent families make up over one-fourth of all families. Nine of ten are headed by women. The following economic data is for single parent families whose head is age 30 to 39. It is at this age that the single parent is largely free of the need for public support. Those parents under age 30 rely to a significant degree upon public programs for economic aid for their young families.



Average monthly expenditure for housing is \$716, or 37% of all expenditures. This includes rent, mortgage, utilities, taxes, and insurance.



Transportation is the second largest monthly expense, averaging \$306, or 19%.



Food ranks third with \$190 spent on home meals \$100 spent away from home. Together this is 18% of the households average monthly expenditures.



Clothing ranks fourth at 7%, or \$116 per month.



Medical expenses, including health insurance as well as out-of-pocket expense range between \$50 and \$100 monthly. This relatively small amount is influenced by many who rely upon public health prgms as well as the many uninsured who simply pay their accumulated medical bills as they can afford to. These families pay 3%-6% of their monthly incomes toward this item.

The final \$130-\$180 is consumed by a variety of items, including recreation and education.

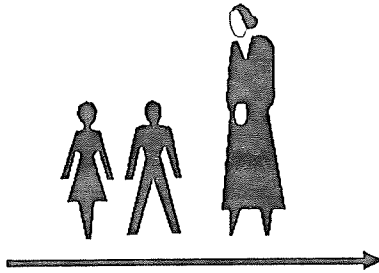
The final spending tally is approximately \$1658 per month. The current poverty level for a family of 3 is \$880 per month.



2


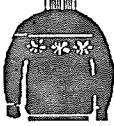
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attachment 10-3

SRS ECONOMIC RECOVERY SYSTEM







INCOME SUPPORT PROGRAMS

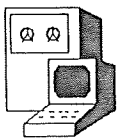
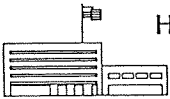
AID TO FAMILIES W/ DEPENDENT CHILDREN \$351
 USDA FOOD STAMP BENEFITS \$61
 USDA SURPLUS COMMODITIES-BENEFITS VARY
 LOW INCOME ENERGY ASST PROGRAM \$18

TOTAL MONTHLY AVERAGE FOR 3 \$430
 CHILD SUPPORT RECOVERY OF AFDC BENEFITS (\$44)



MEDICAID PROGRAM

AFDC CLIENTS MO AVERAGE COSTS \$92

EMPLOYMENT PREPARATION ACTIVITIES

TRANSITIONAL MEDICAL CARE

SKILLS ASSESSMENT JOB SEARCH TRAINING

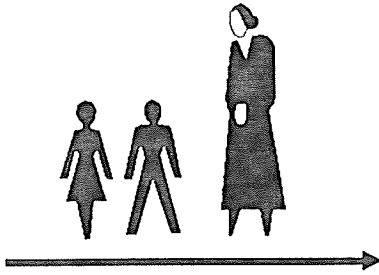
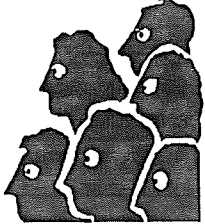
HIGH SCHOOL EQUIVALENCY DAY CARE ASST

VOCATIONAL TRNG TRANSPORTATION ASST

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SRS FAMILY RECOVERY SYSTEM

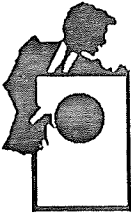
FAMILY INTERVENTION/REFERRAL SOURCES

LAW ENFORCEMENT AGENCIES	COURT SYSTEM
CHILD ABUSE HOTLINE	FAMILY/FRIENDS
MEDICAL PROFESSIONALS	SOCIAL AGENCIES



CHILD PROTECTION & TRMT ALTERNATIVES

OUT-OF-HOME FOSTER CARE	IN HOME FOSTER CARE
FAMILY PRESERVATION PROGRAMS	ADOPTION ASST
SPECIAL EDUC COORDINATION	CHILD PSYCHIATRIC UNITS
YOUTH ALCOHOL/DRUG PRGMS	YOUTH CENTERS



FAMILY RESTORATION OPTIONS

ADULT ALCOHOL\DRUG TRMT	STATE PSYCHIATRIC INST CARE
COMMUNITY MH CTR COUNSELING	INFANT CARE TRNG
PARENTING SKILL TRNG	ECONOMIC ASST (OTHER CHART)

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attachment 10-5

FY90 Minimum Need Level (Family of 3)*	
Rent	\$2,967
Utilities	983
Phone	145
Food	3,893
Transportation	790
Clothing	269
Misc	435
Total	\$9,481

* The minimum need level for a family of three was established by the 1985 Ways & Means subcommittee on SRS. The amounts have been inflated to 1990 dollars.

AFDC Family	
<u>Annual Benefits</u>	
AFDC Grant	\$4,111
Food Stamps	2,904
Commodities	253
LIEAP Grant	217
Total	\$7,485
<u>FY 1990 Totals</u>	
Families	25,636
Persons	76,880
Expenditures (millions)	\$107.8

GA Family	
<u>Annual Benefits</u>	
GA Grant	\$4,248
Food Stamps	2,904
Commodities	253
LIEAP Grant	217
Total	\$7,622
<u>FY 1990 Totals</u>	
Families	860
Persons	2,366
Expenditures (millions)	\$3.2

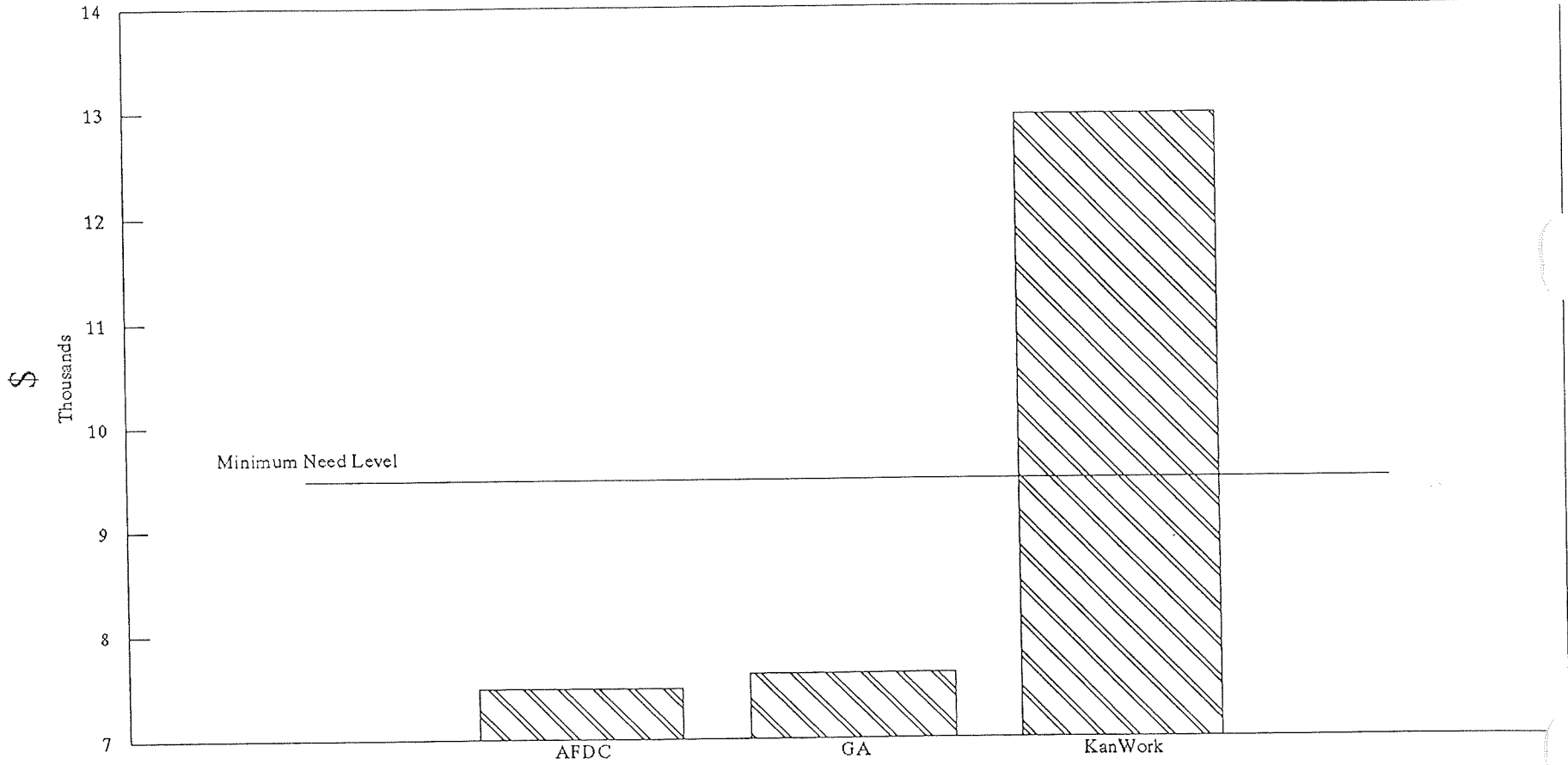
KanWork Family	
<u>Annual Benefits</u>	
AFDC Grant	\$4,111
Food Stamps	2,904
Commodities	253
LIEAP Grant	217
Child Care	5,052
Transportation	300
Special Allowance	125
Total	\$12,962
<u>FY 1990 Totals</u>	
Families	8,230
Persons (Est)	24,690
Expenditures (millions)	\$16.8

Foster Child	
<u>Annual Benefits</u>	
Family Foster Care	\$3,780
Group Home Cost	\$13,428
Total	na
<u>FY 1990 Totals</u>	
Children	
Family Care	1,946
Group Home	1,915
Total Children	3,861
Expenditures (millions)	
Family Care	\$7.4
Group Home	\$25.7
Total (millions)	\$33.1

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attachment 10-6

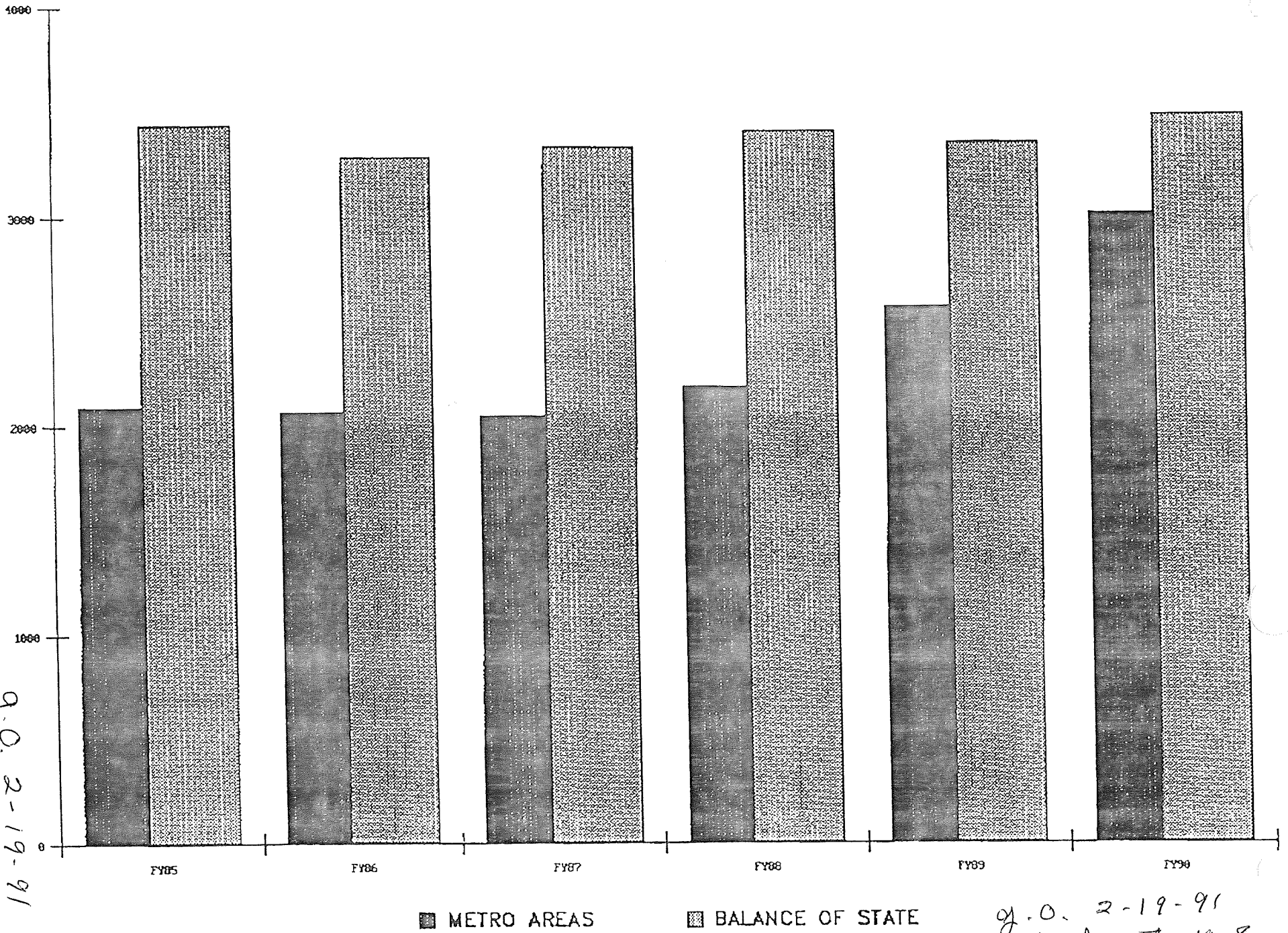
FY 1990 Minimum Need Level vs FY 1990 Annual Benefits



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attachment 10-7*

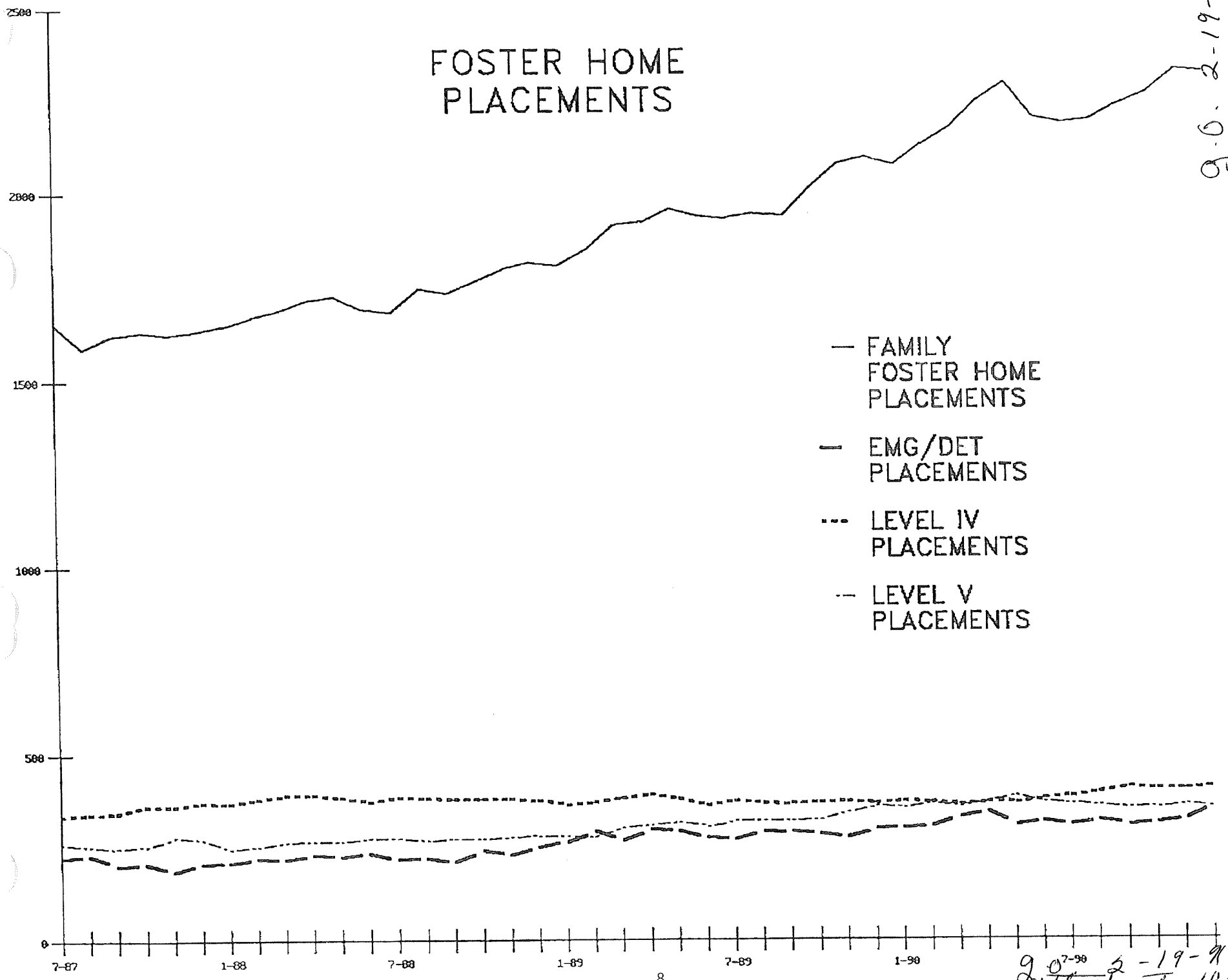
CHILDREN-IN-CUSTODY JUNE CTS DATA



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g.o. 2-19-91
 Attachment 10-8

FOSTER HOME PLACEMENTS



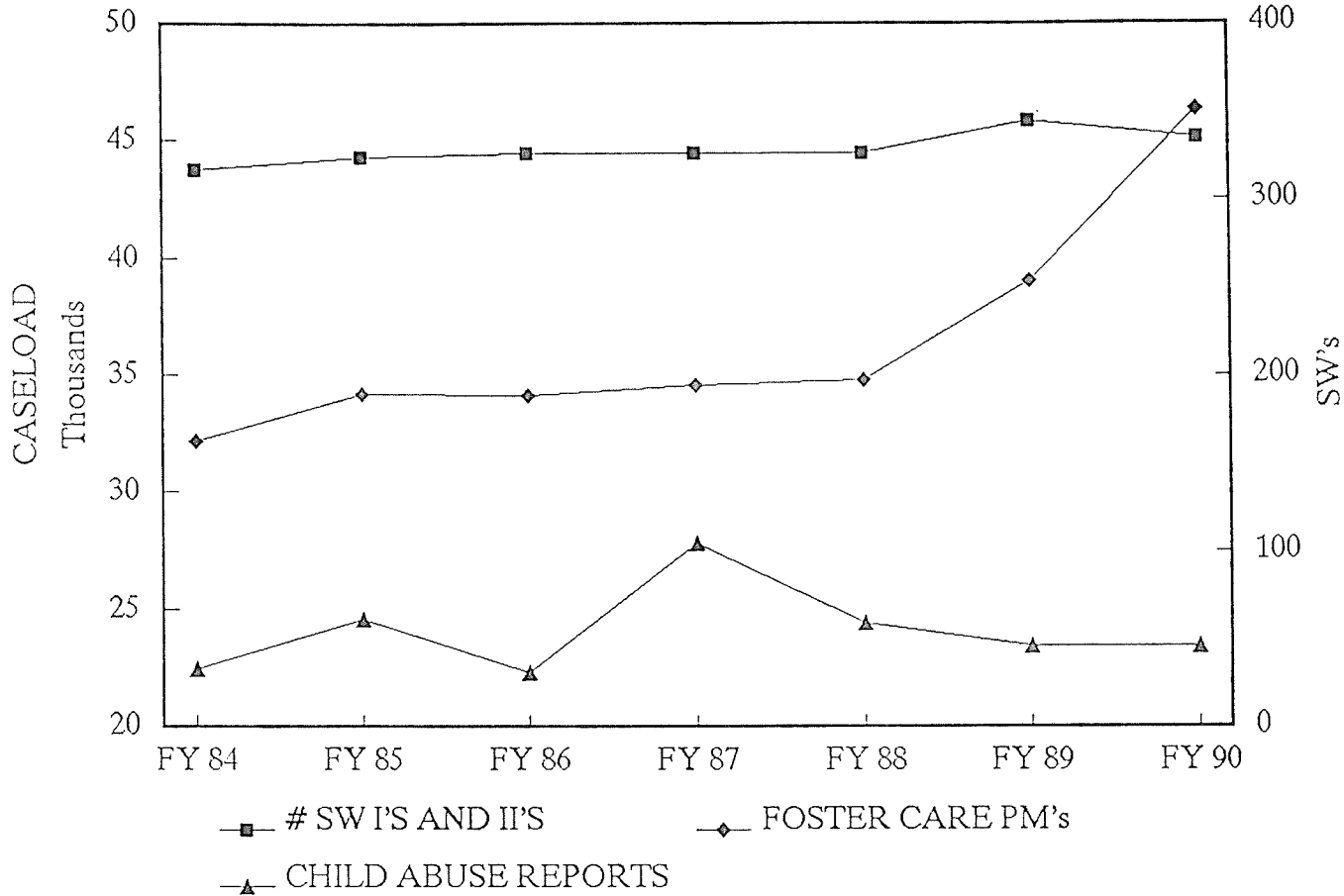
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Attachment 10-9

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attachment 10-10

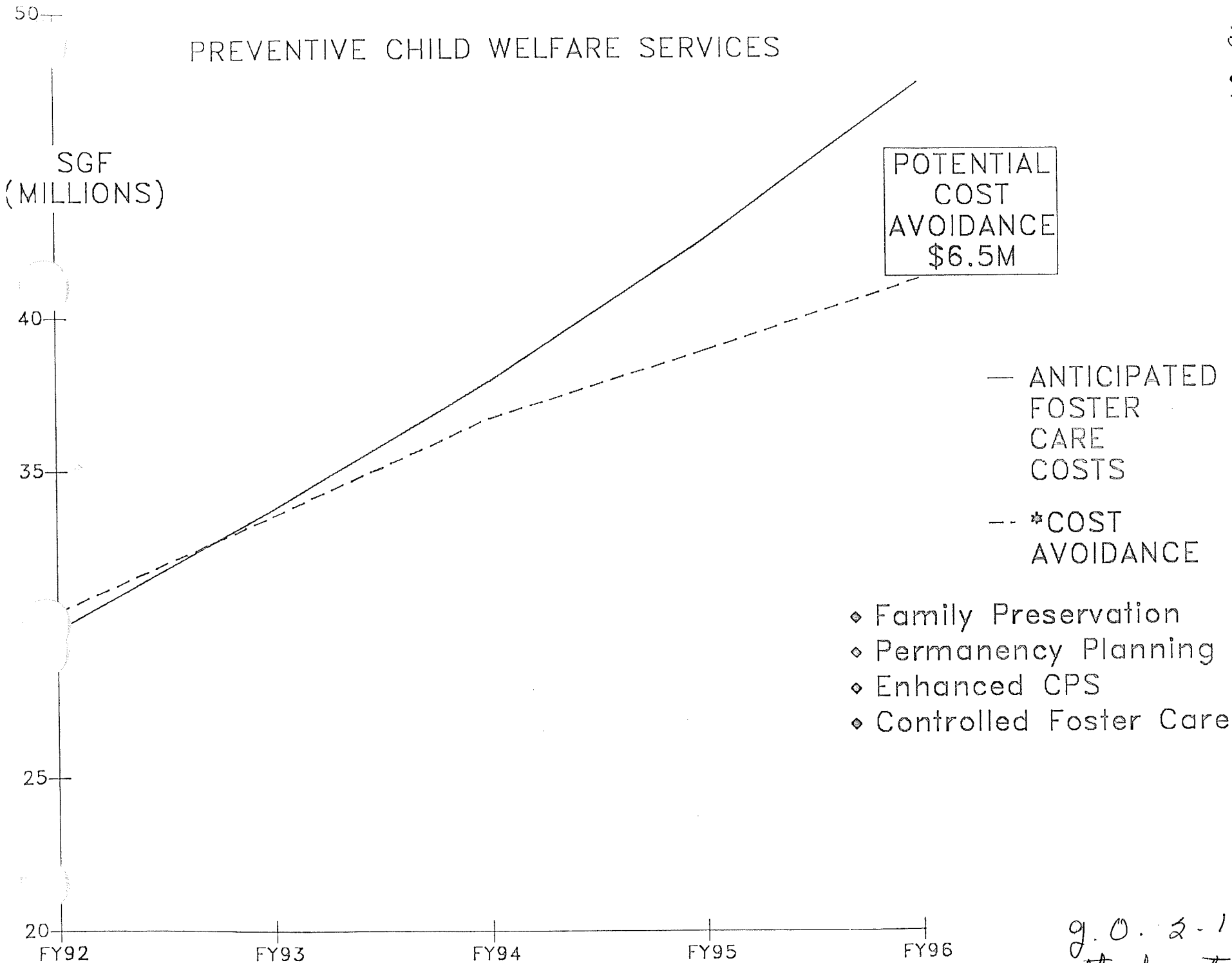
NUMBER OF FIELD SOCIAL WORKERS

COMPARED TO FOSTER CARE AND PROTECTIVE SERVICES CASELOADS



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attachment 10-10

PREVENTIVE CHILD WELFARE SERVICES



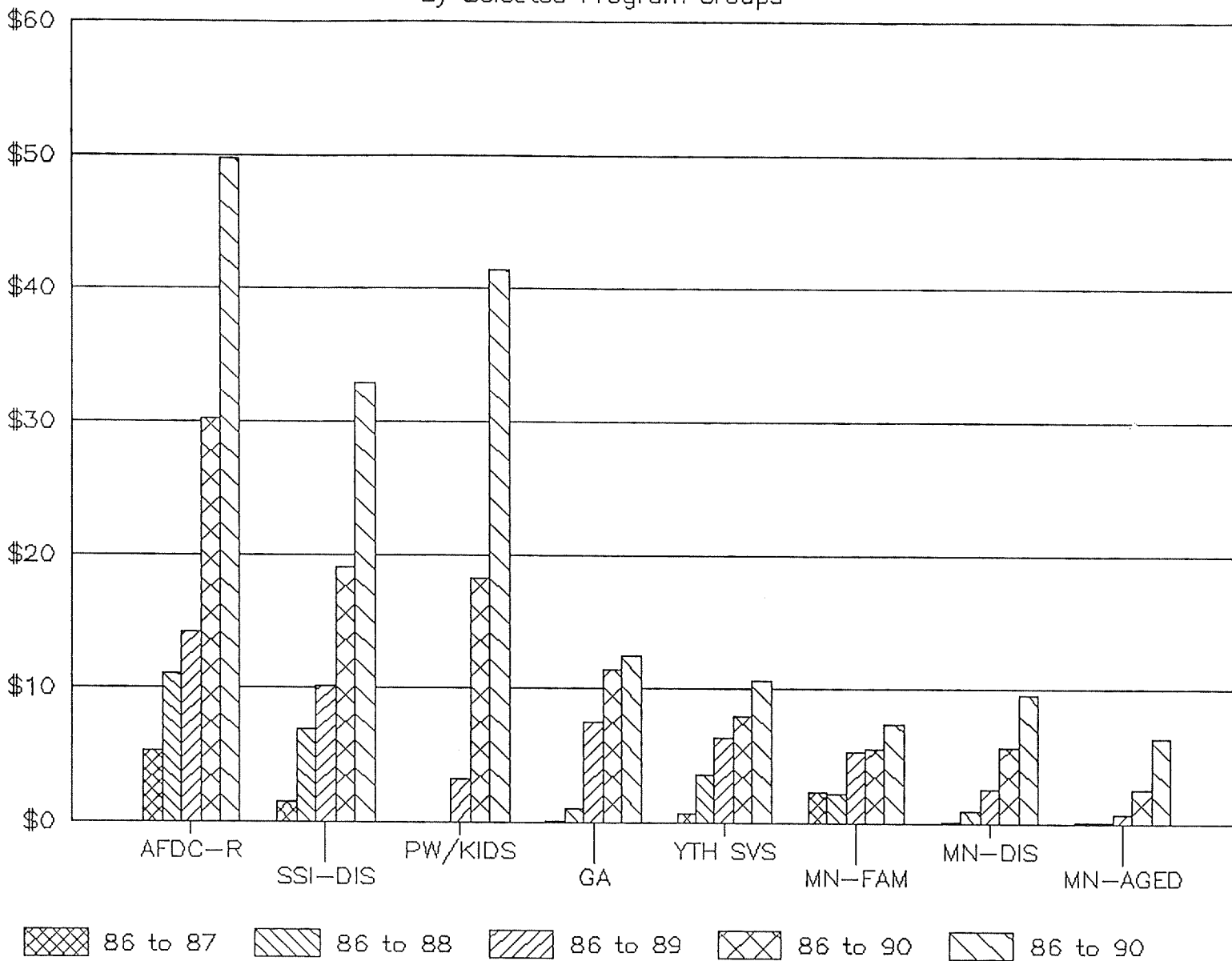
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attachment 10-11*

CUM \$ GROWTH OF REG MED SINCE FY 86

By Selected Program Groups

Cumulative Increase in Millions



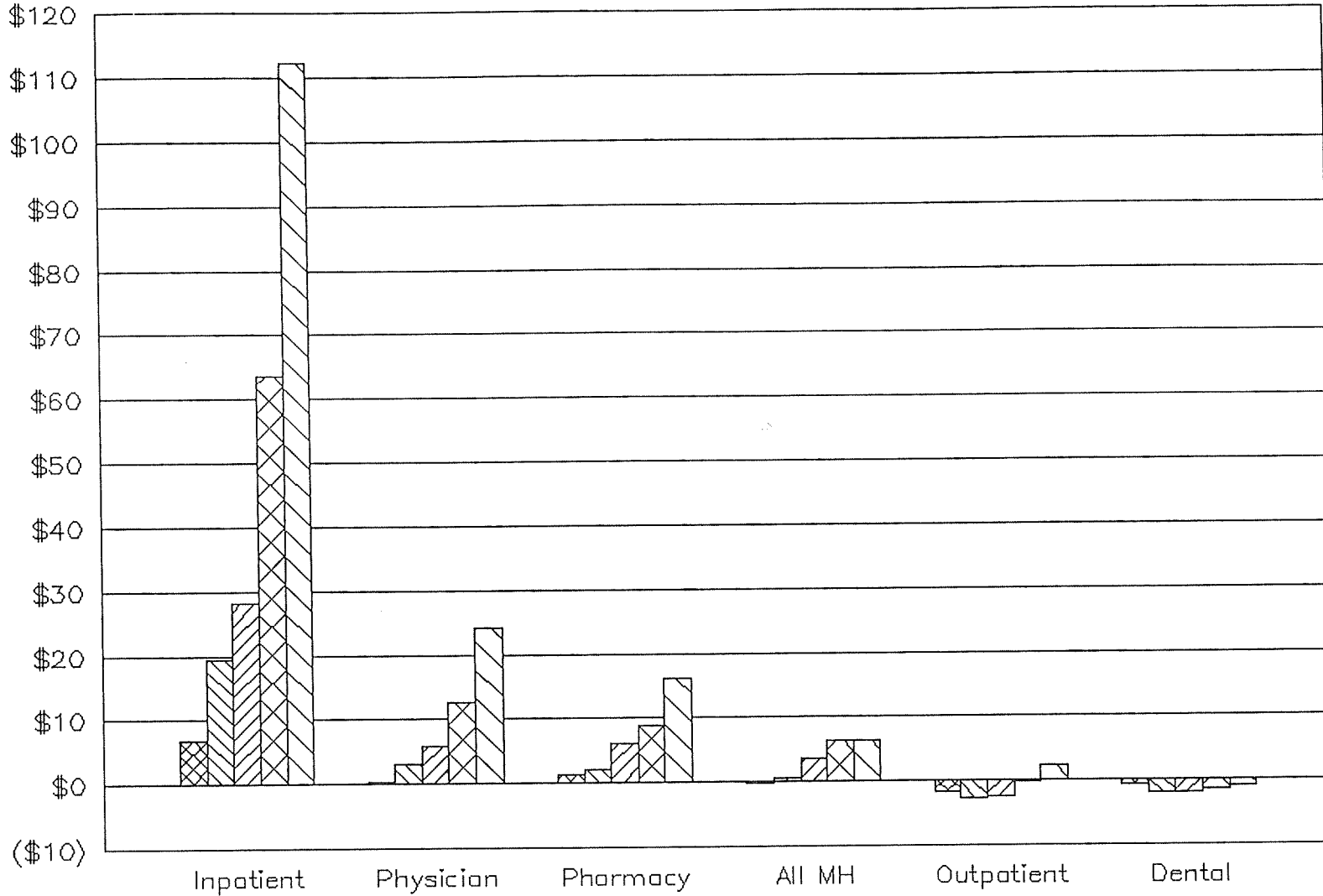
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attachment 10-12*

CUM \$GROWTH OF REG MED SINCE FY 86

By 5 Largest Categories of Service

Cumulative Increase in Millions



86 to 87
 86 to 88
 86 to 89
 86 to 90
 86 to 91

g. O. 2-19-91
 Attachment 10-13

g. O. 2-19-91
 attachment 10-13

Suggested List of Things To Do

1. Provide adequate cash grants so poor children can be adequately fed, housed, and clothed.
2. Develop a comprehensive day care program in cooperation with the private sector.
3. Link the Jobs and KanWork programs more closely to the private sector.
4. Assure health for all children and their parents.
5. Establish some type of state-level policy panel charged with the task of integrating children and youth services.
6. Enlist the support of local communities in the delivery of services to children and youth.
7. Develop a philosophy of working with SRS clients to ensure their independence from the programs.

*g.o. 2-19-91
attachment 10-14*

*g.o. 2-19-91
attachment 10-14*



Child Care Association

1069 Parklane Office Park
Wichita, Kansas 67218

CHILD AND ADULT CARE FOOD PROGRAM
CHILD CARE SERVICES
WICHITA HEAD START

TESTIMONY ON CHILD DAY CARE ISSUES

Presented to the Committees on

Appropriations
Federal and State Affairs
Public Health and Welfare

by the
Child Care Association
of Wichita/Sedgwick County

Teresa Rupp, Executive Director

Tuesday, February 19, 1991

*g.o. 2-19-91
attachment 11*



Child Day Care Issues

The first issue that must be addressed is to see that Kansas uses the new federal child care monies (approximately \$9.8 million in 1991) to supplement rather than supplant current State child care funds. This is the foundation for progress on child care in Kansas; nothing else works if we don't do this.

Beyond this primary move, how else should Kansas spend its share of federal Child Development Block Grant funds? Our priorities follow:

- 1) Increase provider rates to comply with the federal guidelines.

Federal JOBS legislation mandates that child care providers be reimbursed at the 75th percentile of the existing range of rates. (That means that the SRS reimbursement rate should be more than what 74% of all child care providers receive.)

Currently SRS pays only 75% of the existing market rate - which means that if the average provider receives \$60 per week to take care of a child whose parents pay privately, SRS will pay only \$45 per week for one of its children.

The Child Development Block Grant requires "equal access" to child care. Improving reimbursement rates is the only way to achieve equal access, because most providers won't care for SRS - subsidized kids: they lose too much revenue. Less than 40% of providers accept SRS kids. Of those providers who contract with SRS, a majority accept only a few subsidized children because they can't afford to accept more.

- 2) Fund the Kansas Department of Health and Environment adequately to allow them to conduct child care licensing in a timely fashion.

Currently it can take as long as 3-4 months to get a license or registration to provide child care. A little of the delay may occur at the local level where the local health departments sometimes have too little staff to keep up with licensing visits, but the worst of the delay occurs in Topeka. It is not at all unusual for a child care provider to wait 3 months after the local health department has submitted its paperwork to Topeka for the license to arrive.

*g. o. 2-19-91
attachment 11-2*

The slowness of the current system interferes with the business operations of current providers - taxpayers - who go through this hassle every single year, and it means that people who want to begin a child care business are unnecessarily delayed in getting started. And to that precise extent, parents looking for child care have fewer choices.

- 3) **Fund a state-wide child care referral network that is not part of any State agency, to assist families in finding child care and develop referral services in areas of the State that are not currently served.**

The State agencies that deal with child care approach it from either a regulatory standpoint (Health & Environment) or a reimbursement standpoint (Social & Rehabilitation Services). Neither of these provides a particularly good point from which to launch services to individual parents. However, there are numerous private, non-profit organizations in various Kansas communities which already are licensed by KDHE to help parents find child care and are affiliated with one another in a network. Using the existing network would be better use of funds than duplicating its efforts within a State agency.

Several states have developed this kind of system (Minnesota, Oregon, Illinois, Maryland, Michigan and California, among others) and have found it to be both cost-effective and more responsive to local needs than a State agency-administered service would be.

- 4) **Provide for local determination of the best use of child care provider training funds.**

The Department of Social and Rehabilitation Services has had a historical commitment to the use of KCCTO (Kansas Child Care Training Opportunities) training in every community. The experience of local communities, however, is that KCCTO has extremely limited appeal to family day care providers, its supposed target audience. Its highly-structured, academically-oriented approach has caused trainees to vote with their feet and look for other training opportunities, regardless of price. Training funds should be allocated to the local area SRS offices and their community-based child care committees for development of local training plans (not excluding KCCTO).

*J.O. 2-19-91
Attachment 11-3*

IMPACT OF NEW FEDERAL FUNDS FOR CHILD CARE IN KANSAS

Funding for Kansas Child Care & Development Block Grant (ABC)

1991	\$6.5 million
1992	\$7.3 million
1993	\$8.2 million

Title IV-A of the Social Security Act \$3.3 million each year
1991 - 1995

Funding Breakdown

Block grant--75% (4.9 in '91) for subsidized care. 25% (1.6 in '91) for quality improvements and to increase the availability of care.

Title IV-A--All the money is to pay for subsidized care and is targeted for families "at risk" of going on public assistance.

Total Funding Subsidized Care

Current spending	\$12.0 million
Block grant	4.0 million
Title IV-A	3.3 million
Total	\$20.2 million

Quality Improvement/Availability 1991 \$1.6 million

Funding breakdown 25% (\$400,000) is for quality improvements. These can include resource and referral programs; grant for loans to assist in meeting state and local standards; establishment and improvement of standards; training and improved salaries for child care workers.

75% (\$1.2 million) is for expansion or establishment of early childhood and school age child care programs, with highest priority being areas of the state where income is the lowest.

SRS rates paid to providers for a 6 - 10 hour day vs market rate survey by CCA (Jan 1990)

	SRS	Market
Registered home under 18 mo	\$9.20	\$11.00
Registered home over 18 mo	7.80	10.25
Licensed home under 18 mo	10.35	11.00
Licensed home over 18 mo	9.40	10.25
Center under 12 mo	12.00	14.40
Center 12 mo - 2½ yr	11.05	12.60
Center 2 yr - 6 yr	9.95	11.40
Center 6 yr - 13 yr	9.95	10.00

*g. G. 2-19-91
attachment 11-4*

PROFILE: Child Care Association of Wichita/Sedgwick County

The Child Care Association is a private, non-profit organization incorporated in 1958. Our mission is to provide community access to a network of high quality child care and early childhood education programs, and to assist all local programs to achieve excellence and stability. We address our mission through three programs:

Our Child and Adult Care Food Program oversees nutrition in 450 family day care homes that serve more than 3000 children.

Our Child Care Services Program annually helps more than 5000 parents find child care, offers 375 hours of training for child care professionals, consults with day care homes and centers to help them solve problems, and helps employers explore child care benefits for workers.

Wichita Head Start annually serves 760 low income children and their families with education, health services, social services and parent involvement.

*G. O. 2-19-91
attachment 11-5*